Mrs Parminder Degun

Little Oaks Residential Care Home

Inspection report

20 22 Bridgewater Road
Taunton
TA1 2DS
Tel: 01823 322427
Website: pamdegun@sky.com

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection was unannounced and took place on 3 and 6 November 2015. The last inspection of the home was carried out on 3 December 2013. No concerns were identified with the care being provided to people at that inspection.

Little Oaks is a care home providing accommodation and personal care for up to 8 people with learning disabilities. During our inspection there were 8 people living at the home. There are two houses within the registration; the houses are linked by a garden gate. There are five people living in one house and three in the other. Staff work across both houses.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw people were unable to remain safe in one part of the house and therefore they were supported in the second part of the home. We found some examples where people were potentially at risk due to other people's behaviours. Systems were not in place to protect people. For example staff had not received the relevant training in protection for themselves or others. One member of staff informed us "I am new to caring for people with learning disabilities and would welcome some training on learning disabilities. Another member of staff informed us "I have never done this kind of work before but enjoy it". People talked about being hurt, having to stay in their rooms or moving to the other house. People sometimes displayed complex behaviours due to their anxieties. Communication took place using objects of reference to assist them when they were distressed. This method of communication sometimes seemed to work well on other occasions it did not support the person.

The registered manager had systems to monitor the quality of the service provided. Audits covered a number of different areas such as care plans, infection control and medicines. However we found the audits were not always effective at identifying shortfalls in the service. Incident forms were not being completed that identified events happening in the home. For example following the first day of our inspection we saw incidents that were not recorded on our second visit an incident log was set up with regarded incidents witnessed. People's rights were not always protected because the provider did not follow legal processes appropriately. Following the inspection the provider informed us they were addressing this concern.

The service had appropriate systems in place to ensure medicines were administered and stored correctly and securely. Care plans identified people health issues with guidance for the correct support. People received their medicines safely and were protected from risk of infections.

Recruitment procedures were in place and staff received pre-employment checks before starting work with the service. New members of staff received an induction which included shadowing experienced staff before working independently. We found staff needed further training around supporting people with complex needs and learning disabilities.

People were supported by sufficient numbers of staff during the day, although these numbers were reduced during the evenings and weekends. The registered manager informed us that they were on call alongside their deputy, and staff knew they could call them at any time during the day or night. Staff did not express any concerns about staffing levels.

There was a homely feel to both houses with staff finding time to sit and chat with people. We observed people were cared for with kindness and respect. The home was clean and tidy throughout. An outside wall was in need of repair due to cracking. The registered manager informed the provider, who organised for this to be repaired.

People and relatives were confident they could raise concerns or complaints with the registered manager and they would be listened to. However the provider did not have systems to collate and review feedback from people and their relatives to gauge their satisfaction and make improvements to the service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

People were generally protected from abuse and avoidable harm. However some staff were unclear about appropriate procedure for managing people with behaviours that could be challenging. This presented a risk to people who lived at the home and to staff.

Care plans identified the support people required to minimise the risks identified.

People who needed medicines were supported by safe medicine administration practices.

Requires improvement

Is the service effective?

Some aspects of the service were not effective.

People's rights were not always protected because the provider and manager had not followed the legal processes correctly.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

People received a diet in line with their nutritional needs; staff were aware of these guidelines and followed them.

Requires improvement

Is the service caring?

The service was caring

People and their relatives spoke positively about staff and the care they received. We observed that staff were caring in their contact with people.

The service was caring. People received positive care experiences and staff ensured people's preferences were met.

People were encouraged and supported to maintain family relationships

Good

Is the service responsive?

The service was responsive.

Activities were arranged to make sure people had access to social and mental stimulation.

People's care plans described the support they needed to manage their day to day health needs.

People relatives and staff told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Good

Summary of findings

Is the service well-led?

Some aspects of the service were not well led.

People were not protected by a proactive system to identify areas for improvement.

Staff felt well supported by the registered manager and told us they were approachable.

The provider and registered manager had a clear vision for the home

Requires improvement

Little Oaks Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 3 and 6 November 2015. The inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection, the service was meeting the essential standards of quality and safety and no concerns were identified.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in December 2013 we did not identify any concerns with the care provided to people.

During the inspection we spoke with six people who lived at the home, two relatives, and two professionals about their views on the quality of the care and support being provided. We also spoke with the provider, the registered manager and five staff. We spent time observing the way staff interacted with people and looked at the records relating to care and decision making for four people. We looked at records about the management of the service.

Requires improvement

Is the service safe?

Our findings

Although some people said they felt safe, we found some examples where people were potentially at risk due to some complex behaviours in the home. One person informed us "I like living here but sometimes feel scared". A second person told us "it is noisy here so I go over the other house".

We observed that staff were also at risk of being harmed. One member of staff informed us "I used to feel nervous but I have got used to working in the house now". Another member of staff informed us, "I have not received any training but cope well, staffing levels have got better, we change over with staff from the other house if it gets too much".

We observed on both days of the inspection staff and people living at the home were unable to access the ground floor of the home when it was potentially unsafe for them to stay. The registered manager told us they had a de-escalation technique they used which was recorded in the behaviour support plan. People living in this part of the home remained in their bedrooms, or were supported across the garden to the other house. There were no records to show this had been explained and agreed with the people it affected. The manager told us, after the inspection, they always discussed this with people but had not kept records of this but would in the future. This would ensure there was evidence that people were consulted about things that affected their lives.

Since our inspection the provider and registered manager have organised for training to be delivered to all staff in regards of supporting someone with behaviours that could harm themselves or others.

On the second day of our inspection the registered manager had discussed our concerns with the provider and local authority regarding the person with complex and challenging needs. Additional staffing had been put in place to reduce the risk to people and staff and support the person with complex needs. Whilst this was encouraging and positive, the issues had been going for some time and this request had not taken place before the inspection. This meant staffing levels were not being proactively managed to ensure people's needs were being met safely at all times.

Recruitment procedures were in place to ensure people were supported by staff with the appropriate experience and character. We looked at four staff files to ensure the appropriate checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. These checks had taken place. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. The registered manager said "When I employ new staff I always think about how they would get on with the people that live here, as part of the interview process we invite candidates into the home to see how they interact with people".

Staff rota showed both homes were allocated staff to individuals in line with people's funding agreements. During the evenings and weekends staffing levels are reduced to one member of staff in each home. We addressed this with the registered manager. The registered manager informed us there was an on call system in place to support staff if needed during evenings and weekends. Staffing levels during the day were determined by people receiving additional funding from the local authority. The registered manager informed us "people lead busy days during the week and are supported to go to clubs some evenings. Some people go home at weekends others like to relax". The house diary showed people were being supported to appointments. Staff did not express any concerns about staffing levels.

Throughout the inspection we observed staff spending time with people. A relative told us "[person's name] has a lot of support and this is normally one to one with a member of staff." The registered manager said any changes in people's needs would be discussed with the provider, the registered manager informed us "We don't need to use agency staff as my staff team go above and beyond what is required, we all think our residents are great".

The registered manager said they were able to discuss any change in people's needs with the provider and staffing could be increased as required. On the second day of our inspection we saw that the registered manager had discussed concerns with the provider and local authority regarding additional support to manage the risk of people being harmed, measures were being put in place to reduce

Requires improvement

Is the service safe?

the risk to people and staff. For example two to one staffing had been put in place within the home to reduce the risk of people being harmed for the person who was showing signs of anxiety.

Risk assessments outlined measures to enable people to take part in daily activities with minimum risk to themselves and others. We spoke with staff who were aware of the risk assessments. One member of staff informed us "if I had any concerns about a risk I would speak with the registered manager and ensure we put a risk assessment in place to monitor and minimise the risk". We were told risk to people remained. For example. A risk assessment was in place to support a person with two to one staffing when out in the community. On the second day of our inspection the registered manager discussed how this risk assessment needed to be reviewed as a member of staff had been harmed following the guidelines the previous day. This showed the registered manager was proactive in reviewing and amending records were needed.

Staff described how they would recognise potential signs of abuse through physical signs such as bruising as well as changes in people's behaviour and mood. One staff member told us, "I know people well, I would always report an incident to the manager or deputy manager". Another member of staff informed us, following recent training, they are now confident they could support a person who suffered from a particular health condition to keep safe, they explained. "Before I would have called for help now I feel confident to support the person myself".

Medicines administration records had been completed, which gave details of the medicines people had been supported to take. People's medicine records were accurate and balances of their medicines matched with records. A review of people's medicines took place every year with the GP or as required to ensure that people continued to receive the correct medical treatment. We checked records against stocks held and found them to be correct.

One person told us. "I feel safe, they help me with my medicines but I want to do them myself". We observed that plans were being put in place to support this person to self-medicate. Medicines held by the home were securely stored and people were supported to take the medicines they had been prescribed.

We saw systems were in place to protect people's belongings, and finances. Clear audit trails were seen regarding people's finances. We observed a garden wall had a bad crack which was a potential risk. Since our inspection the provider has informed us they have arranged for maintenance of the wall to take place.

Requires improvement

Is the service effective?

Our findings

Although some staff said they knew how to make sure people's rights were protected they did not have a satisfactory understanding of the Mental Capacity Act 2005 (MCA). We looked at how the Mental Capacity Act 2005 (MCA) was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. People's rights were not fully protected because the correct procedures were not being followed where people lacked capacity to make decisions for themselves.

When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. For example one person needed to have a medical procedure, but lacked capacity to consent. The correct professionals had been consulted and arrangements had been made to complete the procedure. However records did not show what processes had been followed to reach the decision this would be in the person best interest. We spoke with the registered manager who told us they would review their processes for assessing people's capacity in line with the Mental Capacity Act 2005.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. We observed restrictive practices in regards to locks on doors in the lounge areas and also the front doors. The registered manager informed us the locks were on the doors in the lounges as staff slept there at night. This meant that people were unable to access parts of their home during the evening such as the kitchen and lounge areas. These restrictions had not been agreed with anyone living at the home. A fob locking system was in operation for the front doors. Some residents were able to use the fob locking system, others were not. This meant that some people would be unable to leave the home without having to ask staff to unlock the door for them. Some people were also unable to leave the home without continuous supervision from staff. At the time of the inspection there were no authorisations to restrict people's liberty under Deprivation of Liberty Safeguards (DoLS) and no applications had been submitted to the local authority. We discussed with the registered manager whether referrals had been made where people lacked capacity and were subject to continuous staff supervision. The registered manager acknowledged DoLS applications should be made for some of the people living at Little Oaks and told us they would liaise with the local authority and ensure appropriate applications were made.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations (2014)

We saw that staff were receiving some training, however staff had not received training regarding MCA and DoLs. Following our inspection we have been advised this training, along with physical intervention training, is being put in place.

Staff told us they received induction training when they joined the service, records confirmed this. The induction process for new staff included a period of shadowing an experienced member of staff and looking through records. One member of staff informed us "This is the first time I have supported people with learning disabilities so a complete change in role". Staff described their induction as; "Good" and they felt it prepared them for the role. A relative informed us they were concerned that staff lacked the understanding and knowledge of supporting people with different levels of learning disabilities. A member of staff informed us they had received training, however would welcome training on supporting people with learning disabilities.

The registered manager kept their skills and knowledge up to date by on-going training. The registered manager was supported on a regular basis by the provider. The registered manager informed us "we have a great working relationship and provider is very supportive. They sometime hold quality assurance audits with the staff by leading their appraisals".

Staff received supervision. One staff member told us, "I enjoy my supervisions and get good feedback". The registered manager informed us they carried out the supervision along with the provider. Plans were being put in place for the deputy manager to support supervision so they could take place more regularly.

People told us food was "good". The registered manager informed us "one person likes to have their main meal at

Requires improvement

Is the service effective?

lunch time so we accommodate this". One professional informed us "the registered manager has negotiated with [person's name] around choice and control of their diet and supported them to choose healthier options. I can't believe the change, they look so well".

Guidelines were in place to ensure people received a diet in line with their nutritional needs, we observed staff followed these guidelines. The registered manager informed us that for people that can't communicate which food they like, they give objects of reference, for example, lining up breakfast cereals so the person can choose.

People had access to external professionals. One professional informed us. "We are pleased with the home. The registered manager has boundaries and has discussed these with us, for example, [person's name] now seems settled, [person's name] knows they can talk to the registered manager and they are consistent in their approach with [person's name], the support that [person's name] has been receiving since they moved here has been person centred.

Good

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person told us "they [staff] are very nice, [staff member's name] helps with my hobby when it's quiet". Another person told us "this is [staff member's name] they are very special to me". During our inspection we saw staff interacted with people in a friendly and relaxed way, people seemed happy and were laughing and joking with staff and engaging in positive conversations.

We heard people being given choice of when they would like their support with personal care. We observed people were treated with dignity and respect. For example, where a person required support with personal care, staff communicated with them with gentle prompts, they allowed the person to take their time and get ready at their own pace. Once the person had decided to get ready, the staff member supported the person, discreetly respecting the person privacy. Healthcare professionals told us they found staff to be caring. We were informed that visiting professionals found staff welcoming and friendly. A relative informed us. "[Person name] wears their heart on their sleeve. [Person's name] would tell us if staff were not being kind".

The registered manager informed us how they made sure that notices around the home were in formats that all could understand. For example, we observed on cupboard doors, pictures of reference informing people what was behind the doors, the pictures were colourful and text was in large writing alongside the photograph. One staff member told us, "This is their home and we are here to make people feel happy and safe". There were signs around the home reminding staff they were in someone's home and to be respectful of this fact.

In the house we observed staff using objects of reference to communicate with a person who was distressed, the communication worked on some occasions, supporting staff to de-escalate behaviours which were difficult for them to manage. Although the person's behaviours were challenging and unpredictable staff always spoke to the person appropriately.

We observed people were treated with dignity and respect. For example, when one person became upset, we observed a staff member gently reassure the person and offer an alternative activity to distract them from their sad thoughts.

Each person who lived at the home had a single room where they were able to see personal or professional visitors in private. People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. People and their relatives told us visitors could visit at any time. One relative informed us "they [staff] are very approachable, I know most of them, [person's name] has lots of support, [person's name] likes to be busy, I know they [staff] make sure [person's name] is kept busy and goes out a lot".

One person informed us "it's ok here, it's nice and quiet at night". A relative informed us "the registered manager and provider are lovely, they seem very caring, but I have not built up a relationship with any of the staff. They seem to change a lot."

Relatives thought staff knew their family member well. One staff member told us, "we are here to make people feel happy and safe, it is important for people to feel comfortable." Staff were able to explain what was important to people, such as important family relationships, knowing what staff were on shift and talking about past events such as holidays. Pictures around the home showed how people had celebrated special events.

We observed people talking about their individual experiences. One member of staff explained "we all know people so well, we know they would tell us if something was wrong". One person told us, "when I go out they ask me what time I will be home, I think they care I am OK when I am out alone".

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences The registered manager informed us that pre admission checks were carried out before people moved into the home to ensure their needs could be met. We saw two pre admission assessments, both assessments lacked details on the person needs and how these would be managed however further details could be found in people care plans and behaviour support plans.

Each person had a care plan that was personal to them. Care plans contained records of people's daily living routines and described their personal likes and dislikes. They included information about the support required to meet people's needs and what they were able to do for themselves.

People told us they had not seen or been involved in the care plans. One person said "I would like to see my care plan". The registered manager informed us that people had been involved in planning their care. The registered manager asked a person if they knew what the folder was [care plan] the person stated that it held information about their likes and dislikes. It was clear the person did recognise their care plan. A relative informed us they were not kept informed regarding their relative, they stated "staff do not keep me informed, I don't know the staff as they are always changing. I am worried they don't have the skills to support people with learning disabilities". We saw care plans held detailed information about people in formats that supported communication needs.

Some people were new to the service and could discuss how their care plans had been discussed with them. One professional informed us "[person's name] was involved in the assessment and care plan, the registered manager was person centred and ensured [person's name] was involved, we have had a review since. I can see how well [person's name] is doing each time I visit".

People were able to make choices about all aspects of their day to day lives. One person informed us "I only want to stay for a short time, they [staff] are helping me to learn to look after myself". The registered manager discussed how they were supporting the person to be as independent as possible, they explained "we try to guide [person's name], but sometimes we are then accused of treating [person's name] as a child. We discuss what [person's name] wants us to do and how we can help them to achieve. We record what we have discussed so the team are working together to support the person with a consistent approach.

People were supported to maintain contact with friends and family. The registered manager informed us "everyone has family ties except one person, so we supported the person to make contact with their family after many years of not seeing them. We did this with the support of the Salvation Army and the person's social worker. It has been amazing to see the relationship build and grow". A member of staff informed us "if we can make a difference to someone's life we will do all we can."

People were able to take part in a range of activities according to their interests. People and relatives told us they were satisfied with the level of activities offered by the home. One person told us "we all went on holiday to Butlin's, we had good fun". We observed people were engaged in different activities on both days of the inspection. We saw the home's diary held different appointments for people and people had their own timetables. People's activities were supported by individual staff on the rota in line with their funding arrangements.

Each person had a copy of the complaints procedure in their bedroom in easy to read format on the wall with pictures informing them how and who to make complaints to. We asked one person what the poster meant, they were able to explain how they would follow the guidelines on making a complaint. The people and relatives we spoke with told us they had not made any complaints but would feel confident to do so. There had been one formal complaint received by the service since the last inspection which had been resolved. People and their relatives said they would feel comfortable about making a complaint if they needed to. The people we spoke with were not aware of the complaints policy, but they were all confident if they did raise any concerns they would be dealt with by the registered manager.

Requires improvement

Is the service well-led?

Our findings

The manager and provider were not proactive in identifying areas for improvement, whilst they reacted positively to areas highlighted during the inspection their quality assurance systems were not effective in identifying as requiring improvement. For example, the registered manager or provider had not identified or followed the principles of the Mental Capacity Act 2005 and completed Deprivation of Liberty Safeguards applications,(DoLS) these did not form part of the audit system. This meant people were at risk of having their liberty deprived without following the correct legal process. Following our inspection the provider and registered manager informed us they had contacted a safeguarding lead regarding DoLS applications and restrictive practices.

Another example of the lack of being proactive in identifying areas for improvement was, the issue identified regarding staffing levels and managing someone with complex needs. These had not been considered as an area of improvement by the manager or the provider through their quality assurance systems. In addition there were no satisfaction surveys or resident meetings taking place in home. This meant people were not given the opportunity in various formats to express their views or be involved in the development of the service.

The provider and registered manager had a clear vision for the home. The registered manager informed us “we all work in people’s homes and we all respect that”. Staff were aware of the culture of the home which was to remember they were working in someone’s home. One member of staff told us “this is their home but it feels like we are all part of a big family”. Another said “I am happy working here, the manager is very approachable”. There was a staffing structure in the home which provided clear lines of accountability and responsibility. One member of staff told us “I am happy working here, the manager is very approachable we can always speak with the deputy”.

The registered manager informed us they had purchased the home next door with plans to extend the service. There were also plans being put in place to improve the layout of one of the houses we were informed this would give people living in the home more privacy and space putting people at the heart of their home enabling everyone to remain in their part of either house.

We saw the minutes of one staff meeting, the registered manager advised us others had taken place but was unable to locate the minutes at the time of the inspection. Staff meeting are important to show that staff are involved and good and bad practices are discussed. Staff we spoke with did talk about having staff meetings but could not recall when they attended their last meeting. For example, one member of staff informed us “we do have meetings but I don’t remember how often I have been to one.” There were no satisfaction surveys or resident meetings taking place at either home. Surveys are important to show that people who use the service and their representatives are happy with the quality of the service and can share in the vision of the service.

The registered manager informed us there were no accident forms in place as no accidents had occurred within the home, we did see copies of blank forms. Incident forms were completed in some people’s care plans. The registered manager told us, following the inspection, that behavioural and ongoing incidents were recorded on a monitoring form which was kept within a person’s records. The registered manager told us this enabled incidents like these to be analysed for trends and patterns. The registered manager set up an additional incident book on the second day of our inspection to audit the incidents that were occurring throughout our inspection.

Policies and procedures and the homes statement of purpose were in place, staff we spoke with were aware of the policy and procedure folder. The service user guide had also been converted into an easy read format for people wishing to use the service.

The home had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How this regulation was not being met. Systems and processes were not established and operated effectively to prevent abuse of service users. Regulation 13 (1, 2, 3, 4, 5)