

Just Us Care Limited

# Oak House

## Inspection report

36 Oak Street  
Dudley  
West Midlands  
DY2 9LJ

Tel: 01384413622

Date of inspection visit:  
22 May 2017

Date of publication:  
11 August 2017

## Ratings

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

# Summary of findings

## Overall summary

Oak House provides accommodation and personal care for up to four people who may have a learning disability, autistic spectrum disorder, physical disability and/or sensory impairment. At the time of our inspection there were three people living in the home. The service also offers respite accommodation which can be used by one additional person. Respite care offers short residential breaks to people.

The inspection took place on 22 May 2017 and was unannounced. This was the first inspection of this provider who was registered with us in September 2016.

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

People felt safe and they were protected from the risk of abuse by staff who had been trained and knew how to escalate concerns. Risks to people's safety had been identified and staff knew how to support people safely. New staff were recruited safely and there was enough staff to support people during both day and night. People had their medicines as they had been prescribed.

Staff were able to meet people's individual needs because they had received training and support they needed. Staff knew how to uphold people's rights and obtain their consent to the care offered. People were fully involved in food shopping and the planning of their meals. People were actively supported to stay healthy and saw health professionals to support their needs.

People were treated with kindness and compassion. We saw that care was inclusive and people were enabled and encouraged to make decisions about how their care was planned and delivered. People described positive relations with staff.

People were encouraged and were supported to engage in social and recreational activities of their choice and supported to maintain employment. People knew how to raise any concerns they might have and were confident these would be listened to.

People told us that they were very happy with the quality of the service and that their views were listened to. We saw that the registered manager and staff created an inclusive culture within which people were respected and valued. People described both the registered manager and provider as friendly and approachable and they were complimentary about how the home was run. Systems were in place to monitor the standard and quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected from abuse and risks to their safety had been identified and acted upon.

Staff were recruited safely and there were enough staff to meet people's needs.

People received their medicines as prescribed.

Good 

### Is the service effective?

The service was effective.

People were supported by staff who had training and support to develop their skills.

Staff worked within the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They sought people's consent and did not unlawfully restrict people.

People had control over their meals and drinks and their health needs had been identified and planned for.

Good 

### Is the service caring?

The service was caring.

People told us that the staff were caring and treated them with respect and promoted their independence.

People had been supported to maintain contact with their friends and family and there were no restrictions on visiting times.

Good 

### Is the service responsive?

The service was responsive.

People had full involvement in determining how their care was

Good 

delivered.

People's social, recreational and employment needs had been promoted.

People were confident their complaints would be listened to.

**Is the service well-led?**

The service was well-led.

There were systems in place to monitor the quality of the service and to build on developments already made.

People benefitted from an open and inclusive culture within which their views were valued and respected.

People were complimentary about how the home was run.

**Good** ●

# Oak House

## **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.

Our inspection took place on 22 May 2017 and was conducted by one inspector.

We reviewed information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. The local authority had shared no concerns with us about this service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with the three people who lived there. We spoke with four relatives to get their views on the service provided, two staff members, the registered manager and provider. We looked at the care records for two people which included their medicine administration records, risk assessments and accident and incident reports. We also looked at records which supported the provider to monitor the quality and management of the service. These included health and safety checks, medication, complaints records and systems for obtaining people's feedback. We looked at the recruitment and induction records for two staff, staffing levels, and staff training to see how the provider managed the safety aspect of the service.

## Our findings

One person told us, "I feel really safe here no one would hurt me". Another person told us, "The staff here are brilliant and I never worry they would let me get hurt". A relative said, "The support is amazing; first time in years (name) is happy, settled and safe".

Staff spoken with were able to describe different types of abuse and could provide examples of how they kept people safe in situations where they may be vulnerable. Staff told us that they knew how to escalate any concerns if they felt people were at risk of abuse and we saw they had received training to keep people safe. The registered manager was clear about their responsibilities to keep people safe and records we held showed that they had reported concerns appropriately to the relevant people. This showed they had taken action to ensure people were kept safe.

We saw that there were safe systems in place to prevent the risk of financial abuse. A person told us, "The staff help me to look after my money; I have a bank account and I have money when I want it and help to budget".

People told us that any risks to their safety had been discussed with them to ensure they received safe care. One person told us, "I was really worried before I came to live here, now all the staff are working together to help me, I feel safe with them". Another person told us, "I can do things now without getting hurt because the staff have helped me". We saw that risk assessments had been undertaken to explore the risks associated with the person's health condition and actions had been taken to reduce them. For example specific furniture had been changed to enable the person to sit safely. Additionally the flooring had been changed in their bedroom to soften the impact of any falls and a soft mat for use in the garden enabled the person to undertake gardening without the fear of falling on a hard surface. The person told us, "I also have a pendant so I can call for help; it's a good idea; makes me feel safer". We saw that the registered manager monitored incidents and had made changes to ensure staff practiced in a way that reduced risks to people's safety. Care records we looked at showed that risks to people's safety had been assessed and plans were in place to manage these risks.

People told us that there was always staff available to support them both during the day and night. We saw that staff were available to respond to people's requests and available so people could do things that they enjoyed doing. One person told us, "I'm going out more thanks to the staff", and another person said, "There is always two staff sometimes more". Staff told us that there were enough staff on duty to support people in the way they wanted. The registered manager told us and records looked at confirmed that staffing levels

took account of people's needs as well as supporting them to attend appointments and other commitments such as to do the things they enjoyed.

Staff spoken with confirmed that prior to working in the home employment checks had been completed. One staff member said, "I had to produce references and do a police check and have an interview". We saw from records that the provider had followed their recruitment procedure to help reduce the risk of unsuitable staff being employed. This included obtaining references and a Disclosure and Barring Service (DBS) check for each staff member before they started work. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults.

People told us they had their medicines on time. One person said, "Staff look after them for me but give them to me on time". We saw that people, where able to, had been encouraged to look after aspects of their own medicines. One person told us, "I have a facility on my phone that calls me when my medicines are due". The systems in place for managing people's medicines were safe. We saw that people's medicines were stored safely in their own bedrooms. The provider used an electronic medication administration system which prompted staff for the times of medicines and for staff to complete the electronic record when medicines were administered. We saw that written protocols were in place where people needed their medicines to be given in specific ways or at specific times. This ensured staff had the guidance they needed to ensure people only had their medicines when they needed them. Staff told us that only staff that had received training in both the safe administration of medicines and in the use of the electronic system.



## Our findings

People told us that they were very happy with the way staff cared for them. One person said, "I'm very happy; staff are really brilliant and know how to help me". We read comments from relatives and one said, "Amazing support; learning the basics of caring for self". Another comment read, "Friendly professional care has restored our faith in the care system".

Staff told us that they had induction training and felt supported in their care role. A staff member told us, "I had the company's induction which included reading policies and procedures, going through training and shadowing other staff". We saw from records that for some staff with no prior care experience the provider had introduced the 'Care Certificate'. The care certificate is an identified set of standards that care staff should adhere to when carrying out their work. Staff told us they had regular supervision sessions in which they could reflect on their care practice and performance and identify any training needs.

A person told us, "The staff are trained and experienced. I've had better care here than anywhere, lots of good things have happened here for me because staff know what they are doing". Staff we spoke with confirmed that they had received the training they needed to carry out their care tasks. One staff member said, "We have loads of training and if we need any more we just ask". The training matrix confirmed that staff had completed a range of mandatory and some specialist training for their role which would ensure they could meet people's individual needs. The registered manager had introduced a relatively new electronic system which enabled them to review staff competencies.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We saw that people were fully involved in making their own choices and decisions about their care. For example, we saw that people wrote their own care plan. One person told us they wrote their care plan so that it reflected how they wanted their care to be delivered and personalised to them. We saw staff offered people the opportunity to write their daily report; one person told us they wrote this; 'every day because my opinion is important'. Another person

told us staff always sought their consent before any support was offered. We saw people choose what activities they did, what they had to eat and drink and who they wished to invite into their home.

Where people lacked the mental capacity to consent to complex decisions about their care or treatment the provider had arrangements in place to ensure that decisions were made in the person's best interest. We saw examples of situations where this process had been followed which reflected staff were working within the principles of the MCA. We saw that where a listening device was used to alert staff to one person, the protocol needed additional information to ensure it did not impact on the privacy of the person. The registered manager addressed this whilst we were on site to ensure its use was specific to the need. The registered manager told us that an application had been made to deprive a person at the home of their liberty. Staff told us they had received training in DoLS and could tell us the reasons this was needed and how this would impact on the way they worked with the person to keep them safe.

We saw that people had access to food and drink when they wanted and that they had support to shop for and prepare their meals. One person told us, "I can shop on line or go shopping, I choose what I want to eat and we decide what meals we want each day". Staff knew about people's likes and dislikes. No one had specific dietary or national needs or risks associated with eating or drinking. We saw people helping themselves to drinks and snacks during the day.

One person told us how staff supported them with their health needs and how they had been involved in developing their own health plan. They said, "I gave up smoking and attend a clinic on my own now, I've also joined a walking club to keep fit". We saw that Health Action Plans (HAPs) were in place which were in a format suited to people's needs. A HAP tells you about what you can do to stay healthy and these are a government initiative for people with a learning disability. Staff were aware of people's health needs and how they were supported to access a variety of health and social care professionals such as the dentist, optician and specialist consultants.



## Our findings

People told us they were happy living at the home. One person said, "I think the staff are good people; look after us really well". A relative told us, "I can't recommend the place highly enough they are so good to people and (name) is so much happier".

We observed that people were happy in the company of staff who spent quality time with them. For example we saw people laughing and joking with staff, working with staff in the kitchen to prepare meals and discussing the day's events and what they wished to do. Staff were attentive and listened to people.

People told us that staff supported them if they were worried or anxious and gave us examples of how staff had helped them. We concluded from this that staff had a good understanding of people's needs and how to support them.

One person told us how staff made them feel 'wanted' and 'cared for' they said, "No matter how late I come in they always ask if they can get me something to eat; I think that shows they care about me".

Another person told us how staff were respectful towards them when things had not gone well. They told us staff calmly discussed issues and advised them and they were happy with this approach.

People's privacy and dignity had been promoted. People described how if they needed support from staff this was done privately in the comfort of their own room. People said staff were discrete and protected their confidences because personal issues were discussed with them privately.

The registered manager told us that they had recruited staff who displayed a caring and respectful attitude. In order to achieve this they had involved people living in the home in the interview process so that they could ask questions to gain insight into the attitude of the potential staff member. One person who had been involved in interviewing told us, "I asked questions and it's good because we need to know if they are good people before they work here".

People gave us examples of how they were supported with their independence. One person said, "I do lots for myself; help with shopping, make drinks and wash up". Another person told us, "I go out independently, have a job, and bring my friends back. I look after my money and look after myself-staff are there to help they don't take over".

We heard from one person how the caring approach of staff had increased their confidence so much in a short period of time. They told us they felt very secure in the knowledge that the staff had their interests at heart. They said, "I wouldn't want to live anywhere else, everyone here is so nice to me".

We saw people completing their own daily records and they told us they wrote their care plan too. This showed there was a high emphasis on promoting people's involvement in decisions about their care. No one currently needed the services of an advocate. An advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. Information about advocacy services was available. People confirmed that they were supported to maintain contact with their family and friends via visiting, phone calls and the use of skypeing.



## Our findings

A person told us, "It has been great since day one; they asked me all about how I wanted my support and I'm much happier now". Another person told us, "As they (staff) got to know me they put things in place to make life easier and better for me". A comment from a relative read, "Absolutely cannot fault the care; they (staff) listen and support, nothing has been too much trouble".

People told us that staff were responsive to their needs; one person said, "I decide what I want to do and plan ahead; then the staff help me to do it like having a meal out, having my hair done or going shopping". Another person told us, "They (staff) have helped me loads; helped sort out a contract so I can have a television sports channel, sorted out my money and help me budget and when I had problems with my teeth we made a plan about how I would have the treatment". People told us staff sat with them and helped develop their own care plan to ensure they had maximum control over aspects of their life. We saw staff had responded to people's personal goals to develop their skills. For example one person told us, "I'm learning to do lots of things; I make my own sandwiches for work which before no one ever showed me how, I can make coffee and I love that the staff ask me what I want to learn".

Care plans were presented in a format that was the most appropriate for the person to aid their understanding. We heard many examples of how people had been supported to adopt a lifestyle of their choosing. One person said, "I've never been happier; I'm doing so much more with my life and I have so much more confidence".

Staff told us that the registered manager always ensured that they had information about people's needs and additional training to meet specific needs. For example staff had training in supporting people with epilepsy and we saw they responded to a person's seizures on the day in line with their care plan. We also saw staff had guidance in supporting people with specific aspects of their behaviour. Strategies were recorded in the person's care plan and staff we spoke with were following the protocol as recommended by the multidisciplinary team involved in the person's care. For example, they told us that additional staff resources were provided to support at specific times. Staff told us this had helped minimise the frequency and impact on both staff and other people that lived there.

People told us about a variety of recreational pursuits that they enjoyed. We saw that people had been supported to identify their goals and desires and that staff had worked hard to make these a reality. For example one person told us about having a season ticket for the football team they followed. They had also been supported to join a walking club, to maintain their employment outside of the home and to have their

friends visit when they wished. We heard from another person how staff had made it possible for them to undertake gardening which previously had been unsafe for them to do, they told us, "I love planting in the garden; when I was younger no one let me do it in case I fell".

Oak House had only been open since October 2016 and the registered manager had focused on supporting people to champion their own expectations from the service. People we spoke with told us that from their perspective the provider was ensuring they were the focus of any support and they were happy with these arrangements.

People told us that staff asked them about their care. We saw completed surveys on care files and examples of actions taken as a result of people's feedback. For example people had commented that the laundry area was too small so a plumber had reorganised the piping to create better access.

People told us that they were aware of their right to complain but had no complaints about the service. One person said, "The complaints procedures are on the wall, but if I had any complaints I'd tell staff". We saw the complaints procedure had been produced in an easy read format to make it easier for people to understand. The provider had a record for capturing complaints but none had been made.

## Our findings

Everyone was complimentary about the management of the home. One person told us, "It's the best place I've lived and the managers and staff are great; I'd rate them ten out of ten they are really friendly, listen to me and do things that help me". A relative said, "The relationships (between staff and people who live at the home), are so positive; and I now have no fear for (name of person's) future".

The registered manager and provider had promoted a positive culture in the service which clearly had encouraged people to determine their care needs and how they wanted their support. People were actively involved and consulted about their needs and their opinions had been respected and acted upon. This had ensured people developed their own support plans, determined their daily routines and wrote their own daily progress reports which enabled the registered manager to receive feedback from them on a daily basis about what had gone well or what could have gone better.

Both the registered manager and provider were visible in the home and we saw they interacted with people in a very positive fashion; seeking their views, having friendly chats and asking them if there was anything they needed. People responded to them both in a positive manner demonstrating they felt comfortable and confident to approach either. One person told us, "They have made me feel very very welcome; they told me they would help me have a better life and mine is now".

Staff described positive support from the registered manager and provider. They told us both were positive role models and that the values and the culture of the home are clearly communicated. Staff had support and training and told us expectations were clear and that the registered manager observed their practice and guided them when they needed this. A staff member said, "It's a new home, small team but I think we give fantastic care, I love working here".

The registered manager told us that the service was well supported by the provider who visited regularly to speak to people living in the home and staff. Reports of his visits showed these were unannounced and checks were undertaken to ensure the home was running smoothly. The registered manager was aware of their responsibility to notify us of issues that affect a person's care and welfare and they had done so.

We saw that there were systems in place to monitor the service and quality audits were undertaken. Where audits had taken place and action was needed we saw this had been addressed. For example cleaning schedules had been updated. We saw that audits included checking records related to people's care, medicine arrangements and the safety of the premises. The registered manager told us accidents and

incidents would be reviewed although there had not been any.

People who lived at the home and their relatives told us that they had been asked their views about the service through surveys. The registered manager told us that information from surveys was used to continually improve the service. Feedback from surveys was positive.

Staff had access to policies and procedures regarding whistle blowing and gave us a good account of what they would do if they were worried by anything or witnessed bad practice. One staff member said, "Absolutely everyone here would have zero tolerance of bad practice". Staff knew of the process for escalating any concerns and had confidence that the registered manager would act on this.