Emas Limited

Oaklawn

Inspection report

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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

About the service: Oaklawn provides a care home service without nursing to a maximum of four older people with learning disabilities. The home is a small family run business, and sits alongside the providers other care home. At the time of our inspection four people lived here.

People's experience of using this service:
● People were positive about the care and support they received. Staff were seen to interact with people in kind and compassionate ways.
● Peoples' health and safety were well managed using risk assessments and ongoing reviews of their care and support needs.
● There were enough staff to meet people's needs and the provider followed safe recruitment practices when employing new staff.
● The environment was homely and reflected the interests and preferences of the people that lived there.
● Staff received sufficient training and supervision to enable them to provide care and support that met people's needs.
● People had enough to eat and drink and their dietary requirements were understood and supported by the staff.
● People told us that they enjoyed the food at the service. Where people were at risk of malnutrition and dehydration appropriate steps were taken to support them.
● People were treated in a caring and dignified way. They were involved in decisions about their care. Staff knew people well and provided care that was reflective of their needs.
● People had access to activities based around their interests and hobbies.
● There were systems in place to review the quality of the care being provided that included audits, meetings and feedback questionnaires.
● The registered manager aimed to give people a home from home experience. Due to the small size of the home, and small staff team, this had been achieved. There was a real family atmosphere at the home with people and staff enjoying each other's company.

Rating at last inspection:
At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why we inspected:
● This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
● We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Oaklawn

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

● Our inspection was completed by one inspector due to the homes small size.

Service and service type:

● Oaklawn is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

● The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

● Our inspection was unannounced.

What we did:

● Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We checked records held by Companies House.

● We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

● We spoke with three people who used the service.

● We spoke with the registered manager, deputy manager and two staff.
● We reviewed four people's care records, three staff personnel files, audits and other records about the management of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at Oaklawn. One person said, "I feel safe because staff are so friendly to me."
- Staff understood their roles and responsibilities should they suspect people were at risk of abuse. They knew they needed to notify the local authority safeguarding team of any concerns they had. One staff member said that if the manager did not act if they raised a concern they would, "Go straight to the police" to ensure the person was protected.
- Information on what to do if abuse was suspected was clearly displayed around the home. This enabled people, relatives or visitors to know what to do if they had concerns. Referrals to the local authority safeguarding team had been made when appropriate.
- Risks to people from abuse were also considered and managed using the risk assessment process.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were identified and action taken to reduce the chance of people coming to harm. These assessments covered medical or support risks, such as managing falls, or choking to safe use of wheelchairs. These had been completed for each person who lived here.
- Environmental risks to people's health and safety such as cleanliness and infection control and fire safety were also reviewed. Guidance for staff was in place to minimise the chance of people coming to harm.
- People who were cared for in bed had the risk of bed sores assessed, as well as the risk of harm from use of equipment such as bedrails. Risks to people's skin integrity were well managed to minimise injuries such as pressure wounds developing.
- Assessments of risks also ensured that appropriate equipment and training was identified and put into place to support people. For example, correctly sized slings and hoists with associated training for staff where people required assistance to move.
- Regular checks were completed on the home to make sure it was a safe place to live. This included fire safety checks; electrical and gas service maintenance; and emergency plans which told staff what to do in an emergency.

Staffing and recruitment

- There were enough staff to meet the needs of the people who lived here. Staffing levels were based on the assessed needs of people.
- Staffing rotas demonstrated that safe levels of staff were in place. Our observations on the day of the inspection showed that staff had time to spend to talk and play games with people, as well as meet their health care needs.
- The process for recruiting new staff was safe, and ensured only suitable staff were employed.

● The provider carried out checks such as obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Using medicines safely

● Peoples medicines were managed in a safe way so they had them when they needed them and as prescribed. A recent audit completed by a visiting pharmacist had identified that the staff had managed people's medicines in a safe way

● Records relating to medicines were accurate, complete and up to date. Information leaflets for each medicine was stored in the medicine administration file. Staff could review this information if a person's health changed, such as reviewing side effects that medicines may have, to see if that may be the cause.

● Clear guidelines were in place for staff to manage as required medicines as well as homely remedies. This minimised the risk of people being given too much medicine, such as pain medicine.

● Medicines were stored, and disposed of in a safe and secure way.

● Peoples medicines were also reviewed with the GP on a regular basis to ensure they were still needed, and being effective at treating the condition they had been prescribed for.

Preventing and controlling infection

● People lived in a clean home that was free from unpleasant odours.

● Staff hand hygiene practices were effective at minimising the spread of infection. Staff were seen to regularly wash their hands, and use appropriate protective equipment such as aprons when providing personal care, or preparing food.

● People we spoke with also confirmed that staff were good at keeping their houses clean and washing their hands. Staff had received infection control training.

Learning lessons when things go wrong

● There had been very few incidents or accidents at the home. The registered manager said that if these did happen then they would review what had taken place and review if anything could be done to minimise the risk of it happening again.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's support needs were assessed before they moved into the home. This ensured that their needs could be met, and equipment or modifications to the home could be installed before they arrived.
- This assessment also gave the opportunity to check if any special action was required to meet legal requirements. For example, use of specialist medicines, use of equipment that lifts people, or meeting the requirements of the Equalities Act.
- The registered manager ensured that people's needs were fully known and they involved the person as much as possible.
- One person with complex needs had an assessment that lasted three weeks, and included multiple visits by the registered manager to visit the person in hospital. The registered manger explained how this was necessary as the person had been moved from one care agency to another due to their support needs not being met.
- The registered manager had given the person time to get to know them, and build a level of trust, so they could then find out how the person wanted to be supported. As a result, the person had successfully transferred to Oaklawn.

Staff support: induction, training, skills and experience

- Staff received ongoing and refresher training which ensured they had sufficient knowledge and skills to enable them to care for people. The registered manager ensured staff kept up to date with current best practice.
- Training specific to the needs of people had also been given. This included training on moving and handling and medicines management.
- Staff had regular supervisions (one to one meetings with their manager) to discuss training needs, and give them the opportunity to discuss their role with their manager. One staff member said, "I do feel supported by the management."

Supporting people to eat and drink enough to maintain a balanced diet

- People enjoyed the food. One person said, "The food is alright here. They do ask me what I want to eat and give me a choice."
- People were supported to have enough to eat and drink. Where support was needed in this staff had the time to help people.
- Mealtime was unhurried and relaxed which encouraged people to eat. People could eat their meals where they chose.
- Staff ensured that people were sat upright when eating to aid swallowing of food and drinks. This was

especially important where people were supported to eat while in bed to prevent the risk of chocking, but to also ensure food was swallowed and not trapped in the mouth due to poor posture.
● Peoples likes and dislikes were clearly documented in their care records. Where modified diets were required, such as to reduce the risk of choking, speech and language therapist guidance had been followed.
● Drinks and snacks were offered to people throughout the day of the inspection, which kept people hydrated and spread their calorie intake over the day to aid digestion.
● Staff worked with people to expand their diets and encouraged them to have a more balanced diet. One person had joined the home with a limited diet, with no interests of eating fruit or vegetables. Records of meals showed that over time staff had introduced more variety to the persons diet, which gave more choice to the person.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to health care professionals when they needed them. Health action plans recorded that people had regular appointments with the doctor, dentists, optician and continence nurses. Other professionals such as physiotherapist and district nurses were also involved to meet people's specific needs.
● Documentation such as health passports gave a good level of detail on people's needs, should they need to go into hospital. They identified important information such as allergies, and preferences that people had. This would help staff in other services understand the person needs and their individual preferences to aid effective healthcare to be given.
● Staff worked well together as a team to provide effective support to people. Systems such as communication books were in place so that staff working on different shifts could share information about people. Examples of this included temporary changes in needs (such as illness) that may need a change in support, or upcoming appointments that people may need support to attend.

Adapting service, design, decoration to meet people's needs
● The home people lived in met their needs. It was decorated to give a homely feel and reflected peoples individuality. Each bedroom was decorated differently to suit people's preferences. Communal areas contained photographs and pictures of people as well as ornaments to give a family feel to the home.
● The home was al on one level, so people with limited mobility could easily move around. Ramps were in place in outside areas to make them accessibly to people who used wheelchairs, or walking frames to mobilise. This also reduced the risk of trips and falls.

Ensuring consent to care and treatment in line with law and guidance
● 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff were able to describe their roles under the act, such as not assuming someone cannot make a decision for themselves, and the process needed if a decision was needed in someone best interest.
● Use of equipment such as bed rails and wheelchair seat belts had also been assessed and reviewed in relation to the MCA due to staff recognising they restricted people's freedom. Appropriate DoLS applications

had been submitted in relation to their use.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the caring nature of the staff. When asked one person said, "Yes the staff are nice to me." Relatives had given feedback to the home via cards and letters. One relative had written, "As a family we feel that [person's name] has been welcomed into the home with wonderful care, attention and commitment as we could have ever hoped for."
- Staff we spoke with knew people's preferences and used this knowledge to care for them in the way they wanted. The provider did not use agency staff. This meant the staff team that were more like a family and got to know the people they supported and become an effective team together.
- People would be supported to practice their faith, via visiting local faith centres or attending services held at the home if required.
- The homes atmosphere was friendly and calm. People were relaxed around staff; they smiled and engaged with them.

Supporting people to express their views and be involved in making decisions about their care

- People told us that they were involved in their day to day care. To aid people's involvement communication tools and technology were used. Picture cards and communication books were available to help people express their preferences. Staff could use sign language to talk with those people that understood it.
- People's care plans contained details of their likes, dislikes and preferences. Staff were seen to provide care in accordance with these, for example making favourite meals, or playing favourite games with people. Care plans also detailed ways in which people communicated and expressed themselves.
- Throughout the inspection staff involved people in decisions around their care. People were afforded choice in their day to day lives. Staff were keen to offer people opportunities to spend time as they chose, such as taking part in activities or where they wanted to spend their time in the home.

Respecting and promoting people's privacy, dignity and independence

- People were positive about the caring nature of staff and how well the home suited people's needs.
- Staff were seen to show respect to people. During lunch a staff member was noted to be making a noise in the kitchen while cleaning. The registered manager asked them to stop, as it was disrupting the peaceful atmosphere while people were eating. They then apologised to people for the noise.
- People's privacy and dignity were protected. Personal care was given by staff with the doors closed. We observed staff knocking on bedroom doors and introducing themselves before entering.
- Families and visitors were welcome to the service to maintain relationships with people.
- People were supported to remain as independent as possible. This was done in several ways. Using

assistive technology helped people communicate and express themselves; a programme of gentle exercise helped to maintain or increase people's mobility; or people being involved in preparing parts of the evening meal, such as preparing vegetables.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We noted that the activities planners that people had did not currently reflect the activities that they did. The registered manager said this was something they were in the process of updating .
- Activities were based on keeping people active and their minds stimulated. They included arts and crafts, games, puzzles and gentle exercises. Staff were seen to support people with indoor activities throughout the inspection. People were seen to laugh and express enjoyment while they took part in the activities with staff.
- Care plans contained detailed information about people's choices and preferences. These included people's preferred routines.
- Care plans made use of large text and pictures to help people understand what had been written about them. Where people were able they had signed these to show they had been involved in the planning and reviews of their care and support.
- People received the carer and support they needed. Care plans covered specific care needs such as oral health, dietary needs, faith and interests. Staff were knowledgeable about people and their needs.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received in the previous 12-month period.
- Peoples communication need had been considered with regards to making a complaint. Complaint forms had been developed in an accessible format for one person. This used a mix of signs and simple words called a 'speaking up form.'
- People said they knew how to make a complaint. They said, "Oh, I would tell the manager."
- The registered manager explained how people's concerns and complaints would be listened to and responded to should they arise.

End of life care and support

- Relatives were complimentary about the kindness and compassion shown by staff when their family members had approached the end of their lives. A relative wrote, "Thank you for the flowers at [person's name] funeral and remembering him, so very much appreciated."
- People's preferences for end of life decisions had been recorded were possible.
- Peoples families were fully involved and informed about the end of life process.
- Where people did not have families, the registered manager had a plot set aside at a local cemetery for people who had lived at Oaklawn. This meant there would be a small memorial for people that had lived together and known each other. People at the home were also able to go and visit their friend's memorials at the cemetery should they wish.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The providers vision for the service was, "To give a family environment to the people that live here" Staff successfully worked to these values so people received a good standard of care.
- There was an open culture where staff were encouraged to speak up. One staff member said, "I do feel supported and able to raise any issues with the management."
- The registered manager led by example as he was actively and personally involved in all aspects of the care delivered and regularly worked alongside staff. This enabled them to observe staff practice to ensure it met their standards.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of how the service was performing using quality audits and observations of staff working practices. These reviewed key aspects of the service such as health and safety, medicines management, and incidents or feedback to see if any improvements were required.
- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager and provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.
- Staff were fully involved in making improvements and ensuring that a good standard of care was given to people. Staff meetings took place to discuss people's health and welfare, and reflect on changes that may be required.
- Meetings gave staff the opportunity to raise ideas and suggestions. However, because the service was so small, with a small staff team, much of this took place in day to day conversations with the registered manager and deputy manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had information easily available to them. This included, complaints and safeguarding information, the food hygiene rating and other relevant information.

● People and relatives were actively encouraged to help run the service and make improvements within the home. Opportunities to complete questionnaires were regularly given to feedback how they felt about the service and if improvements were needed. The questionnaires for 2018/2019 were all positive with no suggestions for improvements being made.
● Records confirmed the service sought feedback through meetings and surveys from people, relatives, professionals and staff.

Continuous learning and improving care
● Quality assurance processes were in place. This included regular audits of medicines, health and safety and the environment.
● The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.
● The provider kept up to date with changes in the health and social care sector. For example, through health and safety alerts issued by the local authority or best practice guidance issued by the CQC.

Working in partnership with others
● The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with local community occupational therapists and district nurses.