Mrs Geetah Devi Hulkua

Oakley House

Inspection report

Oakley House
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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

The inspection of Oakley House took place on 13 March 2017 and was unannounced.

Oakley House is a care home which provides accommodation and personal care for up to 11 people, who have learning disabilities including autism and other complex needs. At the time of our inspection there were eight people living there.

The service is a detached house with communal lounge, dining room, kitchen and bathroom facilities. There was also a spacious and secure garden for people to use.

During our inspection the registered provider was present. The registered provider is also the registered manager for Oakley House. 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 and relatives told us they were safe at the home.

Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm, although we noted there were inconsistencies in the arrangements to reduce fire risks for people who smoked. The provider took immediate action and informed us shortly after the inspection that a risk assessment had been completed and safety equipment had been obtained.

There were sufficient numbers of staff deployed who had the necessary skills and knowledge to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff started work.

Medicines were managed, stored and disposed of safely. Any changes to people's medicines were prescribed by the person's GP and psychiatrist and administered appropriately.

Fire safety arrangements and risk assessments for the environment were in place to help keep people safe. The service had a contingency plan that identified how the home would function in the event of an unforeseeable emergency such as fire or adverse weather conditions.

Staff were up to date with current guidance to support people to make decisions. Staff had a clear understanding of Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) as well as their responsibilities in respect of this.

The provider ensured staff had the skills and experience which were necessary to carry out their role. Staff

had received appropriate support that promoted their development. The staff team were knowledgeable about people's care needs. People told us they felt supported by staff.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk. People were supported to have access to healthcare services and healthcare professionals were involved in the regular monitoring of their well-being. The provider worked effectively with healthcare professionals and was pro-active in referring people for assessment or treatment.

Staff treated people with compassion, kindness, dignity and respect. People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People's needs were assessed when they entered the home and on a continuous basis to reflect changes in their needs. Staff understood the importance of promoting independence and choice. People were able to personalise their room with their own furniture and personal items so that they were surrounded by things that were familiar to them.

People and relatives were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard.

People had access to activities that were important and relevant to them. There were a range of activities available within the home and outside.

People's care and welfare was monitored regularly to ensure their needs were met. The provider had systems in place to regularly assess and monitor the quality of the care provided.

People and relatives told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the home. Staff told us they would report any concerns to their manager and felt supported by the registered provider.

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.

People were protected from abuse and avoidable harm by staff who had been trained in safeguarding people from abuse.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

There were sufficient numbers of staff deployed to keep people safe and to respond to their needs.

People had risk assessments based on their individual care and support needs.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

People's care and support promoted their well-being in accordance to their needs. People were supported to have access to healthcare services and professionals were involved in the regular monitoring of their well-being.

Staff understood and knew how to apply legislation that supported people to consent to care and treatment. Where restrictions were in place this was in line with appropriate guidelines.

People were supported by staff who had the necessary skills and knowledge to meet their assessed needs.

People had enough to eat and drink and there were arrangements in place to identify and support people who were nutritionally at risk.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had positive relationships with the people they supported.

Staff understood people's needs and how they liked things to be done.

Staff respected people's choices and provided their care in a way that promoted their independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed when they entered the home and on a continuous basis. Information regarding people's treatment, care and support was reviewed regularly.

People had access to activities that were important and relevant to them. People were protected from social isolation and there were a range of activities available within the home and community.

People and relatives were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard.

Is the service well-led?

Good

The service was well- led.

People spoke positively about the home. People were involved in how the home was run and their feedback was sought.

People told us the staff were friendly, supportive and management were always approachable.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs.

The provider had systems in place to regularly assess and monitor the quality of care and support people received.

Oakley 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 was 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.

This inspection took place on 13 March 2017 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also gathered information about the home by contacting the local authority safeguarding and quality assurance team.

Most of the people living at the home were unable to engage in a full discussion; we were able to briefly speak with them at the home and observe how they interacted with staff. We spoke to the registered provider and two members of staff. We observed how staff cared for people and worked together. We looked at records relating to people and the home such as three care records, two staff files, medicines records, training information, policies and procedures and other documentation relevant to the management of the home.

After the inspection, we spoke to two relatives to get their views on the care and support provided at Oakley House.

We last inspected the service on 11 August 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

When we asked if people felt safe one person told us, "I do, because the staff are here." Relatives told us they felt their family members were safe at the home. One relative told us, "X is safe at the home, he walks around with his walking frame and I know he is alright."

People benefited from a service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had access to a safeguarding policy which gave information about how to raise concerns to the local authority if necessary. Staff were knowledgeable about the types of abuse and the procedures to follow if they suspected or witnessed abuse. A member of staff told us, "If I suspected abuse I would inform the manager." Records confirmed that staff had received safeguarding training within the last year.

Risk assessments were in place to support people to be as independent as possible whilst protecting them as much as possible for harm. These protected people and supported them to maintain their freedom. Care plans recorded guidance for staff and identified possible hazards when supporting people at home and out in the community. Care plans contained assessments which documented potential risks such as falls, using the kitchen, mobility or exhibited behaviour that challenged themselves or others which could place people at risk of harm. Staff were aware of risks to people and what actions they needed to take to protect them. For example, one person due to his mobility issues was at risk of falls. Staff also linked the impact that a fall would have on the person's mental health, as it could cause them to become isolated and withdrawn. To manage the risk the person used a walking frame and staff reminded them to use it. Staff spoke to them calmly and encouraged them when walking. Staff ensured the person had anti slip mats and a portable step when using the shower.

There were inconsistencies in the arrangements to reduce fire risks for people who smoked. People had individual risk assessments in their care plan which provided staff with guidelines of how to support people whilst smoking. For instance one person's risk assessment stated 'staff should support him to light his cigarette and then put the lighter away somewhere safe.' We saw that staff were following the guidance. No smoking signs were displayed in the home. However, there was no risk assessment if people attempted to or smoked in the home, people were not offered a protective garment whilst smoking outside and there was no fire safety equipment in the smoking area to minimise the risk of fire. Since the inspection the registered provider has contacted their fire consultant who provided them with advice, they have provided a fire risk assessment for the home and confirmed that fire protection equipment has been delivered to the home to minimise the risk of fire. They also confirmed that people were offered the protective garments when smoking outside.

There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather condition, or flooding. Alternative accommodation arrangements were in place in the event of the building being unusable following an emergency. Communal areas, stairs and hall ways were free from obstacles which may present an

environmental risk.

When people had been involved in accidents or incidents action had been taken to prevent further injury or harm. The registered provider reviewed accidents and incidents to identify potential patterns and to minimise or prevent reoccurrences. Where people's behaviour had resulted in an accident or incident, staff had completed behaviour charts which were shared with healthcare professionals involved in their care to review alternative options.

People were cared for by suitable staff. There were robust recruitment processes in place which had been followed. Staff confirmed that they were asked to complete an application form which recorded their employment and training history, provided proof of identification and contact details for references. Staff recruitment records contained evidence that the provider had carried out appropriate checks. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk. Staff confirmed they were not allowed to commence employment until satisfactory criminal record checks and references had been obtained.

There were sufficient numbers of staff deployed to meet people's needs safely. The core staff team had been working at the home for a long time and had built up a rapport with people who lived there. The registered provider informed us that they did not use agency staff; existing staff including the registered provider would cover absences to reduce the disruption to the home. The staffing numbers were based on the individual needs of people. This included supporting people to attend appointments or external activities. Staff attended promptly to assist people when they requested it and we saw staff had time to chat to people.

Peoples' medicines were managed and administered safely. There were appropriate arrangements in place for the storage and recording of medicines. People had their medicines on time and as prescribed and given by competent staff. Any changes to people's medicines were prescribed by the person's GP or psychiatrist. People's medicines records contained a medicines profile and any allergies to medicines were recorded. This meant that staff knew which medicines people could safely receive and which to avoid. The medicine administration records (MAR) were accurate and contained no gaps or errors.

Good

Is the service effective?

Our findings

Relatives told us that staff were skilled enough to meet their family member's needs. One relative told us, "Staff are very good at their job."

People were supported by staff that had the necessary training to meet their needs. The provider ensured staff had the skills and experience which were necessary to carry out their responsibilities through regular training and supervision. New staff confirmed that they attended induction training and shadowed an experienced member of staff until they were competent to carry out their role. All staff had received mandatory and specialist training in areas relevant to their role such as Epilepsy, dementia and abuse awareness.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us they attended one-to-one supervision, which provided opportunities to discuss their performance and any training or development needs they had. Staff also had annual appraisals. One staff member said, "It is very supportive, if I have any problems I will speak to the team leader."

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. 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. Records showed those that lacked the capacity were supported by a best interest meeting it also included relevant information regarding people's authority to make decisions on people's behalf known as Power of Attorney. An advocate, relatives and health care professionals were involved in the best interest meeting in line with the requirements of the MCA. Advocates are independent and are able to support people in decision making, expressing their views and upholding their rights.

People can only be deprived of their liberty so that they can 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). The registered provider informed us that no-one living at the home required a DoLS application to be submitted to the Local Authority.

Staff understood the importance of consent and explained how they gained people's consent to their care on a daily basis. During the inspection we observed staff seeking people's consent by the noise or gesture people made before supporting them. For example, staff were observed asking if people wanted to accompany staff, have a drink or have lunch.

Staff supported people who could become anxious and exhibit behaviours which may challenge others. Staff were knowledgeable about people's needs and how to support them. Care plans provided guidelines for staff on how to best support people as well as knowing what triggers their anxiety or behaviour.

People told us they liked the food and were able to make choices about what they had to eat. One person told us, "Staff give me extra food when I want it, the food here is nice." Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. For instance, one person's record stated 'I cannot eat hard cooked food or roasts but I am able to chew if they are tender.' We noted that the lunch time meal was Spaghetti Bolognese. People assisted staff in meal preparation by performing tasks they wanted to do and were able to do such as peeling vegetables or laying the table. People living at the home were involved in the development of the menu and they were able to choose where they had their lunch. People were able to eat independently, and staff prompted and encouraged them to do. People were encouraged to take regular drinks, to ensure that they kept hydrated. People's weight was monitored and recorded on a monthly basis. Staff confirmed that a dietician was involved with people who had special dietary requirements. Where people needed to lose weight, information about healthy eating and low fat alternatives were on display in the kitchen.

People had access to health and social care professionals. One relative told us, "Yes I know (family member) goes to the GP, psychiatrist and the dentist." All people living at the home had access to GP, dentist, opticians and mental health team. Appointments were made with other healthcare professionals as and when required. Any visits made by healthcare professionals were documented and any guidance was acted upon.

People's bedrooms were personalised with art work, photographs and items of personal interest. One relative told us, "[Family member] has a lovely room; they are able to have what they like in their room." People's arts and craft work were displayed throughout the home.

Good

Is the service caring?

Our findings

The atmosphere in the home was calm and relaxed during our inspection. Staff showed kindness to people and interacted with them in a positive and proactive way. People were happy and laughing whilst enjoying being in the company of staff. One person told us, "The staff chat to me." A relative told us, "[Staff member] do their best, they genuinely care and they seem to like [family member]."

People lived in a homely family atmosphere. The home was centred around the needs of the people living there. One relative told us, "[Staff] try to make it as homely as possible." Staff understood the importance of promoting independence and choice. People were encouraged to accompany staff to go shopping for the home and assisted staff at meal times. People living at the home could choice what they wanted to eat, what clothes to wear or what activities to participant in. One relative told us, "[Family member] always looks her best; she always looks well cared for."

People were supported by staff that knew them. People were allocated a member of staff known as a key worker. A keyworker has responsibility for making sure a person receives the care and support that is right for them and communicates this to the rest of the staff team. Staff told us the keyworker system worked well as staff were able to support people whom they shared common interests with, had specialist experience of or training to meet their specific needs. Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed. It was evident that staff knew people well by the way they described what people wanted and they were able to identify what people were trying to communicate through the sounds that people made or by their body language.

Staff approached people with kindness and compassion. Throughout our visit we observed good caring practices between people and staff. Staff always spoke to the person when supporting them; this was done in a respectful and friendly manner.

Privacy and dignity was respected and people received care and support in the way they wished. Staff understood the importance of respecting people's privacy and dignity and treating people with respect. One relative told us, "All personal care is done in private; they make sure their dignity is upheld."

People, their relatives and health and social care professionals were involved in the discussion about people's care and support needs. Documentation was provided in easy to read format so that people were able to understand and be involved in the decision making process. We observed that when staff asked people questions, they were given time to respond.

Relatives and friends were encouraged to visit and maintain relationships with people. Staff supported people to visit their relative's homes. Each person had detailed information about people who were important in their lives. People were protected from social isolation with the activities, interests and hobbies they were involved with.

Good

Is the service responsive?

Our findings

People told us they were happy with the support they received. A person told us, "They are very good, they take care of me." One relative told us, "They are good at relaying any concerns they have."

Pre-assessments were carried out before people moved into the home to ensure people's needs could be met. These were reviewed once the person had settled in. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. Information was used to develop care and support in accordance to people's needs.

People had their needs assessed and staff responded to those needs. Specific care plans had been developed in relation to this. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. For example, where people had behaviour that was challenging, behavioural charts and guidelines were in place to monitor and review their needs, as well as having safety measures in place to minimise the risk of harm to themselves or others.

The provider also obtained information from relatives, health and social care professionals involved in their care. This enabled the provider to have sufficient information to assess people's care and support needs before they received care.

Changes to people's care was updated in their care record which helped ensured that staff had the most up to date information. Staff told us they completed a handover session at the beginning of each shift which gave them the opportunity to share information about any changes to people's needs. Daily records were completed to record each person's daily activities, personal care given, what went well, what did not and any action taken.

Staff were quick to respond to people's needs. People were supported by staff who had access to information regarding people's individual needs and who were knowledgeable about their needs. People were provided with the necessary equipment, and support to assist with their care. For example, walking frames and specialist beds or bathing aids.

People confirmed that they took part and enjoyed the activities within and outside of the home. Including, art, attending college, listening to music and day trips. One person told us, "I like listening to music." Another person told us, "I like playing football." We saw photographs of outings or events people had attended. Staff encouraged and support people to engage in activities. The range of activities meant that people were less likely to experience social isolation.

There was a complaints policy in place. Staff had a clear understanding of what to do if someone approached them with a concern or complaint and had confidence that the registered provider would take any complaint seriously. We reviewed the complaints log and noted there were no complaints about the

home in the last twelve months. One relative told us, "If I was not happy with service or care, I would tell the manager."

Good

Is the service well-led?

Our findings

People spoke positively about leadership at the home. One person told us about the registered provider, "She's nice." One relative told us, "The manager is very pleasant, she know the residents and will make sure they are safe."

People, their relatives and professionals were involved in how the home was run in a number of ways and their feedback was sought through daily discussions, questionnaires and care reviews.

We saw that the registered provider had an open door policy, and actively encouraged people to voice any concerns. They engaged with people and had a vast amount of knowledge about the people living at the home. They were polite, caring towards them and encouraging. Relatives felt she was approachable and would discuss issues with them.

Staff had the opportunity to help the home improve and to ensure they were meeting people's needs. Staff were able to contribute through a variety of methods such as staff meetings and supervisions. Staff told us that they were able to discuss the home and quality of care provided, best practices and people's care needs. For example, at the last meeting staff had discussed the MARs ensuring there were no gaps. They also nominated a health and safety lead, who would be responsible for completing all health and safety weekly checks. Staff also discussed the cleaning schedule to ensure that tasks were covered. Staff felt valued and they told us that the registered provider was approachable and available.

The provider had a system to manage and report incidents, accidents and safeguarding concerns. Incidents and safeguarding concerns had been raised and dealt with and relevant notifications had been received by the CQC in a timely manner.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the staff assessed and monitored the delivery of care. Various audits were carried out such as health and safety, room maintenance, housekeeping, care plans. Any issues were identified and action plans put in place to rectify the concerns raised. For example, a health and safety check conducted in March 2017, identified that two chairs needed to be repaired or replaced, light fixture was not working in the lounge and the staff toilet was broken. These concerns had been reported to the maintenance person to review and repair. Staff told us they conducted a weekly spot check on rooms to check on the condition of the room in relation to health and safety needs.

We looked at a number of policies and procedures relating to the environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. This knowledge contributed towards ensuring people continued to receive care and support safely.