

Oval Residential Home

Oval Residential Home - 170 Oval Road

Inspection report

170 Oval Road
East Croydon
Surrey
CR0 6BN

Tel: 02086869814

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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

170 Oval Road is a residential care home providing personal care to up to four people. The service provides support to adults living with mild to moderate learning disability needs. At the time of our inspection there were three people using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

People's experience of using this service and what we found

Right support

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for the people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The support focused on people having as many opportunities as possible to gain new skills and become more independent.

People were kept safe. Staff knew how to raise safeguarding concerns and how to report them appropriately. Risks to people were identified as part of the assessment and care planning procedure. Risk management strategies were in place to assist staff to manage these risks and to identify triggers for behaviours that may challenge, for people they were supporting.

There were sufficient numbers of staff to meet people's needs.

We saw that medicines were managed in a safe way.

Right care

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received a wide range of training to ensure they had the skills and knowledge to support people safely. Staff told us they also received regular, supportive supervisions.

People's dietary needs were being met, and they had access to healthcare services where needed.

People were supported by staff in a kind and caring way. People were supported and encouraged to maximise their full potential where-ever possible. Staff knew the people well and care records detailed people's preferences, likes and dislikes. People had access to social activities that met their interests and needs.

A complaints procedure was available and displayed to enable people to access it if they or their relatives had a need.

Right culture

People received personalised care and support to meet their needs and wishes.

People using the service, relatives and staff were given the opportunity to provide feedback on the service. Audits took place to ensure the quality of the service was maintained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at the last inspection and update

The last rating for this service was good (published August 2019).

Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

This was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for this service is good. This is based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oval Residential Home - 170 Oval Road

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

170 Oval Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

170 Oval Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed the information we held about the service, including statutory notifications received. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with two members of staff and the registered manager.

We made observations around the service. We reviewed a range of records. This included three people's care records and three medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures were reviewed. We continued to seek clarification from the provider to validate evidence found

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, their relatives and staff members told us people were kept safe. A relative told us, "I am happy with the care my relative receives at Oval Road." Another relative said, "People are safe and staff support people safely."
- Staff completed safeguarding training and staff understood their responsibilities and how to report any concerns. A staff member said, "I would speak with the registered manager first. If necessary, I would report it to the local authority."

Assessing risk, safety monitoring and management

- People's needs and risks were assessed and care plans developed to ensure people's assessed needs and risks were met appropriately.
- Staff worked with health professionals to ensure people received appropriate support and treatment. Positive behaviour risk assessments and plans needed updating. We saw there was no impact or harm caused to people as a result, however nonetheless the registered manager recognised the need and agreed to revise these risk assessments immediately. Where possible people and their relatives were involved in this process.
- Systems were in place for all accidents and incidents to be reviewed. The registered manager monitored incidents to identify patterns and trends in behaviour and other risks. Action was then taken to reduce these risks.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
- Appropriate numbers of staff were on duty to meet people's needs.

Using medicines safely

- Records showed medicines were managed safely. The registered manager told us of the safeguards implemented to ensure medicines continued to be administered safely to people. Two staff sign the Medication Administration Records (MARs) for each medicine administered and the registered manager audits the process monthly.
- There was a robust system in place to ensure medicines prescribed on an 'as required' basis were used appropriately. Protocols were in place for the safe use of these medicines.
- Staff understood their responsibilities in relation to medicines management. Staff understood the importance of using 'as required' medicines appropriately. Staff told us, and records confirmed, they had

received medicines training, and this was on-going.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment.
- Staff told us personal protective equipment was available to them and we saw staff accessed and disposed of this appropriately.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a system in place to review incidents which occurred. Staff told us the registered manager had discussions with them in staff meetings following incidents to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us the registered manager would listen to them and felt any concerns would be acted on and dealt with appropriately.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received training that was relevant to their roles and to the specific needs of the people they supported. We saw staff responded to challenging situations calmly to reduce the potential for the situation to escalate.
- Staff received training in a wide range of core areas such as first aid, the safe administration of medicines, infection control, safeguarding and food hygiene. Staff told us this supported them to develop in their roles and to progress.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively. Staff clearly knew people well and people were smiling and relaxed around staff.
- Staff told us they received effective support through supervision. This included one to one meetings and team meetings. The registered manager acknowledged the frequency of these formal meetings did not meet the provider's own policy for staff supervision. They assured us that this was recognised and showed us new supervision dates that set out regular individual supervision for individual staff members. A new supervision format setting out the agenda of these meetings which included the direct work staff undertook with people. These measures ensured staff had the skills, knowledge and experience to deliver effective care and support.

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

- We saw that people's needs were assessed together with the person, their relatives and health professionals to ensure the service was able to meet the person's needs and wishes.
- People's care plans included their healthcare conditions and the care and support they needed.
- People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included the people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- People were supported to maintain a healthy balanced diet. People told us they had choices at mealtimes. We observed people at lunch time and saw they were able to make choices about what they ate and drank and where necessary were supported by staff.
- A system was in place to monitor people's food and fluid intake where needed.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access community healthcare professionals such as the GP, specialised nursing

teams and Speech and Language Therapists. This enabled people to have their health needs met appropriately by health professionals.

- Records confirmed people had routine appointments such as an annual health check.
- A Health Action Plan [HAP] was in people's care files. The HAP detailed what was needed to promote the person's good physical and mental health, their likes, dislikes and triggers to behaviour.
- Staff monitored the people's oral care to ensure their teeth and mouth were kept as healthy as possible. We saw dental appointments were made and check-ups took place.

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 when this is in their best interests and legally authorised under the MCA. 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.

- Staff had received training in the MCA and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA and how this was used when supporting people.
- Staff understood they needed to ensure any decisions made were in line with the person's best interests and were carried out in the least restrictive way. Records we looked at confirmed people were supported with their best interests and safety in mind.
- The registered manager told us, and records confirmed DOLs referrals had been made to the local authority for assessment in line with MCA.

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.

At our last inspection we rated this key question good. This key question has remained good. This meant 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

- We observed staff interacting and speaking with people in a calm, friendly and kind way. People were smiling, relaxed and they readily approached staff for support and care.
- One person told us, "Staff are very caring and we all get on well with the staff here." A relative told us, "They [family member] responds and interacts well with staff. We have no concerns about how they are looked after."
- The people living at 170, Oval Road had been there for more than five years. Positive, caring and trusting relationships had been established between people and staff. The registered manager and staff members told us how they supported people's diverse needs and wishes to ensure people lived their best lives.
- People's equality and diversity needs were fully assessed as a part of the initial and ongoing assessment and care planning processes. The registered manager told us staff were matched appropriately with people so their needs could be best met and understood. For example, one person using the service wanted to develop their skills in cooking meals appropriate to their cultural heritage. An allocated staff member worked with the person and this was achieved.

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

- People living at the service were encouraged to express their views and where possible, make decisions about their care. A relative told us, "The staff involve us in our [family member's] care and if there are any changes or suggestions, they let us know."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff told us how they worked with people to build their confidence and independence. People told us staff respected their privacy and dignity when providing care and support.
- Staff spoke passionately about their roles and were committed to supporting people to live full and active lives.
- Staff received equality and diversity training and knew people's needs well.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the person's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were involved in reviewing their care. They confirmed they were able to make choices and were involved in decision making where possible.
- People's care plans detailed information regarding their personal preferences and people who were important to them. This meant staff had up to date information about people's individual preferences and what was important to them.
- People were involved in all aspects of the service including choice of meals, visiting places of interest and activities.
- One person was supported this year to go on holiday on the south coast. They told us they really enjoyed this holiday and that staff support had enabled them to enjoy it to the full.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). They ensured that information was made available to people about the service in different formats where needed and this included easy read documents.
- There was evidence that staff adapted their techniques to ensure they communicated effectively with each person, who each had different methods of communication. This included sitting and speaking with them in a calm way and the use of easy read and pictorial formats.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported both to develop and maintain relationships that were important to them. People told us they kept regular contact with those family members who were important to them. This was confirmed when we spoke with their relatives. One person's relative said, "We visit the home regularly to visit our [family member] and staff have helped us with this".
- People told us they were supported to pursue the social interests and activities that were important to them. We noted activities were wide and varied and people spoke enthusiastically about them to us.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure which was accessible. There had been no formal

complaints since the last inspection.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, we saw that people's choices and preferences for end of life care had been taken into consideration.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were positive in their comments about the management of the home. They told us there was an open and welcoming culture, focussed on achieving high standards of person-centred care for people and good outcomes for them.
- The registered manager was aware of their registration requirements with CQC and of their duty of candour.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service.
- There were processes and procedures in place to ensure people received the care and support they wanted.
- Staff were positive about how the service was run and the support provided to people.

Leaders and the culture they created promoted high quality, person centred care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- Staff members told us they felt supported by the registered manager and were involved by making suggestions and improvements within the service. Staff members told us the registered manager was approachable and very supportive. One staff member said, "They are always available to consult with when needed and they are supportive to us when we ask for advice or support."
- We saw documentation to demonstrate the registered manager carried out spot checks and competency assessments for staff members. This helped to ensure the staff team provided good care and support.
- Staff told us they knew about the whistleblowing policy and action they would take if they had concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- There were systems in place to ensure the service sought the views of people through regular reviews, keyworker meetings, resident's meetings and annual surveys.
- The registered manager recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make improvements if required.
- Audits were carried out by the registered manager on a regular basis for medicines management, care plans, staff records, health and safety and the home environment. Where required action plans were

developed to address any issues or concerns identified.

- Daily staff handover meetings were held. We observed these provided staff with the opportunity to discuss people's daily needs and any issues or concerns that had arisen. Staff team meetings were held on a frequent basis and provided staff with the opportunity to discuss issues relating to the management of the service.

Working in partnership with others

- The registered manager and staff worked effectively to develop good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, service commissioners, speech and language therapists, mental health professionals and GPs.
- We observed the service worked in partnership with local services and organisations to ensure appropriate support was co-ordinated for people if required, such as colleges and places of worship.