

Osei Minkah Care Limited

Oak Cottage

Inspection report

Oak Cottage Oak Street
Merridale
Wolverhampton
West Midlands
WV3 0AD

Tel: 01902681235

Date of inspection visit:
23 February 2019
25 February 2019
26 February 2019
05 March 2019

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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:

Oak Cottage provides accommodation and personal care for up to five people with a learning disability or mental health needs. At the time of our inspection there were three young people (14-18 years) living there. 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 also supports an active transition plan from children's services to adult's services working closely with partners from Children and Families Services.

Oak Cottage also provides care and support to people living in 'supported living' settings (Rose House and Harmony House), so that young people can live as independently as possible. This support is provided from Oak Cottage staff. One of the supported living settings was attached to Oak Cottage and one of the settings in Wolverhampton. Oak Cottage is also registered to provide domiciliary care. It provides personal care to young people living in their own houses and flats in the community. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. At the time of the inspection, no young person was receiving personal care in the supported living settings and no one was receiving the domiciliary care service.

The service had a registered manager. 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's experience of using this service:

- Young people were supported to develop and maintain their independence and have choice and control over their daily lives. Staff supported young people according to their individual preferences and needs. There was a drive to deliver person centred care which focused on getting the best outcomes possible for young people for example by supporting their recovery, building relationships and considering future plans such as college and activities.
- The outcomes for young people using the service reflected the provider's values and included; promoting independence, choice and control over day to day routines where possible, inclusion, and involvement in the local community. People's support focused on them having as many opportunities as possible to gain new skills, develop skills for independent living, for example budgeting, and develop their independence.
- People were supported in the least restrictive way possible; the policies and systems in the service

supported this practice.

- Staff told us they were well supported by management and their colleagues through supervision, appraisals and staff meetings. They commented on the availability of registered manager and other senior staff at Oak Cottage for support, advice and guidance at all times. Training covered a wide range of areas and was regularly refreshed. Staff were able to request additional training to meet people's specific needs and many commented on how their development and career was supported through external courses.
- Where restrictions had been put in place to keep young people safe this had been done in line with the requirements of the legislation as laid out in the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. Any restrictive practices were related to the safety of the young person, discussed with health and social care professionals involved, clearly recorded and regularly reviewed to check they were still necessary and proportionate.
- Young people were at the centre of care planning and the decisions about how care was delivered. Although there were "house" rules and boundaries, we observed people were in charge of their own routines as far as possible and were able to request support when they needed it.
- Staff were thoughtful, kind and passionate about ensuring young people were well cared for and supported to reach their unique goals.
- The service was well-led. Staff told us they enjoyed working at the service. They were encouraged to develop their skills and contribute to the running of the service, many having additional responsibilities, for example training, care planning or safety checks. The staff team and management team were enthusiastic, passionate about the support they gave young people and keen to share their experiences with us. They had high expectations for young people and this was a shared vision.

At the last inspection the service was rated as Good (Report published October 2016)

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 based on the rating. If we receive any concerns we may bring our inspection forward.

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.

Oak Cottage

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: The inspection was carried out by one adult care inspector.

Service and service type:

Oak Cottage provides accommodation and personal care for up to five people with a learning disability or mental health needs. At the time of our inspection there were three young people (14-18 years) living there. 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.

Oak Cottage also provides care and support to people living in two 'supported living' settings, so that young people could live as independently as possible. No one living in these settings was receiving personal care at the time of the inspection. We therefore did not look at these services as no one was receiving the regulated activity.

Oak Cottage is also registered to provide domiciliary care. It provides personal care to young people living in their own houses and flats in the community. No one was receiving this service at the time of the inspection. We therefore did not look at these services as no one was receiving the regulated activity.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living.

The service had a manager registered with the Care Quality Commission. Registered managers 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:

The inspection was unannounced.

Inspection site visit activity started on 23 February 2019 and ended on 5 March 2019. We visited Oak Cottage location on 23 February 2019 to meet the staff and young people; and to review care records and policies and procedures. We contacted professionals involved with people on 23, 24, 27 February 2019, and 5 March 2019. We spoke with the manager of the service following the site visit on 24 February 2019 and 1 March 2019.

What we did: Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse and accidents and incidents. We also reviewed the provider information pack the provider submitted in October 2015. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we met with one person who used the service. We spoke with the three staff on duty. We reviewed two people's care records. We spoke with three staff about recruitment practices. We looked at the medicine administration procedures, reviewed health and safety information and the governance data for example audits, fire safety checks and environmental checks.

Following the inspection, we left our contact details to be shared with people, relatives and staff we had not met. We also contacted four professionals and received feedback from four professionals. We spoke with one relative.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- There were effective systems in place to protect people from the risk of abuse. Staff were aware of when and how to report concerns and were confident they would be dealt with.
- Team meetings, handovers and one to one meetings with staff were used as an opportunity to discuss safeguarding processes.
- Staff supported people to make informed choices in their personal lives. People were encouraged to discuss how to keep themselves safe and recognise when they might be at risk, for example if visiting the city in the evenings.
- People were relaxed and at ease with staff and each other. They were clearly comfortable approaching staff and spending time with them.

Assessing risk, safety monitoring and management

- When people had been assessed as being at risk, staff had clear guidance on how to minimise the risk while allowing people to remain as independent as possible. For example, there were clear protocols in place if a young person did not return to Oak Cottage as planned.
- Personal Emergency Evacuation Plans (PEEPs) were in place outlining the support individuals would need if they had to be supported to leave the accommodation in an emergency.
- There were robust systems for keeping people's money safe and regular checks undertaken.
- Safety checks on the environment, first aid box, equipment, utilities and fire safety were carried out regularly by staff and external contractors. For example, if a young person was a risk with sharp objects, precautions were taken to minimise their availability.
- Where required there were internet restrictions in place to ensure appropriate and safe internet usage.

Staffing and recruitment

- There were enough staff available to support people according to their needs and individual preferences. Some people had complex needs and it was particularly important they were supported by staff who knew them well.
- The staff skill mix included the registered manager, three other managers, registered mental health nurses, senior support staff and support staff. Internal bank and regular agency staff were available to cover any gaps in the rota. The staff team was small, stable and flexible according to people's needs. This ensured consistent care for young people by known and trusted staff.
- Recruitment was experience and values based.

- Staff confirmed background checks were completed before new staff started working at the service.

Using medicines safely

- Medicines were stored, recorded and administered safely. Medicine Administration Records (MARs) were completed in line with best practice guidelines.
- Staff were able to describe the action they would take if they identified a medicines error. Staff received medicines training and were checked for their competency.
- Professionals told us staff supported people to make adjustments to their diet when their medicines effected their appetite and weight.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training. Personal protective equipment such as aprons and gloves were available for use when supporting people with personal care tasks and for domestic duties.
- Staff undertook the household cleaning and cooking. Encouragement was given to young people to develop their skills in this area and maintain the cleanliness of their own rooms.

Learning lessons when things go wrong

- Any accidents and incidents were recorded and highlighted to the managers and recorded in people's care plans. These were audited for themes and trends each month to identify any trends or pattern .
- Staff told us events were reflected upon so see if there was any learning which might prevent a reoccurrence.
- When incidents involving young people had occurred these were reflected upon as a staff team to consider improvements.

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

Good: ☐ People's outcomes were consistently good.

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

- People's needs were assessed before they started using the service to help ensure their expectations could be met. People's well-being benefitted from staff supporting them to build hobbies, for example getting out and about, making friendships, attending college and having a more active social life. Some young people, who had previously been quite isolated and withdrawn, were now interacting better, spending more time with others and developing social skills.
- Technology was used to improve people's experience and support independence. For example, thumb locks were used on bedroom doors to enable people to have privacy while allowing staff to check on their safety if required. Thumb recognition technology was used to promote the safety and security at the property.

Staff support: Induction, training, skills and experience

- Before starting work at the service new employees completed an induction. Staff confirmed they had time to meet people living at Oak Cottage, read their care plans, read policies and procedures and that the induction met their needs, "I was made to feel welcome and part of the team."
- Staff training covered those areas identified as necessary for the service, for example health and safety, medicine management, safeguarding and equality and diversity. Additional training to meet people's specific needs was also arranged, for example training on autism, radicalisation, personality disorders, substance misuse and mental health. The training was regularly refreshed and staff told us they could request extra training if necessary. One staff member commented, "I like working here, I have gained a lot of skills, they (the management) have encouraged me to go for my social work degree."
- Regular monthly supervision sessions were arranged where staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported.

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

- People were encouraged to eat a varied and healthy diet and be involved with menu planning. People were also encouraged to participate in preparing the food and washing up. This was to support them to gain life skills.
- Staff told us they supported young people to improve their body image and food choices where required to support their well-being and physical health.
- Some people needed their food or drinks prepared in specific ways due to their religion or culture. Staff

gave examples of how they had previously met people's specific dietary needs for example people they had supported who were Muslim.

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

- There was evidence to show the service worked with other agencies to help ensure people's needs were met. People were involved with children's services and the young people's mental health team where necessary. Professional feedback from the young person's mental health team was positive. Another professional told us, "During this time I have found their communication very good particularly around missing episodes and our EDS Team. Also the regular communications when appropriate on other matters. Also ensuring meetings are facilitated and attended."
- Private therapy was also arranged for people to meet their specific health needs. Referrals to mental health services were actioned by the service in a timely way, for example if a young person was presenting with symptoms of psychosis.
- People had routine health checks where needed and were encouraged to see the dentist and optician.
- Staff supported young people to maintain their well-being where necessary, for example going swimming, considering smoking cessation support and promoting a healthy diet.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We checked whether the service was working within the principles of the MCA. Care plans evidenced that the capacity of the young person was assessed appropriately.
- Some people were subject to, or had been subject to, sections of the Children's Act to safeguard them and promote their welfare. The service worked closely with the local authority and professionals involved where required.
- Some people had restrictions in place to keep them safe, for example one to one staffing and / or staff escorts on outings. These were well documented and there was evidence to show decisions to impose restrictions had been made in the young person's best interests in line with the legislation.
- Any restrictions were regularly reviewed and removed when it was considered safe to do so.

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

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

Ensuring people are well treated and supported; equality and diversity

- Feedback on a care home review site from a family was positive, "I would like to thank all the management and staff for all their support whilst my son was placed at Oak Cottage. His stay was pleasant and the staff always ensured all his needs were met, physically and mentally. I can't thank you enough. Every member of staff was pleasant and polite and listened to your worries. I will always appreciate the help and support." Other family members shared, "(Person's name) is happier their, staff have a different approach, more therapeutic, they refer to Oak Cottage as home." Professionals were also positive, "They have been fantastic, can't fault them"; "They have given (Person's name) time and attention."
- Staff were positive and affirming when they spoke to us about individuals who used the service. They recognised that people could sometimes find it difficult to express and manage their emotions and were empathetic and understanding in their approach. This helped build trusting relationships. Staff and people felt cared for at Oak Cottage. Professionals confirmed this.
- Staff shared, "At Osei Minkah we always try to create a caring environment for our young people, we like to treat each one as an individual finding out about their life experiences, talents and aspirations" and, "We try to create memories and experiences that they can look back on fondly when they are adults." The goal of staff at the service was to provide, "stability, care and kindness."
- Care plans contained information about people's abilities and skills. Staff took a pride in people's achievements and were keen to talk with us about this. Staff shared examples of young people who had successfully moved on but remained in touch.
- Staff were keen to support people to maintain their cultural identity if they wished. Professionals also told us how staff were supporting one person to look at their heritage to help them have a better understanding of their background.

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

- People were encouraged to make decisions about their day to day care and routines. Staff respected when people indicated they were ready to move on to a different routine. Staff advocated and supported young people in meetings where required, to ensure their views and wishes were known and heard.
- Staff encouraged people to learn more positive ways of expressing their feelings and anxieties and teach them emotion was a positive outlet. Anger was managed with de-escalation and a calm, therapeutic approach, looking at the causes and possible solutions.
- Comments from young people included, "People who work in care homes say they care but they really don't, you guys actually do"; "You have my back and you want the best for me" and, "You showed me how to

talk."

- House meetings and individual meetings with key workers were used to gather people's views. Staff supported young people to reach their goals for example attending music concerts, arranging tuition or re building family relationships.
- Staff spent time understanding people's different communication styles, for example if people spoke several languages or found it hard to express themselves verbally. Staff role modelled and supported people to communicate more effectively, for example if they were communicating through self-harm. Staff supported people to manage their emotions in a healthier way.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of people's privacy and dignity and supported people to respect each other's space's. Young people had their own private space in addition to the communal areas at Oak Cottage. Confidential information was kept securely.
- There was a strong emphasis on the importance of helping young people develop skills to live independently. For example, to learn how to manage their money, travel safely on public transport, understand how the utilities worked and household tasks. Staff were always on hand to guide, prompt and encourage.

Is the service responsive?

Our findings

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

Good: ☐ 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.

- Care plans were detailed and contained information which was specific to people's individual needs. People's likes and dislikes were known by staff, for example food preferences and music preferences.
- People were given choice within the service, for example they were able to choose the wall paper and décor when refurbishment occurred.
- People took part in their local community and used nearby facilities. For example, people used the local cinema, gym and attended colleges in the local area. Staff told us neighbours, local shop keepers and the community were supportive.
- Staff supported and encouraged young people to consider educational opportunities and develop life skills in areas such as household tasks, budgeting, confidence with public transport and improving relationships. They also assisted people to access opportunities they might be interested in, including football, boxing, pilot lessons and driving lessons.
- Daily notes were kept which detailed what people had done during the day and information about their physical and emotional well-being. When people needed additional monitoring, this was recorded.
- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were identified, recorded and highlighted in care plans, and this information was shared appropriately with others. For example, care plans included a section about people's individual communication needs, such as any language communication barriers, visual problems or hearing loss, with instruction for staff about how to help people communicate effectively.

Improving care quality in response to complaints or concerns

- Staff told us there had been no formal complaints in the past 12 months and they spoke regularly to people about how to raise a complaint. They advised any concerns would be thoroughly investigated and the young person kept involved always.
- During the inspection some concerns were raised by one professional we spoke with. The provider was dealing with these through the formal complaints process.

End of life care and support

- End of life training had been undertaken by staff. Due to the age of people living at Oak Cottage end of life care was not an area which had been developed. Staff assured us that if this was required at a future date, steps would be taken to meet people's needs holistically.

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.

Good: Service leadership was very good. The service culture the registered manager created drove and improved high-quality, person-centred care.

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

- One person shared, "It's the best placement I've lived in." Staff were unanimously positive about the management of the service. Staff shared, "The managers influence and motivate staff"; "The culture is very open – even though there is a hierarchy we are all equal."
- Staff told us the registered manager and other managers were approachable and always available for advice. Staff confirmed they were "hands-on", approachable and encouraging.
- Staff also spoke highly of Oak Cottage as a place of work, "I like working here, very family orientated environment, the kids get on well with staff and we all just pitch in." They told us that all the team shared the same ethos; to provide the best opportunities and quality of life possible for young people. Oak Cottage staff believed they provided a service for young people which was exceptional in the area.
- The management team were keen to identify how they could support people meaningfully and improve their experiences. Staff also felt supported, "If it has been a hectic day, the managers check staff are okay, give positive feedback and we reflect if anything could have been done differently." Staff told us there was a management training programme they could do if they wished.
- 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, including control, choice and independence.
- Duty of candour was understood. During the inspection when concerns were raised by one professional, the manager was keen to ensure these were fully investigated and responded to.

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

- Roles and responsibilities were clearly defined and understood. For example, the registered manager and the other three managers of Oak Cottage were supported by senior care workers. Key workers had oversight of named individuals care planning. Members of staff were given a set of specific responsibilities, such as finance checks and health and safety checks.
- Staff told us they were encouraged to develop their skills and learning. They shared how their personal development and career progression was invested in and encouraged. It was evident staff were valued.
- The registered manager and senior care workers were aware of their regulatory responsibilities. Notifications to the CQC were made appropriately.

- Regular audits were undertaken in line with the Commission's five key questions. Additional health and safety checks were undertaken at regular intervals, for example checks on window restrictors, water temperature, legionnaires, care plan audits and medicine audits.

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

- People's views and those of their relatives, were sought, as well as feedback from external professionals and staff. Questionnaires were circulated to staff, and the results we reviewed were positive. Staff confirmed, "The communication is good, everyone is on the same wavelength, it feels like a safe place to work."
- Staff felt people's feedback was listened to, for example people had requested double beds rather than single beds. Within days these were in place.
- Consideration was given to the support people would need to have meaningful involvement, for example if they had literacy needs or communication difficulties. Information to young people was given in a way they would be able to understand, either written or verbal.
- No one required information in larger font or an easy read format but the management team would do this if required.
- Regular house meetings were held for young people to raise ideas and concerns.
- One person was a representative on a local authority group for young people.

Continuous learning and improving care.

- There was a drive to continually improve the service so it offered young people the best opportunities. Young people were at the heart of these decisions. For example, we suggested some training which may benefit staff and young people, and this was being considered during the inspection.
- The management team and staff worked very much as a team, sharing learning and reflecting on working practices.
- Staff had access to a supervisor from within the organisation to discuss people's care needs and provide an external view point. Another external staff member of the organisation was responsible for training.

Working in partnership with others

- The service worked closely with health and social care colleagues to meet the young person's unique needs.
- Individual therapy was sought for young people where required, in addition to primary and secondary care services, for example the young people's mental health service.
- Staff had good relationships with college tutors supporting the young person's attendance and home learning.
- Staff worked hard to maintain relationships with people's families, and where relationships had been difficult to rebuild these support networks.
- Staff listened to suggestions made during feedback and feedback we received from professionals during the inspection period.