Oak House Trust Limited

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Inspection report

Oak House
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We last inspected this service in June 2013 and found the provider was meeting all of the requirements of the regulations at that time. This inspection was unannounced and took place over two days on 4 and 5 February 2016.

Oak House Trust Limited, hereafter referred to as 'Oak House', is registered with CQC to provide accommodation with personal care for up to 16 people. The service caters for older men who live with a learning disability and / or sensory impairment. At the time of the inspection nine men were using the service. Oak House is required to have a registered manager in post. The registered manager had been registered as manager at the service since 2010. 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 benefitted from a family orientated service where they enjoyed stability and long-term friendships and they were able to make a positive contribution to the daily running of their home. People took responsibility for jobs around the home and gardens, including growing vegetables, domestic chores, stock taking and caring for the hens and ducks. People were valued as individuals and were supported to maintain their independence, learn new skills and to sustain relationships with the people who were important to them. They enjoyed positive relationships with staff and regular activities with their local community, including curry nights and skittles. People's safety and well-being was maintained through effective links with other community health providers and services. People were respected as individuals and their rights to make decisions about their lives were upheld. When people lacked capacity to make decisions, for example in managing their finances, the service needed to complete capacity assessments to evidence this. This work needed to be completed to ensure that Mental Capacity Act (2005) legislation was adhered to.

Staff enjoyed working at Oak House and the majority had worked at the service for many years. They worked well as a team and respected each other's contribution, knowledge and experience. Staff felt well-supported and valued. They were able to speak openly and discuss issues or difficulties they, or the people they supported, were experiencing, so that solutions could be found. They cared for the people they supported and responded promptly to changes in people's day to day well-being, to ensure they were safe. Staff acknowledged people's contribution and hard work and went out of their way in their own time to provide opportunities for them including nights out and transport to their holidays.

The service worked openly and effectively with health service providers and local community services. They were working with the local authorities to complete an agreed action plan. Leadership was provided by the registered manager supported by the charity's Board of Directors. They worked closely with staff and were always available to provide support and advice and knew of all significant events happening within the service each day. They worked inclusively with people and their families, staff and other organisations to

provide the service in line with people's wishes.

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 safeguarded from the risk of abuse because staff knew what to be aware of and how to report their concerns.

People were protected against health related and environmental risks.

Staff knew how to respond safely in the event of an emergency.

People's medicines were managed safely.

There were enough staff to meet people's needs and recruitment practices protected people from the employment of unsuitable staff.

Is the service effective?

Requires Improvement

The service was effective. However, work needed to be completed to ensure that Mental Capacity Act (2005) legislation was adhered to.

People were supported by staff with the knowledge and skills to carry out their roles. Staff understood people's needs and preferences.

People had access to a healthy diet which promoted their health and well-being, taking into account their preferences and nutritional requirements.

People's health care needs were met. Staff made prompt referrals to obtain specialist support where needed and specialist advice was followed.

Is the service caring?

Good

The service was caring.

Staff developed positive relationships with people who used the service. People were treated with respect, kindness and compassion.

People felt listened to and had been involved in making decisions about their care.

People's dignity and privacy was maintained and their independence was promoted.

Is the service responsive?

Good

The service was responsive.

People received personalised care and were routinely consulted to gain their views about the support they received.

Staff knew people very well and could tell us about their individual preferences and interests. People were enabled to maintain relationships with those who mattered to them.

When people's needs changed their care was adjusted to reflect this and their care records updated.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

Is the service well-led?

Good

The service was well led.

People benefitted from an open and inclusive culture. The provider's 'family centred' values were demonstrated by staff in their interactions with people and with each other.

The registered manager was accessible to staff, people and their representatives. They were open to feedback to improve the quality of the service and felt supported by the provider's Board of Trustees. Staff felt supported and understood their roles and responsibilities.

People's wishes and their relative's views were taken into account by the registered manager when assessing the quality of the service.

Oak House Trust Limited

Detailed findings

Background to this inspection

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

This inspection took place over two days on 4 and 5 February 2016 and was unannounced. Our inspection was carried out by one inspector. During the inspection we spoke with five people who use the service, four relatives, four members of staff, the registered manager, two health care professionals and a commissioner of the services. Not every person was able to express their views verbally. We therefore undertook a Short Observational Framework for Inspection session (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home. We observed staff interactions with people and each other throughout the inspection. We also carried out a tour of the premises and grounds and observed medicine administration. We looked at three care records, four staff recruitment files and training records, staff duty rotas and other records relating to the management of the home.

Before the inspection we reviewed information we have about the service. This information included the statutory notifications that the provider had sent to the Care Quality Commission (CQC) and the Provider Information Record (PIR). A notification is information about important events which the service is required to send us by law. The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make. We also referred to the local commissioner's quality monitoring reports.

The last inspection of Oak House Trust Limited, hereafter referred to as "Oak House", was completed in June 2013. At that time we found the service was compliant with the regulations in each of the areas we checked.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. Staff had completed training in the safeguarding of adults and understood how to recognise and respond to potential indicators of abuse, such as a person becoming withdrawn or unexplained bruising. Information about local safeguarding procedures was accessible to staff and they were clear about the roles of external agencies in safeguarding people. A staff member told us about discussions they had with people about behaviours that were unacceptable, such as hitting, bullying and pushing in front of others. These discussions were sometimes prompted by people's reactions to television programmes. This reminded people that these kind of behaviours should not be accepted by them. The staff member said, "I am absolutely happy in my mind that they do know what is acceptable and what isn't". Staff were confident that any concerns they raised would be listened to and acted upon.

No safeguarding incidents had occurred at the home since our last inspection. People were happy with the manner in which staff supported them and how they spoke to them. We saw they were relaxed and at ease with the staff supporting them, laughing and exchanging banter. Comments included, "I like it here, it's nice", "There's a very nice atmosphere. It's fantastic from our point of view that he's happy there… He's in extremely safe hands.." and "The chaps living there are really so happy, it's got a really nice feel to it. I really feel positive every time I go there".

Risk assessments were in place to support people to be as independent as possible at home and to access their local community safely. Example's included the support people needed in unfamiliar places, monitoring health issues, managing weight and preventing falls. Staff were able to tell us how specific risks were managed with individual people. For example, they told us how one person was supported to eat safely to avoid choking. The support and information they gave was reflected in the person's care plan.

No serious injuries had been experienced by people at the home over the past year. The five incidents recorded had been unavoidable. For example, three incidents occurred as a result of a change to one person's medical condition. Prompt action had been taken by staff to ensure their treatment was reviewed by a health professional and no further incidents had occurred for this person. Staff were confident about how they would respond in an emergency and all staff had completed first aid training.

Risks to people from the environment were managed safely. The home was secure and the premises were clean, well maintained and free of odour. External contractors had completed required electrical safety checks. A fire risk assessment was in place. Regular checks of fire safety equipment and fire evacuation drills had been carried out. Records demonstrated that evacuation plans for people were effective and people knew how to respond in the event of the fire alarm sounding. Legionella risks were managed safely but an updated risk assessment was required. The registered manager acted to rectify this during our inspection by contacting an environmental health officer and following their advice to ensure the service met current requirements. A disaster plan for emergencies had been updated in November 2015. Staff confirmed the arrangements for them to contact senior staff out of normal working hours were effective.

People were involved in the recruitment and selection of staff when they wished to be. No new staff had been recruited to care roles since the requirements changed in 2010. We saw that Disclosure and Barring Service (DBS) checks and character checks had been carried out for new staff employed in domestic roles within the home before they began work. DBS checks alert providers to people that may be unsuitable to work with vulnerable groups. One of the domestic staff members had previously worked in a care role but the reason for them leaving this had not been verified and evidence of their conduct in this role had not been obtained. We discussed this with the registered manager who completed these checks during our inspection. They told us they would apply the same standards when recruiting domestic staff as required for care staff in future.

There were no staff vacancies at the time of our inspection. The service has been managed and predominantly staffed by successive generations of one family since it first opened in 1968. Care support staff had been employed at the service for many years and were very well known to people, some of whom had lived at Oak House for over 30 years. A staff member said, " They will soon tell you if something's wrong". Three staff members lived in self-contained flats on-site, including the registered manager and their deputy. This meant they could work flexibly around people's needs. A staff member said, "My door is never closed, off duty or on duty, that is what caring's all about". Another staff member routinely provided overnight support to people as needed. They said, "It's their time in the evening, they like to know that we are around if they want us. They like to have their own personal space". They had no concerns about the staffing arrangements and said, "I love it, I can't imagine myself anywhere else". People said there were enough staff to support them.

People's medicines were managed safely. Systems were in place to reduce the risks to people, including use of colour coded blister packs, checking the stock received and safe storage and return facilities. People's needs were recorded and support with medicines was provided by a limited number of staff with training in medicines administration. Medicines Administration Records (MAR) demonstrated that this was usually the registered manager. Staff had received recent training in the use of an emergency medicine which was rarely indicated / needed. Use of this medicine was included in the person's emergency management plan which had been reviewed and updated with health professionals in August 2015. Protocols to guide staff in the use of as required [PRN] medicines were in place. Appropriate policies were in place to guide staff in medicine management. The registered manager routinely made use of the resources available to them, including health professionals and the pharmacy supplier, to answer any queries they had around management of people's medicines.

Requires Improvement

Is the service effective?

Our findings

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that although staff had previously completed relevant training, some staff had forgotten this. For example, a staff member said they did this training "years ago" but they were unable to recall it. We saw that MCA and DoLS training for all staff was booked in the weeks following our inspection. Staff were able to tell us which decisions people could make for themselves and which areas they lacked capacity to make decisions about, such as managing their personal safety while in the community and / or their personal finances. What staff told us was reflected in people's care plans. The member of staff responsible for completing MCA assessments had arranged support from an external professional to assist them to start completing these assessments. Staff supported people's interests in best interest discussions with health professionals. One said, "They are respectful in the way they support and advocate for them and well prepared and thoughtful with the issues they've brought to me".

The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. No authorisations had been sought to deprive people of their liberty at Oak House. We discussed potential need for a DoLS authorisation for one person with the registered manager. They sought specialist advice from a representative of the authorising authority during our inspection, who confirmed that a DOLS authorisation was not required.

Appropriate consent was sought before care and treatment was given and people were involved in making decisions about their care. We observed staff checking with people before carrying out care and asking people what help they wanted. Our conversations with people confirmed the arrangements documented. People told us they had been involved in writing their care plans and had access to advocacy services. We saw that one person had met with their advocate to discuss their needs prior to a care review meeting with commissioners. A staff member told us how they would support a particular person to attend a dental appointment. They said, "As long as you explain and don't rush into it he's fine". A GP said, when they suggested treatment during an appointment, "They [person and staff member supporting them] will have a chat and talk about it".

People were otherwise supported by staff who had the knowledge and skills to meet people's needs. Comments included, "They have cared for him very well. He's safe, cared for and well looked after", "In my opinion he's exceptionally well looked after. The job they do is first class" and "They know exactly what they

need to do".

People using the service were supported by staff who had received appropriate training for their role. A programme of training updates was in place and training and supervision dates had been planned for the year ahead. Training covered mandatory subjects including first aid, health and safety and infection control. Staff also received training specific to people's individual needs, such as managing epilepsy and more challenging behaviours. Some staff were completing relevant qualifications in social care. We discussed the new Care Certificate qualification with the registered manager. This had not been considered when reviewing staff training at the home at the time of our inspection.

People's care plans prompted staff to make sure they had sufficient to eat and drink and had access to food which reflected their dietary and nutritional needs. People enjoyed the food provided and were able to eat at the time and place it suited them. Their comments about tea included, "It was nice, tasty… I'm full up now" and "I've bought myself some chocolate mousse, I'll have some later for supper". Daily records demonstrated people were involved in choosing and shopping for their own food and they enjoyed a varied diet. Where possible they were also involved in preparing their own meals. One person required their food to be cut up for them; we saw that this was done in line with their care plan. People's weights were monitored, if this was indicated, and where any problems were identified, dietary advice and / or swallowing assessment by a health professional had been obtained. Food was cooked and some was grown on site. Health professionals said, "The food's excellent" and "Learning disability patients often get overweight. They [people at Oak House] are very involved in working in the garden and engaged in what they are eating. They are in very good health for their age".

People received timely support to access healthcare services and maintain their well-being. This included support to access routine health screening and dental care. Records demonstrated people were referred for assessment promptly when they became unwell. People told us they had received their "flu jabs" and were happy with the support they received to access health care. One said about the registered manager. "He tells them [GP] straight away if there's a problem and I need a doctor". Staff supported people to make routine appointments and to attend specialist hospital appointments. Staff worked closely with community health care providers to manage the risks to people's health and well-being. A relative said, "Health wise it's been very good. I know for a fact they've had regular check-ups. They're very very good".

Good

Is the service caring?

Our findings

Our conversations with people and their relatives showed caring relationships existed between people and the staff who supported them. Comments included, "They are very kind", "We are best of friends… You help [registered manager] and [registered manager] helps you. One good turn deserves another", ""The care is amazing down there. It's like one big happy family. They are always very welcoming… I think it's an amazing place, they deserve a medal. They're so well cared for" and "they know [person] really well. We understand each other about him".

Staff regularly gave up their own time because they wanted to do things for people. Staff members routinely took people out in the evening while they were officially off-duty, for example to a local "curry night". If the registered manager or their deputy was going out and thought someone may wish to accompany them to, such as to the market, they invited the person along. One said, "We do it as part of what we do. We don't say I'm off duty. It gives them extra stuff in life". When another person was admitted to hospital, as an emergency, a staff member went with them and stayed with them despite it being time for them to go off duty. The registered manager said, "We have high expectations".

We saw that people were comfortable to tell staff what they wanted or to help themselves. Staff checked people had what they needed and offered alternatives when assisting them. People were supported to spend their time where and how they preferred. People told us they had been involved in making decisions about their care, they felt listened to and that their opinion mattered. People's preferences and wishes were recorded in their care record. One person said about their care plans, "I'm happy with them". When people were less able to speak for themselves, their close relatives or advocate had been involved. People's support plans described their cultural or spiritual needs and how they wished these to be met. A relative said, "They are really willing to talk about anything or any worries. They are more than helpful and very open-minded about everything". Staff told us how they supported people to understand the choices open to them; by using simple explanations and by giving people enough time to respond.

People's privacy and dignity was respected and promoted. Staff gave us examples of how they respected people's privacy and dignity when providing care and support. Such as, the use of a screen in a shared room if a person was ill and people having private time with their families while they were visiting. People were supported to maintain and increase their independence. We observed the registered manager give emotional support and encouragement to one person in relation to talking with us: The person had appeared a bit unsure and had invited them to stay for the conversation. Although very able, the registered manager later told us they lacked confidence in doing some things independently. They worked with them to increase this and the person had taken on increasing responsibilities around the home over the years, including stock taking. People's support plans detailed areas they needed support or prompting with and activities they could manage for themselves.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs and their views were respected. People were involved in planning their care and spent their time in activities they chose to participate in. Some people took responsibility for jobs in the home or garden. For example, one person looked after the ducks and hens and collected their eggs. They were busy doing this when we arrived and gave us a warm welcoming smile and a thumbs up, indicating they were relaxed and content. They told us they enjoyed eating the eggs, had names for all the birds and shopped for the bird feed. They asked us if we had seen the new polytunnel (in the garden) and talked about how the cauliflower had faired that year. These activities gave them purpose and a sense of achievement: While telling us about the vegetables they smiled and pointed at themselves saying, "I did that".

When relaxing at home people followed their own interests including, listening to music, colouring, watching films or playing on a gaming console. People managed these activities and their 'jobs' independently, only seeking help when they had trouble getting a DVD to play. People's relatives said, "I'm very pleased with Oak House. The work they provide on the estate is very good", "When he first went there he seemed to come out of his shell, he became more independent… He's always been very settled and would always refer to it as home… He always wanted to return" and "I wouldn't mind living there myself". A health professional said, "It's an interesting establishment, some would say old fashioned, but it caters for a group of old fashioned gentlemen. It's a beautiful setting to live in with meaningful day activity".

Three people served on the residents' committee and had designated roles as Chairman, Vice Chairman and Secretary. They told us they had decided what food they would have at Christmas and where they would go for days out, including The Wild Foul Trust and a wildlife park, which had been suggested by different people at the home. They told the registered manager what they had decided upon and the registered manager acted on their requests. They chose not to keep minutes of their meetings but some people wrote diaries or journals where they recorded their daily activities. One person proudly showed us their diary, which we saw reflected what we had seen and heard about people's experiences during our inspection of Oak House. People were informed about their care needs. One person said, "[Registered manager] takes us to the dentist to have our teeth done. I'm going again in March". We saw that the support staff provided to people was consistent with their expressed preferences and wishes, as recorded in their care records.

People knew what was happening in their family members' lives and felt connected with them. They showed us pictures of their relatives and told us about certain relatives going to university, or new jobs and babies. One said. "I'm a great uncle now". They were enabled to maintain these relationships through regular visits, letters and / or telephone calls. People's relatives told us how visits to Oak House had become harder for them as they got older and how staff worked with them to maintain contact and to manage difficult life events. For example, one person's relative told us about how well a significant death in the family had been managed: "Staff were fantastic at coping with [person] at that time, very family minded. I was very worried how he was going to cope. [Registered manager] and the team were marvellous, they drip fed him about her illness. He coped fantastically well, due in large part to how they fed the information to him". The person said, "I'm not upset now, life goes on". Another person's relative told us a staff member drove the eight hour

round trip to their house twice each year to ensure the person got a holiday with them. The staff member said, "I don't mind doing it. I've been doing it five or six years".

The service had not received any complaints in the year prior to our inspection. People and their relatives told us they would be happy to speak to the registered manager if they had any complaints and felt these would be managed appropriately. Comments included, "As far as I'm concerned I've no complaints at all. If there was a problem I could 'phone the home and speak to the staff. They're all very very helpful. They always do a tremendous job" and "I've never had any complaints. We'd be happy to speak to [registered manager] and he will tell you if he's not happy with something… It was always the same". At the time of our inspection the easy read complaints form was being updated. People had a formal opportunity to give feedback about the service at six monthly care reviews to which they and their close relatives were invited.

Good

Is the service well-led?

Our findings

People benefitted from living in a family run and orientated home where they were well known and understood by the people supporting them. Relationships within the home were long established: Some of the people living at Oak House had lived there for over three decades. A staff member said, "We know them so well, I've grown up with them". Comments from people's relatives included, "He's well-loved at the home… There's a strong family dynamic. He wouldn't have been there 30 years otherwise", "It's a nice home, they treat them like a family… It's like one big happy family, they're always very welcoming... There's nothing hidden away" and "He looks upon the other people there as his friends and family, it has a very good atmosphere". This was consistent with the philosophy of care, stated on the home's website; 'Oak House Trust provides a home and lifelong security for our residents… Residents are encouraged to lead an active life and left feeling that they are making positive and valuable contribution to life at the Trust through their participation in the many activities available to them.'

Our observations and conversations with people demonstrated the positive impact of this approach on people's wellbeing. They proudly told us of their day to day contributions in the running of the home and gardens and of their personal achievements. A health professional said, "If I was choosing somewhere for me it would be high on my list. It's a genuine community" and "Their heart is in absolutely the best place, with the right ethos and values. I've never seen anything other than to suggest [registered manager] cares for them. They're all equals there. I have the greatest respect for their approach". Another health professional said, "Having worked in lots of places it's an outstanding place. It's like a family home for the people".

People were invited to attend staff training, for example in first aid and food hygiene, gaining a certificate on completion. External feedback about the service, for example from commissioners and the Care Quality Commission (CQC), was routinely discussed with people living at the home. The registered manager said about people living at Oak House, "They've got their own lives to lead now. [Person] and [person] have found their niches. They just get on with it. If they've got something to say they will tell you".

Staff demonstrated understanding of whistleblowing procedures within the provider's organisation and in certain situations where outside agencies should be contacted with concerns. Information about whistleblowing was available in the provider's whistleblowing policy. Whistleblowing allows staff to raise concerns about their service without having to identify themselves.

The service's registered manager notified the CQC of important events affecting people using the service, as required. People and their relatives knew who the registered manager was and could speak to them about any events or issues on a day to day basis. They said, "I can't fault them, they are open to suggestions. We have a chat about things with them and they always ring us if there's anything they're not happy about. It's a two way conversation There's a great rapport between [registered manager] and us". Staff understood their roles and what was expected of them. All the staff and people we spoke with were happy to approach the registered manager for support with any questions or queries and all said they would report any concerns to them. A staff member said, "We all get on".

The registered manager reported directly to the provider's Board of Trustees who met every three months. A 'General Manager's Report' which included information about outings and activities, significant events, staff training, external visits and meetings attended, was provided to the board at each meeting. The Board members were voluntary and included a local GP, senior police officer and a financial advisor. Board members visited the home "as and when" to chat to people living there or check the house. Formal quality checks were not undertaken by Board members at the time of the inspection. We saw they had been undertaken in previous years and discussed how quality standards could be applied with the registered manager, who was keen to tap into the Board members professional experience and knowledge as part of this process. They told us they would raise this with them at the upcoming Board meeting.

Minutes of Board meetings were available; these included financial reports following the Trust's annual independent financial audit. This covered all financial records at the home including management of people's monies. The manager sought advice from a variety of sources including external professionals, suppliers and Board members. The registered manager felt well supported by the Board members and said, "They keep me on my toes". The chairman of the Board had attended a recent meeting with commissioners and the registered manager and was aware of current commissioning priorities and the actions requested by them. The registered manager attended the local care provider forum and liaised with hospital learning disability services, with the aim of improving the care provided to people while in hospital.