Mrs Geetah Devi Hulkua

Oakley House

Inspection report

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Date of inspection visit: 11 August 2014
Date of publication: 19/02/2015

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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was unannounced.

Oakley House is a residential home which provides accommodation and personal care for up to 11 people, who are living with a learning disability. At the time of our inspection 10 people lived there. The premises consisted of a large detached house with accommodation arranged over 2 floors.

Oakley House had a registered manager in post that was a responsible for the day to day running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We found staff were up to date with current guidance to support people to make decisions. Information about the

Summary of findings

services was given to people and consent was obtained prior to any care given. Where people had restrictions placed on them these were done in their best interest using appropriate safeguards.

People told us that they felt safe at Oakley House. A person said, "I feel very safe here, the staff take care of me." Staff had a good understanding about the signs of abuse and were aware of what to do if they suspected abuse was taking place. There were systems and processes in place to protect people from harm.

People were supported by staff that had the necessary skills and knowledge to meet their needs. Recruitment practices were safe and relevant checks had been completed before staff started work. Staff worked within good practice guidelines to ensure people's care, treatment and support promoted good quality of life. Medicines were managed safely. Any changes to people's medicines were verified by the person's GP.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who needed support to eat and drink food. People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Staff involved and treated people with compassion, kindness, dignity and respect. People told us, "They always ask me what I want to do; they are very kind and patient." People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. Relatives and friends were able to visit. People's privacy and dignity were respected and promoted for example when personal care tasks were performed.

The service was organised to meet people's changing needs. People's needs were assessed when they entered the service and on a regular basis. A person who was leaving the service told us of the support staff had provided, so that he could move on.

People were encouraged to voice their concerns or complaints about the service and there were different ways for their voice to be heard. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service.

People had access to activities that were important and relevant to them. People were protected from social isolation through systems the service had in place. We found there were a range of activities available within the home and community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided. Management liaised with and obtained guidance from external agencies and professional bodies.

People told us the staff were friendly and management were always approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager. Staff felt that management were very supportive.

Summary of findings

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.

People were protected because staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was completed in line with appropriate guidelines.

People were cared for and supported by sufficient number of suitably qualified, skilled and experienced staff to keep people safe and meet their needs.

Good

Is the service effective?
The service was effective.

People's care, treatment and support promoted a good quality of life based on good practice guidance.

People were supported by staff that had the necessary skills and knowledge to meet their assessed needs. There was a consistent staff team that people knew were knowledgeable about people's needs.

People had enough to eat and drink throughout the day and night and there were arrangements in place to identify and support people who needed specialist diets.

People were supported to have access to healthcare services and were involved in the regular monitoring of their health. The service worked effectively with healthcare professionals and was pro-active in referring people for treatment.

Good

Is the service caring?
The service was caring.

Staff involved and treated people with compassion and kindness.

Interactions between staff and people were kind and respectful. Staff were happy, cheerful and caring towards people.

People's preferences, likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's relatives and friends were able to visit.

Staff made sure they respect people's privacy and dignity before personal care tasks were performed.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed when they entered the service and on a continuous basis. People had access to activities that were important and relevant to them and were protected from social isolation. There were a range of activities available within the home and community.

Good

Summary of findings

People were encouraged to voice their concerns or complaints about the service and there were different ways for them to do this. Suggestions, concerns and complaints were used as an opportunity to learn and improve the service.

Is the service well-led?

Good

The service was well led.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service.

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

Staff were encouraged to contribute to the improvement of the service and staff would report any concerns to their manager. Staff told us the management and leadership of the service were very good and very supportive.

The provider had systems in place to regularly assess and monitor the quality of the service provided.

Oakley House

Detailed findings

Background to this inspection

We inspected the service on 11 August 2014. We spoke to seven people who lived at the home, four staff, a social care professional and the registered manager. We observed care and support in communal areas, looked at some of the bedrooms, reviewed a range of records about people's care, support and treatment and the quality assurance and monitoring systems.

The inspection was conducted by an inspector and an expert by experience who had experience of people living with learning disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We reviewed the Provider Information Record (PIR) before the inspection. The PIR is information given to us by the provider; this enables us to ensure we were addressing potential areas of concern and highlights good practices.

Before our inspection in August 2014, We reviewed the information we held about the service such as previous inspection reports and information they had sent us such as notifications of accidents and incidents.

We contacted the local authority and health authority, who had funding responsibility for people who used the service.

At the last inspection in June 2013 we had no concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People told us they felt safe and were provided with guidance about what to if they thought abuse was taking place. A person told us "I feel very safe here; the staff take care of me."

The service held the most recent local authority multi agency safeguarding policy as well as current company policies on Safeguarding Adults at risk. The local authority is the lead agency for all matters relating to safeguarding adults at risk in Surrey. This provided staff with guidance about what to do in the event of suspected abuse. Staff confirmed that they had received Safeguarding training within the last year. Staff knew what to do if they suspected any abuse. A member of staff told us, "First of all I would report it to a senior member of staff, they contact social services, safeguarding, police and CQC." Information on identifying abuse and the action to take was also freely available for people to look at and posters were on display throughout the home.

The registered manager had arrangements in place to store safely people's money. We saw each person had their financial income and expenditure recorded. All monies were kept in a safe, in a locked room.

There were policies and procedures in place in relation to the Mental Capacity Act (MCA) 2005. All staff had been trained on the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). The MCA is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. DoLS provides a legal framework to prevent unlawful deprivation and restrictions of liberty. Staff had the required knowledge of dealing with issues relating to abuse and human rights. One person was subject to a DoLS and there was a Supervisory Body's decision providing guidelines to staff about the restrictions they could put into place.

People who had capacity were able to give consent and make decisions about the care and support given. People who lacked mental capacity, were able to make decisions about everyday issues such as what to wear or what to eat, but were unable to make complex decisions about financial, medication or treatment matters. Where people lacked capacity detailed information was recorded in their care records about who could make these decisions and in what context they could be made. This demonstrated that there were arrangements in place to protect people's rights and the provider acted in accordance with appropriate guidelines.

People were involved in their risk assessment and any issues that arose would be discussed along with the involvement of a social or health care professional such as psychiatrist, community psychiatric nurse), GP or social worker. Staff were knowledgeable about people's needs, and what techniques to use to when people were distressed or at risk of harm. Risk assessments clearly detailed the support needs, views, wishes, likes, dislikes and routines of people. Risk assessments identified the level of concern, risks and how to manage the risks. Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare.

There were sufficient qualified, skilled and experienced staff to meet people's needs. People confirmed that there was enough staff to meet their needs. The staffing rotas were based on the individual needs of people. This included supporting people to attend appointments and activities in the community.

There was a recruitment and selection policy in place. Staff confirmed they submitted an application form providing a full employment history, information about previous training and qualifications, two referees and proof of identity. We saw that the provider had obtained and verified information provided and completed criminal record checks before staff started work. The provider had conducted the necessary checks to ensure that staff were suitable to work with vulnerable people.

Staff were given guidelines and training to support people with behaviours that challenge others. People had access to healthcare professionals such as community psychiatric nurses, doctors and psychiatrists to discuss their behaviour and support needed.

We saw fire evacuation instructions throughout the home and fire drills were carried out with residents and the outcomes were documented and actioned.

There were arrangements in place for the security of the home and people who lived there. We saw that entry to the home was through a bell system managed by staff. We saw a book that recorded all visitors to the home.

Good

Is the service effective?

Our findings

The registered manager ensured staff had the skills and experience which were necessary to carry out their responsibilities. Staff confirmed that a staff induction programme was in place. The registered manager confirmed that they did not use agency staff, so additional duties were covered by existing staff that were knowledgeable about people and understood their individual needs.

People told us they felt supported and staff knew what they were doing. A person said, "The staff are friendly and very nice." The provider promoted good practice by developing the knowledge and skills staff required to meet people's needs. A staff training chart showed that all staff had been trained in appropriate areas to support the people that lived here. Topics covered included medication awareness, and safeguarding. Staff received appropriate support that promoted their professional development. Staff told us they had regular meetings with their line manager to discuss their work and performance. A member of staff said, "We talk about issues and training during supervision, we have them every 3 months. I feel very supported." The registered manager confirmed that supervision took place with staff to discuss issues and development needs.

People had their needs assessed and specific care plans had been developed. For example, where people had special dietary requirements, or allergies. People who had behaviour that challenged, appropriate techniques were identified to support them. Such as having a choice of when to get up or given items that alleviated their aggressive behaviour. Action plans were put in place in accordance to people's care and support needs.

People assisted staff with the buying, preparing and cooking of meals. People told us, "I cook every day. I like to eat rice, chicken, salads, potatoes and green veggies and soup. If people don't like the food they can go to the shops and buy something else. I like the food here.' People were involved in the consultation about the choice of menu. There was a choice of nutritious food and drink available throughout the day; however an alternative option was available if people did not like what was on offer. People confirmed that they had sufficient quantities of food and drink. Staff confirmed that a dietician was involved with people who had special dietary requirements.

People were supported to eat and drink enough. Care records contained information about people's food likes and dislikes and preferences such as religious or cultural needs. Information regarding healthy food and diabetes were displayed in the kitchen and people were given information regarding healthy eating and what food to eat if they had special dietary requirements. Staff were aware of those who had special dietary requirements.

The kitchen was clean and that food was stored and recorded correctly in accordance to the provider's guidelines. We saw records that recorded fridge and freezer temperatures. People were protected as far as possible from the risk of food poisoning.

Pre admission assessments recorded individual's personal details, mental capacity, details of healthcare professionals such as GP and information about any medical history. This information was reviewed prior to any care and support given. Staff had up to date information that related to the person regarding their health, care and support needs.

People had access to healthcare professionals such as GPs, district nurse and other health and social care professionals. We saw from records that any changes to people's needs, staff had obtained guidance or advice from the person's doctor or other healthcare professionals. Visiting social care professional told us, "Staff were good at communicating people's needs to us, they encouraged people to participate in activities, the level of care is very good they go out of their way to help people. They work well with resident's families, any instructions given to staff are followed through and, people are making progress." People were supported by staff or relatives to attend their health appointments. Outcomes of people's visits to healthcare professionals were recorded in their care records.

Good

Is the service caring?

Our findings

People told us that staff were caring. They told us, "'This place has been the making of me. I feel blessed to be here. I've got much better, I'm like a new person.", "They always ask me what I want to do; they are very kind and patient." Staff were caring and sensitive to people needs, for example staff were seen helping a person with their laundry safely, another person wanted to speak to a member of staff, so they took him to make a drink and to see if he was alright. We saw feedback written by a relative stating "I feel that the care from Oakley House had aided my relative's recovery.' People were able to choose what they wanted to do, such as when they would like to get up in the morning or activities they would like to participate in. We noted that people had the right to refuse treatment or care and this information was recorded in their care plans. Guidance was also given to staff about what to do in these situations.

People felt staff treated them with dignity and respect. During our observations staff were seen to take time when supporting people and explained what they were doing. They also asked if the person was happy with this. We heard staff call people by preferred names.

Staff knew about the people they supported. They were able to talk about people, their likes, dislikes and interests and the care and support they needed. We saw detailed information in care records that highlighted people's personal preferences, so that staff would know what people needed from them. "We have residents who have challenging behaviour, so we make sure that we use the right techniques to calm them down such as making them a drink, talking to them or visit professionals who have special needs experience." We saw information recorded in care records about how people would like staff to communicate with them. Staff knew people's religious, personal and social needs and preferences from reading their care records and getting to know them. We noted that care records were reviewed on a regular basis or when care needs changed.

People were involved in making decisions about their care. We observed that when staff asked people questions, they were given time to respond. For example, when being offered drinks, or going out to the shops or an activity club. Staff did not rush people for a response, nor did they make the choice for the person. Relatives and health and social care professional were involved in individual's care planning, and there was detailed information recorded including decisions made for those who lacked mental capacity. Staff were knowledgeable about how to support each person in ways that were right for them and how they were involved in their care.

People told us that staff treated them with kindness and compassion "I like it here, they treat me well." "Staff come with me when I need to go shopping, so I am safe." Staff treated people with dignity and respect. Staff called people by their preferred names, and personal care tasks were conducted in private. Staff knocked on people's door and asked permission to come in before entering. Staff interacted with people throughout the day, conducting various tasks, at each stage they checked that the person was happy with what was being done. Staff spoke to people in a respectful and friendly manner.

People's relatives and friends were encouraged to visit and maintain relationships. People were able to practice their religious beliefs, because the provider offered support to attend the local religious centres. People told us "Staff drive me to church on Sundays. It's the church that my parents go to." There is a separate kitchen that could be used for people with specific religious and cultural beliefs regarding the storage, preparation and cooking of food. Staff ensured that certain foods that were prohibited by religious or cultural beliefs were not used in this kitchen. This showed us that care and support were provided with due regard for people's religions.

People told us they received the care, treatment and support they needed and any changes to their needs was discussed with them. Information about people's 'life history', likes, dislikes, preferences, goals and significant relationships was obtained and recorded. Detailed information about the type of treatment and support each person received was documented. This information helped staff to get to know the person well and provide them with the right care, support and treatment in accordance to their needs.

People were supported to express their views about their care, support, treatment or the service in different ways such as day to day conversations, 'resident' meetings and at social activities. We saw minutes of the 'resident'

Good

Is the service caring?

meetings which recorded people's feedback about activities, cleaning and room maintenance and food. We noted from information recorded in individual care records that they were using advocacy services.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secured office. This ensured that people such as visitors and other people who were involved in people's care could not gain access to people's private information without staff being present.

Good

Is the service responsive?

Our findings

People confirmed they were involved in the planning and delivery of their care. People told us "It was my birthday and we had a party with a chocolate cake."

Care records had detailed information which outlined individual's care and support and any changes to people's care was updated. This ensured that staff had up to date information in regards to people's care needs. The manager confirmed that the service involved people, health care professionals and relatives in the decisions and planning of care.

Care given was based on individual's needs, care and treatment. The registered manager told us they do not use agency staff, existing staff would cover annual and sick leave. She told us by having a consistent staff team they were able to build up a rapport with people. Staff knew people and understood their needs.

Pictures and clay pots made by the people who lived at the home were on display. Some of the residents attended the Sunbury Learning Disability group were they make pottery and paint. Information displayed on the notice board included todays date; name of the person in charge and staff on duty and listed each resident's daily activities.

People confirmed that they took part in the activities in the home and outside in the community, such as games, arts and crafts, shopping and outings. Comments included, "I do an art group every week at Joseph Palmer centre.", "I'm going to football later.", "We're going shopping soon." We saw information about holiday trips to Butlins or Disneyland through Welmede. There was also a poster about 'Elmbridge Community Links', the local community group that several residents go to. It listed the activities that were available to those that go to the group such as soft indoor sports, magic music moments, bingo, Bird World and jewellery making. We also saw photographs of outings people had attended.

Clear arrangements were in place when people moved between services. We spoke to the person who was leaving the service who told us how the transition was going. Staff told us that there had been a gradual progress in the transition from leaving Oakley House to their new home. Staff were aware of the difficulties people faced when moving services and ensured they planned and made suitable arrangements for a smooth transition. They also provided aftercare support when they left the service, so that people received and maintained continuity of care.

People were made aware of the complaints system. This was provided in a format that met their needs. People had their comments and complaints listened to and acted on. Peoples' feedback was obtained in a variety of ways such as 'residents meetings, feedback forms, discussions with people and their relatives. We looked at the provider's complaints policy and procedure. The complaints policy gave staff clear instructions about how to respond to someone making a complaint and how the provider would deal with any issues arising from the complaint. People told us that they had not felt the need to make a complaint

The staff told us that they were aware of the complaints policy and procedure as well as the whistle blowing policy. Staff we spoke with knew what to do if someone approached them with a concern or complaint and had confidence that the manager would take any complaint seriously. The service maintained a complaints log. We were informed by the manager that the service had received one complaint about the service in the last twelve months and this had been dealt with in a timely manner.

Good

Is the service well-led?

Our findings

People were involved in how the service was run in a number of ways. People told us that there were residents meetings to provide feedback about the service. In meeting minutes, people stated that they did not want a menu displayed in the hallway or lounge as they wanted it to feel like home, so the menu was only displayed in the kitchen.

Documented feedback from relatives and health and social care professionals included comments such as, "Staff are always happy to help and put themselves out for residents, they constantly work hard and go out of their way", "Always cheerful." Ratings of the service from this feedback ranged from 8 to 10 (with 10 being the maximum positive score). A relative noted that the provider had purchased a people carrier to transport people. People's feedback was positive and stated that they were well looked after and encouraged to form positive relationships between healthcare professionals, staff and people in the service. People were encouraged to be as independent as possible and participate in activities that were of interest.

Staff had the opportunity to help the service improve and to ensure they were meeting people's needs. This was done by attending a variety of meetings held with management and staff to review what they did, and to discuss best practices and people's care needs. Senior staff told us "We encourage staff to have a voice so they can have a sense of belonging."

The provider had a system to manage and report incidents, and safeguarding. Members of staff told us they would report concerns to the registered manager or deputy. We saw incidents and safeguarding had been raised and dealt with and notifications had been received by the commission. Incidents were reviewed which enabled staff to take immediate action to minimise or prevent further incidents.

People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. There were a number of systems in place to make sure the service assessed and monitored its delivery of care. We saw there were various audits carried out such as health and safety, a medicines audit conducted by an external agency in May 2014. Staff told us they conducted regular spot check on rooms. We saw accident records were kept, however no accidents had taken place since our last visit. Management observed staff in practice feedback was discussed with staff. We noted that fire, electrical and safety equipment was inspected on a regular basis.

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

The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated that they were knowledgeable about aspects of this guidance by signing to say they had read and understood this. This ensured that people continued to receive care, treatment and support safely.