

Mrs Parminder Degun

Little Oaks Residential Care Home

Inspection report

20 - 22 Bridgwater Road
Taunton
Somerset
TA1 2DS

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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:

Little Oaks is a residential care home that is registered to provide personal care to up to eight people. The home is made up of two houses next door to each other. Five people lived in the main house and three people lived in the other house. The home specialises in caring for people who have a learning disability.

People's experience of using this service:

The service had been opened some years ago and therefore had not been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However, the staff worked with the provider to embed these principles into people's day to day lives. The principles include; promotion of choice and control, independence and inclusion. e.g. People's support focussed on them having as many opportunities as possible to gain new skills and become more independent.

People lived in a home where the provider, registered manager and staff were committed to providing care which met each person's needs and aspirations.

There were trusting relationships between staff and people which resulted in lots of friendly chatter and laughter. People told us they could talk to staff if they had any worries or concerns.

People were encouraged to be independent and to follow their own routines and interests. People took part in a variety of activities of their choosing and some people worked outside the home.

People had their communication needs assessed and recorded and information was available in a format which meet their needs. This included information about how to make a complaint, food options and some of the home's policies and procedures.

Risks of abuse to people were minimised because the provider had systems in place to help to keep them safe. People felt safe at the home and with the staff who supported them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us they were able to make choices about their day to day lives and risk assessments were in place to promote independence.

People benefitted from a registered manager who was very visible in the home and constantly monitored standards to make sure they received good quality care. There were plans in place to redecorate some areas

and make the communal areas more homely.

People were involved in all decisions about their care and were consulted about any changes at the home.

Rating at last inspection: Good (Report published November 2016)

Why we inspected: This was a scheduled/planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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?

The service was safe

Good ●

Is the service effective?

The service was effective

Good ●

Is the service caring?

The service was caring

Good ●

Is the service responsive?

The service was responsive

Good ●

Is the service well-led?

The service was well-led

Good ●

Little Oaks Residential Care Home

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 social care inspector.

Service and service type:

Little Oaks Residential Care Home is a 'care home'. 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 had a manager registered with the Care Quality Commission. This means that they 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:

This inspection was unannounced.

What we did:

We asked the provider to complete a Provider Information Return (PIR.) This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this information to plan our inspection.

During the inspection we met all eight people who lived at the home. We spoke with five people and three members of staff. Throughout the day we were able to observe staff interactions with people in the communal areas. The registered manager was available during the entire inspection.

We looked at a selection of records which included;

Two care and support plans

Records of staff meetings

Medication Administration Records (MARs.)

Health and safety records

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; Staffing and recruitment

- People felt safe at the home. One person said, "I feel safe here. We have cameras outside." Another person told us, "I feel safe. Everyone is nice to each other."
- Risks of abuse to people were minimised because the provider had systems which helped to keep people safe. These included a robust recruitment process and training for staff. Staff said they had not been able to start work until checks and references had been carried out.
- Staff knew what to do if they saw or heard anything they felt was abusive. All staff said they would not hesitate to report their concerns to the registered manager and were confident action would be taken to ensure people's safety.
- There were adequate numbers of staff to keep people safe and to meet their needs. One person said, "There's always staff to help you."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were encouraged to be independent and risk assessments were carried out to enable people to do this with minimum risks to themselves and others. For example, some people had risk assessments which showed the level of staff support they required to keep them safe when accessing community facilities. During the inspection we saw the correct support was provided to a person who asked to go out to do some shopping.
- Risks associated with the environment were assessed and action was taken to minimise these. These included regular health and safety checks such as monitoring water temperatures and regularly testing the fire detection system.
- All accidents and incidents which occurred were recorded and seen by the manager. This enabled them to address any issues raised by the incident and avoid re-occurrence.

Using medicines safely

- People who needed help to take prescribed medicines were supported by staff who had received the appropriate training to safely assist them.
- The staff kept clear records of medicines administered or refused by people. This enabled the effectiveness of prescribed medicines to be monitored.

- Some people were prescribed medicines on an 'as required' basis. There was clear information for staff to follow to make sure these medicines were given consistently to promote people's well-being.
- At the time of the inspection all medicines were securely stored in a communal area of the house which did not promote a homely environment. We discussed this with the registered manager who had begun to source individual cabinets for people's rooms before the end of the inspection.

Preventing and controlling infection

- People were protected from the risk of infection because staff had received training about infection control and followed safe practices appropriate to a domestic household.
- Staff had access to personal protective equipment, such as disposable gloves and aprons.

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, and people's feedback confirmed this.

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

- Each person had a care plan which set out their needs and personal preferences. This made sure staff had the information they required to effectively support individuals.
- Staff worked in accordance with care plans to make sure people received care and support which met their individual needs.
- Care plans had been regularly reviewed and up dated. These up-dates showed evidence that people were achieving their set goals and, in some cases, enjoying a happier and more independent quality of life.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the skills and experience to meet their needs. Throughout the inspection we saw staff were competent and knowledgeable
- Staff received training in health and safety and subjects relevant to the people they supported. Staff told us they were very happy with the training and support they received. One member of staff commented, "The training in really useful. [Registered manager's name] checks to make sure you have understood everything. I've never been asked to do anything I didn't feel comfortable or competent to do."
- Staff felt well supported by their colleagues, the registered manager and the provider. This led to a happy staff team which promoted a happy atmosphere for people to live in.

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

- People received food and drink in accordance with their preferences and needs.
- Where people required a specific diet, this was understood by staff and provided. One person who had a specialist diet, showed us how they and staff had put labels on the food that was suitable for them to eat. This enabled them to help themselves to suitable food at any time.
- People were involved in planning menus for the main meal of the day which was served in the evening. One person told us, "I make my own breakfast and lunch, but staff cook the dinner. They are good cooks."

Adapting service, design, decoration to meet people's needs

- People lived in a home which was comfortable and homely, but some areas required redecoration. The registered manager told us some rooms had been redecorated and further decoration was planned to be carried next month.
- Each person had a single bedroom where they could spend time in private or with friends. Each house had a communal lounge/diner which also housed some staff filing cabinets and medicine cabinets which did not create a homely area for people.

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

- Staff monitored people's health and took appropriate action to make sure people accessed healthcare professionals to meet their needs. One person told us, "If you get ill or anything, you need to tell the staff. They will help you to go to the doctors or the dentist or whatever you need." Another person said, "Staff help me with out-patients' appointments."
- Staff worked with other professionals to make sure people received the medical treatment they needed in a timely way. Care plans contained information to show people had been seen by healthcare professionals such as doctors, psychologists, opticians and dentists. In some cases, the staff had worked with other professionals to create care and support plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were able to make choices and give their consent to the support they received.
- The staff assessed people's capacity to make specific decisions and where they were found to lack capacity, decisions were made in their best interests. For example, some people had best interests decisions made in respect of finance or medical appointments.
- People were consulted about the actions they would like staff to take if they did not have capacity. For example, some people had fluctuating capacity and staff had recorded how the person wanted to be assisted when they did not have capacity.
- The registered manager used an easy read form to discuss with people the decisions they had made and give them opportunities to change their mind. For example, people had made choices about their holiday destination and the registered manager had spent time with each person to make sure they were happy with their choice before a booking was made.
- The provider had made applications for people to be deprived of their liberty where they required this

level of protection to keep them safe. At the time of the inspection no authorisations had been approved by the Local Authority.

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; respecting equality and diversity

- The registered manager led by example to create a happy and caring environment. People were very comfortable and relaxed with the other people they lived with.
- Staff respected people's individuality and lifestyle choices and supported them in a way that promoted their choices and was non-judgemental.
- There was a stable staff team and people had built trusting relationships with staff who supported them. Staff spoke affectionately about people and there were lots of warm and friendly interactions. During the inspection people and staff chatted and laughed together. There was appropriate physical contact between people and staff with some people approaching staff for a hug when they required physical reassurance and comfort.

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

- People were fully supported to express their views and were involved in planning and reviewing their care. One person happily showed us their care plan which it was obvious they had been involved in creating.
- Care plans and reviews used pictures and easy to understand information to enable people to be fully involved. In one review the person had completed the form themselves before a discussion had taken place.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted to enable them to be in control of their day to day lives. For example, one person wanted to go out shopping during the inspection and staff were made available to accompany them.
- People who were assessed as able to go out on their own were able to come and go freely and their privacy was respected. Some people had formed particular friendships and went out together without staff intrusion. One person commented, "I can do what I like. They [staff] don't come in my bedroom unless I tell them they can. When I go out they're not nosey about where I'm going but I always tell them."

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

- People worked with staff to create personalised care plans which took account of their wishes and needs. This ensured people received support which was built around their wishes.
- Staff supported people to follow their interests and hobbies. One to one staffing was provided where people needed this level of support. During the inspection people went out with staff or on their own according to their needs.
- People were treated as individuals and encouraged to express their preferences and follow their own routines. Some people attended regular day services of their choosing and some had part time paid or voluntary jobs. One person said, "I'm not one for a lot of going out. I like the garden here. I'm very happy with things." Another person told us they attended a day centre three days a week and enjoyed being with people outside the home. They said, "You can choose if you go out. I like to go out."
- Staff encouraged people to take control of their own emotions and well-being. One person told us, "Staff have helped me with my anxiety. They have given me advice how to manage things myself."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. All information in the home was provided in formats which supported people to understand their care and wider issues. For example, care plans used pictures and easy to understand language and policies and procedures were available to people in easy read format.

Improving care quality in response to complaints or concerns

- People felt able to discuss any concerns or complaints with the registered manager or a member of staff. One person told us if they weren't happy they would, "Talk to staff and they would listen and help."
- Each person had a copy of the complaints' procedure in an easy read format. There was also easy to understand information to help people to know how they should be treated. For example, there were posters in the home to show how people should expect to be spoken to by staff. The posters gave information about who people should talk to if they felt staff were not following the standard.

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: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a commitment to providing person-centred care in a warm and homely environment. Our observations, and comments from people, showed this ethos was practiced by all staff. One person said, "It really feels like home." Another person told us, "It's a happy home. I feel happy living here."
- The registered manager shared their knowledge and expectations through staff meetings, one to one supervisions and staff appraisals. This made sure all staff were aware of the standard of care which people should receive. One member of staff said, "Communication here is really good, everyone works to provide the best care possible."
- The provider understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed, a person at risk of harm. People and staff said the registered manager was extremely approachable and they could discuss any issues with them. The registered manager was present throughout the inspection and people were very relaxed and comfortable with them.
- Staff were well motivated which created a positive atmosphere. One member of staff said, "I just love my job and the people we work with." Another staff member told us, "It's an amazing place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where the registered manager felt well supported by the provider. The registered manager said the provider was always available by phone to discuss issues or seek advice from.
- The registered manager was supported by a senior carer who took on some management responsibilities. Staff felt the management of the home was good. One member of staff said, "I wouldn't hesitate to contact any of the managers. They are amazingly supportive."
- The registered manager was very visible in the home which enabled them to constantly monitor standards and address any shortfalls to make sure people received a good standard of support. The staff told us the management were always open to suggestions about how the service could be improved.
- People benefitted from a provider and registered manager who monitored quality and looked at ways to make ongoing improvements. The provider visited the home at least monthly and carried out their own

quality monitoring. Any recommendations from these visits were passed to the registered manager to implement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were fully involved in the running of the home and consulted on any changes made. These included making sure people were able to make choices about decoration and furnishings in their rooms and in communal areas.
- People were involved in health and safety checks around the home, such as testing fire alarms and water temperatures.
- The provider sought the views of people, professionals and family members by annual questionnaires and reviews of people's care. Where appropriate the staff worked in partnership with others to make sure people's needs were met.
- People were supported to take an active role in their local community by attending local clubs, churches and social events. One person had a specific diagnosis and had become an ambassador for this. They told us, "I'm an ambassador for the syndrome which means I talk to people about my experience. I help people to understand it better."