

BeSmart South West Limited

Oakleigh

Inspection report

Oakleigh
Shutterton Lane
Dawlish Warren
Devon
EX7 0PD

Tel: 01626866740

Date of inspection visit:
12 December 2017
13 December 2017

Date of publication:
19 January 2018

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

Oakleigh is a residential care home for people with a learning disability. At the time of our inspection there were nine people living at the home: four in the main house and five in Oakleigh Mews. However, the provider had submitted an application to the Care Quality Commission (CQC) to increase the number of people the home can provide accommodation for from nine to 11. Following the inspection, the application had been approved.

Accommodation is provided in the main house, which can accommodate up to six people, and five self-contained apartments (Oakleigh Mews) where people live on their own, whilst receiving staff support. Oakleigh and Oakleigh Mews have extensive grounds. Facilities available to people include a games room, gymnasium and spacious garden for people to enjoy, grow vegetables and tend to animals.

At the last inspection, the home was rated Good.

This inspection was undertaken to review whether the recommendations made by the provider following a safeguarding referral and investigation at the time of the previous inspection in July 2016 had been put into place. We found they had and the rating for this home remains good.

Why the service is rated Good:

People told us they felt safe living at Oakleigh. They said there were enough staff to care for them and keep them safe. One person said, "Yes, I'm safe here." Another person said, "I like that there's someone here at night to call if I need them. That makes me feel safe." All four relatives confirmed their relatives received safe care and support at the home. One relative said, "It's the best home he's gone to. I don't have any worries."

Records showed, and people told us they were supported to take part in a variety of activities both in and out of the home. Risks to people's health, safety and welfare were identified and managed well. People received their medicines safely.

People received effective care and support from staff who were well trained and competent. Staff monitored people's health and made sure they were seen by appropriate healthcare professionals to meet their specific needs. People were supported to prepare and cook for themselves and others. Staff supported people to make healthy lifestyle choices.

Staff were caring and some had worked at the home for many years. Staff and people knew each other well and we saw kind and friendly interactions between them. People were supported to make choices about how they wished to be cared for and staff supported their independence. People's privacy was respected.

Staff provided care and support which was responsive to people's individual needs. Each person was

involved in developing a care plan that described their needs and preferences.

The service was well-led by the registered manager and senior staff who were open and approachable. People told us they were comfortable talking to the staff or registered manager if they had a concern or wished to make a complaint.

The home was safe and well maintained. Equipment had been serviced regularly to ensure it remained in safe working order.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Oakleigh

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 was 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 comprehensive inspection took place on 12 and 13 December 2017 and the first day was unannounced. Two adult social care inspectors and an expert-by-experience undertook the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information held by us about the service. This included previous inspection reports and notifications we had received. A notification is information about important events, which the service is required to tell us about by law.

During our inspection we spoke with all nine people who lived at the home, four relatives, six members of staff, the deputy manager and the registered manager. We contacted three health and social care professionals who had been involved in supporting people and providing guidance for staff. We also observed the way staff cared for people in the communal areas of the building and gardens. We looked at the care records of three people who lived at the home, as well as a range of records relating to the running of the home. These included three staff recruitment, training and supervision files, medicine records and quality audits carried out at the home.

Is the service safe?

Our findings

At the time of the previous inspection in July 2016, the home had been working co-operatively with the local authority to investigate a safeguarding concern. As a result of the investigation, the provider made a number of recommendations to further promote people's safety and protection from potential abuse. This included training in maintaining professional boundaries. At this inspection in December 2017, records showed staff had received this training. Staff also confirmed professional boundaries were discussed within staff meetings and individual staff supervision sessions. Staff also received regular training in safeguarding adults and were aware of their responsibilities to raise concerns over people's safety and welfare.

People told us they felt safe living at Oakleigh. They said there were enough staff to care for them and keep them safe. One person said, "Yes, I'm safe here." Another person said, "I like that there's someone here at night to call if I need them. That makes me feel safe." All four relatives confirmed their relatives received safe care and support at the home. One relative said, "It's the best home he's gone to. I don't have any worries."

Staffing levels were organised around each person's specific support needs. Some people required 1:1 or 2:1 staff support. At the time of the inspection there were 10 members of staff on duty in addition to the deputy and registered managers. During the inspection we saw staff spending time with people in activities as well as accompanying people out of the home. This indicated there were sufficient staff on duty to support the people living at the home.

Recruitment practices remained safe with the registered manager undertaking the necessary pre-employment checks, including a disclosure and barring (police) check. Prospective employees went through an extensive and robust interview process that included discussing their previous experience, scenario questions and questions designed to assess their character and if they were suitable to work with the people living at Oakleigh.

Risks to people's health and safety were assessed and discussed with each person. Management plans were in place to support people with activities of daily living, such as personal care, domestic tasks and cooking, as well leisure and social activities. Some people had behaviours that staff and other people might find challenging and the home was working with specialist health care professionals for guidance and support. Care files contained information about the known triggers for a person's anxieties, such as noise or unexpected changes to their routine. Staff were provided with guidance about how they should support the person to promote more effective communication techniques and positive behaviour. At times some people required a physical restraint to prevent injury to themselves and others. Records showed staff had received regular training in safe restraint methods. Records of behavioural incidents were maintained and analysed to learn from the incident and to identify the effectiveness of the management plans.

People's medicines were stored, administered and disposed of appropriately and securely. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way. Records confirmed staff had received training in safe medicine practice.

Not everyone living at the home managed their own finances. Where the home supported people with this and kept money for safekeeping, detailed records were maintained and receipts obtained for all money spent. The records were checked weekly by the registered manager and monthly by the provider's area manager. We checked a sample of these records and found them to be accurate. One person told us, "The carers help me with my money and my personal allowance."

The environment was well maintained, clean and tidy. People told us they were supported to maintain the cleanliness their own rooms and apartments and they helped out with domestic tasks around the home. Staff had received training in infection control and gloves were available for staff and people to use when appropriate. Equipment, such as the fire detection system, had been serviced regularly to ensure it remained in safe working order.

Is the service effective?

Our findings

People said they felt the staff supported them well. Relatives told us staff had the knowledge and skills they needed to carry out their roles. Staff training included food hygiene, moving and handling, safeguarding adults, infection control, fire awareness, equality and diversity, privacy and dignity and health and safety. Records showed staff were provided with updates to ensure their knowledge and practice remained in line with current best practice recommendations. Staff were supported through regular individual and group supervision as well as appraisals of their performance. Supervision sessions covered areas such as people's care and welfare and staff training needs and performance. During group supervision staff were given a topic to explore and discuss. The registered manager used the information to assess staff's understanding of the topic and looks at themes for learning.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Some people were having their liberty restricted to keep them safe, such as being required to have staff support 24 hours a day or having their time on the internet restricted. The registered manager had made referrals to the local authority for approval of these restrictions. We checked whether the service was working within the principles of the MCA, and whether the conditions on authorisations to deprive a person of their liberty were being met. We found people's rights to make decisions about their care and support were protected and where restrictions were necessary, the home was adhering to the conditions.

People were supported to maintain a healthy and balanced diet and told us they cooked for themselves and others. One person told us how much they enjoyed cooking. They said they chose what to cook from a cookbook and checked the home had the ingredients. They said they would be able to go shopping to buy any ingredients the home didn't have. On the second day of the inspection, they told us they were going to cook coq au vin for themselves and any of the other people who wished to join them. Another person told us, "I choose if I want to cook for myself here, or go and eat supper with the others." People were keen to show us where they grew vegetables and fruit and said the produce was used to cook their meals. One person required staff supervision when preparing food and support to choose healthy options. This person's care plan contained information of what food options were healthy and not so healthy. This information had been given to the person so they could make their own healthy choices. Records showed health care professionals, such as GPs and community nurses, were consulted about people's health care needs as well as advice about healthy living.

Oakleigh provided personalised accommodation. Five people lived in self-contained, one bedroom apartments and four people had bedrooms in the main house and shared communal bathrooms, kitchen and lounge areas. The main house was in the process of refurbishment with two of the bedrooms being converted into self-contained studio apartments. One person told us they were "very excited" about moving into one of the refurbished rooms. They said they had chosen all the décor and carpets as well as bathroom suite and kitchen units. Another person told us how pleased they were with their apartment and that the registered manager had agreed to make further modifications at their request. They said, "I chose all the

pictures and furniture for my rooms. I've asked [registered manager] to change my shower for a bath and that's going to happen next week."

Is the service caring?

Our findings

Staff were aware that Oakleigh was very much people's home. Seven of the nine people living there had done so for a number of years: some since the home was established 27 years ago. People had built strong relationships with each other and the staff who supported them. One person said, "I've lived here for a long time and I feel like I'm living with people I like." Another person said, "I am cared for. My carer is with me to help me look after my flat". Relatives also praised the care and commitment of staff. One relative described the staff as "fantastic" and another described the care their relative received as "superb".

During the inspection we observed staff had a kind, considerate and caring manner with people and they knew people's needs well. We observed good interactions between the staff and people; laughter could be heard often and friendly and supportive care practices were being used to assist people in their daily lives. We saw the registered manager support one person in a kind and supportive way when they said they were anxious about a meeting. The registered manager explained the purpose of the meeting, sought the person's permission to share information and reinforced the person's rights to make decisions about their care.

People were free to choose how and where they spent their day. For example, some people chose to stay in their rooms rather than the communal areas and others went out shopping and walking. Some people had limited verbal communication and the staff used various methods to support people to make decisions and communicate their needs and preferences. For example, one person used pictures and symbols to complete a weekly calendar of events and to make day-to-day choices. Objects of reference were used to reinforce what staff were saying.

We observed people being treated respectfully and with dignity, and their privacy was respected. Doors remained closed to people's rooms and staff knocked and waited for a response before entering rooms. One person told us, "You have your own room and no-one calls in unless they knock the door first. I like that." Staff spoke about people and wrote in people's daily care notes using appropriate and respectful language. One member of staff said how much they enjoyed working at the home; they said, "I never think 'I don't want to come to work'. I love my job and the people."

People were involved in agreeing the content of their care plans, which included identifying new skills they would like to learn to promote their independence. One relative said the staff had supported their relative "to do skills we never thought he would achieve". Another relative said, "They give him responsibilities. It's his home."

Is the service responsive?

Our findings

Staff knew people very well and provided care and support which was person centred and took account of people's needs, personal preferences and goals.

Care plans were personalised and gave information about people's likes and dislikes as well as their care and support needs. The plans described what was important to people, what people were able to do for themselves and how staff should offer support. For example, one person's care plan described what they liked to do, "going out to cafes, pubs, discos and shopping. Walking, jogging and going to the gym." On the second day of the inspection this person told staff they were going jogging and afterwards they told us how much they enjoyed this. We asked staff to tell us about how they supported people. They described people's care needs well and told us about their preferences. Staff were aware of the structured approach some people required for their day as well as how best to support people to make choices. They told us they supported people to build their self-esteem and confidence and they described positive outcomes for people.

People had a wide range of activities and they told us how they spent their day. They said they were supported to be as independent as possible. One person said, "There's always a choice of what to do. You just have to ask to go swimming or for a walk and you can go. There's a lot of things to do." Another person said, "The good things about living here are the things we can do, like going to the cinema or someone helping me to go to do my shopping." People maintained the gardens and allotment areas as well as cared for the animals. The home had goats, chickens, turkeys and geese as well as a cat. There was a well-equipped workshop and people were encouraged undertake small repair jobs as well as craft activities. People were also supported to find employment. One person told us about the jobs they had at the local holiday park. Where people undertook leisure activities or went to their jobs without staff support, agreements were in place for people to contact the home to let staff know they were safe.

Staff encouraged and supported people to keep in touch with friends and family. One person told us, "I go to visit my family every few weeks and we always stop for lunch in the pub on the way back". Another person told us how supportive the staff were of their relationship with their boyfriend.

We asked people what they would do if they were unhappy about anything in the home. They said they would talk to the staff or the registered manager and they said they always felt listened to. Comment forms were available in the hallway of the main home for people to complete if they wished to make positive or negative comments about living in the home. One person recently used this form to provide positive feedback. They said the staff were "very nice, friendly and make you feel at home". Records showed that when people had made a complaint this had been investigated and action taken to resolve the issue. Relatives also told us they would speak to staff or the registered manager about any concerns they might have. None of the relatives we spoke with raised any concerns about the care and support provided at the home. They all praised the home. One relative said they were "over the moon" with the support their relative received.

Is the service well-led?

Our findings

The home had a registered manager who had worked Oakleigh since its establishment. 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. The registered manager said they felt it was important that the senior staff could manage the home effectively if they were absent and, as such the senior staff team were involved with all management responsibilities.

Staff and people told us the registered manager and the senior staff were open and approachable. People described the registered manager as "very nice" and "a great manager". We saw people freely speaking to the registered manager throughout the inspection.

The home held regular residents meetings which allowed people to share ideas, talk about important issues, such as staying safe, and make suggestions for improvements. For example, at the meeting in November 2017, people talked about whether they felt safe and respected, discussed holiday destinations and whether there was anything they were unhappy with.

Staff described working at Oakleigh as being "rewarding" and "absolutely fantastic". They told us the values of the home were to provide a real home and a "family" environment for people. Their aim was to empower people and promote their independence". One member of staff told us they had volunteered to work throughout Christmas and New Year and described wanting to do so as it was a pleasure to be part of the team at Oakleigh. Staff were supported with monthly team meetings. An agenda was set which included sharing information and discussion of the home's processes, policies and future plans. Staff also had the opportunity to discuss each person and any issues, progress, challenges and how staff could help support them. One member of staff said, "We have a say in how the home is run" and another said, "We're a very good team."

Record showed the provider's area manager and regional director visited the home regularly to monitor people's wellbeing and how the home was being managed. There was evidence people and staff had been spoken to and records such as accident forms were checked. The registered manager attended regular meetings with the registered managers of the provider's other care services. This helped ensure they kept up to date with best practice and shared ideas and experiences.

The home had a staff recognition scheme. People, staff and visitors were encouraged to nominate and comment about staff members. For staff receiving the most positive comments, the registered manager would give them a thank you card. The staff team had recently won the provider's 'Inspirational team of the year' award 2017 as a result of how they had supported people at Oakleigh.

When the registered manager was not available in the home there was an on call system between the manager and senior staff. This meant someone was always available to staff to offer advice or guidance if

required.

The home had systems in place, including monthly audits, to ensure home was adhering to the provider's policies and procedures and the building and equipment were maintained to a safe standard.