Brookdale Health Care Limited

Oakley House

Inspection report

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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

Overall summary

Oakley House is registered to provide accommodation and personal care for up to eight people who have a learning disability. The home is not registered to provide nursing care. Accommodation is provided over two floors and there are eight single bedrooms. There were five people living at the home at the time of our inspection.

This inspection was undertaken on 18 June 2015 and was unannounced. We last inspected Oakley House in December 2013. At that inspection we found the service was meeting all the essential standards that we assessed.

There was a registered manager in post at the time of this inspection. 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 had mental capacity assessments completed and information about their best interest decisions were well

Summary of findings

documented. Deprivation of Liberty Safeguards guidance had been followed and completed applications sent to the appropriate agencies so that people were not deprived of their liberty unlawfully.

People's health and care needs were assessed and reviewed so that staff knew how to care for and support people in the home. People had access to a wide variety of health professionals who were requested appropriately and who provided information to maintain people's health and wellbeing. People received their medicines as prescribed.

The risk of abuse for people was reduced because staff knew how to recognise and report abuse. People were supported to be as safe as possible and risk assessments had been written to give staff the information they needed to reduce risks.

Staff received an induction and were supported in their roles through regular supervision, annual appraisals and training, to ensure they understood their roles and responsibilities.

People were involved in their choice of the meals to prepare, snacks and drinks, which they told us they enjoyed.

People were able to contact their friends and families and visitors were welcomed. Staff supported and encouraged people with the interests that they enjoyed.

People were able to raise any concerns or complaints with the staff and were confident that action would be taken. Independent advocates were available so that people could be provided with independent support.

People in the home were happy with the staff and management and were involved in meetings to improve Oakley House.

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.

Staff were recruited effectively and trained to meet the needs of people who lived in the home. There were enough staff to provide the support people needed.

People received their medicine as prescribed.

Staff in the home knew how to recognise and report abuse.

Good

Is the service effective?
The service was effective.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty safeguards were followed when decisions were made on their behalf.

Staff received appropriate training and support to enable them to do their job.

People's individual health and nutritional choices were supported by staff.

Good

Is the service caring?
The service was caring.

People in the home were treated with kindness and respect by staff who knew their care and support needs.

People had access to advocates who could speak on their behalf.

Good

Is the service responsive?
The service was responsive.

People had their individual needs assessed and provided by staff who knew how to meet them.

People in the home knew how to complain if they needed to.

People were supported and encouraged to take part in a range of individual interests in the home and in the community.

Good

Is the service well-led?
The service was well led.

The provider had undertaken a number of audits to check on the quality of the service provided so that improvements could be identified and made if needed.

People were involved to help improve the service through completing surveys and attending meetings to share their views.

Good

Oakley House

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 on 18 June 2015, was unannounced and was undertaken by one inspector.

Before the inspection we looked at information that we held about the service including information received and notifications. Notifications are information on important events that happen in the home that the provider is required to notify us about by law.

During the inspection we spoke with three people living in the home, the registered manager, team leader and two care staff. We also spoke with a health professional.

As part of this inspection we looked at two people's care plans and care records. We reviewed two staff recruitment files. We looked at other records such as accident and incident reports, complaints and compliments, medicine administration records, quality monitoring and audit information and policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel absolutely safe here. There are staff on at night times."

One health professional told us that staff had put equipment in the home to keep people safe on a practical level for example stair rails and corner protectors. They had no concerns about the home and people had never displayed any behaviour nor disclosed any safeguarding issues to them during their visits.

There were posters in the home that provided information for people so that they could understand what abuse was and how they could tell someone about it. There were details of the telephone numbers of agencies they could phone so that they could be supported if the need arose. Staff said, and records confirmed, that they had received annual training in recognising the signs of abuse so that people were protected from harm. Staff spoken with understood their responsibilities and the action they would take in reporting any incidents. They were aware that they could report allegations to other authorities. One member of staff said, "I would report to the team leader or above to management and contact the safeguarding team [in the local authority] for advice."

Staff were aware of the whistle blowing policy and their responsibilities to report any poor practice in the home. One member of staff said, "I have never had to whistle blow, but the numbers are available."

Risk assessments had been written with the person. There was evidence that where people were unable to sign, the assessments had been discussed and any comments made by the person were recorded. Staff had signed to show they had read and understood the risks and their responsibilities to keep people safe. These included risks such as inappropriate behaviour, epileptic seizures and social vulnerability. Information for staff to recognise behaviour indicators, strategies on taking action before an event, as well as how to react afterwards were also provided. The registered manager was made aware that in one case the written information was out of date and the March 2015 review had not taken place, however staff were aware of how to deal with the risk appropriately.

There were emergency plans in place, for example individual evacuation in the event of fire, which provided staff with access to information to keep people safe.

Where people in the home had an accident or were involved in any incident there were appropriate records completed which showed what actions had been taken to reduce the risks of similar events reoccurring.

Most people told us, and we saw, that there were enough staff on duty so that they could go out for various activities when they wanted. At the time of the inspection there were five people living in the home, one of whom was out for the day. One person said, "It's safe here. I'm supported here." However, one person told us they sometimes had limited time to do things such as shop for their groceries. We were told by staff that people were asked to give some advance notice so that the home's transport was available for the length of time they wanted it. There were occasions when only a limited amount of time was available as another person needed to use the transport.

Staff told us there were sufficient staff on duty to meet people's individual needs. One member of staff said, "Staffing levels are no problem. If we are short the management are happy to get extra staff in. Sickness is not much of a problem. We don't use agency [staff] as we have bank staff to cover [any annual leave or gaps in the rota]. This is probably the best place I've worked for [the levels of] staffing." We saw that people were provided with the support they needed to go out into the community when they wanted. The team leader confirmed that there were no staff vacancies. Staff told us that they covered any planned and unplanned staff absences so that there was continuity for people. The team leader (who wrote the rota's) told us that they reviewed the care hours needed for people in the home each day to ensure they had the level of staff necessary to provide and meet those needs. For example, on the day of inspection we saw that the registered manager had taken one person to the hospital so that staff could accompany other people to the shops and undertake other interests.

People were protected because there were recruitment procedures in place that were followed. We saw that all appropriate checks had been obtained prior to staff being employed to ensure that they were suitable to work with people living in the home.

Medication administration records (MAR) showed that people were supported to take their medicines as prescribed. However staff told us that if there were gaps in the MAR charts, where staff had omitted to record they had administered a medicine, they were requested to sign

Good

Is the service safe?

when they next returned to the home. The provider's policy stated that after each administration of medicine, staff must sign the MAR immediately after they had witnessed the medicine had been taken. There was no information to show how gaps on the MAR should be dealt with. The registered manager took action and informed staff who administered medicines that they should no longer sign the MAR later. Supervision and staff meetings were also used to ensure all staff were aware of the changes that needed to be made. The registered manager raised the issue with management within Brookdale Healthcare Limited and intended to discuss this within the managers meeting next week. There had been an external audit from a pharmacy on 24 February 2015 and internal drug audits undertaken monthly, which had found no issues.

Good

Is the service effective?

Our findings

People told us how they were supported by staff. One person said, "We have key workers. Mine is [name of member of staff] she helps to see if I'm happy or not." We saw that people were encouraged by staff who understood their needs and how to help them remain and improve their independence. One person said that staff were, "professional."

One member of staff said, "Everyone has different skills sets and backgrounds with a mixture of experience and ideas." Staff told us that training was provided on a regular basis, which supported them in their role. One member of staff said, "I'm up to date on my training, all my mandatory training like moving and handling and safeguarding." Another told us they had completed food safety training on line, which included a workbook that had to be completed. Training records confirmed that training and refresher courses were attended by staff.

We saw that new staff received an induction once all recruitment checks had been made and approved. Staff told us they received supervision every month and annual appraisals. One member of staff told us that the registered manager had started to check competency using questionnaires. We saw the medicines knowledge questionnaire, which the registered manager had checked to see if any staff needed support or guidance to ensure improvement.

Information from a health professional showed that staff had undertaken a recent training session on Sign Language and use of symbols. This followed a respite person who had limited communication being admitted. They said, "I see staff interact with service users all the time. Oakley House provides care to people who have very limited communication. Staff are skilled [for example] in answering one person's questions without confusing them and making them anxious [as they have limited comprehension]."

Staff confirmed they had received training in the Mental Capacity 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The principles of the MCA had been followed and assessment decisions and best interest decisions recorded, for example administration of a specific medicine. People did not have unlawful restrictions placed on them. Staff and the registered manager told us that one DoLS application had been submitted to the appropriate authorities. The application had been authorised and records showed that to be the case. The information included the date the authorisation was due to expire.

One member of staff said, "I have had training but we don't use restraint here. The job is mentally challenging not physically challenging." We saw that staff had received the training needed to safely restrain people if necessary. Staff told us they used methods such as verbal de-escalation using the training that they had received. One health professional told us, "I am often contacted for advice on service user's behaviour; they [staff] do not try and deal with issues but are happy to admit when they need extra support or ideas when looking at dealing with challenging behaviour."

We saw that people had records of the meals they had eaten and the choices they had made. During the day we saw people make drinks and prepare their own meals with members of staff. One person said, "Staff help me cook. I'm having Mackerel. I love vegetables." People told us about the food they bought and we saw that people went out to shop during our visit. Each person had a lockable cupboard in the kitchen so only they had access to that food. They also had a shelf in the fridge for cold goods. One person who told us they were trying to lose weight said, "I'm on a diet. They [staff] take me shopping and help me get the right food. It's willpower and I eat salad and things." We saw that staff sat with people and had meals and snacks together and were on hand to encourage people where necessary. People's weights were monitored and recorded to ensure they remained healthy. We saw that one person chose not to be weighed and this was recorded.

People had access to a range of health and social care professionals so that their health and wellbeing was maintained. These included GP's, dentists, psychologists, speech and language therapists and care managers. We saw that people's health needs were met because people were supported to attend hospital and other appointments.

Good

Is the service caring?

Our findings

People told us the staff were good and one person said, “Staff are fantastic. They’re really helpful. I love it here, it’s my home.” Another person said, “The staff are nice here. They treat me [as an] equal.” We saw that people were treated with respect and the relationship between staff and people in the home was excellent. One staff member said, “We involve people in everyday life.” Another said, “It’s a very caring environment and feels like a family home.”

People were encouraged to participate in monthly meetings and we saw minutes of the last three months. Subjects discussed had been things such as kitchen equipment, requests for new sofas and flooring. These showed that comments and issues raised had either been addressed or were discussed again. This meant people’s views had been heard and, where possible, acted upon.

People’s privacy and dignity was maintained as all bedrooms were single occupancy with en suite facilities. One person was asked by staff if they would like to show us their bedroom as it was very interesting. The person was very keen and asked that the member of staff to accompany us, which they did. They were very happy with their room and showed us all their individualised furnishings and fixtures. The pleasure on the person’s face showed that staff had taken the time to create a bedroom that was unique to them and full of items of significance. People cleaned their own bedrooms as far as practicable and were reminded at each monthly meeting to keep their bedroom doors locked to keep their belongings safe.

People were enabled to do as much as possible for themselves in all aspects of their personal care as well as cooking, cleaning and activities. One person had put their clothes in the washing machine and there were discussions with staff about it and what to do next when it finished its cycle. There was a positive discussion and how well they had done and there was a sense of achievement for the person.

People were encouraged to maintain contact with their family and friends by phone calls and visits. For some people this was written down so that they phoned their relatives on specific days and times. This was at the request of the relatives but also meant the person knew when they should phone and could expect a response. Some people visited and stayed overnight with their relatives on a regular basis.

We saw and heard that people were offered choices on every aspect of their lives. There were conversations about going to get washed in the morning, what to eat at lunchtime and where to go out. One staff member said, “We encourage people, but they all make their own choices.”

The registered manager told us that people had regular access to independent advocates and we saw in people’s files that some had family advocates as well as professional advocates. One person told us about their advocate who visited and that they could talk to them at any time. There was information in the office and in the house of the telephone numbers of the advocates so that people could access them directly if they wished. Advocates are people who are independent and support people to make and communicate their views and wishes known.

Good

Is the service responsive?

Our findings

People were involved in how their care and support needs were met. People told us, and our observations showed that staff helped and supported them in the activities and interests that they chose to do. Staff told us they were key workers to individual people in the home and wrote the care plans in conjunction with the person and the Multi-Disciplinary Team (MDT). The MDT is a group of health and social care professionals. There was evidence that the plans had been discussed with the person and any comments they had made had been recorded.

Staff told us, and we saw on the day of inspection, that there were continuous discussions between staff and people in the home about the individual choices they made. These included changes in the timetables as people decided on different activities during the day, the food they wanted to prepare and cook for their own meals or when to do their laundry. One person told us, "I made cakes yesterday. Staff help me cook. I'm cooking Mackerel [today]." One staff member said, "People lead the way. Their timetables are a guide but they change them when they like."

Staff told us that there were handover meetings when they came on duty. These were used to provide staff with the most up to date information about a person's health and wellbeing. It meant that staff were aware of any changes that were necessary to provide appropriate support to meet people's needs.

Staff told us they had sufficient information about people's needs. Information for people was written in an easy to read format so that people could understand. Care and support records were detailed and included a 'My life story – about me', which included information of 'who I want to be involved in my planning'. There was evidence that the people they wanted to be involved in their reviews, had been.

In discussion with people, and in records we looked at, there was evidence of a wide variety of hobbies and interests that people enjoyed. There were outings which people told us about such as a day out at the Nene Valley railway they had been to recently, a BBQ grill night and a sports car show that was being arranged. One person said, "It was fantastic [Nene Valley railway]. I want to drive trains." People told us of their individual interests and how they had been taken into account in relation to things that they organised to do. One person told us, "I'm going shopping and then have a drink." Another person had gone to Cambridge independently. One person said they enjoyed sitting outside in the sun and enjoying a cigarette. People were interested in trains, going on holiday, woodwork, airsoft games (like paintballing but not with paint) and attending church, and were supported by staff to do them.

People said they knew who to speak to if they had any concerns. One person said, "I would talk to my link worker." Advocates visited regularly so that people could have the opportunity to raise any issues and have support the support they might need. One staff member said, "I would help the person with the complaint. I'd refer to the complaints procedure and explain and help them. I'd tell them they can talk to the management and help them get an advocate." There had been two compliments and one complaint. We saw that the complaint was still in the process of being investigated as detailed in the provider's policy.

Good

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. They were supported by a team leader, seniors and support workers. We saw that people knew who the registered manager was as well as all the staff in the home at the time of the inspection. We saw that people were comfortable with the registered manager and team leader and talked in a relaxed way with them. One person said, "I'm going out with [name, registered manager] later." The person then asked the team leader a number of questions that were always answered in a polite, calm manner.

Staff felt supported by the management. One staff member said, "The manager is very approachable. She also spends time talking with people and staff. She's always got time to listen and take on board ideas and often moves things forward." There was evidence that staff who were dyslexic were supported and provided with aides to assist them in their day to day work.

Staff attended monthly meetings and the minutes showed the topics that were raised and the actions planned as a result. One member of staff told us, "Staff meetings make everyone feel heard, although it doesn't always mean a lot of changes are made. If it was a massive thing then it would be dealt with. The management is good at listening." We saw that actions had been taken in a number of areas recorded in the team meeting.

People had completed, or been supported to complete, an internal survey on 5 May 2015. Areas covered safety, what to do in the event of a fire alarm, what would they do if they wanted to complain or if someone hurt them or if a member of staff shouted. As well as other things such as who would they speak to so that they could look at their file, could they choose when to get up or go to bed, what to eat and when and did they know their key worker. There had been no issues raised from the survey and the registered manager said the provider also completed regular surveys which were due soon. People were encouraged to raise any issues to improve the service. One person told us, "We have meetings – things we can do- and discuss about the home. I have been asked about the place but you can't beat it here."

There was evidence that people had links within the community and attended religious services, went to local shops and pubs and used public transport where possible.

Staff were clear about the values that ensured people were supported to be as independent as possible. One member of staff said, "The values of the home are the same as the outcomes [safe, effective, caring, responsive and well led]. It always includes dignity and respect." Another member of staff said, "It enables people to lead a good and meaningful life as far as they are able. We involve them in everyday life and things [to do] to the best of their abilities."

The registered manager had sent in notifications as required by law. Records we saw during the inspection showed that the registered manager, team leader and other internal Brookdale staff had completed a number of quality audits and produced reports as a result of their findings. These included reviews of infection control, people's plans of care, medicine management and health and safety. This showed that there was a regular review of the standards maintained by staff in the quality of people's care. Staff confirmed that they were aware of the outcome of the audits.

The staff and management worked with a number of health and social care professionals who provided positive comments about the staff and the care provided to people. One health professional said, "The staff and management are transparent and open with informing the MDT [Multi-Disciplinary Team] about incidents and behaviour management issues."