

Brookdale Healthcare 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 ●

Summary of findings

Overall summary

Oakley House is registered to provide accommodation for up to eight people who require personal care. The home provides a service for people who have a learning disability. At the time of the inspection there were seven people living in the home.

At the last inspection on 18 June 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Systems were in place to manage risks to people living at the home and to keep them safe. This included assisting people safely with eating and drinking whilst out in the community.

There was sufficient numbers of staff on duty to safely assist and support people. The recruitment and selection procedure ensured that only suitable staff were recruited to work with people living at the home

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. Staff offered people choices and these were respected and actioned by staff.

People experienced a good quality of life because staff received training that gave them the right skills and knowledge to meet their needs. People were supported and assisted with their daily routines, shopping and accessing places of their choice in the community.

People received appropriate support to maintain a healthy diet and be able to choose meals they preferred. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner during our inspection.

The provider had processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service

provided.

Further information is in the detailed findings below.

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.

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 checked 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 22 August 2017 and was unannounced.

The inspection was carried out by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who has a learning difficulty.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with five people living at the home and three relatives. We spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We also contacted healthcare professionals including a safeguarding manager and two care managers from the local authority to obtain their views about the service provided at Oakley House.

We looked at records in relation to three people's care. The registered manager was not available during this inspection. We spoke with two senior care staff and three support workers. We also looked at records relating to the management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Oakley House. One person said, "I enjoy living here and the staff help me and I feel very safe. I can speak to staff when I want." Another person said, "Oh yes I feel safe here - it's the people and staff and my key worker who make me feel safe." A relative said, "My [family member] is safely supported by the staff and they are very happy and love living there – [family member] has never had better care."

Staff confirmed they had received training and demonstrated an awareness of the safeguarding procedures and who to inform if they ever saw or had an allegation of abuse reported to them. Notifications received by CQC confirmed the service had responded appropriately to safeguarding concerns, which ensured the safety and welfare of people using the service.

We saw that people were kept as safe as possible because there were up to date risk assessments for staff to follow. This meant that the people remained safe and that their care and support could be appropriately delivered whilst at home and when they were assisted in the community. We saw examples of risk assessments, which included moving and handling, eating and drinking, assistance with medicines and being safe when out in the community. Personal evacuation plans were in place for each person in the event of an emergency occurring. We saw that risk assessments were reviewed regularly to ensure they continued to meet people's needs.

We saw three staff files and they provided evidence that there continued to be an effective recruitment and selection process in place. Staff had completed an application form, provided references, proof of identity and had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS).

People told us, and we saw, that there were enough staff available to meet their needs. The staffing levels were kept under continuous review by the staff team to ensure the service met people's needs. People told us they were able to talk to staff and ask for support when needed or to share any worries. People told us the names of their key workers and link workers.

Systems were in place to manage and administer people's medicines safely. Staff told us, and records showed, that they had received training and their competency had been checked so that they could safely administer and manage people's prescribed medicines. Medicine Administration Records (MARs) showed that medicines were administered as prescribed and stored at the recommended temperatures. We saw that staff carried out daily checks of stock levels and to check that all medicines had been signed for and administered as prescribed. One person told us that they kept their own medicine in a cabinet in their bedroom and said "I take it myself, and they [staff] check."

Regular health and safety checks were completed and any accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. There were no current ongoing issues identified.

Is the service effective?

Our findings

A relative expressed their confidence in the staff and felt that they knew the needs of their family member] well. Staff confirmed the induction, training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. We saw that training to meet people's specific needs had been completed in areas such as epilepsy, first aid, infection control, manual handling and safeguarding. A senior carer told us that new members of staff shadowed experienced members of staff, which had helped them to get to know the needs of the people they supported and cared for.

Staff told us they felt supported by the registered manager and their colleagues. Staff told us they had received regular supervision and appraisal so that they had the opportunity to discuss the support they needed and their training and development needs. We saw that a number of staff had achieved NVQ qualifications in health and social care (a nationally recognised qualification) and the Care Certificate (a nationally recognised qualification for care workers) was being undertaken by members of staff.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us, and records confirmed, that they had received training in the MCA and DoLS. Staff we spoke with showed an understanding of promoting people's rights, choices and independence. We saw that the registered manager had made applications for DoLS authorisations to the local authority and were awaiting the outcome of these.

People's dietary needs and food preferences were recorded in care plans and people were positive about the meals. When one person was asked if he liked the food they said, "Oh I love it I have chosen 'jacket' potato with cheese and a cup of coffee for lunch." We saw that drinks were readily available, both with meals and at other times during the day. Where people had specific dietary needs these were cross referenced to a specific risk assessment in the persons care plan such as assisting a person eat safely and avoid a risk of choking.. People had access to the kitchen and could choose to prepare and cook meals with staff assistance where required.

People continue to have access to a range of health services. We saw that where people needed to access

hospital services a member of staff accompanied them, when required. One relative told us that the staff had been very supportive when their family member had gone for an appointment at a hospital. We saw that there were records in people's care plan documents, which detailed appointments that they had received with a variety of healthcare professionals such as their GP, dentist, psychiatrist and psychologist.

Is the service caring?

Our findings

We saw that the interactions between staff and people living at the home were kind, caring and friendly. Throughout the inspection we saw staff attentively and safely assisting people in a reassuring manner. A relative said, "The staff really know [family member] very well and show a lot of kindness and respect towards them." Each person had a keyworker to monitor their care and support. A key worker is a named member of staff who coordinates a person's care and acts as a link with their family and care professionals. We saw how staff assisted people with their daily routines well and supported them to access the local community during the day. One person said, "Yeah, they're just understanding, they're [staff] just generally nice people."

We saw staff communicating effectively with people to assist them in making choices and decisions about their care. People's requests were promptly dealt with in a caring and attentive way. We saw that where a person needed to be reassured members of staff responded to them quickly and attentively. This showed that staff were able to respond and act upon people's care and support needs.

Staff were knowledgeable and enthusiastic regarding the people they supported. We observed that people were at their ease and comfortable with staff. Staff demonstrated an affectionate and caring approach. One member of staff said, "I really enjoy working here and we get to know people and their needs very well." Another member of staff said "It's good to help people be as independent as possible and I enjoy assisting people to go out and to experience new things – everyone is so different and it's a very interesting job."

We observed that people were treated with dignity and respect and staff explained and checked with people before assisting them with any personal care. Staff told us people were encouraged to maintain relationships with people who were important to them and were supported to do this. One relative told us that they visited their [family member] often and saw that their care and support was always consistent and felt confident about the support provided by the staff team.

Is the service responsive?

Our findings

People continued to have access to the community. One person said, "I do a timetable every week and decide what I'm doing. I am going swimming today with my keyworker [member of staff] – and I am off to the cinema tomorrow." Another person had planned a shopping trip and had worked with their key worker on a shopping list. The member of staff told us that the person checked their toiletries and knew what they needed to buy. We also saw that another person was being assisted by staff in planning some time away from the home and was staying at hotel/spa for a pampering session. One member of staff said, "It's good to be able to spend quality time with people and be able to go out to activities such as going for walks, visiting cafes and going shopping."

People's needs were assessed, planned and delivered in a way that met people's needs. People's care records contained personalised information about them, such as their day time and evening care and personal support routines, hobbies, interests, food preferences and family/ life history. Staff told us that this detailed information helped inform them when supporting and assisting people with their personal care and their preferred activities. People told us that they felt involved with planning their care and support and regularly met with their 'keyworker' (member of staff) to review and organise their plans and timetables.

We saw that people's care was reviewed to ensure that their support needs were kept up to date. Staff completed monthly reviews regarding each area of the care plan and changes were noted and implemented where needed. Daily records were completed detailing the care that had been provided and how people had spent their day and to record any significant events or appointments.

One senior carer told us that they were in regular contact with a variety of care professionals. Examples included appointments with hospital outpatients staff, local GPs, physiotherapists and district nurses to assist with people's particular healthcare needs. Healthcare professionals we spoke with were positive about the care and staff being provided at Oakley House.

People had access to the complaints process which staff assisted/guided them if they wished to raise any concerns. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. We saw examples of correspondence of two complaints which had been appropriately investigated and resolved. We saw throughout the inspection that people's ongoing queries or concerns were dealt with swiftly and attentively by the staff. This showed people were listened to and their concerns were responded to.

Is the service well-led?

Our findings

There continued to be a registered manager in post. 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 was supported by senior carers and support workers to ensure care and support for people was well coordinated and delivered.

People, relatives and staff told us the registered manager was approachable and listened to what they had to say. People knew who the registered manager was and told us that they chatted and had cups of tea with them. One relative said, "The staff communicate well with us and keep us up to date about any changes." We observed that people were listened to by staff who reacted to their needs and wishes in an attentive manner.

We saw that staff were dedicated in providing a good service and were enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. The staff told us that the registered manager and senior care staff worked alongside them to monitor the service. This helped to identify what worked well and where improvements were needed.

Staff confirmed staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service. Examples of areas for improvement included access to a more a more suitable vehicle to transport people in the home and plans to upgrade and maintain the garden areas to provide better access for people.

The registered manager carried out a regular programme of audits to assess and monitor the quality of the service. Examples of audits included; medicines, staff training, care planning and finances, Where any shortfalls were identified records demonstrated that these were acted upon promptly.

We saw an analysis of the 2017 surveys from people using the service; their relatives, care professionals and staff. The feedback that had been received from people staff, relatives and healthcare professionals was positive.