

Just Us Care Limited

# Oak 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service Oak House had a registration to provide personal care and accommodation to a maximum of four people. People who lived there may have a learning disability and/or autism. At the time of the inspection three people lived permanently at the home. Several people also used the service for short stays on a 'one at a time' basis so no more than four people used the service at any one time.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives. People using the service received planned and co-ordinated person-centred support that is appropriate and is inclusive for them.

People's experience of using this service and what we found

The provider had quality assurance systems in place and action had been taken to make improvements. However, several issues identified during the inspection had not been picked up by managerial observations or by in-house audits.

People felt safe and were supported by staff who knew how to protect them from avoidable harm. Overall, risks to people's health and well-being had been assessed and monitored to ensure they were kept safe. People received their medication as prescribed. Staff were recruited safely and there were enough staff to meet people's needs. The home was visibly clean and complied with infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service achieve the best possible outcomes including, independence and inclusion. People support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received induction training when they started working at the home. Training had been received by staff and refreshed in line with the provider's expected timeframes. People were supported by staff who knew them well. People made their own decisions about their care and were supported by staff who understood the principles of the Mental Capacity Act 2005. People's nutritional needs had been assessed and guidance was provided for staff about how to encourage people to maintain a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

People and relatives told us staff were caring, kind and treated people with dignity and respect. People were encouraged to develop and maintain their independence skills. Visitors were made to feel welcome.

Assessment and reviews of people's care and support needs were undertaken regularly or more frequently

when it was required. People and/or their relatives were included in these processes to ensure all needs were determined and addressed. People told us they would feel comfortable to raise any complaints they had with the staff or registered manager. Relatives told us they were always kept up to date with important information relating to their family member and could contact the registered manager at any time.

People and relatives told us the service was well-led and spoke positively of the management team at the home. Provider feedback processes had been used to gather information about the views of people and relatives about the service provision. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 10 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was not always well-led..

Details are in our safe findings below.

Requires Improvement ●

# Oak House

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Oak House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did.

The provider had not been asked to complete a new Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who have some limitations to their communication skills. We also spoke with the three people who used the service and two relatives about their experience of the care provided. We spoke with two staff, the provider and the registered manager. We reviewed a range of records. This included, health action plans, communication care plans and medication records. We looked at two staff files in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures. We looked at the premises which included two people's bedrooms, the kitchen, bath and shower rooms and the main lounge.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to recognise abuse. Staff stated what the signs of abuse were and that they had no concerns. A staff member said, "We [staff] would not tolerate any bad treatment against the people here by anyone. I would report to a manager if I was worried".
- People told us they had not been subjected to abuse. A person told us, "No nothing like that. All's good here". A relative said, "I have no concerns of that nature at all. Nothing". Another relative told us, "No worries, no bad treatment".
- Some people's money was held for safekeeping. For one person there was a few pence more than there should have been according to the records. Records had provision for two staff to sign each transaction to confirm that all money held was correct. The records showed for most transactions only one staff member had signed. The registered manager told us that all staff had access to the money, yet the money was not counted at the start of each shift to confirm it was correct. The provider agreed this system did not safeguard people's money or staff from allegations. They told us they would implement a new system the next day.

Assessing risk, safety monitoring and management

- People had been protected from avoidable harm. Assessments had been completed regarding people's individual risks for example; falls, seizures and choking.
  - Staff told us of people's individual risks. A staff member said, "The kitchen in particular is a risk. Staff supervise people from a distance when they are making drinks". A person told us, "I feel safe here. The staff watch over me".
  - Moving and handling equipment was not required regularly as people were mobile within the home. However, one person said, "I do feel scared to climb the stairs so I use the stair lift".
  - When some people were out of the home and had to walk a distance, wheelchairs were used to reduce the risk of falls and injury. A person said, "If I did not have my wheelchair I would not go far as I would fall".
  - Action had been taken to reduce risks within the home. For example, window restrictors were in place on first floor windows, radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe to use. However, one person's door was not shutting correctly. This meant if a fire were to occur there was a risk of smoke and flame spread. It was unclear how long the door had been faulty. The registered manager could not tell us exactly when the door became faulty. They told us they would get the situation rectified within 24 hours.

Staffing and recruitment

- A relative told us, "There are adequate staff I think". A person said, "Yes there are enough staff as far as I am concerned". The registered manager told us when a fourth person was at the home for a short stay, an

additional staff member was put on duty. Staff and records confirmed this.

- The registered manager told us of the contingency plans they had in place to cover staff sickness and leave. This included staff working overtime and managers stepping in to cover shifts. A staff member said, "I cover if staff are on leave".
- The registered manager had completed recruitment checks on staff prior to them commencing in post to make sure they were safe to work with people. A staff member said, "All checks had to be done before I could start work". Records confirmed this. However, one staff member had not completed a health declaration. This meant the provider could not evidence the staff member was fit to work. The registered manager told us it was missed that the health form had not been completed. The health declaration was completed before our inspection ended.

#### Using medicines safely

- A person said, "I have my tablets three times a day. The staff give me my tablets 'spot on' at the right time".
- The provider had invested in an electronic medicine system to enhance effectiveness and safety. For example, the system would inform the provider by message if medicines had not been given.
- Staff told us, and records confirmed, they had received medicine training and their competence had been assessed to ensure they were safe to administer medicines.
- Electronic Medicine Administration Records [MARs] for two people confirmed when they should be given their medicines. The prescribed medicine for each person was available. We counted some tablets against totals on electronic records and found they balanced correctly.
- Protocols were in place for each person to direct staff in what circumstances 'when required' medicines should be administered.
- Staff told us they had received training from the specialist epilepsy nurse on how to administer 'emergency' medicine that had been prescribed for one person to manage seizures. This was confirmed by training certificates.

#### Preventing and controlling infection

- The premises looked visibly clean.
- Personal protective equipment was provided to staff. This included disposable gloves and aprons.
- Staff had received training in relation to good hygiene processes. A staff member told us, "I had infection control and food hygiene training. The home including the kitchen is always clean".
- Towels stored in the bathroom/toilet room were at risk of spore and other contamination. We raised this issue with the provider who told us they would purchase a suitable cupboard or cover, to reduce this risk.

#### Learning lessons when things go wrong

- Staff were aware of the action they must take to report accidents and incidents. A staff member said, "Everything must be reported and recorded".
- We saw systems were in place to analyse and determine any patterns or trends regarding accidents and/or incidents to prevent future occurrences. Minimal incidents had occurred.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- Staff and records confirmed people were weighed regularly. However, there were no assessments in place or systems available to inform staff the healthy weight range for each person. This meant that the weight recording had minimal value as staff had no guidance to alert them when a person may be at risk due to their weight. The registered provider told us they would implement a system quickly to address this issue.
- Where necessary, referrals had been made to other healthcare professionals to promote healthy eating. Advice for one person had been to gain weight. The staff we spoke with were aware the person needed to gain weight. Records confirmed the dietician had suggested the person take full fat milk for extra calorie consumption. However, no full fat milk was available.
- A person told us, "I like the food here. I choose my own food every meal". Another person said, "We [people] tell staff what we want to eat everyday". The provider said, "We don't have a menu as such. People select what they want to eat each meal and we provide what is asked for".
- The registered manager said, "Any cultural or religious needs concerning food or drink would be identified before people came to live or stay here. We would ask people and/or their family how they required these needs to be met".

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

- A person said, "Before I lived here I came and visited and spent time here to make sure I liked it. The staff do everything they need to. I am looked after very well". Another person said, "It is so good here. I am supported, and things are done right. Better than the last place". A relative said, "I am so pleased with the support they [person's name] get. I am impressed. Much better than the other place they were in".
- People told us they were included in their assessment of needs and the preparation of care plans. A person said, "The staff ask me what I need and how I want things done". Another person said, "Spot on. I tell the staff what I want". A relative said, "All care is provided as they [person's name] want. I wish other places were this good".
- Need assessments included; health and social needs, activity preferences, religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff received induction training which included getting to know the people they would be supporting and shadowing more experienced staff. A staff member told us, "I had a good induction. It covered everything I needed to know".
- The care certificate was available for new staff to work through. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.

- Staff told us training was provided on an on-going basis. A staff member said, "We [staff] have to do all the training All my training is up to date".
- Specialist training was offered to meet the individual needs of the people living at the service. This included, autism awareness and epilepsy. One staff member said, "This training really helps when dealing with a seizure".
- A relative told us, "The staff are good. They really know what to do".
- Staff told us they had regular opportunities to discuss their training needs, welfare and professional development during supervision. Records confirmed staff received regular supervision.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA. One staff member told us, "Mental capacity is the ability to make decisions and is decision specific. Where people are able to make decisions we [staff] encourage them to".
- One person told us, "I do what I want to really. I can get up and go to bed when I want to. I also go out on my own when I want to"
- Staff and the registered provider told us at the present time no DoLS were in place as there was no requirement.

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

- Records demonstrated a collaborative approach between staff and healthcare professionals to improve outcomes for people. A staff member said, "We [staff] work with doctors, nurses and social workers to make sure people's needs are met".

People told us they were supported to access healthcare services. A person said, "Staff go to the dentist with me when I need a check-up". Staff told us, and records confirmed that people received all the health care input they needed. This included a consultant specialising in learning disabilities and a nurse specialising in epilepsy. A relative told us, "They [person's name] have come on leaps and bounds with their health since they have lived there".

- Records highlighted, and staff confirmed all people had an annual health care check from their GP to monitor their health and well-being.
- We saw that health action plans and hospital passports were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks".

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

- The home was a domestic style house that was in a residential area. A relative said, "There should be more small homes like this. It is homely". An external health worker had commented, "So calm and lovely and quiet".

- The premises were accessible to people. A stair lift was provided to enable people to move easily within the home.
- A bath and walk in shower gave people the choice of how they wished their personal hygiene needs to be met.
- Enclosed garden space was available. Access to this could be gained from the rear of the home.
- A relative told us, "They [person's name] wanted a first-floor bedroom. As soon as this was possible the manager gave them a first-floor bedroom. They [person's name] are so pleased". Two people gave permission for us to look at their bedrooms. These were personalised with belongings and colour schemes. A person said, "I went shopping and picked the wallpaper I wanted." Another person told us, "I love my bedroom It's got my own belongings in it".
- The lounge was warm and bright, and people told us they chose the colour scheme.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- A person told us, "The staff are lovely". A relative said, "The staff are very kind". A visitor had commented, "All staff seem passionate about care".
- Relatives we spoke with told us the staff made them feel welcome when they visited.
- People were supported by caring staff. Staff gave people their full attention. One person was unsure of what they should do with their computer. Staff sat by them and explained and gave the person options.
- Staff gave verbal prompts to a person who was partially sighted. Giving them guidance where the furniture was so they did not walk into it.
- A person told us they liked to attend church at Christmas and Easter and staff supported them to do that. People were encouraged to celebrate important events such as birthdays. One person showed us Christmas presents. They said, "I went shopping with staff to buy these for my family".

Respecting and promoting people's privacy, dignity and independence

- Staff confirmed people had all been asked their preferred names. These were used by staff.
- People's privacy and dignity were promoted. A person said, "The staff don't come in my bedroom without knocking the door". A relative told us, "Staff are always very polite and respectful".
- People had their own bedroom which enabled private personal space. Staff told us where ever possible they encouraged people to attend to their own personal hygiene to enhance their privacy and dignity. A person told us, "I always wash, shower and dress myself. I don't need any help".
- A staff member told us, "People all select the clothes they want to wear everyday". People confirmed this.
- People were supported to maintain their independence. Staff encouraged people to eat independently and to do small tasks for them-selves. A person said, "I do things myself. I dress, get up and go to bed myself". Another person said, "I have got a bus pass. I go out and about on my own."

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

- A person said, "I make my own decisions about everything". A relative said, "They (person's name) makes decisions. Staff may give help and support to do so".
- Information was on display within the home giving contact details for external, independent advocacy services.
- The staff were aware how to access advocacy services to support people when making decisions around their care. Records highlighted one person had an advocate and this was confirmed by staff we spoke with.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff told us people's care records were reviewed and updated to reflect any needs. A person said, "My plans are updated. I am involved". A relative said, "The staff have involved me since they [person's name] went to live in the home".
- A person said, "I make all my own decisions about how I want to live and what I want to do. The staff respect this".
- Records highlighted people's likes and dislikes and other important information. Staff we spoke with were able to tell us what was important to each person including what they liked and did not like and how they wanted to live. A relative said, "The staff know them [person's name] very well". A visitor had commented, "I have never seen them do happy".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us most people were able to understand and communicate effectively. This was confirmed by staff, our conversation with people and observations during the day.
- A staff member told us, "Most people understand everything. To enhance this further we use Picture Exchange Cards [PECs]. The registered manager told us, "Some polices are in written and pictorial formats to aid understanding". These were available within the premises.
- People's communication needs had been assessed and guidance was available for each person. One person's communication record read, "Communicate with me in English. I can read and write in English".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home was in an area that had a range of community facilities including, shops and a park. The local area also offered a range of transport opportunities including bus and rail. People were supported regularly to take advantage of local amenities. A person said, "I go out to the shops and on the bus".
- One staff member had a keen interest in arranging and overseeing activities. This staff member told us about activities that had been enjoyed by people and showed us photos.
- A person told us they baked cakes, did art and craft and used a computer when at home. This was confirmed by staff.
- Records confirmed all people were involved in a range of external activities including, going into the

community to shop, eat out and attending a social club. A person told us, "I go to the theatre. I love that". A relative laughed and said, "They [person's name] are out and about so much I have to make an appointment to see them. They are so happy going out and about".

Improving care quality in response to complaints or concern

- A complaints procedure was available. A person said, "I have no complaints. If I did I would speak to [registered manager's name]". A relative said, "No complaints. I am very happy with everything".
- No formal complaints had been received in the last year. The registered manager described the stages they would work through if a complaint should be received. This included documentation, investigation, feedback to the complainant, acting to address issues if applicable.

End of life care and support

- The service did not currently support any people who were receiving end of life care.
- The provider told us that one person did pass away earlier in the year and the input they had secured from external health care professionals including the district nurse team. The registered manager and staff confirmed the care and support that had been provided.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant the service management and leadership was not always consistent. Quality assurance systems had not always been enough to alert the provider and registered manager that there had been shortfalls in service delivery.

### Continuous learning and improving care

- The provider and registered manager had some learning needs in terms of improving quality assurance processes.
- Although the provider undertook quality checks and audits these arrangements had not always been applied consistently or were ineffective. Improvements had not been identified for several issues. These included, a fire door not shutting correctly. Possible health issues not known as the staff member had not, since they were employed, completed a health form. Staff not following the provider's medicine procedures in that they had not made a record of one person's medicine they had received into the home. Systems relating to the safekeeping of people's money were not effective as there was a lack of checking the money between shifts. Although people were weighed regularly there was no assessment or system to alert staff when individual people's weight would be of concern.
- The provider and registered manager both agreed that more oversight and checks of the day to day service provision were needed.
- The registered provider had improved the service in many areas.
- A new electronic medicine system had been purchased and implemented aimed to enhance efficiency and prevent medicine errors. A specialist fire alarm system had been installed. This sounded in a different way to prevent agitation with people. It was linked to lights, so they flashed when the fire alarm was activated. This would alert people with a hearing difficulty the fire alarm had been activated.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people,

- Relatives we spoke with knew the names of the registered manager and provider". A person told us, "Any problems [managers name] will sort it". A relative said, "The management are lovely. Very friendly and approachable".
- People knew the provider and registered manager. The provider and registered manager were visible within the service. People were calm in the presence of the provider and registered manager. People engaged and spoke with the managers showing they were familiar with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements,

- The registered manager was clear about their responsibility and regulatory requirements. The registered manager had notified us of any accidents and incidents, these included one death and one accident.

- One staff member confirmed their responsibilities to us. They said, "If I had concerns I would be confident to whistle blow. I know the situation would be investigated". Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.
- Our last inspection rating was on display on the providers web-site and within the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics,

- Staff were encouraged to give their views regularly during staff meetings. A staff member said, "I feel very valued". Another staff member said, "I asked for a special pillow for a person. I was listened to and the pillow was purchased
- Feedback had been sought through reviews, feedback forms and a comments book. A relative said, "I am asked my views about their care [person's name] and the overall service provided. I am very impressed with everything". A person said, "I fill in a form. I am happy and don't want things to change".
- Records highlighted, and staff confirmed that people had asked to try different foods in the past. One person wanted to try caviar. This was purchased for them to try.

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during the inspection.
- The registered manager told us if there were issues meetings with people and/or relatives would be arranged to discuss these. Where required the provider told us people would be apologised to.

Working in partnership with others,

- The provider, registered manager and staff worked in partnership with external health care professionals.
- The provider subscribed and had input from an independent consultant to give advice and support on human resource issues and health and safety.