

Oaks Care Limited

Oakwood 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

This inspection took place on 19 August 2015 and was unannounced. At our last inspection in May 2014 we found the provider was meeting the regulations we inspected.

Oakwood House provides personal care and accommodation for eight people with mental health needs.

There was a registered manager in place. 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 were safeguarded from the risk of abuse as the service had systems to identify the possibility of abuse and stop it occurring, and staff had appropriate information to report any concerns.

The risks associated with people's support were assessed, and measures put in place to ensure staff supported people safely.

People received their medicines as prescribed. Medicines were ordered, stored and disposed of safely.

Summary of findings

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005, and were aware of the steps to take should someone who use the service need to be deprived of their liberty for their own safety.

People received individualised care that met their needs. People were encouraged to make decisions about their care and support and the service ensured that information was provided to people in ways they could understand.

Staff were qualified, skilled and knowledgeable for their roles, and received appropriate support through supervision meetings and appraisal of their work.

People were provided with sufficient food and drink and their individual nutrition needs were well supported.

The service encouraged and supported people to undertake a wide range of activities, both individually

and in groups. Staff supported people to attend health and medical appointments, and ensured that people received the medical care they needed when they were unwell.

Staffing levels were managed and planned to ensure consistency and staff who were familiar to people at the service. The service had effective recruitment procedures.

People were encouraged to do as much for themselves as possible. Staff were knowledgeable about the people they cared for. Staff were caring and knowledgeable about the people supported by the service. People's privacy and dignity were respected.

There were effective management systems to monitor and improve the quality of service provided. The service sought feedback from people who used the service and their relatives, and we saw that this was acted upon.

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. People were safeguarded from the risk of abuse as the service had systems to identify the possibility of abuse and stop it occurring, and staff had appropriate information to report any concerns.

The risks associated with people's care and support were assessed, and measures put in place to ensure staff supported people safely.

There were sufficient numbers of staff to meet people's needs and safe procedures were followed when recruiting new staff.

Medicines were administered safely and according to guidelines.

Good



Is the service effective?

The service was effective. Staff had received training and support to make sure they were competent.

Staff demonstrated a good understanding of the requirements of the Mental Capacity Act 2005, and were aware of the steps to take should someone who used the service needed to be deprived of their liberty for their own safety.

People were supported to attend health and medical appointments, and the staff sought medical assistance when people were unwell.

People could make choices about their food and drink and alternatives were offered.

Good



Is the service caring?

This service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and their independence, privacy and dignity were protected and promoted.

Staff demonstrated a good knowledge about the people they were supporting. The staff took time to speak with people and gave them time to express themselves.

Good



Is the service responsive?

The service was responsive. Care plans provided detailed information about each person's care and support needs.

People were supported to take part in recreational activities within the service and in the community. People were supported to maintain relationships with friends and relatives.

People and relatives could raise any concern and felt confident these would be addressed promptly.

Good



Is the service well-led?

The service was well-led. People and their representatives felt the service was well managed and staff felt supported.

Good



Summary of findings

There were clear lines of responsibility and accountability within the management structure and staff had a good understanding of the ethos of the service.

Systems were in place to ensure that the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery. Regular audits and checks took place and any issue identified was acted on.

Oakwood 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 was an unannounced inspection carried out on 19 August 2015 by one inspector.

Prior to our inspection we reviewed the information we held about the service which included statutory notifications we had received since the service was registered and information we had received from other professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people and how people were supported. We also looked at three care records including people's risk assessments, and records relating to the management of the service such as staff training records, staff duty rosters, policies and procedures, fire safety records, risk assessments, satisfaction surveys and minutes of meetings.

We spoke with four people who used the service, two members of staff and the registered manager. After the inspection we contacted two relatives to obtain their views of the service.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, “Oh yes I do feel safe here.” A relative told us, “I feel the place [service] is safe.”

We saw policies and procedures for dealing with allegations of abuse. Staff were aware and understood the policy and procedure for reporting safeguarding concerns. When we asked the staff and the registered manager how they would respond to different safeguarding scenarios. They were clear on the actions they would take and who they would report it to. One member of staff said, “I would report it straight away to the manager.”

Staff showed an understanding of the different types of abuse and told us they felt confident any concerns they raised would be dealt with effectively. Records showed that all staff had completed training in safeguarding and received regular update training. This was confirmed in the training records and staff we spoke with. Information gathered from notifications sent by the registered manager to us demonstrated that safeguarding issues were taken seriously and the local authority safeguarding team contacted when there were concerns. The registered manager regularly attended the local authority’s safeguarding forum and advised that they would then cascade the information to all staff members. Staff told us they had been working at the service for a long time and any issues they had were discussed openly with the manager. They were comfortable with using the whistleblowing procedures.

We noted that potential risks to people had been assessed so they could be supported to stay safe by avoiding unnecessary hazards without being restricted. For example, one person required support around going out in the community. The care plan showed that risk assessment had taken place regarding this and there was guidance and actions for staff to follow. Staff we spoke with had good knowledge of the identified risks people had in relation to their care and support. We found that people had been involved in the completion of their individual risk assessments which had been updated on a regular basis.

Each person had a personal evacuation plan to support staff in evacuating them and the building safely. We noted that fire alarm tests were undertaken on a weekly basis. Staff and people took part in regular fire drills. Equipment

used in the service had been serviced and maintained. The gas equipment was checked in February 2015 and electrical installation certificates were also in place. This indicated that people were living in a safe environment as far as possible.

The service kept a record of all accidents and incidents involving people using the service and/or staff. Those were reviewed by the registered manager to look for any trends and identify actions to reduce the risk of similar events happening again. We saw a copy of a report that the registered manager had completed on all the incidents and accidents that happened in 2014. The registered manager said, “I always discuss every incident and accident with the staff to see if we could have done thing differently.”

People felt there were sufficient staff to meet their needs. One person said, “There is always staff around.” The service employed sufficient staff so that they rarely had to use agency staff. When they did, they used the same staff who were familiar to the people at the service. Relatives and staff told us there were enough to provide safe and effective care. One staff said, “We always have enough staff on duty and the manager is always available.” We saw that people’s needs were attended to promptly and people did not have to ask for support as there were always staff on hand. The registered manager told us that there was a consistent level of staff on a daily basis, which had been determined according to dependency levels and people’s needs. We looked at the staff duty roster at random over the past three weeks and this indicated that there was the number of staff as mentioned to us by the registered manager.

The service had an effective recruitment and selection processes in place. We checked two staff files and found the registered manager had requested information such as references and disclosure and barring service checks (DBS). A DBS check is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job. This helped to ensure people were not exposed to staff who had been barred from working with people in need of support. The files also contained an application form which covered previous experience, qualifications, training and any gaps in employment.

People told us that they received their medicines on time and at regular intervals, as prescribed by the doctor. One

Is the service safe?

person said, “The staff give me my medicine when I need them.” We looked at the administration of medicines and found they were managed safely and people received the medicines prescribed to them at the right time. The staff maintained an accurate record of the medicine that were kept in stock. This allowed them to reduce the risk of any errors occurring or running low on medicines for people.

Every person who required medicines had an individual medicine administration record chart (MAR chart) profile which clearly stated the person's name, photograph, date of birth and allergy status. There was also a list of all the medicines that the person was having. Medicines were stored safely in a locked metal cupboard.

Is the service effective?

Our findings

People felt staff had the skills and knowledge to support them with their assessed needs, preferences and choices. Relatives we spoke with told us they had no concerns about the care of their loved ones.

Training records showed us that staff had received training in a number of areas such as moving and handling, safeguarding and infection control. Staff told us they had benefitted from training as this was useful in helping them to meet people's needs. We noted staff had regular training updates and were supported to undertake further training if they wished. This meant staff felt supported and were provided with the skills to carry out their roles and responsibilities in providing effective care.

Newly recruited staff received an induction which included all the policies and procedures of the service and getting to know the people there. This meant staff were trained to support people effectively and follow specific instructions in their care plans to meet their individual needs.

Staff received supervision with the registered manager every six to eight weeks and an annual appraisal to monitor their progress, identify any training needs and review their career paths. One staff told us, "I have regular supervision with the manager." Another staff member described the registered manager as 'very helpful and supportive.' This helped to ensure that staff were supported to carry out their roles effectively as they could always seek advice from the registered manager.

Before people received any care or treatment they were asked for their consent and the staff acted in accordance with their wishes. We noted that staff gave people enough time to make decisions. This meant that people were respected and consent was obtained prior to any care or support being provided. From the staff training records we sampled we saw staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. The registered manager and staff understood the importance of people, where possible, having the right to make their own decisions. Where people did not have

the mental capacity to make their own decisions we found staff and other people such as relatives, with good knowledge of the person, made decisions in the person's 'best interests'.

Whilst, at the time of our visit, the service did not have any people with a DoLS authorisation, the registered manager described to us the processes that would be followed if capacity to consent were absent, and the steps that would need to be taken to lawfully deprive a person of their liberty if required for their own safety. There were systems to access professional assistance should an assessment of capacity be required.

People were supported to have enough to eat and drink and to maintain a diet which met their needs. People told us that the food was tasty and was provided in sufficient quantities. One person said, "The food is very good." and, "I can ask for something else if I don't like what was being served." People were offered choices of what they would like to eat at breakfast, lunch and supper. We saw that drinks were available throughout the day and people could help themselves to fresh fruits too.

The mealtime was calm, relaxed and staff encouraged people to be sociable by involving them in the general chit chat during the meal. Staff had the information they needed to support people with their nutritional requirements and to ensure that a balanced diet was provided. For example one person was diabetic and staff made sure that their sugar intake was monitored. Records showed people's weight was checked and the staff monitored people at risk of weight gain or loss. The registered manager regularly consulted with people either individually or as a group to ensure that they were enjoying the food which was being provided.

The registered manager had an effective working relationship with a number of health care professionals to ensure that people received co-ordinated care and support. We saw evidence people had been referred to other professionals when specialist advice was needed. One person told us, "I can ask to see the doctor if I need to." Records showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. The registered manager told us that during handover at the start of every shift staff were made aware of people's current support needs and any

Is the service effective?

appointments they were due to attend. We saw records of this in the service communication book and shift planner too. At the time of our inspection one person was receiving regular visits from the local mental health team.

Is the service caring?

Our findings

People and their relatives spoke very positively about the service and the care and support that people received from staff. One person told us, "Staff are always very kind and pleasant." A relative said, "The staff are very good and caring." People said staff knew how to look after them and to meet their needs.

Staff had a good understanding of the needs and preferences of people who lived at the service. They had taken time to get to know people and their personal histories. When we asked staff to tell us about the people in their care, they were able to give a clear account of the person's likes and dislikes, their family, and their life history. During our visit we saw an example where staff used distraction technique with one person who was getting a bit agitated. This showed that staff were aware of the needs of the people they cared for.

We saw that people were comfortable in their environment and seemed to have good relationships with staff and the registered manager. One person told us, "They [staff] take good care of you here." We saw staff taking time to chat and interact with people even when they were busy doing other works. They spoke to people in a kind, gentle and respectful manner and always explained what they were about to do before providing support.

People told us that the staff were very caring and that their dignity and privacy were always respected. We saw staff

always knocked on people's bedroom doors and sought permission to enter. Care plans we looked at reflected how people were treated with respect. People's particular preferences and wishes were detailed and clear. People were supported to maintain their personal and physical appearance and were dressed in the clothes they preferred and in the way they wanted.

People and their representatives were involved in the planning and review of their care. One relative told us, "They are always contacting me to update me of what's happening." This showed that the staff encouraged people and those that mattered to them to make their views known about their care and support and these were taken account of and respected. People were enabled to access the services of an advocate to speak on their behalf if they wanted to. Information was displayed about how people could access the services of an advocate.

People told us staff encouraged them to maintain their independence, for example one person said, "Staff encourage me to do things that I can do for myself." People helped staff with household chores for example setting the table for lunch or dinner and emptying the dishwasher.

Relatives told us they could visit at any time. Visitors to the service were made welcome throughout the day and evening. There were a number of areas where visitors could meet with their relatives in private.

Is the service responsive?

Our findings

People we spoke with indicated that they were happy living at the service. They were relaxed and responsive in the company of staff.

We looked at two care plans and found they provided clear guidance for staff to ensure that identified current and on-going care and support needs were met consistently and safely. Each person had a profile entitled 'All about me' in their folder that showed how best to support them. This demonstrated to us that care and support was planned and delivered in a way that ensured people's safety and welfare.

We found people and/or their representatives were involved in their assessments and planning of their care based on a personalised approach which responded to their individuality. This meant that each of the care plans we reviewed had been developed to meet the needs of the particular person.

Each person had an up to date record with essential information about their health, medicines, diet including allergies and contact numbers to manage any transition to hospital or other services. These also included details about their communication abilities, and the level of support they needed.

We saw staff had undertaken regular reviews with people using the service of their individual care plans to identify if the care being delivered continued to meet their needs. Reviews were documented on people's records and any changes identified were noted in people's care plans. Feedback received from people and their relatives showed staff knew people well and were responsive to changing needs. They told us they were kept informed of any changes. Relatives we spoke with were satisfied with the care and support provided being provided by the staff at the service.

People's social and emotional needs were taken into account. This was because people were asked about social activities and hobbies they enjoyed. The staff arranged a wide range of activities both inside and outside the service to stimulate people and develop their independence. People were supported to participate in activities that were important to them and protected from social isolation. Staff told us they had time to talk with people to develop accurate records of what they liked to do. They said that this helped them plan activities to meet everyone's needs and where possible, tried to incorporate people's diversity; for example cultural or religious needs. We observed people were given choice about how they spent their day. One person regularly went to their place of worship. Another person preferred to stay in their room. Whilst activities were available, staff respected people's decisions not to be involved in them.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People and relatives knew how to make a complaint. One relative said, "I've never had to complain, however I will if I am not happy about something." One person said, "I will speak to the manager or staff if I have any concern." There was guidance on how to make a complaint which was displayed. The policy stated that all complaints would be recorded, acknowledged and resolved. We found that all past complaints had been dealt with in line with the provider's policy. People we spoke with did not raise any concerns to us. Staff, relatives and people told us that the registered manager had an "open door" policy and that they could to them and discuss any concerns they had. Staff knew how to respond to complaints if they arose. The provider had a process in place to review complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

Is the service well-led?

Our findings

People, their relatives and staff told us the registered manager was approachable and very helpful. One person said, "I can speak to the manager at any time." One relative told us, "I can speak to the manager about anything and know it will be dealt with." We found the atmosphere in the service was warm and welcoming. During our visit people were coming to the registered manager's office regularly to have a chat with them. We also saw the registered manager talked to people throughout the day and spent time ensuring they were content and happy. They gave people reassurance where people have any concerns.

The registered manager had worked at the service for a long time and had a clear vision and set of values for the service. This included involving people in their care, respecting people's privacy and dignity and promoting people's independence and safety. Staff demonstrated a clear understanding of what was expected of them. They were aware of their responsibilities and work they were accountable for.

The registered manager attended various workshops to keep themselves updated with the latest practices. They had also recently obtained a national qualification at level five in a leadership and management course.

Staff told us that communication between them and the registered manager was good and they felt listened to. Staff told us they felt able to contribute to the continued improvement of the service through team meetings and during their supervision. They felt able to challenge any areas they did not agree with or felt could be changed. This meant that the registered manager encouraged open communication with people, relatives and staff. Staff told us they were informed of any changes occurring at the service and policy changes. This meant that staff received up to date information and were kept well informed. One staff member told us, "We all work as a team and the staff morale is good here."

People living at the service took part in regular meetings. The registered manager recorded discussion and action

points from those meetings. We checked to see whether the action points from previous meetings had been addressed and found that they had. This included suggestions to have a flask of tea readily available in the dining room, which we saw was in place when we visited. This showed the registered manager promoted a culture that was person-centred and empowering.

The registered manager told us that people, their relatives, staff and healthcare professionals had been asked for their opinion on how to improve the service each year. We saw some of the most recent questionnaires that had been sent out and noted that the feedback received was positive about the care and support people were receiving. When improvements were suggested these had been acted upon, for example the garden had been made more accessible to people and new furniture had been purchased. This showed that the registered manager sought out the views and concerns of people, their relatives, health professionals and staff and implemented changes where necessary to accommodate them. The registered manager told us they used feedback as a way of developing the service and making improvements.

There were audits in place intended to improve service quality. The registered manager completed regular checks and supervision sessions to ensure staff were providing effective care. There were various regular health and safety checks carried out to make sure the building, equipment and all areas were maintained to a safe standard for those people using the service, staff and visitors. Any identified needs for repairs or replacements passed to the maintenance man. This meant the service monitored the quality of the care they provided to make sure that it was safe, appropriate and met people's individual needs.

We looked at people's personal records including medical records and saw they were accurate and were updated on a regular basis. Staff records and other records relevant to the management of the service were accurate and fit for purpose. Staff were aware of responsibilities to keep people's information confidential and to keep records locked when not in use.