

Review of compliance

Oakleigh Healthcare (Dudley) Limited Oakleigh Lodge

Region:	West Midlands
Location address:	158-160 Stourbridge Road Dudley West Midlands DY1 2ER
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	Oakleigh Lodge provides residential care for ten people who have learning disabilities and mental health needs.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Oakleigh Lodge was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We visited Oakleigh Lodge on 25 May 2012 as part of our schedule of planned visits. We had also been informed of concerns about the care people received. As Oakleigh Lodge has only been registered for less than a year this was its first inspection by us.

There were seven people living at the home when we visited. The visit was unannounced which meant the provider and the staff did not know we were visiting.

Before our visit, we contacted other people who may have had an interest in the service such as the local commissioners who purchase a service from Oakleigh Lodge. We had very positive feedback about Oakleigh Lodge from visiting social workers, which told us they had no concerns about standards within the service.

We also contacted local involvement networks (LINKs). LINKS are groups of individual members of the public and local voluntary and community groups who work together to improve health and social care services. To do this they gather the views of local people. As Oakleigh Lodge has only been registered for less than a year they had no information to share with us.

During our visit to Oakleigh Lodge we saw that relatives and visiting professionals had written very positive comments about their contacts and experiences, these included:

"We are extremely relieved that X is being cared for so well".

"Staff are so welcoming and X has come on brilliantly since being here".

"We are pleased to see that X is so happy and obviously enjoying the excellent standard of care".

This told us that people who visited Oakleigh Lodge regularly were very happy with the standards of care.

We spoke with four people during our visit and observed the delivery of care for three people. People were positive about their experiences. Their comments included: "I love it here the staff are brilliant, they look after me, they know when I'm worried about stuff and when I panic they will talk to me, help me to see things calmly".

Another person we spoke with told us they were "Alright" and when asked if they were happy responded "yes".

We looked at the plans of care for three people and found that these were detailed and provided guidance to staff on how people needed and wished to be cared for. There was evidence that people had been involved in the development of care plans and decisions about their care and treatment, and that where people needed they had an advocate to represent their views. We saw lots of examples where people had been supported to understand information written about them, or information that affected them.

We saw that the provider had actively recruited experienced and trained staff to meet the diverse needs of the people living at Oakleigh Lodge. We observed staff to be caring, professional and responsive to people's specialist needs.

We saw that the systems to monitor and audit the quality of the service and delivery of care were well established with further plans to develop a 'family forum' demonstrating that the provider is committed to continually improve the standard of service provided.

People had access to facilities with a range of aids and adaptations ensuring their physical needs could be met. The furnishings and equipment included a cinema room, a sensory room and a computer area. The building is furnished to a high standard, spacious, and bright and provides an excellent environment for younger adults. One person told us "I've never lived in a lovely place like this, everything is so lovely, and the staff are great, really really great".

What we found about the standards we reviewed and how well Oakleigh Lodge was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were involved in decisions about their care and support, their privacy and dignity was respected and their independence was supported.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People's needs were assessed and care and treatment was planned and delivered in line with their individual care needs.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People's human rights were being respected and they were being kept safe from abuse or the risk of abuse.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff were supported to meet the needs of the people living at Oakleigh Lodge so promoting people's health and well being.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The people living at Oakleigh Lodge benefit from systems that support and promotes their safety and well being

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People's views and experiences were taken into account in the way that care and support was provided. There were seven people living at Oakleigh Lodge when we visited. Some people had complex communication needs and were not able to fully express their experiences but communicated to us in their preferred style about their care choices.

One person smiled when we asked if they were comfortable, and later gestured and vocalised when we asked if they liked their new bedroom. We saw people had choices at meal time and were supported to indicate their preferences.

We saw that relatives and visiting professionals had written positive comments about their contacts and experiences at Oakleigh Lodge, comments included:

"We are extremely relieved that X is being cared for so well".

"Staff are so welcoming and X has come on brilliantly since being here".

"We are pleased to see that X is so happy and obviously enjoying the excellent standard of care".

"Visited X staff were very helpful and X was happy and alert".

"Pleased to see how X has improved since being at Oakleigh lodge, X walks much better and for longer".

"Oakleigh lodge is an excellent place and everyone is so friendly".

We saw from three people's care records that their needs for support had been assessed prior to them moving into Oakleigh Lodge so that they could be confident they would get the help they needed. This included sourcing appropriate advice from health care professionals, and purchasing equipment necessary to support people in a dignified way, for instance appropriate seating for mealtimes.

We saw that where a person required an advocate to represent their views, this had been put in place. This ensured that their views and or decisions made about their care, treatment and support were being promoted and protected.

One of the people we spoke with told us about visits and overnight stays they made to Oakleigh Lodge as part of their moving in process. We concluded this had enabled them to have a good understanding of what the accommodation was like and what to expect from Oakleigh Lodge, before they made their decision. They also confirmed that they had access to information in the form of a home brochure and that staff explained to them what they should expect. This meant that people had the information in the way they needed it to support their decisions.

Other evidence

We saw that people had been supported with their personal care needs, so promoting and protecting their dignity. Arrangements were in place to identify what support people required with accessing and managing such things as personal mail and finances so that their independence and privacy was being respected.

We saw that the staff had used people's experiences and taken these into account in the way the service is provided and delivered. For example, the fire service had been out to Oakleigh Lodge to work with people living there on understanding fire safety. We concluded this was a creative initiative in promoting people's understanding of fire safety and how such procedures can affect them. People we spoke with told us how much they had enjoyed this experience and we saw that they had certificates to reflect their participation in this.

Our judgement

People were involved in decisions about their care and support, their privacy and dignity was respected and their independence was supported.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw there was a detailed assessments of people's needs, which had been carried out prior to their moving in. The manager told us that the assessment stage included visiting the person in their previous home, and involving them in identifying the care they wanted as well as needed.

There had been two recent admissions where people had moved in and the circumstances had not allowed for the assessment and admission process to be fully followed. The manager showed us that they had involved other professionals in assessing these people's needs such as the dietician, and speech and language therapist. This told us that assessment information had been used well to plan people's care thus ensuring they received effective care to meet their needs and desires safely.

One person we spoke with told us they were satisfied with the health and personal care they received. They had been regularly involved in discussing their needs and were aware of the ways in which staff could support them.

We saw that for some people their independence was encouraged and promoted. For example alternative accommodation had been planned for one person to move into a more independent living environment. We saw that people had opportunities to develop their skills and abilities, such as managing their own finances, shopping, and cooking

their own meals. The spacious facilities at Oakleigh Lodge promoted a good degree of independence; people had access to a range of communal areas so could choose when to socialise or not.

We saw that one person had recently had a period in hospital where they were supported by staff from Oakleigh Lodge on a daily basis. This ensured that they received consistent appropriate care and a degree of continuity in an unfamiliar hospital environment.

We looked at the care records for two people and saw that these included information on how to support them with all aspects of their care. Plans were in place for personal care needs, eating and drinking, and social activities. Plans included people's preferences and choices and were personal to the individual, for instance providing information about their preferred routines, mood and character. This is particularly important where people may not be able to communicate their preferences, so that staff can provide continuity and consistency.

People had plans in place for managing their health, which included advice received from health and social care professionals on such things as managing epilepsy, eating safely, and managing mental health. People had received the healthcare services they needed including seeing professionals such as doctors, specialist nurses, dentists, opticians, physiotherapists and speech and language therapist.

We spoke with staff who had a thorough understanding of the diverse needs of people and how to manage these. We saw that staff had sourced appropriate equipment to keep people safe, such as hoisting equipment, and identifying correct seating to support people's positions whilst eating. This ensured people had the support to maintain good health.

The provider should note that whilst care plans were detailed, information could be presented in a user-friendly way by using pictures, or large print to ensure people who use services have access to information about them. We saw people had signed their care plan to agree its content, and another person told us that staff regularly explained what was in their care and health plan therefore we found people had been actively informed and involved with their plan.

Risk assessments were in place which identified the actions staff should take to keep people safe, for instance the level of supervision needed by one person when in the community. However the provider may be interested to note that further detail in the risk assessment for the management of diabetes was needed. This did not have sufficient written detail about how the symptoms may present and what staff should do. We spoke with staff and found they were confident and had training in the management of diabetes. We concluded the recording of such information could be improved, although this had not had an impact on how staff understood the person's needs.

Other evidence

We did not consider any other evidence for this outcome.

Our judgement

The provider was meeting this standard. People's needs were assessed and care and treatment was planned and delivered in line with their individual care needs.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. All staff had undertaken safeguarding training. Staff we spoke with understood their responsibilities in protecting people and reporting concerns in accordance with the local social services safeguarding procedures.

We spoke to two staff about their understanding of the Mental Capacity Act and the implications this had for their practice. They were clear about the need to get people's consent and agreement, and where needed involve other professionals to help them work in people's best interests.

We observed staff on a number of occasions taking time to explain to, and redirect, one person whose behaviour towards people could make them vulnerable. We saw in the person's care plan that they received appropriate ongoing support from the mental health team. Staffing levels at Oakleigh Lodge enabled the person to utilise the community in the way they wanted to, with the levels of staff supervision they needed. This had helped to improve the person's health and well being. The person told us "I love it here the staff are brilliant, they look after me, they know when I'm worried about stuff and when I panic they will talk to me, help me to see things calmly".

Another person we spoke with told us they were "Alright" and when asked if they were happy responded "yes".

Staff we spoke with were well informed about restrictions that could be placed on people due to deteriorating mental health. We saw that staff had undertaken specific training to support the people they cared for; this included managing conflict, mental health conditions such as Bipolar and depression, and autism. From our discussions with staff we found that staff had been recruited with previous experience and skills suited to the diverse needs of the people living at Oakleigh Lodge. We also found that the care manager had sourced advocates for those people who needed someone to represent them. This had helped to respect and protect people's human rights.

Other evidence

There was a user-friendly complaints procedure that explained how people could raise complaints, this was presented in easy read larger print and pictorial format, making information more accessible to people. Each person had a copy of this procedure in their bedroom and staff told us that they regularly went through important information with individuals to promote their understanding. We saw this to be the case in the residents meetings as well, whereby the fire service had visited to talk with people and inform them about fire safety. We concluded staff had been creative in their efforts to protect people from the risk of harm.

Our judgement

People's human rights were being respected and they were being kept safe from abuse or the risk of abuse.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

From our discussions with staff, and our observations of their practice, we saw that they were professional, caring and positive about their care practice. Training records showed that staff had undertaken additional training to develop the skills necessary to carry out their caring role. We saw this included mental health, learning disability, behaviour, dysphasia (risk of choking), diabetes, and epilepsy training. We saw that the recruitment of staff had been selective so that staff had the skills and experience to understand and meet the needs of the people they cared for.

Staff told us they felt happy that staffing levels were appropriate for the needs of the people. We saw that people had their needs attended to promptly. An activities support worker was available to ensure people had access to both planned and spontaneous social activities within the community. Oakleigh Lodge had its own transport which ensured people who needed specialist transport to access the community, could do so. Some people required specific staffing levels due to their needs, for instance for one to one supervision in the community, or for the use of equipment to lift and transfer people who had physical disabilities. We saw that the staffing levels allowed staff to support people both in the way they needed and in the way they preferred.

Systems were in place to ensure all staff had regular opportunities for one to one supervision. Staff told us this was a positive platform in which they could discuss their role and responsibilities, as well as the care needs of people. Supervision had been used to identify and plan training needs.

We looked at some minutes of staff meetings. These showed that they were held

regularly and included discussing the needs of the people living there, the role of the key worker, and policies and procedures. Oakleigh Lodge had been registered for just over a year and during this time it was evident that systems had been established to ensure the health and welfare needs of people were met by skilled and competent staff.

Other evidence

We did not consider any other evidence for this outcome.

Our judgement

Staff were supported to meet the needs of the people living at Oakleigh Lodge so promoting people's health and well being.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We saw that each person had a copy of the complaints procedure which was in an easy read pictorial format making it easier to access and understand. People's care records showed that important information had been explained to them to promote their understanding.

We saw that compliments had been received and were recorded from relatives and other professionals who worked with the people living there.

The care manager told us that questionnaires were being sent to relatives and other professionals to obtain their feedback on the service being provided. The manager told us about their plans to introduce a 'Family Forum' which they hope to do off site and encourage families to voice their opinions and experiences.

We looked at the residents' meetings minutes and saw that people's views were taken into account, and that the minutes had been signed by people to confirm their agreement with discussions and decisions. We also saw that the provider carried out regular visits to the service during which people's views had been explored and recorded and acted upon.

The people we spoke with were very positive and complimentary about their experiences at Oakleigh Lodge. Comments included; "I love the house, we have our own cinema room, sensory room and computers". "I have my own bedroom which I love, and the garden is great, I love sitting listening to the wind chimes and smelling the herbs, it's just beautiful here". "I've never lived in a lovely place like this, everything is so

lovely, and the staff are great, really really great".

We saw that regular audits were completed of the medication, health and safety, the building and maintenance and infection control. These helped to ensure that systems were promoting the safety and well being of the people living there. A pharmacist had recently visited and their audit found that the medication management systems were safe and people were receiving their medication as prescribed.

Other evidence

We did not consider any other evidence for this standard.

Our judgement

The people living at Oakleigh Lodge benefit from systems that support and promotes their safety and well being

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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