

Oakfield (Easton Maudit) Limited

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Inspection report

Easton Maudit
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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: Oakfield (Easton Maudit) is a residential care home registered to provide accommodation and personal care for up to 18 adults with autism and/or learning difficulties, dementia, mental health and physical and sensory difficulties. At the time of inspection, 18 people were using the service.

People's experience of using this service:

The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could 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 that include control over their own lives, choice, and independence.

Improvements were required to ensure that the systems in place to monitor the quality of the service and drive improvements were embedded and consistently maintained.

People were cared for and supported by staff who were friendly, caring and passionate about their work; they were treated with respect and their dignity maintained.

People had detailed personalised plans of care which ensured staff provided consistent care and support in line with their personal preferences. People were encouraged to have as much control of their care as possible and to be independent.

People were supported to maintain good health and nutrition and live fulfilled lives. They were protected from the risk of harm and received their prescribed medicines safely.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs. They had access to the support, supervision and training that they required to work effectively in their roles.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty.

Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service had a positive ethos and an open culture. The provider and registered manager were approachable, understood the needs of the people in the home, and listened to staff and relatives.

The service met the characteristics for a rating of 'good' in four of the five key questions we inspected and rating of 'requires improvement' in one. Therefore, our overall rating for the service after this inspection was 'good'.

Rating at last inspection:

Requires improvement (report published 25th June 2018).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Oakfield (Easton Maudit) Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was carried out by two inspectors and an inspection manager.

Service and service type:

Oakfield (Easton Maudit) 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 registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of this inspection was unannounced. The second day was announced.

What we did:

We reviewed information we had about the service since the last inspection. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us. We sought information from the local authority who monitor the care and support received and Healthwatch Northamptonshire, the local consumer champion for people using adult care services. We used all of this information to plan our inspection.

During the inspection process we spoke with one person who lived in the home, three people's relatives and one healthcare professional. We also spoke with 11 members of staff, including support workers, team leaders, maintenance staff, the chef, the deputy manager, the registered manager, a director and the nominated individual.

We reviewed a range of records. This included medication records, three people's care records, and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information, records relating to the management of the home and a variety of policies and procedures.

During and after inspection we requested further information from the provider which was received in a timely manner.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:

- At the last inspection in May 2018, we found that people could not always be assured that they were cared for safely as assessments of risk had not always been undertaken. At this inspection we saw that improvements had been made.
- Risks associated with people's care and support had been assessed and detailed risk management plans were in place and regularly reviewed. This ensured staff had the information they needed to keep people safe.
- Fire risk assessments and personal emergency evacuation plans (PEEP's) were in place which provided emergency services with the information they required to assist people in the event of an emergency.
- Checks had been carried out on the environment and on equipment used. However, environmental audits had not identified exposed pipes containing hot water which put people at risk of burns. The provider took immediate action to address this during the inspection.

Staffing and recruitment:

- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained, however the provider needed to ensure that references were consistently obtained prior to new staff starting employment.
- There were sufficient staff to meet the assessed needs of people. Staff and relatives told us there were enough staff.

Systems and processes to safeguard people from the risk of abuse:

- People were safeguarded by the systems and processes in place. Senior staff understood their responsibilities for keeping people safe, including appropriately reporting and investigating concerns.
- Relatives told us they were assured people living in the service were safe. One relative told us they had been ill in hospital and had not had to worry about their relative whilst they were there.
- There were policies and procedures in place for staff to follow to keep people safe from harm.
- The staff team had received safeguarding adults training. Staff knew how to keep people safe from avoidable harm and how to raise concerns.

Using medicines safely:

- The provider followed safe protocols for the receipt, storage, administration and disposal of medicines.
- Protocols for medicines required 'as needed' were in place as part of a person-centred medication profile recently implemented by the provider. These needed to be embedded in practice.

- Medicines were appropriately stored in locked cupboards and appropriate checks were made on a regular basis to ensure no discrepancies.
- Staff responsible for administering medicines had appropriate training and their competency tested and regularly re-assessed.

Preventing and controlling infection:

- Staff followed infection prevention and control procedures to protect people from infection.
- We saw gloves and aprons were available and used appropriately by staff.
- The home was clean and tidy. A relative told us, "First impressions - no smell, beautifully clean."
- The service had a five-star food hygiene rating from the local authority. Five is the highest rating awarded by the Food Standards Agency (FSA). This shows the service demonstrated good food hygiene standards.

Learning lessons when things go wrong:

- The staff team understood their role in reporting accidents and incidents that happened at the service. The management team ensured lessons were learned and improvements were made when things went wrong.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection in May 2018 the provider was in breach of regulation. They had failed to comply with the requirements under the Mental Capacity Act 2005 (MCA) in relation to the Deprivation of Liberty Safeguards (DoLS). At this inspection we found the provider was compliant with the MCA and DoLS.
- The 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 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called DoLS. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Applications for authorisations under DoLS had been made.
- People's consent was sought, and people could choose where and how they spent their day.

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

- At the last inspection improvements were needed to the level of information and details gathered about people before they came to live at the service to enable staff to provide consistent care. At this inspection we saw that improvements had been made.
- People's care and support needs had been assessed and their needs clearly identified prior to admission. The registered manager had implemented a new pre-assessment tool which was designed to assess people's individualised needs and choices which had been embedded in practice.
- People's needs, and history were detailed in their care plans. This included support required in relation to religion, likes, dislikes and preferences.

Staff support: induction, training, skills and experience:

- The staff team had the skills and knowledge to meet people's needs. Appropriate training had been completed and ongoing refresher training was provided. This included specialised training to support people, for example autism and Non-Abusive Psychological and Physical Intervention (NAPPI) training.
- An induction process was in place for new staff. This included undertaking training the provider deemed as mandatory and shadowing experienced staff until assessed as competent.
- The registered manager had introduced a supervision and appraisal schedule which had been embedded in practice. Staff told us there was a focus on formal and non-formal support from the management team.

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

- People's nutrition was risk assessed, which ensured that action was taken to ensure that any identified as at risk of poor nutrition had food and drink prepared in the best way to support their needs. For example, pureed or mashed food and thickener in drinks.
- People were offered a choice of foods from a menu, and there were alternatives if required. We saw some people chose foods at the kitchen hatch then carried them back to the table in the dining room.
- People's likes, and dislikes were recorded in their care plans. The chef understood what people's individual needs were, for example one person had an allergy to shellfish, one person liked a cheese and pickle sandwich every lunchtime and some people required foods of different consistencies.
- The provider had recently created a 'Snack Bar' in the service which enabled people to prepare snacks and drinks with the support of staff.

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

- The provider had recently undertaken a refurbishment of some communal areas of the home. We saw the provider had plans to complete a full refurbishment of the service to include all people's rooms.
- Refurbished areas were bright and airy and had new furnishings. The outdoor communal areas were well proportioned and designed for people to access and use independently.
- We saw people's bedrooms were homely and contained personalised items such as pictures, photos and soft furnishings. For example, one person had chosen to furnish their room with the theme of their favourite football team and another their favourite musical band.

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

- The staff team worked with external agencies to provide consistent, timely care. This included having key information (Hospital Passports) readily available to support admissions to hospital and to promote consistency of care.
- People received timely support when they become unwell. One relative told us "I have every confidence in staff to tell me if there are any issues with [relative's] health, and they are very diligent about taking him to the GP if required."
- People made full use of community-based healthcare services. When needed people attended healthcare appointments with staff support. Advice and guidance from healthcare professionals was well documented and followed. A healthcare professional told us they had a good working relationship with the staff and commended them on the care plans and support given to a person with diabetes following their professional advice and guidance.

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

Good: 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:

- Relatives told us that they found the staff were kind and caring. One relative told us, "They [staff] seem very kind. Even when a resident is distressed they gently lead them into another room with kindness."
- Some of the people living at Oakfield were unable to tell us how they felt about the service, but all seemed very comfortable in the presence of staff. We observed people being affectionate with staff and laughing.
- Information was made accessible to people, for example using pictures and photographs for activity planning and menus.

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

- People had 'Circle of Support' meetings with keyworkers and relatives which they were encouraged to make decisions about things that mattered to them. For example, one person had decided to purchase a laptop and another a car. Photographic and written minutes showed how people made the decisions and documented clear positive outcomes.
- People were encouraged to participate in monthly 'Be Heard' meetings where they could express views about the service.
- Care plans contained information about people's like and dislikes and preferences as to how they wished to be cared for.
- People had access to an advocate to support their rights to have choice, and control of their care and be as independent as possible. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted people's privacy and dignity. We saw staff knocked on bedroom doors throughout the day. A staff member told us they respected people's privacy and dignity by "knocking before entering rooms, curtains shut and keeping a towel over people when assisting with dressing and always make sure people have a dressing gown on when walking from the shower to the bedroom."
- Staff understood confidentiality and told us they only shared information about people on a 'need to know' basis. Care plans were stored securely for data protection.
- People's independence was supported as people were encouraged to do things for themselves. For example, at lunchtime we saw people being encouraged to clear their crockery away from the main course before choosing dessert.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At the last inspection in May 2018 we found that improvements were needed to the level of information gathered about people to help staff support people consistently and interact with them in a meaningful way. At this inspection we saw that improvements had been made.
- People received care and support based on their individual needs. Plans of care had been developed with people and relatives.
- People's plans of care contained detailed information about their life history, cultural needs and hobbies and interests they enjoyed. Staff understood what was most important to people and interacted with people in meaningful ways.
- People were supported to continue with their hobbies and interests and take part in activities of their choice in the community. A range of activities were also available at the home, including the Good Life Project where people could do gardening and look after ponies and chickens, a sensory room, arts and crafts, exercise classes and visiting entertainers.
- People's communication needs had been assessed and identified. Individual communication passports had been developed but would need to be embedded in practice. Information had been made available for people in accessible formats such as pictorial food menus and activity plans.

Improving care quality in response to complaints or concerns:

- There was a complaints procedure in place. We saw there had been one complaint recorded and appropriate action taken. The registered manager had implemented a feedback form to enable recording of complaints and compliments. This needed to be embedded in practice.
- Relatives told us they had no concerns. They were aware of who the registered manager was and told us they were approachable and would act on any issues raised. One relative said, "I feel it is well managed because if there is a problem they would involve me, not hide anything. ... Open and honest."

End of life care and support:

- At the time of inspection, no one was receiving support at the end of their life.
- Staff had received training about end of life care, and there were plans for a senior staff member to receive more in-depth training as a specialism.
- The registered manager had implemented new paperwork to capture people's end of life wishes which included their faith, music and readings they would like at their funeral. This needed further work to include advance care planning and to be embedded into people's care plans.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the last inspection in May 2018 we found that there had been a breach in regulation. The provider had not addressed identified shortfalls in a timely manner. At this inspection we saw that improvements had been made but these had yet to be fully embedded and consistently maintained.
- Quality audits were in place but not always completed. For example, the catering audit was carried out but identified actions had not been recorded or signed to show they had been done. The care planning audit was not fully completed. Medication audits were done but recently implemented with actions completed but needed embedding in practice.
- Health and safety audits and risk assessments had been carried out, but some actions identified had not been actioned in a timely way. For example, PEEPs were not easily accessible for emergency services in case of emergency. Environmental audits had not identified exposed hot pipes in a bathroom which had the potential to burn people; a lack of blinds and a missing door on a bathroom compromised people's privacy and dignity. The registered manager took immediate action to rectify these issues during the inspection.
- The registered manager understood their legal responsibility to notify the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service. This meant we were kept informed and could check whether the appropriate action had been taken in response to these events.
- The staff structure had been re-aligned since the last inspection. Roles had been clearly defined. Staff were delegated tasks to each defined role which meant they were clear about their roles and responsibilities.
- The registered manager was aware of their responsibility to display their rating when this report was published. We saw the current rating was clearly displayed in the reception area of the service and on the website.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The management team had a strong vision for person-centred support and had implemented changes since the last inspection. This included the implementation of person-centred care plans which had been developed with people, Circle of Support and Being Heard meetings which involved people and relatives. These needed to be embedded into practice to fully assess their effectiveness.
- The staff team understood the provider's vision for the service; they knew people and their families and were passionate about the changes the new registered manager had implemented.
- The provider and registered manager were aware of and had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- 'Being heard' meetings were held with people which gave them the opportunity to raise concerns or make suggestions as to what they would like at the home or activities they would like to do.
- The nominated individual and other directors were passionate about engaging with people and relatives and regularly spent time at the home talking to people and families.
- Regular staff meetings were held to share best practice and keep the staff team updated with any changes to the service
- Staff told us they would be happy for their relatives to live at Oakfield (Easton Maudit).

Continuous learning and improving care:

- The registered manager kept up to date by accessing training provided by the local authority and NHS. They had also obtained support and guidance from resources such as Skills for Care and The Social Care Institute for Excellence.
- The registered manager and directors were keen to make improvements to the service.
- Lessons were learnt from accidents and incidents and used to improve care. For example, following an incident of aggressive behaviour a person's care plan was reviewed and specialist support workers involved to determine how further incidents could be prevented.

Working in partnership with others:

- The management team worked in partnership with commissioners, the local authority safeguarding team and other healthcare professionals.
- People were encouraged to access healthcare services and events in the local community and be part of the community. This included GP and hospital appointments, hairdressing and attending specialist day centres and social events.
- The registered manager is a member of the Northamptonshire Care Alliance which enables the sharing and development of good practice with other local providers of adult care services.
- The registered manager had developed links with local schools to raise awareness of learning disabilities and autism.