The Camden Society

Oxford Supported Living Scheme

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 28 July 2016.Oxford Supported Living Scheme provides personal care and support for individuals with learning and physical disabilities living in their own homes. At the time of our inspection there were 21 people receiving support from the service.

There was a registered manager in post at the time of our inspection. 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 told us they felt safe. Staff were trained in safeguarding and understood what action they should take if they had any concerns that people were at risk of harm. The registered manager checked staff's suitability to deliver personal care in people's own homes during the recruitment process. This included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The number of staff was sufficient to meet people's needs.

Care plans included risk assessments of people's individual health needs and wellbeing and described the actions staff needed to take to manage the identified risks. Staff knew how to meet the needs of people as they had familiarized themselves with the care plans and shadowed experienced staff when they had commenced their employment.

The registered manager had assessed risks which may occur in each person's home and advised staff on the actions they should take to minimise these risks. Medicines were administered and recorded in line with provider's policy and guidelines.

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed that people, their families and relevant health professionals were involved in making decisions about their care and support. Staff understood they could only care for and support people who consented to being cared for.

Staff received an induction and on-going training which enabled them to carry out their roles effectively. The training included safeguarding, dementia awareness, infection control and moving and handling. Opportunities were available for staff to take further training such as diplomas in health and social care and leadership training. Staff felt supported and received regular supervision which included unannounced spot checks while supporting people in their own homes.

People were supported to meet their nutritional needs by staff who understood their needs and any associated risks. Staff assisted people to obtain advice and support from other health professionals, which enabled people to maintain and improve their health. It also enabled people to have their care promptly

adjusted to their needs when these changed.

People told us staff respected their privacy, dignity and independence, and they were supported to live the lives they wanted. Staff members knew well each person they supported. Staff had a good understanding of people's interests, likes and dislikes. This meant that staff could have conversations with people about things that were important and of interest to them.

The provider was responsive to people's needs and staff listened to people's opinions and suggestions. Systems were in place to help ensure any concerns or complaints were responded to appropriately.

People were supported by staff who understood and were responsive to people's individual and changing care needs. Care plans provided clear information about the level of support a person had agreed and reviews were held on a regular basis. The person and when needed their family members were involved in the reviews.

The registered manager created a positive culture within the service and both staff and people felt the management team were friendly and approachable. There was an effective internal quality monitoring procedure in place. Checks or audits were completed in respect of medicines management, care plans, health and safety, and equality and diversity. These checks ensured people were cared for and supported in an appropriate way.

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.

Staff understood their responsibilities to protect people from the risk of harm.

Provider followed safe recruitment procedures and there were enough staff to provide the support people needed.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to deliver effective care to people.

Staff understood how to support people to make their own decisions and worked within the principles of the Mental Capacity Act.

People were supported to access a range of health care professionals to ensure that their health was maintained.

Is the service caring?

Good

The service was caring.

People's dignity, privacy and independence were respected.

Staff were knowledgeable about the support people required and their preferences about how they wanted their care to be provided.

People were treated as individuals, and were able to make choices about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

People and their relatives were confident to share any concerns and knew these would be acted on.

Is the service well-led?

Good

The service was well-led.

People who use the service and staff knew the registered manager well and were confident to raise any concerns with them.

Care staff felt supported and motivated by the registered manager, which empowered them to provide a good quality service.

Audits had been completed and had been effective in providing data about practice and maintaining quality standards.

Oxford Supported Living Scheme

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 July 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services and we needed to contact people, members of staff and managers in person. The inspection was carried out by two inspectors.

Prior to the inspection, we reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with the registered manager, the care co-ordinator of the service and four members of staff. We visited three houses where people were supported and spoke with four people who told us about the care received from the service. Following the inspection, we contacted four relatives and asked for their views about the service.

We looked at a sample of records including care plans and medication records for six people and other associated documentation, as well as recruitment and induction records for five staff members. We also looked at training and supervision records, minutes from meetings, complaints and compliments records, policies and procedures, and quality assurance systems.

Good

Is the service safe?

Our findings

People told us they had confidence in the service and felt safe with staff supporting them in their homes. People's comments included, "I feel safe, I know all the staff", "I feel settled, it is my home" and "I feel safe with the staff supporting me at home". A relative commented that the member of their family was well looked after and said, "He is very safe". Another relative told us about a person's experience with the service, "He is safe and happy. He says that all staff are very friendly and know his needs" and "I believe that [name] is very happy with the support received".

Systems were in place to help protect people from the risk of harm or abuse. The registered manager was aware of the correct reporting procedure for any safeguarding concerns. A safeguarding policy was available for staff to access it if needed and staff had received regular safeguarding training. Staff demonstrated a good knowledge of how to recognise and report safeguarding concerns. They also informed us they could contact the registered manager or provider at any time to raise their concerns. A member of staff told us, "I would report things like abuse immediately to my manager. If they did not act on it I would report it further. For example, to the local safeguarding team or to the Care Quality Commission (CQC)".

Records showed the registered manager had completed risk assessments that were relevant to people's individual needs and abilities. The assessments dealt with risks related to people's mobility, nutrition, communication or risks resulting from specific health needs, such as epilepsy seizure or eating disorder. People's risks were identified and their care plans included guidance for staff to minimise these risks. Staff told us they read the care plans and daily records, shared information with other staff members and worked with the same people regularly. As a result, staff had the knowledge of how to support each person safely, suiting their preferences.

People were aware of how to react in case of an emergency and staff confirmed that people were involved in emergency checks. A member of staff told us, "We conduct weekly fire and house safety checks to teach our clients how to react in case of an emergency. We teach our clients how to call for emergency and how to be safe on the streets if they go to work independently".

People using the service said they had always been supported by staff according to the rota. A person told us, "I know what staff is coming here. We have a rota placed in the folder". Another person stated, "I always receive a rota so I know who is supporting me". The registered manager told us there were enough staff to meet people's needs. People and records confirmed that the staffing level was sufficient.

People were protected from the risk of being provided with care by unsuitable staff. Staff had been recruited through an interview and selection process. The provider followed safe recruitment processes and ensured al documentation such as proof of identity, written references and confirmation of previous training and qualifications were obtained before staff commenced work. All new staff had been checked against the disclosure and barring service (DBS) records. This check ensured any issues were identified about the staff member. For example, if there were any previous criminal convictions, or if they were barred from working with vulnerable people.

People's accidents and incidents were recorded and monitored so that reoccurring themes and triggers could be identified. This helped staff to take proper action to prevent further incidents. For example, one person had fallen off a chair and staff had found out that the chair was defective. In order to prevent similar incidents, the person had been supported by staff to order new chairs and a table.

Care plans included medicines risk assessments which determined whether people were able to administer their own medicines safely or whether they needed staff to support them. People said they were happy with the support they received to take their medicines. One relative said, "I have no concerns about staff administering [name] medicines". One person told us, "They are very good with my medications". Staff were able to describe how they supported people with their medicines. One staff member stated, "We were provided with the medicines management training and I feel confident to assist people with taking their medicines. I always sign the MAR (Medicine Administration Record) when I assist a person with the medicines". Staff told us and the records confirmed staff had been appropriately trained and had their competencies checked to support people with their medicines safely.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions. The plans gave clear instructions of what to do in case of emergency to ensure the service was delivered as planned.

Good

Is the service effective?

Our findings

People and relatives found staff to be knowledgeable and understanding. A person praised staff by saying, "I like them. They know what they are doing and they helped me to go and work at the referendum". One of the relatives remarked, "The staff are very knowledgeable and skilled".

Staff told us they received the training that enabled them to meet people's needs, choices and preferences. A record was kept of the training each member of staff had completed including information about when an update was due. One member of staff said, "We are provided with good training opportunities" and "All trainings are updated on a regular basis". Training included, for example, safeguarding adults, equality and diversity, and infection control. A member of staff told us, "We are always asked about training and if there is any you haven't done but you would like to do. They provide us with good training opportunities". Another member of staff told us, "There is always an opportunity to ask for additional training if you don't feel confident".

New staff followed a clear induction process. When a new employee was appointed, they were required to complete the Care Certificate standards. The Care Certificate is a nationally recognised qualification which helps new care workers to develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

Staff were supported through regular supervision meetings with their line manager. This gave staff and the line manager the opportunity to discuss any issues that may have arisen, as well as areas where the member of staff excelled. Where necessary, any additional training or support which was required had been organised. For example, it had been identified that one member of staff member required additional support and observation checks in the management of medicines. The manager told us and the records showed this had been organised for the member of staff. Appraisals took place annually. Both appraisals and supervisions were perceived as useful processes by the management and staff.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

During our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. The members of staff were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. For example, people were shown a choice of clothes to wear or food to eat to pick from. Staff were aware that any decisions made for people who lacked the capacity had to be in their best interests. Staff explained to us how they supported people to make decisions and told us that they always

respected people's choices. For example, one person had chosen to keep smoking even though their GP had advised them to quit it. People told us that staff always asked for their consent before they provided any care or treatment. One person told us, "They ask for permission before they do anything. They always ask me if I want a bath when it's bath time".

People were supported to eat and drink sufficient amounts of food and liquids to minimise risks associated with poor nutrition or hydration. People's care plans specified their likes, dislikes, preferences and any allergies. Staff were knowledgeable about people's specific diet requirements. For example, they told us that one person was allergic to fish and fish products and this was reflected in the person's care plan. People who needed support with meals told us, "They always prepare what I want to eat" and "I can chose what I want to eat. Sometimes I have toast, sometimes I have soup and sometimes I have a sandwich. I eat chicken or lamb on Sundays". People told us staff ensured they had a drink of their choice within their reach before staff left.

People were involved in regular monitoring of their health and were involved in making their own health action plans. All necessary arrangements were made for people to attend medical appointments as and when needed. Staff identified any concerns about people's health and then contacted their GP, the community nurse, speech and language therapists (SALT) or other health professionals. Records showed that staff worked closely with health professionals such as SALT and implemented their guidance in people's care plans and practice.

Good

Is the service caring?

Our findings

People said the staff were kind and caring. They confirmed staff knew them well and stated they felt comfortable in the presence of staff members. One person said, "I like it here. They are all nice to me". Another person told us, "I like them. They treat you with dignity". A person's relative complimented staff, "We are very impressed by them".

People were treated with respect and their dignity was preserved at all times. Staff displayed patience and a caring attitude throughout our visit. Staff were knowledgeable about the needs of people and had developed strong relationships with them.

Staff were polite to people and spoke to them in a kind manner. They also made sure that people were well supported with their care needs. Staff adjusted their approach to people's different personalities and preferences, joking with some individuals, and listening to others rather than leading a conversation. People were relaxed in the company of staff, and often smiled when they talked to them. Support was individualised to each person. Staff knew each person well enough to respond appropriately to their needs in a way they preferred. We saw support was consistent with people's plans of care.

While providing support, staff promoted peoples' independence in various aspects of their lives. One member of staff told us, "We help people to maintain their independence. Our clients are involved in planning their care, activities and holidays". The service actively encouraged and supported people to be independent. For example, some people were supported to move from shared house and lead more independent life. This meant staff supported people to be independent and people were encouraged to care for themselves where possible.

People and their relatives told us they were involved in planning and making alterations to their care needs. They told us they were encouraged to participate in care reviews. One of the relatives said, "We see the manager on a regular basis and we talk about how to plan and improve [name] care". Care and support plans were written in a person-centred way meaning that people's wishes and individuality were taken into consideration. The plans included a personal profile which explained a person's history, medical conditions, their abilities and preferences.

Staff were able to tell us about people's likes and dislikes and they demonstrated a good understanding of people's routines and preferences. For example, they informed us that some people preferred coffee to tea, while others chose traditional English dishes over spicy foods. We saw that staff were responsive to people's needs and anticipated situations that may cause people anxiety. As staff knew people well, this meant they responded appropriately and were able to prevent incidents from occurring.

Staff received training in equality and diversity and treated people with respect maintaining their dignity. A member of staff told us, "I promote dignity, for example, by ensuring I knock on the door before entering their rooms or their personal space, asking for permission before accessing their possessions or documents or reminding them to lock the door if they are in the bathroom". People confirmed staff respected their

privacy and dignity at all times. Staff told us that the values and principles of privacy and dignity were covered and emphasized in their training. One member of staff told us that when they had started to work for Oxford Supported Living Scheme, the registered manager had introduced them to people they were going to support. The introduction included familiarisation with people's care plans to ensure the staff knew how to care for people in the way they wished to be supported.

We saw that records containing people's personal information were kept in the main office which was locked when no authorised person was present in the room. The registered manager ensured that confidential paperwork was regularly collected from people's homes and stored securely at the registered office. Staff understood their responsibility to maintain people's confidentiality.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive and flexible to their needs. One person said, "I would like to change the flat. The office staff are helping me to sort things out for me". Another person stated, "They know the support I need and how I like to be helped".

Assessments of people's needs had been carried out before people began using the service. It ensured that the provider would be able to deliver care that met people's needs. People's preferences were recorded, which included people's preferred names and their life stories. This aided staff to communicate with and understand each person as an individual. The needs and preferences of people were taken into account when writing people's care plans and these outlined the care which was to be provided at each visit.

People confirmed they received regular contact from the agency regarding their care plans and were consulted about changes. They told us they were contacted on a weekly basis and asked about their needs and well-being. This was reflected in people's care records where changes to the original care plans had been recorded.

The plans were person-centred and contained specific information about each person's ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. One person told us, "I had a meeting one day and I decided to stop going to the day centre". Changes in care and treatment were discussed with people before they were put in place. People had their individual needs regularly assessed, recorded and reviewed. People and their relatives, where appropriate, were involved in any reviews of their care.

Staff had information to ensure people were supported in a person-centred way as care plans contained relevant information about their backgrounds, family lives, previous occupations, preferences, hobbies and interests. The plans also included details of people's religious and cultural needs. The provider and the registered manager matched staff to people after considering staff's skills, experience and personalities.

Communication charts were in place detailing people's preferred way of communication. They explained in details how to read people's behaviour or what actually people meant by saying certain words or sentences to ensure good communication was maintained between people and staff. For example, one person repeated the name of an old friend when they did not want to go out.

Information which was important to people was produced in differing formats which enabled people to understand the information presented. These methods included pictures of reference, photographs and symbols. For example, people's essential lifestyle plans were presented in the form of pictures so that people could easily understand them. People were encouraged to add more information to their care plans and express their opinion about the care they received. This meant that people's views were valued by staff, and there was a clear understanding between staff and people of their needs.

People enjoyed a variety of activities which were meaningful to them and were supported in pursuing their

interests and hobbies. These included going to football matches to watch their favourite team, going to air shows and going out to restaurants. As people said and records confirmed, staff did their best to ensure each person took part in the activities they liked and were interested in.

Staff recognised people's goals and ambitions and helped people to achieve these. The level of support people needed was adjusted to suit individual needs of people. For example, people were able to be flexible with the support hours they received. They were able to 'bank' their support hours and use them at a time to suit themselves. As a result, with the care hours in surplus, staff had been able to provide people with extra support on their holiday.

People knew who to contact to raise any concerns or to discuss issues. People told us their views on the service were sought regularly and they felt able to contact the office at any time about anything that was important to them. People were confident their concerns would be dealt with immediately and appropriately and were familiar with provider's complaints procedure. A person said, "I would tell [staff] about it if I didn't like it". Another person told us, "I would ring the managers and just told them what my complaint was".

People's concerns and complaints were monitored and appropriately investigated. Clear records of people's concerns were maintained and they showed the service had responded to concerns in line with procedures. Six complaints had been recorded since the service was registered. We also saw letters of appreciation. Relatives wrote in their comments that they were grateful and thankful as people were in good hands and were well looked after. For example, one of the relatives expressed their appreciation for staff's efforts to create a homely atmosphere in the place where their family member lived. The relative thanked staff members for their hard work and attention staff paid to such details as arranging fresh cut flowers in the lounge or buying people's favoured aftershaves for them.

Good

Is the service well-led?

Our findings

People and their relatives were positive about the management of the service. One person said, "They are brilliant. They are running a tight ship". One relative told us they felt the service was "being managed really well" and they were very pleased with the service provided to the member of their family.

Staff told us they felt confident about reporting any concerns or poor practice to the provider or senior staff if they needed to do it. The service had implemented a 'no-blame' culture and staff were clear about the action they should take, including who to contact to raise their concerns. Staff were aware of the provider's whistle-blowing policy, that is reporting in the public interest concerns about a wrongdoing within an organisation. The whistle-blowing policy included raising concerns to external agencies if required. Staff felt confident that any of their concerns would be listened to and issues would be dealt with appropriately.

The provider sought people's feedback on various aspects of the quality and delivery of the service and took their views into account. For example, the provider contacted people regularly during weekly talks and people confirmed that. They said they were able to provide feedback and raise any issue the wanted to be resolved by the management team. For example, people who were dissatisfied with their carers requested different members of staff to support them and this was accommodated by the provider.

Staff described the registered manager as very approachable and supportive. People talked about the registered manager and staff as being very 'open' and 'easy to talk to'.

Staff said that they felt well-supported and could contact the manager for support and advice when needed. Staff took part in team meetings where they discussed practice-related issues and shared information, such as when new people were about to start using the service. Staff said the communication within the team and with the management was good and effective, and they were listened to. An open and transparent culture was evident throughout the service. The ethos of providing good care was reflected in the record keeping. Clear and accurate records were maintained which included comprehensive details about each person's care and their individual needs.

There were regular staff meetings which provided staff with opportunities to share their opinions and raise subjects for discussion. This enabled all staff members to contribute to the constant improvement of the service, as ideas for staff development, new guidance and legislation were shared. The registered manager asked for feedback from staff. Staff confirmed there was good communication among staff members and they were motivated to make efforts to enhance the functioning of the service.

The management team included the provider, the registered manager and care co-ordinators. The provider was familiar with their responsibilities and conditions of registration. The registered manager kept the Care Quality Commission (CQC) informed of the functioning of the service. They had established goals for staff supervisions, risk assessments and care reviews, and this work was ongoing. The registered manager showed commitment to ensuring people were provided with the best possible care.

There were systems in place to review the quality of all aspects of the service. Audits were carried out to monitor various areas: person-centred support plans and risk assessments were reviewed, and accident and incidents were investigated and recorded. Where auditing systems identified any shortfalls or areas for development, appropriate action was taken to deal with these. For example, support plans and hospital passports were updated where necessary. These checks were carried out to make sure that people were safe.

When some concerns about the performance of care workers had arisen, they had been appropriately addressed in line with the provider's policies, including supervisions and formal or informal disciplinary procedures.