

Bedford Citizens Housing Association Limited

Oak Way House

Inspection report

Oak Way House
1a Kimbolton Road
Bedford
Bedfordshire
MK40 2PU

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Tel: 01234321400
Website: www.bchal.org

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

Oak Way House provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection therefore looked at people's personal care and support service.

Not everyone using Oak Way House receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 14 people using the service were receiving a regulated care service.

The scheme consists of 42 flats. Each flat has one or two bedrooms, a lounge, kitchen, wet room and storage space. Most flats had large balconies, many of which overlook the communal landscaped garden. Extensive communal space had also been provided on each floor, including communal dining / lounge areas and a reception area. Assisted bathing facilities were also available on site.

This was the first inspection of Oak Way House since it registered with CQC in March 2017. This means the service has not previously been rated. During this inspection, which took place on 11 June 2018, we rated the service as Good.

A registered manager was in post. 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 protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely and that they were protected by the prevention and control of infection.

There were enough staff to meet people's needs. Staff had been trained and had the right skills and knowledge to carry out their roles.

Where the service was responsible, arrangements were in place to make sure people received their medicines when they needed them.

There was evidence that the service responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current

legislation and standards.

Where the service was responsible, arrangements were in place to ensure people had enough to eat and drink. A lunch club was provided at least three times a week to encourage people to interact socially with one another, and to support a healthy, balanced diet.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The service acted in line with legislation and guidance regarding seeking people's consent.

People received personalised care from staff who were helpful, kind and compassionate. They were supported to express their views and be actively involved in making decisions about their care and support.

Staff supported people in the least restrictive way possible; the policies and systems in the service support this practice.

People's privacy, dignity, and independence was respected and promoted.

Arrangements were in place for people to raise any concerns or complaints they might have about the service. These were responded to in a positive way, in order to improve the quality of service provided.

Systems were in place for people to be involved in making decisions about their end of life care needs, so if the need arose staff would be prepared and able to carry out those wishes.

There was strong leadership at the service which resulted in people receiving high quality and person-centred care. The registered manager ensured that staff understood their legal responsibilities and accountability. This approach had created a positive culture that was open, inclusive and empowering for the people using the service.

Systems were in place to monitor the quality of the service provided and to drive continuous improvement. The registered manager and provider worked in partnership with key organisations and agencies for the benefit of people using the service.

Further information is in the detailed findings below.

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.

People were protected from abuse, and risks were assessed and managed appropriately.

There were enough staff to keep people safe and meet their needs.

Systems were in place to ensure people received their medicines in the way that suited them, and as prescribed.

People were protected by the prevention and control of infection.

When things went wrong, lessons were learnt in order to improve the service.

Is the service effective?

Good ●

The service was effective.

People's care and support was delivered in line with current standards and evidence based guidance.

Staff had the right skills, knowledge and experience to carry out their roles.

People were supported to eat and drink enough.

Staff supported people to access a variety of healthcare services to promote their day to day health and wellbeing.

People's consent was sought in line with legislation and guidance.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and compassion.

Staff supported people to express their views and be involved in making decisions about their care and support as much as possible.

People's privacy and dignity was respected and promoted.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

There were opportunities for people to take part in activities and make new friends.

Systems were in place to ensure people's concerns and complaints were listened and responded to.

If needed, arrangements could be made to ensure people at the end of their life were supported to have a comfortable, dignified and pain free death.

Is the service well-led?

Good ●

The service was well led.

The service was person centred, open and inclusive.

A registered manager was in post who understood their legal responsibilities.

Arrangements were in place to engage with people and involve them in developing the service.

Systems were in place to monitor the quality of service provision, in order to drive continuous improvement.

The service worked in partnership with other agencies for the benefit of the people using it.

Oak Way 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 was planned to check whether the provider was 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 comprehensive inspection was unannounced and was carried out on 11 June 2018 by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information, we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked for feedback from the local authority who have a quality monitoring and commissioning role with the service. No concerns were raised.

During the inspection we used different methods to help us understand the experiences of people using the service. We spoke with five people using the service, one relative, the provider, the registered manager, the scheme manager and two members of care staff. In addition, we observed a number of people taking part in the planned activity for the day, which was a lunch club.

We then looked at various records, including care records for three people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Is the service safe?

Our findings

Without exception everyone we spoke with told us they felt safe and protected from harm. One person said, "Staff always said to us just call if there is anything so that made us feel safe. I lock up every evening but I feel secure here in the building." Another person added, "I think we are safe because help is here if needed." People told us that the scheme manager popped in to visit them on a daily basis and all thought her to be very approachable and effective in her role. One person said, "I would definitely tell [name of scheme manager] if there was anyone too rough with me."

Staff told us they had been trained to recognise signs of potential abuse, and understood their responsibilities in regard to keeping people safe. They were very clear that they would report any concerns to a senior member of staff. Records we looked at confirmed that staff had received training in safeguarding and that the service followed locally agreed safeguarding protocols.

Staff described the processes used to manage risks to individuals such as not eating or drinking enough, falls, pressure damage to the skin and behaviours that might challenge. They told us that identified risks were recorded in people's care plans with guidance on how to manage these. Records we looked at supported this and showed that the management team carried out checks on staff to ensure their knowledge and competency in these areas. Guidance had also been developed to support staff in knowing how to use equipment to promote people's health and wellbeing such as assisted bathing equipment and catheter care.

Systems were in place to ensure the premises and equipment was managed to promote the safety of people, staff and visitors. We saw that routine checks of the building were carried out along with servicing of equipment and utilities. One person told us, "The fire alarm is checked every Monday. All the doors shut. We just have to sit tight if there is a fire." Staff confirmed the building had been fitted with a sprinkler system.

People told us they were safe and had their needs met because there were sufficient numbers of staff. They also told us that care staff completed all of the tasks that they needed them to do at each visit. One person said, "I know that I can use my personal alarm. You can generally rely on their punctuality and attendance."

The registered manager explained that staff used a clocking in and out system. This meant the management team could track when planned care calls were carried out and ensure that people's needs were being met as planned. In addition, daily allocation sheets had been introduced to ensure staff were clear about who they needed to provide care to and at what time.

The management team outlined the processes in place to ensure that safe recruitment practices were being followed to confirm new staff were suitable to work with people using the service. We were told that new staff did not take up employment until appropriate checks were in place such as: proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. We looked at a sample of staff files and found that most of the required checks were in place. However, in one file, we found an

unexplained gap in the staff member's employment history. After the inspection the provider confirmed that this had been addressed. They added that in future any gaps in employment would be reviewed with new staff at interview stage and a record maintained.

Systems were in place to ensure the proper and safe use of medicines. Staff confirmed that most people managed their own medicines or had help from staff to remember when to take them. One person told us, "Staff always come back at 9.00 pm and check I have taken my tablets. If I haven't just taken them myself they get them for me and wait while I take them."

Staff confirmed they had received training to be able to administer medicines for anyone who might need this help. They told us that they could also support people on short term medicines such as antibiotics. Where this happened, staff completed a Medicine Administration Record (MAR), to demonstrate that the medicine had been given as prescribed. Records we looked at supported this, and care records outlined how each person preferred to take their medicines.

People told us they were protected by the prevention and control of infection. They recalled staff maintaining good hygiene through the use of Personal Protective Equipment (PPE), washing hands and tidying up after meal preparation. One person said, "I can certainly say all care staff were particular in ensuring aprons and gloves were worn at all times. They were always most particular in following all the hygiene procedures. I certainly had no concerns from that side of things."

We saw information on display for staff to promote good infection control measures, such as effective hand washing techniques. We also observed the communal areas of the service to be clean and tidy with no offensive odours detected. Records showed that domestic staff worked to cleaning schedules, which they signed off as tasks were completed. Training records showed that staff responsible for preparing and handling food had also completed food hygiene training.

Lessons were learnt and improvements made when things went wrong. We spoke with the management team about incidents that had brought about changes at the service. They explained that the clocking in system for care calls had been introduced following a missed care call. In addition, changes had been made to enable the management team to monitor care call timings, to ensure people received their care and support as planned. This was in response to feedback from someone using the service.

Accidents and incidents were also monitored to identify possible themes, in order to take action to minimise these in future.

Is the service effective?

Our findings

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance, in order to meet their individual assessed needs. One person told us, "Living here with the care coming in helps me have a good quality of life." The management team explained that they attended training seminars and worked closely with other providers to share best practice and keep up to date with changes in legislation.

People told us that staff had the right skills and knowledge to deliver effective care and support. One person told us, "They must be trained because they know what they are doing." Staff confirmed they received the right training to carry out their roles and responsibilities, which included induction training and regular refresher training for subjects, such as safeguarding. We observed two new staff who were shadowing more experienced staff during the inspection, as part of their induction training.

Training records were being maintained to enable the management team to review completed staff training and to see when updates or refresher training was due. These confirmed that staff had received recent training that was relevant to their roles in areas including safeguarding, infection control, moving and handling, food hygiene, dementia awareness, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff told us, and records supported, that staff meetings were held to enable the management team to meet with them as a group, and to discuss good practice and potential areas for staff development. Recent records from these meetings showed that subjects such as daily allocations, signing in and out, care plans and lunch club had been discussed with staff. Other records confirmed that staff received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

Everyone using the service had their own kitchen facilities and many people chose to prepare their own meals. One person said, "My daughter does my shopping and keeps me well stocked up so I can have a snack any time. I can have a ready meal if I want it." Staff confirmed that where needed, they assisted people with meal preparation, to ensure they ate and drank enough to maintain a balanced diet.

The provider told us that an obligatory lunch club was held three times a week for all tenants, in the communal dining areas of the service. We observed this taking place. A variety of hot and cold food was on offer, prepared and delivered by the catering team from the sister service for Oak Way House, which was situated on the same site. The provider explained that the lunch club provided important social opportunities for people - many who were living alone, as well as ensuring that people had access to at least three balanced meals a week. Further meals could be provided to people on request across the remainder of the week.

People told us that they had not always been completely happy with the lunch club and food provided but we saw that the provider had recently made changes, in consultation with people using the service. One person told us: "The lunches are pretty good now. There has been an improvement. The fruit salad is fresh

with in season fruits - varied and tasty." Another person added, "The catering staff are marvellous." Other people told us that by the time meals reached them, they were not as hot as they would like. We saw evidence that the provider had recently purchased some hot trolleys, which would enhance people's enjoyment of the meals provided in the future.

Information had been developed to support staff in knowing who needed some additional help such as cutting up food or providing a smaller portion. One person said, "Sometimes I need it (the food) soft to manage it, but staff will mash it if I ask."

Staff confirmed that in general people, or their relatives, managed their health care appointments. However, staff explained that where appropriate, they worked with external teams and services such as GPs, district nurses and occupational therapists to deliver effective care and support to people. One person who had recently undergone surgery confirmed this by telling us, "It was all sorted again for last week for when I came out of hospital. They (the staff) have been great this morning, having to put plastic bags on my leg to keep my knee dry – so I could have a good shower." A new form was in the process of being introduced to record advice and guidance from healthcare professionals, to make the handover of vital communication easy to access and more streamlined.

The registered manager told us that staff from the service would make referrals to relevant healthcare professionals if required and that the scheme manager would check regularly to ensure that this was followed up in a timely way. Staff were also on hand to support people in an emergency. They told us they would report any health concerns to a senior member of staff who could contact relatives if needed. One person told us, "Yes, staff were very helpful when my husband had a fall recently."

Consent to care and treatment was sought in line with legislation and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The management team understood their responsibilities regarding the requirements of the MCA and told us that if someone using the service lacked capacity, then a best interest decision would be made to seek appropriate care for that person. They confirmed that no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.

People we spoke with confirmed they were asked for their consent before support and care was provided. Records we looked at supported this and showed that people had signed to consent to their care and support. Where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) arrangements were in place, there was also evidence that these had been discussed with people and their involvement recorded.

Is the service caring?

Our findings

Everyone told us they were treated with kindness, respect and compassion. Staff were recalled as doing little extras or as being thoughtful about things that made a big difference to the experience of people using the service. One person told us, "They all talk nicely to me. If there is any time left they sit and have a natter with me. I'm not rushed." Another person added, "She (a staff member) even came to hospital to see me last week."

We observed staff speaking with people in a friendly way and it was evident that good relationships had been fostered. One person using the service told us, "We have a laugh." Another person echoed this by adding, "They (the staff) are all good. I think they are all very caring, no complaints there."

It was clear from speaking with staff that they understood people's care needs and they demonstrated a consistent approach in how to meet these. We noted that the information they shared with us corresponded with the information we read in people's care records.

The service supported people with accessible ways to communicate, where needed, because of illness or impairment. For example, we saw that some information had already been developed in pictorial and large print format. The registered manager confirmed that other information, such as care plans, could be provided in the same way on request.

People were helped to express their views and to be actively involved in making decisions about their care and daily routines. It was clear from care records that individual requests and requirements were recorded and staff were aware of these too when we spoke with them. Where required, people received additional independent support and advice from their families or friends, if they needed to make more significant decisions about their care and support.

Staff talked to us about how they helped people to retain their independence. They understood the importance of balancing people's need for support with their right to have as much control as possible. One staff member said, "There needs to be a balance between being helpful and enabling someone."

People confirmed their privacy, dignity and independence was always respected and promoted. One person said, "Staff always knock and wait to come in." Another person added, "The carers are always respectful and caring." We observed this to be the case on the day when the scheme manager took the time to introduce us to people and make sure they were happy for us to speak with them.

Staff provided examples of how they made sure people's privacy was protected. For example, they told us that when they helped people to use the assisted bathing facilities - which were separate from people's own accommodation, they supported people to get changed in the bathroom and not beforehand. We also noted that blinds had been fitted inside people's own accommodation to prevent staff and visitors using the communal corridors from looking in.

People told us they were supported to maintain important relationships with those close to them. One person said, "I can have visitors any time. My family with the grandchildren and great grandchildren come." We noted that in addition to people's own accommodation, a number of well-maintained and comfortable communal areas were available for people to receive visitors in. Another person commented on the fact that they liked to sit outside and enjoy the shared garden with their family.

Throughout the inspection staff shared information about people with sensitivity and discretion, ensuring that their right to confidentiality was upheld. The registered manager told us that information systems had been adapted to comply with new legal requirements under the GDPR (General Data Protection Regulation), to protect the personal data and privacy of people using the service.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. They confirmed they were able to contribute in terms of planning their care and support. One person talked about their experience of moving into the service when their spouse's needs had changed, and they needed more help. They told us, "The care was always provided. It was trial and error to start with but they (the staff) were very receptive to suggestions. It all worked well." Another person added, "There was a discussion (about the care options available), where we could express our needs and decide."

People confirmed an assessment took place prior to moving in, to ensure they met the criteria for holding a tenancy and where necessary, their care needs could be met. One person said, "My daughter helped get all the paperwork sorted with the site (scheme) manager. She's very good. The ladies are lovely, can't complain, they look after me."

For people requiring assistance with care and support, information from the assessment process had been used to develop care plans that reflected each person's physical, mental, emotional and social needs. Care plans we looked at were personalised and set out how each person should receive their care and support, in order to meet their individual assessed needs and personal preferences. Additional records were being maintained to demonstrate the care provided to people on a daily basis.

People's needs were routinely reviewed with them. This was to ensure the care and support being provided was still appropriate and that their needs had not changed. One person confirmed they were aware of how to make changes if needed. They said, "Sometimes (my care call) could be a bit longer at night. I have 15 minutes, but we can alter it if that becomes the case." We saw in another person's records that this had recently happened, with a change being made to their care package at their request. A call bell system had also been provided enabling people to call for assistance outside of planned care times.

At the time of this inspection, the service was only responsible for supporting one person with social activities, as part of their agreed care package. Everyone else was independent in terms of how they spent their leisure time. One person told us, "I have adopted the garden. I do enjoy keeping it all looking nice." We saw that they had numerous plants in pots and hanging baskets that were thriving. Another person explained how they kept busy. They said, "I found a pile of free newspapers in the entrance ages ago, so now I usually pick enough up for the ground floor and deliver them."

Despite not being responsible for providing activities for most people, the provider offered a wide range of activities for everyone to join in with if they wished. This included a dance project - in collaboration with the University of Bedfordshire, coffee mornings, a 'knit and natter' group, French lessons and a regular lunch club.

People we spoke with told us they enjoyed attending the coffee mornings and one person added, "I go to the lunches which are quite sociable." In addition, people were able to access the programme of activities and facilities at the sister service for Oak Way House, which included Club House membership. This

membership provided access to the onsite gym, library / IT suite and a fully equipped hairdressing / beauty salon.

People confirmed they knew how to raise concerns or make a complaint. One person talked to us about a concern they had raised and explained how this had been resolved to their satisfaction. They said, "It is always female staff now, because they sent a male once and I said no thank you. I wasn't happy with that and told [Name of scheme manager] and I haven't had a male staff since."

Information had been developed to explain to people how to raise concerns or make a complaint, if they needed to do so. The provider showed us that they maintained a record of any complaints and concerns received. We noted from this that feedback was taken seriously and appropriate actions had been taken in response, including making changes to service provision where necessary. This showed that people were listened to and their feedback was used to improve the quality of care.

Records showed that people had taken the time to compliment the service too. For example, one person had written to thank staff for the care provided to their relative. They described the staff as 'fantastic' and were appreciative of the reassurances they had been able to provide to their relative when they needed it.

The registered manager told us that end of life care was not habitually carried out at the service but that arrangements could be made to support people at the end of their life to have a comfortable, dignified and pain free death, if needed. We spoke with a relative of someone who had been supported in this way. They were very complimentary and told us, "Throughout, they (the staff) were wonderful. So caring, friendly and cheerful." They went on to explain that the staff team continued to provide them with support. They added, "The staff here have helped enormously. Even now they knock on the door and ask how I am."

Is the service well-led?

Our findings

The provider had a clear vision to promote a positive culture that was person centred, open and inclusive. The registered manager explained that they sought people's feedback in various ways such as satisfaction surveys, consultations and meetings. One person confirmed this by telling us, "We do get a questionnaire every six months usually." Records supported this and showed that areas such as the lunch club, meals, rent costs, forthcoming events, activities and safety issues had recently been discussed.

Care satisfaction surveys completed in January 2018 asked people for their feedback about the quality of care, the staff and the punctuality of the service. Fourteen people had responded with positive feedback. Written comments included: 'Excellent caring and polite staff. Very helpful' and 'Very happy with everything'. A relative echoed this feedback by adding, "I have found everything OK so far. Nothing to worry about."

The provider had a clear set of values that promoted involvement, compassion, equality, well-being and safety. People's feedback confirmed that these values were displayed by staff in the way they provided care and support. A number of people confirmed that they would be happy to recommend the service to others. One person said, "I think it's well led. [Name of scheme manager] is always on the ball. I would recommend it. Any problem you can use the button and they are here in seconds."

Information had been developed for existing and prospective users of the service, setting out what they could expect from the service and the cost of any extra services. Notice boards were on display around the building with useful information about events, activities and the menu. People confirmed they used the notice boards. One person added, "But if there is anything I need or want to ask, I just see [name of scheme manager]. You can ask her about anything." This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people.

Staff confirmed that information was shared with them through face to face discussions at meetings or through a communication book which they checked before they started work each day. They told us this was used to pass on important messages, such as the outcome of a GP visit for someone.

People knew who the registered manager was, as well as other key staff who worked at the service. They gave a favourable impression of the manner and professionalism of the management team. One person said, "I would recommend it here. It is a good quality home. I do know the (registered) manager. He did say give him a call any time if there was a problem." Staff we spoke with echoed the positive comments made by people. They were motivated and clear about their roles and responsibilities. They told us they felt happy about the way the service was managed and the support they received.

We found the management team to be open and knowledgeable. They responded positively to our feedback and were clear about their responsibilities in terms of quality performance, risks and regulatory requirements.

We also found that clear systems were in place to ensure legally notifiable incidents were reported to us, the

Care Quality Commission (CQC) in a timely way, and records showed that this was happening as required.

Arrangements were in place so the registered manager and staff team could continuously learn, improve, innovate and ensure sustainability. The management team talked to us about the quality monitoring systems in place to check the service was providing safe, good quality care. We saw minutes of regular meetings being held between senior staff from the various departments responsible for running the service, such as care, catering, IT and maintenance. Minutes showed that the senior team were continually monitoring service provision to promote people's health and well-being and to ensure the smooth running of the service. We noted that the minutes contained action points taken from people's feedback, which had been acted on.

The registered manager showed us a new auditing tool that was in development. This covered the five key questions that we (CQC) assesses when carrying out an inspection: Is the service safe, effective, caring, response and well led? Several areas had already been highlighted for further improvement, which demonstrated that systems were in place to monitor the quality of service provision in order to drive continuous improvement.

The registered manager told us, and records confirmed, that the service worked in partnership with other key agencies and organisations such as the local authority, safeguarding team and external health care professionals; to support care provision, service development and joined-up care in an open and positive way.

Where required, staff also shared information with relevant people and agencies for the benefit of the people using the service.