Community Homes of Intensive Care and Education Limited

Ocknell Park

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Ocknell Park offers accommodation and personal care for up to twelve people living with a learning disability, autism or mental health needs.

The inspection was unannounced and was carried out on 15 and 21 September 2017 by one inspector.

There was a registered manager in place. However, they were temporarily managing another home managed by the provider. The deputy manager was providing day to day management with ad hoc support of the registered manager and assistant regional director. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People's rights were not always protected because staff had not always followed the Mental Capacity Act 2005 guidance to determine people's capacity and ensure decisions were made in their best interests. Deprivation of liberty safeguards had been submitted for authorisation when required. Other notifications were submitted to the commission when required.

People and staff told us they felt the home was safe. Staff had received safeguarding training and explained the action they would take to report any concerns. Safe recruitment procedures were in place which ensured only suitable staff were employed. Sufficient staff were deployed to meet people's needs, including one to one and two to one support in the community.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks. Regular safety checks were carried out on the environment and equipment to keep people safe. Plans were in place to manage emergencies and personal evacuation plans were in place for people.

People had detailed support plans which provided guidance for staff in how to support them. Some of the information in the care plans needed to be updated, but staff were well informed about people's needs.

Staff understood the importance of empowering people to make choices and take control of their lives and build confidence, self-esteem and achieve positive outcomes. People were encouraged to take part in a wide range of activities, both at home and in the community, which increased their skills and independence.

Staff communicated with people in a way that met their needs, such as pictures and symbols which helped them to reach informed decisions. Staff were kind and caring, treated people with dignity and respect and ensured their privacy was maintained.

People were provided with sufficient food and drink to meet their specific dietary needs and were supported to prepare their own meals if they wished to do so. People had access to health professionals when required and were supported to maintain their health and well-being.

There was a positive, supportive and open culture within the home. Staff felt supported by the management team and were listened to and involved in the development of the service.

Complaints procedures were available and any concerns were appropriately addressed.

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 harm and improper treatment by staff who understood how to safeguard them.

Robust recruitment procedures ensured only suitable staff were employed. There were sufficient staff deployed to meet people's needs and keep them safe.

People received their medicines as prescribed. Risks were assessed and measures put in place to minimise any risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were needed to ensure staff effectively and consistently implemented the principles of the MCA 2005 to ensure people's rights were protected.

Staff felt supported and were encouraged to take part in further development, although not all staff had received appropriate training and supervision to support them in their roles.

People had access to health care services to support them to maintain their health and emotional wellbeing. People were supported to eat and drink a varied diet, sufficient for their needs.

Is the service caring?

Good

The service is caring.

There was a relaxed and friendly atmosphere in the home. Staff knew people well and interactions with people were positive and empowering.

People were supported to maintain relationships with people who were important to them.

Staff treated people with dignity and respect. They were patient

and reassured people when they anxious or unhappy about something.

Is the service responsive?

Good

The service is responsive.

People had person centred support plans which had been developed with them, their relatives and relevant others. These did not always reflect people's current needs although staff knew people well. This is addressed in well led.

People were supported to follow their interests and hobbies and had access to a range of activities which they enjoyed.

The home had a complaints procedure and complaints were addressed appropriately and in a timely way.

Is the service well-led?

Good

The service was well-led.

Systems were in place to assess and monitor the safety and quality of the service to help drive improvement.

There was a positive and open culture within the home. Staff felt well supported by the registered manager and deputy manager.

People and their relatives had opportunities to share their views about the service and help drive improvement.

Ocknell Park

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 15 & 21 September 2017 by one inspector. The inspection was unannounced.

Before the inspection we reviewed all the information we held about the service including previous inspection reports and notifications. Notifications are events that happen in the home which the provider is required to tell us about law. We also reviewed the most recent Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with four people living at the home, four members of care staff, the registered manager, deputy manager and the assistant regional director. We observed people being supported during the day to help us understand their experiences. Following the inspection we received feedback about the service from two community professionals.

We looked at three people's care records and pathway tracked two people's care. Pathway tracking enables us to follow people's care and to check they had received all the care and support they required. We looked at records related to the running of the home, including staff recruitment, training and appraisals, incident and accident records, medicines records and systems for monitoring the quality of the service provided.

This was the first comprehensive inspection for the service since it registered with the commission in October 2016.

Good

Is the service safe?

Our findings

People told us they felt safe at Ocknell Park. One person confirmed, "I am safe here. If I'm upset or worried I would come and talk to [the registered manager or deputy manager].

People were protected from abuse and improper treatment. Staff had received training in how to safeguard people and knew how to identify and report abuse or concerns. Policies and procedures were in place and staff received an individual safeguarding card to keep with them which provided guidance of what to do if they suspected abuse was taking place. The provider had safeguarding and whistleblowing policies which staff were aware of. Whistleblowing is where staff can report poor practice without the fear of recriminations. Staff confirmed they would not hesitate to use the whistle blowing policy to raise concerns if they needed to.

Robust recruitment processes were in place which ensured only staff suitable to work in a social care setting were employed. Each staff member provided an application form, a full employment history and proof of identity and attended an interview to check their suitability and competency for the role. Satisfactory references were obtained from previous employers before staff started work at Ocknell Park and a satisfactory Disclosure and Barring Service (DBS) check had also been obtained. DBS checks alert the provider to any previous convictions or criminal record a potential staff member may have which helps them to make safer recruitment decisions.

There were sufficient numbers of staff who were effectively deployed to meet people's needs and keep them safe both in the home and in the community. The assistant regional director explained how the numbers of staff deployed was dependent on people's assessed needs and were kept under review. One person had required additional staff support since returning home from hospital and staffing had been increased to meet this need. We observed that each person received one to one support or two to one support from staff. We reviewed the staff rota for the day of the inspection and saw this matched the assessed needs and observed people received the level of support required. Staff confirmed they thought there were sufficient staff to support people safely and meet their needs. A healthcare professional told us, "From what I have observed, yes. Good levels of staffing is always noted."

Systems were in place to manage medicines safely. People received their medicines from staff who were appropriately trained and regularly assessed for their competency. Each person had a medicine administration chart (MAR) with details of the medicines they required. This was checked by staff before administering each medicine and completed and signed by staff when each medicine had been given. People confirmed that staff helped them to take their medicines. One person told us "They [staff] help me with my tablets. They pop in and give them to me." Some people did not always want their medicines when they were due to take them so staff had implemented a register which noted the time when people received their medicines which meant they knew exactly when it would be safe for people to have their next dose. Some people's MARs were a little confusing and we have written about this in the well led section of the report.

Arrangements were in place for the ordering, storage and disposal of medicines. People's medicines were

ordered in a timely way which ensured they were always available. Medicines were stored appropriately and securely, including controlled drugs (CDs). CDs are medicines covered by the Misuse of Drugs Act 1971 and require specific control measures. Spoilt or unwanted medicines were stored safely until they could be returned to the pharmacy. Temperatures were taken daily to ensure they were stored in line with the manufacturer's instructions and remained effective. We carried out a spot check of medicines and found stocks of medicines were correct and were not used after their expiry date.

Individual risks relating to people's daily lives had been assessed and measures were in place to mitigate the risks associated with, for example, travelling in the home's vehicles and using the kitchen. Where people had specific health conditions which put them at risk of harm, such as choking or epilepsy, the risks had been assessed and detailed guidance provided for staff to follow. Where people displayed behaviours that could challenge others, this had been assessed and measures incorporated into their behaviour support plans. This provided guidance for staff in how to identify triggers to behaviour and how to respond in the least restrictive way. Staff were knowledgeable about the risks to people and what they should do to minimise the risks.

Systems were in place to check the safety of the environment. For example, checks were made of the hot water temperatures, profiling beds and electrical safety. Profiling beds are mechanical beds which can be adapted to suit each person's physical needs. Fire alarm systems were tested regularly by staff and serviced by external contractors. The home had an emergency plan which gave detailed guidance to staff in the event of an unforeseen emergency. The plan contained useful phone numbers of key people who would need to be contacted such as utilities companies, suppliers and senior staff. Individual emergency evacuation plans were in place for each person which detailed the support they would require in the event of leaving the home in an emergency situation.

Requires Improvement

Is the service effective?

Our findings

People were happy with the health care support they received and confirmed that staff asked for their consent before providing any support. One person told us, "All the staff are good. I am happy with the support." Another person told us staff asked for their permission before entering their room and said, "They [staff] knock before coming in."

Although people told us staff asked for their consent, improvements were needed to ensure that staff effectively and consistently applied the principles of the Mental Capacity Act 2005. 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.

One person had refused to accept any further treatment for a health condition. This was recorded in their care records and staff told us they were aware of the person's wishes. There was no record to indicate the person lacked the capacity to make this decision. When asked, the registered manager confirmed the person did not have the mental capacity to make an informed decision to refuse treatment, but had not followed the MCA principles. The registered manager contacted a healthcare professional who was involved with supporting the person. They confirmed they had carried out a mental capacity assessment and a best interest decision had been made on the person's behalf. However, the staff had not been aware of this. The registered manager obtained a record of this from the health professional during the inspection.

Whilst mental capacity assessments had been completed in some cases, this was not done consistently. For example, consent forms had been put in place for people to sign to consent to receiving their medicines. When asked, the registered manager confirmed some people did not have the capacity to do this. Staff had not completed an assessment of each person's capacity to make this decision and no best interest decisions had been recorded. The regional area director was responsive to the issues we raised and assured us this would be addressed.

We received mixed feedback from community professionals about consent. One community professional told us they thought the staff took issues of consent for their [patient] very seriously and respected their wishes. However, another community professional told us they visited the home regularly and said in their experience "I don't feel they have much knowledge around the MCA and advocacy in general."

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. The application procedure for this in care homes is called the deprivation of liberty safeguards (DoLS). Appropriate authorisations had been applied for where required.

Most staff received regular supervision. This is a formal opportunity for staff to discuss their work practice and any training needs, as well as issues or concerns they may have. Staff told us they felt well supported by

the management team who were available to provide advice and guidance when needed. The deputy manager had a schedule of supervisions to remind them when they were due. Most staff appraisals were overdue, although we saw these were in the process of being completed with staff.

Staff received training in topics such as fire safety, moving and handling, safeguarding and food safety. However, not all staff had completed all of the required training to ensure their skills and knowledge were up to date. The assistant regional director sent us up to date information on training following the inspection. However, this showed that targets for the completion of some training were not being met. For example, the provider's targets for the completion of positive behaviour support, infection control and MCA training were for 80%. We noted that the actual percentage of staff who had completed this training were 11%, 58% and 63% respectively. We also noted that completion of specific training, such as an understanding of epilepsy and autism, also fell short of the provider's targets.

Additional training was provided, however, to help staff meet people's specific support needs. The deputy manager told us about one person who had required additional support following an operation and explained that staff had received specific training to assist the person with two hourly turns in bed. They said "We weren't trained to do it so we got the training in. They came into the home and showed us how to do it." A community professional also confirmed that staff welcomed additional support and training to help meet people's individual needs. They told us "I have visited the home on a few occasions and I have also given a few talks to the staff about symptoms/issues they may face in the future regarding my patient, which the home were very receptive to. These sessions were very well attended."

Staff were encouraged to take part in further development and progression through to senior and management level was supported with relevant management development programmes. These included management topics such as finance, regulation, health and safety responsibilities and the complaints process. A senior member of staff told us the management programme was "really informative". They said "I do things every day but don't really think about it" and said the programme gave them time to reflect on their practice and what they had learnt. They were also in the process of completing an advanced nationally recognised qualification in health and social care. New staff received an in house induction, which included shadowing experienced staff, attending training and completing the Care Certificate. The Care Certificate is a nationally recognised set of standards staff must adhere to when working in social care.

People were supported to maintain their health and emotional wellbeing. Assessments of people's health needs had been completed which identified any specific health conditions. Clear guidance was available to staff in how to meet people's individual healthcare needs. Details of contact and appointments with relevant health professionals were recorded, such as GPs, psychiatrist's dentists, opticians and chiropodists. During the inspection, we observed that one person was supported by a staff member to visit their GP for a review of a health condition. When they returned they reminded the person of what their GP had advised and then supported them to follow through with the treatment plan.

People were supported to enjoy a varied and balanced diet, sufficient for their needs. One staff member told us people were involved in choosing the menus but could have something different to the main meal if they wanted to. We saw choices included an indoor Bar-B-Que and a sweet potato curry and rice. One person told us, "I choose what food I want. They [staff] ask me what I want. I had spaghetti bolognaise." They told us fruit and vegetables were always available. We saw that supplies of fresh fruit were readily available in the kitchen and people had their own food cupboards where they could store personal food items and snacks. People were encouraged to help prepare the daily meals and develop their cooking skills.

Mealtimes were sociable events with people and staff sitting together to eat in one of the two dining areas.

People were asked where they wanted to sit and with whom. There was banter and laughter and people seemed relaxed with staff. Staff were knowledgeable about people's likes and dislikes, cultural and health requirements and how they liked their food to be prepared. People with specific dietary needs, such as diabetes or cultural needs, were supported to manage their diets in accordance with these requirements. One person liked to prepare their own food in a specific way and make their own menu up each day, which staff respected and supported.

Good

Is the service caring?

Our findings

People told us staff were caring and friendly. One person told us that staff had made them feel welcome when they moved in to the home and said, "I like living here." Another person told us they felt in control of their day to day lives. They said, "I feel listened to and in control. I make my own decisions."

Staff had a good knowledge of the people they supported, including their life histories, families and the things and other people who were important to them. People were encouraged and supported to maintain important relationships. One person had a pet cat and had been enabled to keep the cat with them whilst living at Ocknell Park. Relatives and friends were welcome to visit at any time, although most people had support from staff to visit their relatives at their family home. One person did not have any family of their own but had a good relationship with their keyworker who they had known for many years. Their keyworker was getting married and the person wanted to go. They understood how important this was for the person but were also aware of the issues around professional boundaries. A plan was put in place which enabled the person to be part of the celebrations by attending the wedding ceremony and photographs before then being supported to return home.

Staff supported people to communicate in a way that met their own specific needs and that provided them with information in a way they could understand. For example, there were photos and pictures on the notice board to help people with their understanding of how to respect each other and what behaviour was okay and what was not. One person explained this to us and showed us the pictures. They told us, "This is okay" and pointed to a picture of shaking hands. They then told us, "This is not okay" and pointed to a picture of kissing and cuddling. They gave our inspector a 'high five' and then pointed to the picture, laughed and said, "That's okay!"

Staff empowered people to have control over and make decisions about their daily lives and maintain their independence as much as possible. Staff knew people well and understood the things they required more support with, whilst still enabling them to be in control. For example, one person enjoyed spending their money but needed help to understand that if they spent it all in one go, they would not have money to buy the things they wanted during the rest of the week. We observed one staff member patiently explaining to a person about budgeting their money. The person listened and accepted the advice and seemed content to take a smaller amount of money from their purse. This approach ensured that people's rights were promoted.

The atmosphere in the home was relaxed and staff had time to sit with people and chat about things that interested them, such as wrestling or fishing. During our inspection we observed that staff were kind, caring and thoughtful in their interactions with people. They offered re-assurance to people when they were anxious or worried, listened to them and offered advice and support. For example, one person had returned from a visit to their GP and was keen to start their treatment they had been prescribed. A staff member talked to them sensitively and took the time to explain it would be better to take a shower first and then their cream and dressings could be applied to clean skin. The person was happy with this plan and later showed us their new dressings and told us they felt much better.

There was a strong, person centred culture within the home and staff respected people's privacy and dignity. For example, people chose if they wanted to sit in communal areas or spend time in their rooms. There were also several different areas around the large garden where people could find some personal space if they wanted to be alone. We observed people making these choices which were respected by staff. Where people required one to one support and observation due to their behaviours, we noted that most staff observed discretely from a distance as this approach reduced the risk of people feeling 'watched'. Staff maintained line of sight and were ready to assist or intervene if necessary. However, one community professional felt more could be done to ensure staff consistently provided support in this manner.

Staff wanted the best for people and we observed staff celebrating people's successes and praising them when they had achieved a goal or completed a task. During the inspection, the home hosted a karaoke afternoon and welcomed people from a nearby home managed by the same provider. Staff and people were welcoming to their visitors and encouraged them to join in. People were singing and dancing and staff congratulated people on this. Comments we heard included, "Feel free to get up and dance" and "Good dancing there" and "Well done."

People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests. One person told us, "Staff respect my privacy. It's my room. I want to paint it with a rainbow or a music stencil. It will make it more personal to me."

End of life care was planned with assistance from a local hospice. A community professional told us, "They have been very receptive to discussions around end of life care and are confident that they will manage with help and support.…..They seem a close working group and keen to support each other." Staff had a good understanding of people's wishes and wanted to learn the skills needed to enable them to stay at home to receive their end of life care when the time came.

Good

Is the service responsive?

Our findings

People told us they were satisfied with the way staff supported them with their everyday lives. One person told us they felt, "On top of the world" because they had recently got a job. They told us, "They [staff] helped me get the job" and went on to say that staff were helping them with their welfare benefits.

Assessments were carried out by the provider before people came to live at Ocknell Park to ensure their needs could be met. People's support was planned with them, their relatives and relevant health and care professionals. Person centred support plans were developed which included information about, for example, people's communication needs, their preferred routines and their health and wellbeing, goals and aspirations. Support plans provided detailed guidance for staff in how to support people. However, we noted that two people's care records did not reflect their current needs as they had been diagnosed with health conditions, neither of which had been included in their support plans or other care records, such as their hospital passport. This is a document which holds important information about a person and should be taken to hospital with them if they are admitted. We noted in one of these care records that the last care plan audit was dated March 2017. We spoke with the registered manager, deputy manager and assistant area director about our concerns. They were responsive and started to address the issues we raised with them. When we returned on the second day of the inspection the assistant regional director told us "We have gone through everyone's support plans and cross referenced the other documents to make sure everything is up to date." Although records were not always up to date, staff had a good understanding of people and their support needs. Staff held a handover meeting at the start of each shift so that incoming staff could be updated on what had happened during the previous shift and about any changes to people's needs. A community professional confirmed, in their experience, the staff knew people well.

People were supported to maintain their interests and hobbies. There were pictures of various activities on the notice board and people told us about the things they enjoyed doing, such as baking and gardening and confirmed staff helped them to achieve these activities. There were ample opportunities for people to enjoy community activities such as night fishing, wrestling and football. One person enjoyed fishing and had been supported by staff to purchase their fishing licence. Two people went to watch the wrestling regularly and told us they enjoyed it. Another person was in the process of booking a holiday with the deputy manager and told us they were looking forward to it. A staff member told us people received an allowance to pay for these external activities and tried to ensure that everyone benefitted from this allowance. They said, "Some service users [people] are always out, others not so much. I keep track of who attends and who receives money. There needs to be equality."

People had been encouraged to get involved in 'Ockfest' a music festival and charity event planned by people and staff and which had taken place in August. There was music, games, a Bar-B-Que and raffle, amongst other activities. People and families were invited and money was raised for a local charity. People who did not usually engage in activities also took part. For example, we heard that one person who usually liked to be by themselves joined in with the fun. Another person, who did not usually like to change their clothes, had taken a shower and put on a suit for the occasion.

People had been encouraged to start a personal scrap book which they called 'Living the life' and which they filled with photographs of activities they had taken part in. One person sat with us and showed us their book which contained pictures of them baking in the kitchen. It was clear from the person's enthusiasm that they were happy with their achievements. Staff had created a 'graffiti wall' which was out of sight of the areas where people sat or walked. They explained this had been arranged for one person who liked to draw and paint so that they did not deface other walls or fencing. This seemed to work well.

The home had a complaints procedure and had received one formal complaint since October 2016. This had been investigated promptly and actions taken to address the concern. People told us they would speak to the registered manager or deputy manager if they were unhappy about anything.

Good

Is the service well-led?

Our findings

People had a good relationship with the registered manager, deputy manager and staff and said they could talk to them at any time if they needed to. People were also familiar with the assistant regional director who regularly visited the home.

The home had a registered manager. However, they were currently managing another home owned by the provider on a temporary basis and Ocknell Park was being managed, day to day, by the deputy manager. The registered manager still provided ad hoc support to the deputy manager with the help of the assistant regional director who both attended the inspection to provide assistance. This arrangement generally worked well and staff felt supported by the management team.

There were systems in place to monitor the quality and safety of the home. For example; the assistant regional director carried out monthly monitoring of the service which included; care planning; accidents; training; activities and medicines. People from other homes, managed by the provider, visited to carry out audits on the quality of support and produced a report with any recommendations which were acted upon by staff. The registered manager or deputy manager completed a monthly report to the assistant regional director which reported on, for example, any safeguarding concerns, accidents, incidents and any health and safety issues. A weekly health and safety check identified issues which needed action to be taken and a maintenance report was sent to the provider. A health and safety committee met regularly to discuss issues raised across the organisation and share good practice and learning.

Incidents and accidents were recorded, analysed and learnt from to try to minimise the risk of them re-occurring. The provider also tried to learn from other, more national incidents that did not directly involve their organisation. For example, they had commissioned a new fire risk assessment by an external consultant following the recent tower block fire in London. Identified actions had been followed up or were in hand.

There was an open, transparent, empowering and supportive culture within the home. Staff felt supported and able to raise issues with the management team at any time. One staff member told us, "I can speak to [the deputy manager] or [manager]. They're brilliant bosses, diamond of a boss. They always listen." Another said, "We always have support and there is on call. [The manager] and [deputy manager] are always there and [the assistant regional director] will always help. We never struggle to get hold of anyone." A community professional told us, "I would say in my visits, it is a happy and supportive place." Another community professional confirmed, "Ocknell Park are always happy for a visit at any time and without arranging it beforehand, that for me is always a good pointer." We observed that staff were committed to providing a person centred environment and empowered people to have control over their day to day lives.

People and their relatives had opportunities to share their views about the quality of the service and drive improvement. The most recent feedback received from relatives and care professionals showed they were mostly very satisfied. A 'service user committee' met throughout the year to discuss issues relating to their home such as the support they received, activities, employment and health care which informed the service

improvement plan.

The provider recognised and valued achievement. Staff were recognised for their achievements through the monthly 'staff award' scheme. All nominees received a letter of congratulation and the winners also received an award. A regional newsletter was published to share good news and good practice. For example, one person who lived at Ocknell Park had become the first to be supported to complete their emergency first aid training.

Staff meetings took place which provided opportunities for staff to discuss issues and share information and good practice. Minutes of recent meetings showed staff discussed issues such as risk management, activities and health and safety. Staff told us they valued these opportunities and felt communication within the staff team was good. One staff member told us, "They are regular and any issues we raise are passed on the management team, good or bad. We get the chance to talk about how we're feeling, service user's [people's] issues, training. We can put anything on the agenda."