

Oakleaf Care (Hartwell) Limited

Hunsbury House

Inspection report

Long Acres
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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



Overall summary

This unannounced inspection took place on 30 September 2015. The service provides support for up to five people with acquired brain injuries. At the time of the inspection there were three people living at the home.

There is a registered manager 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 felt safe in the house. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Summary of findings

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in the house and in the community and received the support they needed to help them to do this. People were able to choose where they spent their time and what they did.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people living in the house were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review.

People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened to and their views respected.

Staff promoted people's independence in a supportive and collaborative way.

Good



Is the service responsive?

The service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs, as part of the assessment consideration was given to any equipment or needs that people may have.

Good



Summary of findings

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the house, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



Hunsbury 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 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 30 September 2015 and was unannounced and was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with four members of care staff including a senior manager and the registered manager. We spoke with one relative. We also looked at records and charts relating to three people, and three staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People said that they felt safe living at the home. One person said “I feel really safe with the staff here.” They said they had recently become unwell when out in the community and the staff member that was with them looked after them and this made them feel safe.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider’s safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

One person said “All the staff here are great.” The manager said that there were currently no staff vacancies at the home. There was enough staff to keep people safe and to meet their needs. We observed people accessing the community and they were supported by staff that knew them very well.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of

being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People said that the staff looked after them very well. People’s assessed needs were safely met by experienced staff. When risks had been identified about people’s safety such as the risk of falls assessments and arrangements were in place to mitigate risks to people. Staff were aware of the risk assessments and the part they played in keeping people safe whilst encouraging people’s independence.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks were in place. People had emergency evacuation plans in place and if there was a need to evacuate the home the provider had alternative accommodation that people could safely access in an emergency. Risks to people had been mitigated for example the cooker had a lockable ‘safety switch’ to protect people from harm if they used the cooker when unsupervised.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. There were arrangements in place so that homily remedies such as paracetamol could be given when people requested it.

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training such as basic life support and health and safety. Additional training relevant to the needs of people were also included such as brain injury awareness, the management of diabetes and epilepsy. There was a plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed.

Staff shared their knowledge and expertise with other members of staff. Guidance had been written by one member of staff to pass on ways of supporting and enabling people successfully. They said "It helps develop rapport and trust if we all respond to [name] in the same way."

Staff had the guidance and support when they needed it. The manager said that in the past they had been approached by staff with a request for more supervision meetings and these were now in place. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary. One person said that they were always asked by staff if they consented to any assessments or health checks such as blood tests or 'flu vaccinations.

People were supported to maintain a healthy diet, and this was balanced with the choices people made when shopping for themselves. For example one person enjoyed fizzy drinks and they had been encouraged to change the type of drinks they would buy when out in the community. Staff had also printed off simple recipes for people to choose from if they wanted ideas from which to cook healthy meals. People's weights were regularly monitored to ensure that people remained within a healthy range. Where indicated referrals to dietitians were made to encourage healthy eating options, meal planning and lifestyle choices.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. The provider had recently introduced additional clinical support so that people could have their health needs addressed more promptly for example, blood tests, wound care and a 'flu clinic had been introduced. This meant that people were able to receive on-going monitoring of their health.

Is the service caring?

Our findings

People and their relatives were very complimentary about the staff. One person said “I think that it is brilliant here, the staff are brilliant.” Relatives also said “[name] gets on really well with all the staff and we are welcomed here and can visit at any time.” We observed all the staff chatting and laughing with people in a relaxed way.

The manager said that most of the staff at the home had known people for some time and this had helped people to develop trust and good caring relationships with people. It was clear from our observations that staff had a good rapport with people and adapted their interactions depending on the person. For example, one person preferred a more quiet approach while another enjoyed jokes and ‘banter’ with staff.

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices

and arrangements. We heard staff talk to people in an encouraging way and guide them towards successfully achieving small tasks such as baking or cooking a snack for lunch.

People were encouraged to express their views and to make choices. There was information in people’s care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important ‘goals’ that people wanted to achieve. For example one person had said to staff that they had wanted to spend more time in the community and as a result of this they now had some work experience and had joined a local gym. They were also very excited when they told us of the plans that had been made for them to go on holiday supported by staff that they liked and trusted.

People’s dignity and right to privacy was protected by staff. People had their own rooms and staff were respectful of people’s wishes when asking if they could enter their rooms. People’s care records also gave details such as “I like to pray which I do in the privacy of my room.” Staff were aware of this and respected their wishes.

Is the service responsive?

Our findings

People were assessed before they came to live at the house to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment that would be required. For example, we were told that if people had epilepsy a bed sensor may be considered so that staff would be alerted if people had a seizure overnight. If practicable relatives and the individual were also invited to visit the house to see if they wanted to live there and if it was suitable for their needs. Consideration was also given for example, if people preferred a quiet environment as this would be relevant when choosing which bedroom they wanted to have.

The assessment and care planning process also considered people's hobbies and past interests along with their goals for the future. We saw that this had been incorporated into individual care plans and people told us that staff helped support them to maintain past interests or to develop new ones such as attending a local 'rock club'.

Staff knew and responded to people's individual needs. For example, one person preferred to do their shopping early in the morning when the supermarkets were quieter. Staff had arranged for them to have their blood test carried out at the house early in the morning so that they could continue with their routine and do their shopping at their preferred time.

Staff were proactive in responding to changes in people's requirements. One person had to go into hospital for a short while and they wanted some support to help them to stop smoking before they went in. The manager said that they had arranged for them to receive help from experienced staff so that they could start smoking cessation to help with this.

People were assured that any changes to their moods would be noted and responded to by staff. This meant that people's needs could be reassessed and their medication reviewed. In addition staff were asked to keep detailed records so that an analysis could be made to see if people's mood had stabilised. We spoke with staff that were aware of the importance of these recordings to monitor the changes in people's mood.

There were arrangements in place to gather the views of people that lived at the home via residents meetings. Some of these meetings were spontaneous for example, during meal times the conversation would refer to the types of foods on the menu. Staff said they used this as an opportunity to collate people's views and take these ideas forward. Other requests that people had made included a request for more lights in the back garden and we were told that this had been addressed.

People said they had no complaints about the service. One person said "I haven't had to complain, this is a good place to live." Information on how to raise concerns was displayed on a notice board and the manager said that records were maintained of any complaints that had been raised and this detailed the action taken to resolve concerns. We noted that there were no on-going complaints during our inspection.

Feedback from people their relatives and friends is sourced on an annual basis. We noted that the survey reflected that they had achieved 100% positive feedback in the area of safe care. We discussed the satisfaction survey with the complaints and resident satisfaction manager and they said that they had followed up any comments with the individuals that had made them to see if any changes were needed as a result of their feedback and to acknowledge that their comments had been heard.

Is the service well-led?

Our findings

People said that they had confidence in the manager. One person said “[name] is brilliant she really knows her job well and she does things right.” Relatives also said that they thought the service was well run.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside the service. The manager said they would be supportive of anyone that would wish to raise concerns but would feel disappointed if they had not felt able to speak with them first.

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They said the manager and other senior members of the management team were always available if they needed advice or guidance and often visited the house. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run.

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a

day-to-day basis and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. Staff told us that they loved working at the house. We spoke with one member of staff and they said that the manager supported any ideas that they had about how the home was run. The manager also said “The staff here are great; they have had some really good ideas which they have put into place.”

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

There were arrangements in place to consistently monitor the quality of the service that people received as regular audits had been carried out by the manager and by the provider. As a result of a recent audit it had been identified that improvements were needed in the records when medicines were disposed of. The manager had introduced a new form to address this.