

Exalon Care Limited

The Oaks

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 15 September 2015 and was unannounced.

The provider of The Oaks is registered to provide accommodation for personal care for a maximum of 10 people. There were 8 people living at the home on the day of our visit. At the time of our inspection there was 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.

The registered manager was on leave on the day we visited, however the deputy manager was available. Where we were unable to gain people's views on the service by talking with them we saw how staff looked after people who lived there.

When people required assistance they asked or looked to staff to help them and staff were available when needed.

Summary of findings

Staff felt they had time to support people when required to ensure that people's needs were met in a timely way. People received safe care and felt supported by staff who knew how to keep them safe. Staff knew the steps they would take to protect a person from the risk of harm and how to report any concerns. Staff provided people with their medicines and recorded when they had received them.

Staff knew how to care for people as their training and support provided them with the skills needed. Staff listened and respected people's decisions about their care and treatment. Staff showed they listened and responded to people's choice to choose or refuse care.

The registered manager had consistently applied the Mental Capacity Act 2005 (MCA). The assessments of people's capacity to consent and records of decisions had been completed. Where needed staff had followed the legal process when considering a decision where a person had not had the capacity.

People enjoyed the food and had choices regarding their meals. Where people required or wanted a particular choice this had been arranged. People had access to

other health and social care professionals to support their health conditions. They had regular appointments with consultants when needed and were supported by staff to attend these appointments.

People enjoyed the company of the staff that supported them. They knew them well and were happy to chat and share stories with them. People felt involved in their care and treatment and that staff knew them and their care needs. Staff knew people's individual care needs. People's dignity had been respected and they were supported to maintain relationships with their families who also contributed in planning their care.

People spent their days doing things they enjoyed and said that they also spent time in their home, the garden or out on planned trips. People had raised comments or concerns and they had been addressed. There were systems in place for handling and resolving complaints. People knew how to raise a concern and felt their home was open and inclusive. Staff were encouraged to raise concerns on behalf of people at the home.

People were able to approach the management of the home and they knew who to speak to. The management team had kept their knowledge current and they led by example. The provider ensured regular checks were completed to monitor the quality of the care delivered.

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 were supported by sufficient numbers of staff to meet their care and welfare needs in a timely way. People felt safe and looked after by staff. People's risk had been considered and had received their medicines where needed.

Good



Is the service effective?

The service was effective.

People's consent had been obtained and recorded. People's dietary needs had been assessed and they had a choice about what they ate. Input from other health professionals had been used when required to meet people's health needs.

Good



Is the service caring?

The service was caring.

People received care that met their needs. When staff provided care they met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



Is the service responsive?

The service was responsive.

People had been supported to make everyday choices and were engaged in their personal interest and hobbies.

People were supported by staff or relatives to raise any comments or concerns with staff.

Good



Is the service well-led?

The service was well-led.

The provider had monitored the quality of care provided. Effective procedures were in place to identify areas of concern.

People and staff were complimentary about the overall service and had their views listened to.

Good



The Oaks

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 15 September 2015. The inspection was completed by one inspector. As part of the inspection, we reviewed the information we held about the

home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke to the Clinical Commissioning Group and the Local Authority.

During the inspection, we spoke with five people who lived at the home. We spoke with four staff, two shift leaders, the administrator who also worked as a relief shift leader and the deputy manager.

We looked at two records about people's care, one medicine records, medicine audits, care plan audits, provider improvement plans, falls and incidents reports and checks completed by the provider.

Is the service safe?

Our findings

People told us they would talk to staff if they had any concerns about their safety. People confidently went to staff and chatted about their worries or concerns throughout the day. Staff then offered guidance and support to help the person with their expectations or emotions. For example, people liked to know which staff would be working with them that day.

The deputy manager told us of the plans to promote people's awareness of recognising what the abuse or potential discrimination may look or feel like. They planned to deliver this through role play exercises. They felt this would develop people's skills and confidence to respond and report discrimination or suspected abuse.

All staff that we spoke with told us they completed training in how to recognise and respond to potential signs of abuse. They also discussed with people about their safety and well-being at an individual monthly meeting.

One person we spoke supported their personal safety, they were aware that staff interaction or medicines would be required to support them and others safety. The deputy manager provided examples of how people were promoted to be involved in theirs and others safety. For example, one person told us they were the first aider in the home and were booked to attend fire training. All staff we spoke with told us the main risk to people's health and safety in the home, which included both physical and emotional risks. They were able to tell us about the types of support they offered people with positive encouragement and promoting people to complete tasks.

Where people had an incident or accident these had been recorded and had then been seen by the deputy or

registered manager. When people attended appointments with their consultants the information had been used to review their support and medicines if needed. This had led to a decrease in incidents or provided further knowledge for staff to be aware of when a person may have an increase in incidents.

Two people we spoke with told us that staff were always available and were clear who was on shift to support them. Three people told us how they enjoyed the different qualities in each staff member and how they preferred to do some things with certain staff members. The deputy manager told us thought was given to allocating staff to work with each person to make sure there were sufficient staff with the right skills, experience and understanding of people to meet their needs. Staff confirmed there was flexibility in the staffing levels to make adjustments so staff could work individually with people when needed or provide additional help when people were ill or taking part in social events. One staff told us staffing, "Varies through the week, it depends on who is doing what". Where people required a constant staff member this was provided.

One person described how they were supported with their medicines by staff. People's medicines were stored securely in their rooms. Key staff had been trained in the administration and management of medicines so they could give people their medicines for instance when getting up in the morning as part of their personal care routine. Staff were competent through observation of their practice, refresher training and mentoring. Staff told us they followed the written guidance if a person required medicines 'when required'. People's medicines records were checked daily by staff to ensure people had their medicines as prescribed.

Is the service effective?

Our findings

Three people told us they felt staff knew how to support them and understood the care they needed. Three staff that we spoke with felt their training reflected the care needs of the people they provided care for. They demonstrated an understanding of people's conditions and how to respond to these. For example, the differences between autism and Asperger and how to work with people who became highly agitated or anxious. We saw that staff used these skills during the day to support people with their emotional well-being. Staff were aware of people's communication needs and looked for visual and emotional signs to understand a person's needs.

They had also gained external qualifications in care and had been supported by the provider to obtain these. The registered manager had an overview of the training staff had received and when it required updating.

We spoke with three staff and they told us that they felt supported in their role and had regular meetings with their team leader or registered manager. Staff said everyone worked well together as a good supportive team and this helped them provide effective care and support. Care practices were discussed at monthly one to one supervision sessions and team meetings. Staff told us this also gave them the opportunity to identify and discuss any changes or ideas to providing care in different ways which help to increase understanding of any work based issues.

People were supported to make choices and staff ensured that people were happy with any help or assistance they offered. People were asked for their consent to the support being offered. People said staff offered suggestions or made sure they agreed before providing the support.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. The Mental Capacity Act 2005 and the Deprivation of

Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate; decisions are made in people's best interests when they are unable to do this for themselves. Staff had taken appropriate action when a person had not been able to make a decision on their own. Where appropriate, the views of the person's relatives and health and care professionals had been sought to assist with making decisions in their best interests. Staff understood the legal requirements they had to work within to do this. People living at the home who had restrictions in place had an application made to the local authority to authorise a Deprivation of Liberty Safeguards. We asked three staff about these applications and they knew who had an application submitted and the reason why.

Three of the people we spoke with told us they enjoyed the food and were able to assist with making their own meals where they wanted. Staff told us about the food people liked, disliked and confirmed who received any specialised diets. Where people required assistance staff were considerate in offering to help. One staff member told us a menu was flexible and people could choose something else. People were supported with visual choice if they were unable to state their preferences. Staff were consistent in their approach to enable one person to have drinks that they preferred.

People were supported to maintain a healthy lifestyle and attended appointments with health professionals as required. Staff told us that they reported concerns about people's health to the senior on duty, who then took the appropriate action. For example, contacting the doctor for an appointment. People were supported to attend their appointments with their consultants. Where this led to changes in the support needs and we saw their care records had been updated to reflect any changes. Staff had access to the electronic care records and felt they worked well in being accurate and up to date.

Is the service caring?

Our findings

All people that we spoke with enjoyed the company of the staff and knew them well. They told us about their “Favourite” staff members and were keen to talk and share news about their day with staff. People were confident in their home and approached staff when needed to chat or discuss their plans for the day. One person told us “We have our little jokes” referring to the staff member they were chatting with at the time. People also spent time in the office where they were welcomed and listened to when speaking with the deputy manager or administrator.

Staff knew people well during our conversations and had a detailed and personal understanding of each person’s individual needs. Staff recognised the contributions people made to the running

of the home, valued their individual interests and took pride in people’s achievements. One staff member told us; “We are here for them, like extended family”. One person spoke enthusiastically of the staff who supported them and said, “They (staff) are all fantastic” and told us they were “so happy and I cried tears of joy” that they came to live at The Oaks. Throughout our inspection people had positive relationships with staff and where needed supported people’s wellbeing and encouraged their independence.

Three people we spoke to told us they were involved in their own care and treatment and felt that care staff listened to them. People were encouraged to remain independent about their own care. Where people asked for support this was provided, with staff checking how much assistance the person wanted. People received care from

staff who were caring, respectful and knowledgeable about the people they cared for. All staff that we spoke with felt the home was caring, with the focus on people and their care.

People were supported by staff in ways designed to ensure their privacy and dignity was respected. People were able to lock their doors and one person told us they normally locked their room when they were not using it. Staff supported people’s privacy when we were in their home and respected their privacy to remain in their rooms or spend time with us during the inspection.

Personal conversations where staff discussed people’s needs or people requested personal care we not openly discussed with others. Staff spoke respectfully about people when they were talking to us or having discussions with other staff members about any care needs.

The deputy manager described how the service had supported people to become more independent and said, “[the person] has reduced anxiety levels and is more confidence and independent”. They had used visual objects to improve people’s experience and engagement to support people to leave the home or enter certain areas of the home. For example, using flags and windmills in the garden and making bathrooms a relaxed setting with candle’s and bubble bath. People had become positive and confident to use these areas since moving to the home.

People had also received support to manage and maintain their finances and were responsible for booking their own nights away, tickets for shows or purchasing items. Staff provided people with reasons for and against a purchase and guidance about the remainder of their finances. One person told us about the support they had and how it helped them do the things they enjoyed and felt pleased they were now able to understand money.

Is the service responsive?

Our findings

All people that we spoke with told us they got the care and support they wanted. People had their needs and requests met by staff who responded with kindness and in a timely manner. One person told us that they “Just asked” for assistance if they had felt unwell or wanted something checked.

People had been supported to be independent and enabled to make their own choices when planning their care and support. For example, people had contacted external agencies in support of their emotional needs. The registered manager had supported one person to continue to contact a particular agency when they felt they needed to.

Staff knew each person well, their families and histories. Staff were able to tell us about the level of support people required. For example, how they supported their emotional and health needs and the number of staff required to support them to meet these needs. People’s needs were discussed by staff when their shift ended to share information between the team. Care staff were provided with information about each person and information was recorded.

People’s care and treatment had been planned and included their views about their care and treatment. People we spoke with were able to tell us how they were involved in the care they needed. People were supported to maintain and manage their health needs. For example, the daily routines they liked or how to managed and maintain their person care. Relatives had also been asked for their views which had been recorded and considered when planning people’s care.

We looked at two people’s records which had been kept under review and updated regularly to reflect people’s current care needs. These detailed the way in which people preferred to receive their care and provided guidance for staff on how to support the individual. For example, how a person may respond to certain daily task and how staff should approach this. One person told us they had managed better with personal care and managing their feelings of uncertainty with staff guidance and rewards. Where information or advice had been sought to assist with a person’s care this had been recorded when putting together and maintaining care records.

One person told us they got on well with other people at the home. They told us that staff would “help out” when they needed guidance or support to maintain the friendship. The registered manager had encouraged and facilitated people to be supported by local advocacy services to ensure people’s views and wishes were recognised and valued.

People made choices about how they spent their time. Each person had an individual weekly timetable to support their social lives and hobbies and interests. For example, staff supported people to go out for lunch, go to the shops or visits to the local areas of interest. One person was due to spend time writing letters, however they had changed their minds and staff listened and responded to the persons choice to go out instead. People were involved in planning and booking trips or holidays they wished to go on. One person had been supported to book tickets for an upcoming music event and was in the process of making holiday plans. Staff told us, “People choose what they want to do and we can go with them”.

The provider had also liaised with the local fire service to arrange for people to attend the station. One person told us about their visits, what it meant for them and how much they looked forward to returning for further visits in the future.

People told us they got to see their families and friends and were supported to invite people to their home to have social time or have meal. The deputy manager showed where able they encourage relatives to be involved in their family member’s lives and had events at the home to which they were invited. A recent summer fete had been held and people were planning a Halloween party, and had made a request for a ‘Firework themed’ party.

People approached staff, including the deputy manager and spoke about their concerns, worries or plans for the day or longer term. Staff responded with answers to questions, or supportive advice and guidance and listened with interest. Staff were patient and consistent where people needed to constant reassurance with their concerns. People were also supported by having a weekly chat with their key worker. A key worker is a member of staff that provided one to one support in relation to all aspect of care and reviews. Three people who spoke with us knew their key worker and staff we able to discuss with people about things that their key worker would be better to talk to. For example, financial purchases or particular outings.

Is the service responsive?

Staff we spoke with told us they were happy to raise concerns on people's behalf and that the registered manager would listen. Where complaints had been raised these had been investigated and action taken to resolve the concerns.

Is the service well-led?

Our findings

People told us they felt supported to live and be involved in their home. They knew that staff at the home would help them and answer their questions at any time. One person said, “This is my home and it’s great”. People were also asked for feedback and views on their care, meals and activities on offer. Any actions had been recorded and were followed up at the next meeting.

The provider had sent questionnaire to people to gain their views on their overall experience and opinions of their care. People had support available from an independent advocate to help them complete the questionnaires or pass on their comments. The deputy manager felt this had worked well and planned to use this with future questionnaires. The outcomes of the surveys were used to develop an improvement plan for the home.

All of the staff we spoke with told us the home was well organised and supported the people that lived there. The registered manager and deputy manager worked well together and were keen to listen and improve people’s lives. Monthly team meetings were held and staff told us they raise concerns or comments about people’s care. Other meetings were held to discuss how staff felt the home was performing and these looked at staffing arrangements, health and safety, maintenance and catering. The deputy manager felt that the whole staffing team were caring and “Provided really good care” and recognised that staff worked well together. Three staff also told us that the registered manager and deputy manager spent time with people and alongside staff as well as managing the home.

The staff team told us they were fully involved in contributing towards the development of the service. Staff told us that both the deputy manager and registered manager were keen to listen and try new ideas in relation to people’s care.

The management team and staff were aware of their responsibilities in relation to the care and support needs of people. They were aware of current best practice in terms of supporting people with their day to day care. They had used this to recognise that alternative training techniques involving people at the home may improve understanding and independence. The Oaks management team skills and knowledge were supported by the directors and other members of the management team within the company. They felt this support led them to recognise and deliver high quality care to people through staff in line with current best practice guidelines.

The registered manager carried out regular checks of the home and gaps identified from these checks were actioned and recorded. For example, looking to see if care plans had been completed as expected. In addition, the provider regularly visited the service and worked closely with the registered manager to ensure that people received care and treatment that met their needs.

The deputy manager told us about the support they received in order to understand best practice and knew where and how to access information. They told us their skills and knowledge enabled them to drive improvements. They worked closely with the local mental health team and with a group of consultants every three months to look at the impact of people’s daily anxiety and stress levels. This would identify any key patterns and if a change to the type or how medicines were used. The deputy manager was able to talk about how this had led to decrease of self harm and improved people’s experiences.