

# Speciality Care (Rehab) Limited

## Ogilvie Court

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Ogilvie Court on the 22 January 2019.

About the service: - Ogilvie Court provides accommodation for up to 25 people who have a learning and or physical disability and require personal care. The location is divided into four separate buildings catering for no more than six people, Chelmer, Moore, Turner and Danbury. The service does not provide nursing care. At the time of our inspection 20 people were using the service. The service was set in a semi-rural area with extensive grounds. Each building had access to their own landscaped gardens in addition to shared areas. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

People's experience of using this service:

People told us they enjoyed living at the service. People also told us how their lives had improved since living at the service and that they were enjoying their lives and looking forward to a more independent future.

The service was safe. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

The service was effective. People were cared for and supported by staff who had received training to support people to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner.

The service was well-led. The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Good (report published 4 May 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was not always responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Ogilvie Court

## Detailed findings

### Background to this inspection

#### The 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.

#### Inspection Team:

The inspection was carried out by two inspectors.

#### Service and service type:

Ogilvie Court provides accommodation for up to 25 people who have a learning and or physical disability and require personal care. Although care was provided on one site there were four separate buildings/houses which catered for up to six people. This meant the service was working in line with guidance for Registering the Right Support. The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection took place on the 22 January 2019 and was unannounced.

#### What we did:

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we met 12 people, spoke with them, and observed their interactions with staff. We spoke with the registered manager, deputy manager and two care workers. We reviewed care files and records held in relation to the running of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People felt safe living at the service. One person told us, "I love living here. I like all the staff."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. We saw a poster displayed guiding staff how to raise concerns. One member of staff told us, "We have phone numbers we can call confidentially if needed."
- The registered manager protected people from financial abuse and supported people and their guardians to manage their money.

### Assessing risk, safety monitoring and management

- Staff had the information they needed to support people. Staff undertook risk assessments to keep people safe.
- These assessments were person centred and aimed at supporting people safely to follow their interests and maintain their independence.
- The service had emergency plans in place and this included guidance for staff on fire evacuation procedures. Each person had an individual fire evacuation support plan detailing the assistance they would need in an event of a fire evacuation.
- People were cared for in a safe environment. Safety certificates were held to demonstrate equipment was safe to use. For any maintenance requirements the registered manager worked with the provider to employ contractors with the skills to complete these. For day to day maintenance there was an on-site maintenance person.

### Staffing levels

- The registered manager told us they had a core number of staff that worked in each house. This core number was increased dependent on the activities people needed to support with or if people needed 1:1 support.
- The site co-ordinator told us they deployed staff each morning following handover and had oversight of what activities, outings or appointments needed additional staff to support with.
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.
- Whilst there were vacancies at the service the registered manager used regular agency staff who had an induction to the service.

### Using medicines safely

- Only trained and competent staff supported people with their medication. The registered manager

ensured staff training was kept up to date and observed medication practices.

- Regular audits were completed to check medication was managed safely.

Preventing and controlling infection

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs. Care was managed and delivered within lawful guidance and standards.
- We saw meetings documented between people and staff to discuss and review their care and support needs.

Staff skills, knowledge and experience

- Staff continued to be supported with training to equip them with the skills and knowledge they needed to support people.
- The deputy manager told us they had been supported with additional training to help them develop their management skills and had completed a national recognised management training certificate.
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. They also completed a probationary period to ensure they were suitable for the role.
- Staff felt supported at the service. Staff told us they had regular staff meetings to discuss the running of the service and people's needs.
- Staff also had regular supervision with a senior member of staff and received a yearly appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to have enough to eat and drink. Staff worked with people to ensure they had healthy nutritious food that met their needs.
- Where people required support with special eating plans we saw the registered manager had got advice from dietitians and speech and language therapists.
- Two people told us how with staff support they had lost weight since living at the service. They told us how this had improved their life and wellbeing.
- Staff continued to grow vegetables with people and kept chickens for fresh eggs.
- Menus were planned and food was cooked fresh each day. People enjoyed meals together.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support.

- People were registered with a local GP to review their routine healthcare needs. The surgery had a practice nurse who carried out reviews of people's care and offered support where required.
- For specialist health reviews people were supported to attend these appointments. For example, we saw follow ups by heart and eye specialists as well as support from learning disability and mental health teams.
- Each person had a health action plan and health passport that detailed all the support they may require and record was kept of all appointments and outcomes.



Ensuring consent to care and treatment in line with law and guidance

- People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed.
- People were supported to have advocates or family members to help them with important decisions about their care.
- Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

Adapting service, design, decoration to meet people's needs

- The environment was appropriately designed and adapted to support people.
- Additional ramps had been added to allow people with wheelchairs be able to access the grounds and gardens more easily.
- The service was spacious, people had their own large rooms. We saw that all the rooms had been individually decorated the way people wanted them.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People we met were very enthusiastic and keen to tell us how happy they were living at the service.
- One person told us, "The staff have helped me change my life, they never gave up on me."
- Another person said, "I have a good time here. All the staff are good we have a good time."
- We saw people and staff got on well together and were happy and relaxed in each other's company.
- One person was expressing feelings of anxiety. We saw a member of staff talking gently with them and reassuring them. This seemed to ease their distress.
- Staff we spoke with could give detailed descriptions of people's support needs and spoke of people fondly.

Supporting people to express their views and be involved in making decisions about their care

- Care had been planned in a very person-centred way, detailing all aspects of support people required.
- Support plans detailed all the information a member of staff would need to support people in the way they chose and promoted their independence.
- Each person had a named member of staff who was their key worker and worked closely together with them.
- There were meetings each month with their key worker to go through their care plan and review it to make sure it remained up to date and relevant to them.
- Key workers completed a 'Your voice' review with people where they could discuss what went well for them and discuss any issues or things that did not go well.

Respecting and promoting people's privacy, dignity and independence

- From talking with staff and people we saw it was a core value to support people as individuals and promote their independence.
- People were supported to maintain relationships with friends and family, this included spending time out socialising with them.
- People were supported to spend their time doing things they enjoyed. This included developing life skills.
- Staff promoted people's independence, for example, where one person was vision impaired staff spent time supporting them to get to know their environment so they could feel confident moving around independently.
- People's confidentiality and privacy was protected. Records were stored securely.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

### Personalised care

- People's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives. Each person's plan was regularly reviewed and updated to reflect their changing needs.
- Before people came to live at the service staff spent time getting to know them. A full pre-assessment was completed to identify how people could be best supported.
- The registered manager and provider were very responsive to people's care needs. For example, they had converted a room to make it bigger and added double doors and a ramp as this was a need identified for a person.
- The registered manager had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard. Staff could explain people's communication styles and we saw people were able to express their needs. A full assessment of communication needs and styles was seen in people's care records.
- One member of staff told us, "We display and learn a sign each month to help everyone develop their Makaton." Makaton is a sign language that can help people to communicate.
- People enjoyed varied pastimes and engaged in meaningful activities. One person told us, "I like to go and watch football."
- Each house had access to a vehicle so that people could follow their interests in the community. This included attending clubs for social activities or to develop life skills.
- We saw pictures displayed of activities and people kept their own record in a book of activities they had enjoyed.
- One member of staff told us, "We have gardening activities where people have grown their own vegetables and we have competitions for the best looking flower bed."
- There was an activity and resource centre on site where people could attend if they chose to socialise with people from the other houses and complete activities such as cooking or games.

### Improving care quality in response to complaints or concerns

- The registered manager had a complaints procedure in place and responded to any complaints in a timely way.

### End of life care and support

- Staff and the registered manager could support people at the end of their life.
- The registered manager told us they had previously involved family, the Palliative care team and GP to support a person at the end of their life.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture  
 Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge of all areas.
- There was a positive management structure in place which was open and transparent and available to staff when needed. From talking with staff, we saw there was effective communication and support within the staff team.
- Staff shared the manager's vision for the service to continuously improve to help people reach their goals and promote well-being. One member of staff told us, "We want to promote people's well-being and independence and give them what they want in life."
- The registered manager met their regulatory requirements to send the CQC notifications when required to do. They also promptly responded to any request for information we made.
- We saw the registered manager clearly displayed the rating for the service and the previous inspection report.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility

- Staff spent time with people discussing their goals and aspirations for the future.
- Staff supported people to be as independent as possible and worked with them to develop and maintain their independence.
- The registered manager understood their responsibilities under duty of candour. Where necessary they worked with external agencies to investigate any concerns raised.
- The registered manager was aware of their duties under the new general data protection regulations. We found people's information was kept secure and confidentiality was maintained.

Engaging and involving people using the service, the public and staff

- People were actively involved in improving the service they received. Staff sought people's views through 1:1 meetings and at house meetings.
- One person told us, "We have meetings together we generally get along 80% of the time."
- We saw from meetings response boards were made of 'you said we did'. For example, people said they wanted to access the zoo more frequently so yearly zoo passes were obtained.
- The provider sent out a yearly questionnaire to people, relatives, staff and other health professionals to gain their feedback. This feedback was displayed and actions taken.
- The registered manager used different ways with engaging with the public and local community, for

example, they had grown pumpkins and made these available free to residents at Halloween.

#### Continuous learning and improving care

- The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people.
- We saw they had recently introduced a new system for auditing and updating people's care plans. This system was working well and seemed very effective in keeping people's care needs up to date.
- Action plans were formulated and acted upon when necessary as a result from audits or from meetings with people.
- The provider had systems in place to support the registered manager and staff with continuous learning and career development.

#### Working in partnership with others

- The registered manager involved other health professionals in people's care and worked in partnership with them to ensure people had all the support they required.
- The registered manager actively sought links with the local community so that people could integrate and feel part of the community. For example, people attend the local country club for fitness and leisure activities.