

The Oaklea Trust

# Yealand Drive (Adult Care Home)

## 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 carried out this announced inspection on 7 and 16 November 2017. Our last inspection of the home was carried out in August 2015. At that inspection we rated the service as good. At this inspection in November 2017 we found the service remained good.

Yealand Drive (Adult Care Home) provides personal care and accommodation for up to five adults who have a learning disability. The home is in a residential area of Ulverston in south Cumbria. People have their own bedrooms which are on the ground and first floor of the home. There are suitable shared facilities including toilets and bathrooms, a large sitting room, dining room and kitchen.

There was a registered manager employed in the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living in the home. Hazards to people's safety had been identified and managed. People were given information about how to maintain their safety.

Robust systems were used when new staff were employed to ensure they were suitable to work in the home. The staff received training to ensure they had the skills to provide people's support in a safe way. The staff knew how to identify and report abuse.

Medicines were handled safely and people were supported to access appropriate health care services. People received the support they required to maintain good health.

The focus of the service was on promoting people's rights. 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 supported this practice.

People were provided with meals and drinks that they enjoyed. The staff were knowledgeable about the support people required to enjoy their meals and drinks safely and this was provided.

People liked the staff employed in the home. The staff treated people in a kind and respectful way. The staff promptly identified if people were unwell or anxious and provided assistance as individuals required.

Care was assessed, planned and delivered to meet people's needs. People who lived in the home, and others who knew them well, were included in planning their support.

People knew the registered manager and were confident approaching her. The registered manager worked with the staff in the home and had good oversight of the service. The registered manager and staff carried

out checks on the premises and quality of the service to ensure people received a high quality, safe service that met their needs.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Yealand Drive (Adult Care Home)

## **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.

Yealand Drive (Adult Care Home), (Yealand Drive), is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Yealand Drive accommodates up to five people in one building which is in keeping with neighbouring properties. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 7 and 16 November 2017. We gave the provider 24 hours' notice of our visit to the service on 7 November 2017 because this is a small home and people are often out during the day and we needed to be sure that someone would be in. The registered manager was not present at our inspection on 7 November 2017. We arranged to visit the home on 16 November 2017 to speak with the registered manager.

The inspection was carried out by one adult social care inspector.

There were four people living in the home when we carried out our inspection. During our visits we spoke with all four of the people. Some people had complex needs and could not easily share their views with us. We observed how staff interacted with people and spoke with three staff who were working in the home and

with the registered manager of the service. We looked at the care records for three people, staff training records and records related to how the home was managed.

Before the inspection we reviewed the information we held about the service. We also contacted local health and social care commissioning teams to obtain their views of the home.

# Is the service safe?

## Our findings

We asked people who could speak with us if they felt safe living in the home. People told us they "always" felt safe and said the staff gave them advice about how to maintain their safety.

The staff we spoke with told us they had received training in how to provide people's care safely and how to identify and report abuse.

People told us there were enough staff employed in the home. During our inspection we observed that people received the support they required promptly because there were sufficient staff working in the service.

Robust checks were completed before new staff were employed to ensure they were suitable to work in the home. All new staff had to provide evidence of their good character and obtain a check against records held by the Disclosure and Barring Service. This helped the provider to ensure the suitability of new staff.

Risks to people's safety had been assessed and actions taken to manage them. The staff knew how to support people to maintain their safety while respecting their rights.

People told us the staff in the home gave them the support they needed with taking their medicines. The staff told us they had completed training to give them the skills and knowledge to support people to take their medicines safely. Medicines were stored securely to prevent their misuse. People received the support they required to take their medicines as their doctors had prescribed.

The premises were safe for people to live and work in. The staff carried out regular checks on the premises to ensure they were secure and that equipment was safe to be used. The registered provider had also employed specialist external companies to carry out reviews of the safety of the premises and equipment.

Each person in the home had a detailed personal emergency evacuation plan, (PEEPs) to guide staff on how to support them to leave the home in the event of an emergency. We found the PEEPs accurately reflected the support individuals would require and were reviewed if an individual's needs changed.

People were protected against the risk of infection. The staff were knowledgeable about how to control infections and there was suitable equipment provided such as disposable gloves, hand washing facilities and disposable hand towels. Throughout our inspection we saw all areas of the home were clean and free from odour.

# Is the service effective?

## Our findings

People told us the staff who worked in the home knew how to provide their support and were "good at their jobs".

Needs assessments had been completed to identify the support people required. Appropriate specialist services had been included in assessing individual's needs to ensure support could be provided in line with best practice principles.

Some people who lived in the home had complex needs and the staff had completed a range of training to give them the skills and knowledge to provide people's care. The staff we spoke with told us they had received appropriate training to work in the home. This was confirmed by the training records we looked at.

All of the staff we spoke with told us they felt well supported by the registered manager and senior staff employed in the service. The staff had regular formal meetings with a senior person in the home where they could discuss their practice and any training needs.

People told us they were provided with meals and drinks that they enjoyed. The staff in the home were aware of people's needs and preferences around their meals and drinks. We saw that people received the support they required to enjoy their meals safely. Throughout our inspection people were given a choice of hot and cold drinks and were supported to enjoy these.

People were supported by appropriate health services. These included local GPs, dentists and opticians and specialist services appropriate to their needs. Where health services had given advice about how to support individuals we saw this was included in their support plan and the guidance was followed by the staff in the home. People received the support they needed to access appropriate services and to maintain good health.

The premises were suitable to meet people's needs. They were domestic in character and in keeping with neighbouring premises. People who lived in the home were included in choosing the décor and furnishings and the environment provided homely and comfortable accommodation for people to live in. We saw that people could move independently around the home, accessing the communal areas and their own rooms as they wished.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes



and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The registered manager and staff in the home had completed training around the principles of the MCA and how to ensure people's rights were protected. Where the registered manager had identified that people required restrictions on their liberty, to ensure their safety, a DoLS had been applied for. At the time of our inspection the DoLS applications were in the process of being assessed by the local authority as the supervisory body.

The service focussed on respecting people's rights. We saw that people only received support with their agreement. The staff knew how people who could not verbally give consent showed they agreed to their support. People's rights were respected in the home.

## Is the service caring?

### Our findings

People who could speak with us told us they liked the staff who worked in the home and said the staff were "nice". We asked people if the staff treated them in a kind and caring way. People told us the staff did treat them kindly.

We saw people who could not express their views were comfortable and relaxed around the staff who were on duty in the home. Throughout our inspection the staff were very attentive to people and treated people in a caring and respectful way.

The staff knew people well and spoke with individuals about things that mattered to them. They gave people their time and we saw people enjoyed talking and joking with the staff on duty.

The staff understood how people's mood and actions could show they were anxious or feeling unwell. The staff knew how to reassure and support people. They gave people prompt and appropriate support to reduce their anxiety and to manage minor ailments.

People were supported to maintain relationships that were important to them. This included seeing their families and friends. One person told us the other people who lived in the home were their friends and said they liked all the people they lived with.

People's independence was promoted. They were included in looking after their own rooms and in developing skills of daily living. The care records we looked at included guidance for staff on how to support individuals to carry out tasks themselves.

Throughout our inspection we saw people's privacy and dignity were promoted. People were supported to maintain their appearance and guided to maintain their personal hygiene. The staff discreetly checked that doors to private areas, such as toilets and bathrooms, were closed while people were using them. The staff consistently spoke to people in a friendly and considerate way and treated each person as an individual and with respect.

The registered manager of the service was knowledgeable about local advocacy services that could support people to express their views. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes. One person was a member of a local advocacy group and was supported to attend activities they held. People who lived in the home had access to support from appropriate agencies to share their views.

# Is the service responsive?

## Our findings

People who could speak with us told us they had been included in planning the support they received.

Each person who lived in the home had a detailed support plan that gave information for the staff about the choices they had made about their lives, their preferences and the care they required.

The records we looked at showed that individuals, and others who had them well, had been included in developing the support plans.

One person showed us their support plan and said it included information about things that were important to them such as the activities they liked to do and the people they liked to spend time with.

The staff we spoke with said the support plans gave good information and guidance about how to support people. The support plans had been reviewed as people's needs changed to ensure they remained accurate and gave the staff up to date information.

Each person had a detailed document called a hospital passport. These included important information about the individual, their needs and preferences, any known risks to their safety and how they communicated. The hospital passports were used if a person needed to attend hospital to give the staff there information about the person.

The staff told us how they supported people if they had to attend or be admitted to hospital. Processes were in place to ensure individuals received the support they required to attend the hospital and to manage any anxiety they may feel in an unknown or different environment.

During our inspection we saw that people chose where and how they spent their time. People could spend time in their own rooms or in one of the communal areas in the home as they wished. The staff knew people well and suggested activities they may wish to take part in.

Two people were going to visit a local town centre, supported by a staff member. One person told the staff member that they wanted to visit a local restaurant as part of their visit to the town. The staff member who was supporting people in their visit immediately agreed to the person's suggestion. When the individuals returned to the home they told us they had visited the restaurant as they wanted and enjoyed this. This showed the service was responsive to people's wishes.

At the time of our visits to the home there was no one approaching the end of their life. The staff in the home had completed training in how to support people as they approached the end of life. This meant the staff would have the necessary knowledge to support people as they required.

The registered provider had a procedure for managing complaints about the services it provided. A copy of the complaints procedure was available on the registered provider's website. This meant it was available for

people who lived in the home and their families to access if they required.

Two people who could speak with us said they had no complaints about the service they received. One person told us they would "definitely" speak to a staff member or to the registered manager if they had any concerns about the support provided.

## Is the service well-led?

### Our findings

People who could speak with us said they liked living at Yealand Drive (Adult Care Home) and told us it was "a good place to live".

This was a small home and the registered manager worked with the staff. This meant she kept good oversight of the service and was available and accessible to people who lived there and the staff employed in the home.

We asked people if they thought the registered manager was good at her job. People who could share their views told us she was.

The registered manager was supported by senior support workers. The staff we spoke with said they felt well supported by the registered manager and senior support workers.

The focus of the service was on providing people with a high quality service that promoted their rights and independence. The atmosphere was inclusive and the staff consistently engaged with people who lived in the home. We saw the staff understood their roles and responsibilities. The home was a relaxed and comfortable place for people to live.

People who lived in the home were involved in decisions about how the service was provided. This included meetings where planned changes to the service were discussed and informally by staff asking people for their views and giving people choices about their lives.

The registered manager and staff carried out checks on the premises and quality of the service to ensure people received a high quality, safe service. Where the registered manager identified areas that could be further improved these were included in the service continuous improvement plan for action to be taken to address the areas identified.

The registered manager told us she felt well supported by the registered provider. She said she was supported to make improvements to the home to ensure people continued to receive a high quality service.

The registered manager had developed relationships with partner organisations including the local authority who commissioned the service and with other care services. She had worked with appropriate partner agencies to ensure that people received the support they required. She also ensured that appropriate action was taken if the support a person required changed such that the home was no longer able to meet their needs.