

Community Homes of Intensive Care and Education Limited

Ocknell Park

Inspection report

Stoney Cross
Lyndhurst
Hampshire
SO43 7GN

Tel: 02380814255
Website: www.choicecaregroup.com

Date of inspection visit:
22 December 2022
28 December 2022

Date of publication:
03 February 2023

Ratings

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

Summary of findings

Overall summary

About the service

Ocknell Park is a residential care home] providing personal care to up to 12 people. The service provides support to younger adults who have learning disabilities or autistic spectrum disorder or who are living with mental health conditions. At the time of our inspection there were 6 people using the service.

Ocknell Park can accommodate 11 people in the main premises and a further person in a self-contained annex in the grounds.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported by a staff team familiar with their needs and wishes. One to one staff supported individuals according to their care plans and maintained a safe distance keeping people in sight but not crowding them. Staff had completed relevant training and were recruited safely to ensure they were suited to working with people who have learning disabilities. People were supported to take risks to enable their participation in their community or activities they were interested in.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care

We saw caring and appropriate interactions between staff and people and staff used de-escalation techniques to support people who needed additional support. People who had previously been reluctant to participate in community activities had developed interests locally with staff support.

Right Culture

Recent changes to the management team had improved staff morale and had ensured people's care was person centred and less restrictive. Staff members told us they felt supported by management and the service was one agency staff enjoyed working at.

During our inspection we found some areas that needed improvement. The provider replaced fixtures in the laundry immediately after the inspection and improvements we had asked for in medicines were also completed before we completed our report. The provider was committed to ensuring a safe service for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 8 June 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing numbers, lack of male staff, care plans not being followed, violent incidents and staff concerns at speaking up. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from these concerns. The overall rating for the service has changed remained good, based on the findings of this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ocknell Park on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Ocknell Park

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 3 inspectors, one of whom was a medicines specialist. An Expert by Experience contacted relatives by telephone after the inspection to obtain feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ocknell Park is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ocknell Park is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post, however a manager had been recruited to the role and would apply to be registered by CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we already held about the service. We used this information to plan our inspection.

During the inspection

We spoke with 3 people about their experiences living at Ocknell Park. We also spoke with the manager, 2 deputy managers, 2 regional deputy directors, the cook, 3 support workers and a visiting GP.

We looked at 5 financial records, 4 care records, staff records for 3 Ocknell Park staff and 5 agency staff inductions and multiple medicines records. We reviewed multiple records relating to the management of the service.

Following the inspection we spoke with 5 relatives to get their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has Remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and staff were aware of the procedure to follow should they suspect abuse had occurred.
- Concerns were raised with the local authority safeguarding team and notifications were made to CQC about incidents of suspected abuse.
- Each month a safeguarding report is sent to regional directors and the quality team for analysis.
- There were themes to safeguarding concerns including people absconding from the service. As a result, the provider had good working relationships with local police who attended places people were known to go and safely returned them to the service.
- Staff completed training in safeguarding and were also familiar with the term whistleblowing and understood they could raise concerns about colleagues should they arise. The provider had arranged an external contact for concerns to be raised with to ensure staff could remain anonymous.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks had been assessed and actions taken to mitigate remaining risks. One to one support was in place for some people to ensure their and others safety.
- Risks associated with the environment had also been assessed and controls such as keypad or sensor entry systems prevented unaccompanied access to the laundry for example.
- Required servicing and testing of fixtures and fittings such as the fire alarm system and gas and electrical installations had taken place and were within date. Additional checks were completed by the provider including weekly fire alarm tests.
- Accidents and incidents were recorded and analysed to see if there were any actions to be taken to minimise future reoccurrences. Findings were shared with staff at team meetings or handover.
- The provider had a quality team and reports were submitted by the manager for further analysis.

Staffing and recruitment

- The provider completed all required pre-employment checks prior to staff commencing in post. This included obtaining full employment histories with explanations for any gaps in employment, references from previous employers and Disclosure and Barring Service, DBS checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff completed an induction when commencing with the provider and completed mandatory training before working with people.
- Staff told us they were satisfied that most of the time sufficient staff had been deployed to support people. There were funded 1 to 1 hours that were covered along with staff to support those people who did not have

1-1 funding. Should there be too few staff on duty, the manager and deputy managers had completed the necessary training to work alongside support staff and did so as required.

- One relative was concerned they had not always been informed of staff changes. Their family member had health needs that required staff to be familiar with and when staff changed they were concerned the new staff may not be sufficiently trained. We found no impact on people from these concerns.

Using medicines safely

- People were supported by staff who did not always follow safe systems and processes to administer, record and store medicines. We raised this with the provider and they immediately implemented improvements.
- Where the service used in use medicines expiry dates for liquid medicines, they did not reflect the manufactures directions but were a blanket 6 months. Therefore, we were not assured these medicines would remain effective for the full period. There was minimal impact on people as under usual circumstances the medicines would have been used within a safe timescale. The provider clarified directions for use and storage following our inspection, improving labelling of in use medicines.
- Variable dose and when required medicines protocols were available to assist staff for some, but not all medicines and differed in the level of detail they contained. Therefore, we were not assured that concerns would be escalated, or these medicines would be offered consistently by staff to the people they were supporting. We asked the provider to update their protocols to ensure all were detailed and guided staff when and how to administer when required medicines. The provider sent updated protocols with clear paths for escalation and information for staff.
- Most people's medicines administration records included a summary of their medicines including common side effects. However, these were not always consistent with the medicine's administration record. Nor were the staff guided on which common side effects were high risk requiring urgent escalation. The provider updated all medicines summary to reflect their latest medicines as prescribed and on their MAR's.
- Staff assessed whether it was safe for people to administer their own medicines. However, safe storage of medicines was not available for people administering their own medicines. Also, where this was not safe, people were not encouraged or supported to take part in other medicines tasks that might have been suitable to promote their independence, and this is an area where the approach of staff could be developed further. We spoke with the provider about self-administering and they have since provided us with photos of individuals medicines storage and a more current self-administration of medicines policy and procedure.
- Concerns we had about medicines storage temperature records had been alleviated by the provider updating their record sheet to reflect maximum, minimum and current temperatures to give more comprehensive information about storage conditions.
- People could take their medicines in private when appropriate and safe.
- Staff followed national practice to check that people had the correct medicines when they moved into a new place or they moved between services.

Preventing and controlling infection

- The premises were clean and there were no malodours. There was a housekeeper to maintain hygiene in the home and people were supported to clean their own rooms.
- One area of the premises caused concern. The laundry had a sink unit with excess limescale and deteriorated worksurface. We asked the provider to replace the unit and shortly after our inspection they supplied photo evidence showing a new sink and unit which was now compliant with good infection control practice.
- On entry to the premises and around the building were hand sanitisers and staff wore personal protective equipment, PPE, appropriate to the task they were completing. When we inspected, guidelines had just been changed and facemasks were no longer required to be worn within services. Staff continued to wear them until confirmed by the provider.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visitors to the service usually contacted staff before attending and an informal appointments system was still being run to ensure there were not too many visitors at any one time in the premises.
- People were able to visit and stay with relatives and access the community as they wanted.
- Throughout the pandemic the provider had enabled either visiting in the garden or at windows or phone or video calling to ensure people did not lose contact with friends and family.
- We were assured the provider was enabling visits in line with current guidance.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Prior to admission, detailed assessments of people's needs and requirements took place and a transition process began. People would visit for tea, to join activities, then to stay for short periods before moving to Ocknell Park on a permanent basis. This gave them plenty of time to get to know the service and staff to ensure a smooth move.
- Care records held a wide range of assessments and plans. One person had a number of health conditions. In addition to their assessments and care plans, general information about the conditions had been sourced to give a fuller insight into them.
- There were clear epilepsy care plans with good descriptions of seizures to aid staff dealing with people in emergency situations.

Staff support: induction, training, skills and experience

- Staff completed an induction on commencing in their post at Ocknell Park. Agency staff providing cover also completed an induction on arrival at the service before commencing their duties. This ensured they were familiar with people and tasks.
- Staff new to working in caring roles completed the care certificate following their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff completed extensive mandatory training, some online and some face to face training. Staff at Ocknell Park had a completion rate of from 80% to 100% for all mandatory courses including, for example, data protection, basic life support and epilepsy.
- The provider encouraged staff to continue with training and obtain qualifications including level 3 and level 5 diplomas. Several staff had enrolled in qualification training at Ocknell Park.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a cook in post at Ocknell Park who did most of the cooking for people however 1 person cooked their own meals with support.
- Menu's were chosen by people and meals were generously portioned and looked and smelled appetising. Two choices of main meal were offered to people and other options were available should they want something different.
- Meals could be prepared to reflect people's specific needs such as a person needing a softer diet. The cook catered to each person's needs and wishes as far as possible.
- The cook was also keen to support people to cook for fun and was hoping to develop this with them as

time went on.

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

- The premises were mostly well decorated with a few areas of chipped or worn paintwork that we pointed out to the provider.
- We saw rooms that were clean and tidy and appropriately decorated for people. Personal possessions made each room look person-centred and homely.
- Rooms had locks so people could be private or lock their rooms when not in them.
- Communal areas such as the lounge and dining area were spacious and comfortable and there were 2 very large dining tables, each able to easily around 8 people meaning, when fully occupied, people could still have meals together with staff should they want to.
- The grounds were very large and there were plans for people to start to grow their own vegetables in future along with picking the wild fruits to cook with. We also saw a substantial fishpond where people could relax.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- GP's and district nurses attended Ocknell Park to provide healthcare support to people. A GP told us the staff were open and provided good information as needed.
- People were supported to attend appointments as needed however there were difficulties in accessing a dentist as there were no available NHS dentists in the area.
- The provider had their own behavioural support team who regularly visited the service to ensure people had current and accurate behaviour support plans and were being supported in the most appropriate manner. They also reviewed any incidents and offered feedback and debriefings.

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

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We were not assured from records that the provider had a clear understanding of the MCA however we were told this had been identified by the new management team who were working through all MCA assessments, best interest decisions and DoLS applications to ensure they had been correctly completed.
- We saw assessments of capacity and some best interest decisions however more work was needed to ensure people were supported with decision making. The provider had already commenced this work and told us they would complete it as soon as possible.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team and regional director had an open-door approach and we saw people and staff accessing them throughout our inspection.
- Relatives were happy with the care provided for people. One relative told us, "[Person's name] is very happy there. We are happy with him being there. [Person's name] has moved a lot over the years and this placement is the best so far. It is safe and they are kind, good and caring. We have no reason to worry".
- There had been a number of worrying whistle-blower disclosures to CQC prior to our inspection. They detailed a number of concerning practices and incidents taking place at Ocknell Park. The provider investigated the concerns and were so committed to ensuring there was no poor practice in the service, engaged an independent investigator. The claims were almost completely unfounded and those that had possibly happened described historical events from several years ago. We were assured the provider had been open and honest and had ensured claims had been fully investigated.
- The provider had policies on and understood their responsibility under the duty of candour. They were open and honest with the inspection team throughout and ensured we had the information we needed as soon as it was available.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Following recent changes to the management team there was a clear structure and 2 deputy managers supported the manager in the day to day running of the service.
- Staff told us they were happy with the new management and felt supported by the manager and deputy managers. We saw staff members constantly discussing people, activities and other matters with the management team, including the assistant regional director, all of whom were happy to help.
- Notifications of significant events were submitted to CQC as required and the provider routinely alerted the local authority safeguarding team should concerns arise.
- The staff team were working with people and providing appropriate levels of support and had also been working to reduce the 1 to 1 hours for those people who needed less than when they had first been assessed. One person was now able to have a more discreet 1 to 1, staff monitored them by keeping them in view rather than supporting them closely. This was due to staff supporting them in a positive and person-centred way.

- Since the new management team had been in post there had been other positive developments, for example, another person had become more willing to access the community and now enjoyed regular outings. They had previously not participated in activities outside of Ocknell Park.
- Regular audits took place to ensure aspects of the service were running as they should and that they had taken place as required.
- New learning about people was shared with the staff team and relevant professionals such as GP's or behaviour specialists.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Each month there was a keyworker meeting involving people and their allocated support workers. The agendas were set mainly by people and there were opportunities to discuss how people felt their service was going, and to make changes.
- Relatives felt included and involved. One relative told us, "[Deputy manager] and [manager] are very good... They don't keep nothing from us. Before them, we did not know what the staff were doing"
- People's protected characteristics under the Equality Act 2010 had been recognised and any specific needs met.
- There were regular team meetings keeping staff informed and enabling them to contribute views.

Working in partnership with others

- The provider worked with health and social care partners to enable smooth transitions into placements and to ensure people's health and wellbeing were maintained.