The Camden Society

West Oxfordshire Supported Living

Inspection report

Unit 18F
Thorney Leys Park
Witney
Oxfordshire
OX28 4GE

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14 February 2017

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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

This service is based in Witney, Oxfordshire, and provides personal care and support for people with learning disabilities who live in houses in the North Oxfordshire area. There were 22 people receiving support from the service at the time of the inspection.

At the previous inspection carried out on 21April 2015, the service had been rated as 'Good'. At this inspection we found the service remained 'Good'.

People told us they felt safe and staff were aware of their responsibility to ensure people's safety. Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care being provided.

Staff knew what action to take if they were concerned that someone was being abused or mistreated. The provider's whistleblowing policy protected staff to make disclosures about poor staff conduct or practice, and staff confirmed the manager would take responsive action if they reported such problems.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. There were sufficient numbers of skilled staff to meet people's needs and people received their medicines as prescribed.

Records showed staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up-to-date and future training was planned.

Staff felt supported by the registered provider. Staff received regular supervision and appraisal to reflect on good practice and areas for improvement.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and implemented its principles in their practice. They were knowledgeable about protecting the legal rights of people who did not have the mental capacity to make decisions for themselves. The service acted in accordance with legal requirements to support people who may lack capacity to make their own decisions.

People had access to healthcare when they needed it and recommendations from healthcare professionals were implemented.

Care records showed that people's needs had been assessed before they started using the service and care plans were written in a person-centred way. We saw these care plans were reviewed regularly and with the involvement of people who use the service, their relatives and healthcare professionals. We saw professional advice was incorporated into care planning and delivery.

People described staff as kind and caring. People were supported to maintain friendships with the people they lived with and other people who were important to them. People's independence was supported and their privacy and dignity were respected.

The service had a complaints procedure which was made available to people provided with care and support. People told us they knew how to make a complaint if they had any concerns.

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 used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys, spot check and care reviews. We found people were satisfied with the service they received.

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.

Staff were aware of their roles and responsibilities in reducing the risk of harm to people.

Staff recruitment was safely managed to ensure that only suitable staff were employed and in sufficient numbers.

People were supported with their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

People were supported to eat and drink according to their plans of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring.

People received care and support that met their individual needs.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and also had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

Care plans were subject to regular review. People and their relatives were involved in care reviews.

People were supported to pursue activities and interests that were important to them.

Complaints were listened to and people were confident that their views were taken seriously.

Is the service well-led?

Good

The service was well-led.

The registered manager could not always be present at the service but remained available to staff for support all the time.

Staff were supported by the registered manager and told us they felt able to have open and transparent discussions with them.

A range of audits were in place to monitor the health, safety and welfare of people. Quality assurance was checked and action was taken to make improvements, where applicable.

West Oxfordshire Supported Living

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 14 February 2017 and was announced. The provider was given 48 hours' notice as the registered manager was sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure they would be in.

The inspection was carried out by one inspector and an Expert-by-Experience (ExE). An Expert-by-Experience is a person who has personal experience of using or caring for someone who needs to be provided with this type of care service.

Before the inspection we looked at all of the information that we had about the service. This included information from notifications received by us from the provider. A notification is information about important events which the provider is required to send to us by law. Before the inspection the manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. Making the judgements presented in this report, we took the information included in the PIR into account.

During our inspection we spoke with four people who use the service, three care staff members and the registered manager. We looked at various records, including care records for five people, as well as recruitment and training records for five members of staff. We checked the staff-related documentation to see if recruitment, training and support for staff were sufficient for them to provide good quality care. We

also looked at other records relating to the monitoring of the quality of the service, such as complaints and audits completed by the provider.

Good

Our findings

People told us that they felt safe and were satisfied with the care and support they received. One person said, "Yes, I feel happy and safe here". Another person told us, "I like it here. It's safe and the carers know me and my ways".

Staff knew how to protect people from the risk of abuse. Staff told us and records confirmed they received regular safeguarding training. They understood the different types of abuse that could occur and how to report any concerns. A member of staff told us, "I would report things like abuse to my manager immediately. If they did not do anything, I would report it further to their manager or to the local safeguarding team". Any issues identified by staff had been reported and investigated appropriately. We saw that the provider had taken the necessary steps to protect people against the risk of abuse.

Prior to people receiving support, risk assessments were undertaken at the initial assessment stage. These included risks associated with eating, drinking and mobility. A full risk assessment was written up when the person started to use the service, and was regularly reviewed. When we looked at the risk assessments and associated care plans, we saw detailed instructions were in place for staff to follow in order to provide people with safe care. Each assessment highlighted potential hazards, specifying who might be at risk and the precautions that should be taken to minimise the risk. Identified areas of risk depended on the individual and included areas such as accessing the community, epilepsy, swimming and self-administering medicine. This meant risk assessments were used to promote people's independence by minimising risks to their safety without restricting their freedom.

We looked at the arrangements for safeguarding people's money. Where a person was unable to manage their own day-to-day money and expenses due to a lack of understanding, appropriate arrangements were in place for staff to manage their finances. All money spent on the behalf of people was recorded and receipts were obtained. The registered manager conducted audits of people's finances to check if the service's policy on handling people's money was appropriately followed. The system protected people effectively from the risk of financial abuse.

The service followed safe recruitment practices. All applicants had completed an application form which required them to provide details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer, including references and Disclosure and Barring Service (DBS) checks. DBS checks are carried out to check on staff's background and to check if they have been placed on a list for people who are barred from working with vulnerable adults or children. This assisted the

registered provider to make safer decisions about the recruitment of staff.

During our inspection we saw that there were sufficient numbers of staff to meet people's needs. There were enough staff to provide people with support at home and to assist them, where needed, with attending appointments, accessing the local community or going on shopping trips. Staff told us that there were enough of them on duty to assist people with their care and support needs either at home or going out in the community. A member of staff told us, "I believe there are enough staff to meet our clients' care needs". We saw that the manager and the team leader monitored staffing levels and where people's needs changed, staffing levels were amended to ensure people's needs were met.

We saw the medicine administration records (MAR) of people that we visited had been accurately completed and showed that medicines had been administered as prescribed. The level of assistance that people needed with their medicines was recorded in their support plan. MAR charts were monitored by the management team to ensure that medicines were accurately recorded and administered. We saw that medicines were stored securely and safely.

Medicine training sessions were provided and refresher training was given annually. Staff received competency checks following their training to ensure they were administering medicines safely and further training would be provided where required.

The service had arrangements in place to deal with emergencies. Each person had their own personal emergency evacuation plan (PEEP), with specific details of each person's evacuation needs in the event of a fire or other emergency.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions.

Good

Our findings

People we spoke with told us that they received effective care and support. One person said, "The carers are all right. They know my needs".

New staff followed a clear induction process. When a new employee was appointed, they were required to complete the Care Certificate standards. The Care Certificate is a nationally recognised qualification which helps new care workers to develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

The training matrix and individual records showed what kind of training staff had completed and when they were due for refresher training. Training sessions included moving and handling equipment, first aid, fire safety, epilepsy, autism and safeguarding adults. Staff told us, "We are provided with good training opportunities".

Staff felt supported in their roles. A member of staff told us, "I feel supported very well by our management team, we are lucky to have such a great team here in Witney". Staff had access to regular supervision and appraisal. Supervision is a meeting for staff to discuss and improve their practice, raise issues and access the support required to fulfil their role in a formal way. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes enable staff to reflect on their work to benefit themselves and the people they support. We saw that staff were encouraged to raise issues regarding the people they supported as well as any issues that may have an impact on their role.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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 make 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.

During our inspection we found the provider was working within the principles of the MCA. Staff were able to give examples of how they asked for permission before doing anything for or with a person when they provided care. For example, people were shown a choice of clothes to wear or food to eat

to choose from. Staff were aware that any decisions made for people who were assessed as lacking capacity had to be in the person's best interests. A member of staff told us, "This is to protect individuals who lack capacity to make their own decisions". Another member of staff told us, "I have received MCA training and it is often discussed at our monthly team meetings".

People received the support they needed to ensure their diet was nutritious and well-balanced. Staff had a good understanding of each person's nutritional needs, which had been assessed and appropriately documented with guidelines on how these needs were to be met. Staff were aware of people's dietary requirements and preferences and provided specialist diets as needed. For example, a diabetic diet. People told us they liked their food. One person told us, "I cook and the carers help me. My favourite is homemade stir fry and noodles".

People had access to relevant professionals as and when required. People were supported to see their GP or dentist whenever they needed. One person told us, "The carers come with me when I need to go to the doctor or dentist". The service also sought support from other professionals such as a speech and language therapist (SALT) and district nurses when required. There were clear health action plans in place for staff to follow which ensured people received the right health support.

Healthcare professionals we spoke with were positive about the service and felt that the communication was professional. They told us information was exchanged in a timely and efficient manner. They also told us they were able to discuss any changes and issues regarding people's care and support.

Good

Our findings

People told us staff who supported them were kind and caring. One person said, "My carer is like a friend to me". Another person told us, "They are friendly and let me be independent here".

Staff clearly knew people and had a good rapport with them. For example, two people came to the office during our inspection. People appeared to be comfortable and at ease with the staff who supported them. We saw that staff assisted people, when needed, in a kind, attentive and prompt way.

Staff told us they promoted people's privacy by knocking on people's doors to ask for permission before entering their rooms. Staff also excused themselves when they needed to leave the room and explained why they had to go and when they would be back. People were addressed by their preferred names. Staff members were aware of the lifestyles people had enjoyed before they moved into the service and had good knowledge about people's relatives, interests and hobbies. This information was used by staff to provide continued and consistent support to people. This enabled people to maintain their contact with relatives, for example through visits or sharing gifts and cards on special occasions.

Each person had a key worker who helped them monitor and address their care needs on a daily basis. A key worker is a member of staff that works with and in agreement with the person who uses the service and acts on behalf of that person. The key worker has a responsibility to ensure that the person has maximum control over various aspects of their life. For example, one of the keyworkers assisted a person with planning their activities or making arrangements for their holiday.

Regular key worker meetings were organized to prepare people for upcoming events, to reassure them by answering their questions and providing any additional information they may need. For example, the meetings were held to inform people about appointments with healthcare professionals and obtain people's views on the care they received.

Daily records showed that people's support needs were monitored and that any significant events that had occurred were recorded. We saw that some documents in support plans had been produced in a pictorial format where needed. As a result, people could be assisted with visual clues, which enabled them to indicate choices about their care and support. This showed us that the provider gave people information in appropriate, varied and individualised formats to meet their communication needs.

People's independence was promoted and staff supported people to make choices about the various

aspects of their day-to-day lives. For example, choosing a meal for the evening or organising a trip. One person told us, "I can make choices like now. I am going to have a cuppa and put my feet up as I am tired, as I have just got home from work". Another person said, "Yes, I can make decisions".

People told us they were involved in planning their care and could decide how their care should be delivered. One person told us, "I have a care plan in my room and the carers will help me change it if I want to". Another person said, "I have my care plan and talk to the carers about it. Yes, I think I am listened to".

People benefited from the service respecting the importance of equality and diversity. Information about people's cultural and religious needs was collected at their initial assessment and clearly recorded in their support plans.

We saw that records containing people's personal information were kept in the main office which was locked and no unauthorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer. These precautions ensured confidentiality and security of sensitive information were maintained.

Good

Our findings

People were involved in planning their care and support when they accessed the service to ensure their needs could be met. The registered manager met people and their relatives in person to complete the assessments. These assessments were used to create a person-centred plan of care which included people's preferences, choices, needs, interests and protected people's rights.

The care plans we looked at were person-centred. Person-centred planning is a way of helping someone to plan their life and support, focusing on what is important to the person. Staff developed their knowledge of people's needs and were able to explain to us how they supported individuals. Care plans clearly described the person, their tastes, their preferences, and how they wanted to be supported. For example, it was important to one person that staff assist them with their laptop. For another person, it was important to visit their parents regularly.

Person-centred care plans were outcome-focused and we saw that people were supported to achieve their goals. For example, one person was supported to go to the seaside for their holiday and to visit a museum with their key worker.

Staff we spoke with confirmed support plans gave them sufficient information to enable them to provide the required care and support to meet people's needs. People enjoyed a variety of activities that interested them. Each person had their own personalised activity plan. For example, one person enjoyed snooker and had had been supported to become a member of a snooker club. Another person enjoyed swimming and was assisted by a member of staff who was also a keen swimmer. The service was flexible in responding to people's needs. Staff provided a wide range of support which included assistance in job seeking, helping to arrange a holiday abroad or helping people to manage their tenancies. In another example, the provider had organised a party in London for people who use the service. Staff told us this had helped minimise the risk of social isolation of people.

We saw when people's needs changed, the service responded promptly. For example, one person had suffered an unexplained and unwitnessed accident. The service had arranged for transport to bring the person to a hospital where it had been found person had fractured their leg. The service had provided the person with post-recovery support in the hospital and in their home after the person had been discharged. In another example, when a person's mental health had deteriorated, they had been referred to mental health professionals. The professionals told us, "I have found the staff team and Manager to be very responsive; they have sought support from the Community Learning Disability Team (CLDT) when needed,

they have acted on advice I have given, and have good communication with the CLDT". As a result of the intervention, the person's anxiety levels had been reduced..

People knew who to contact to raise any concerns or to discuss issues. People's views on the service were sought regularly and people felt able to contact the office at any time about anything that was important to them. People were confident their concerns would be dealt with immediately and appropriately and were familiar with provider's complaints procedure. One person said, "I would tell [staff] about it if I didn't like it". Another person told us, "I would ring the managers and just told them what my complaint was".

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. There had been three complaints since the last inspection, which had been investigated and resolved.

Good

Our findings

People we spoke with expressed their satisfaction with the service and did not raise any concerns about the care and support that was provided to them. One person told us, "I know the manager and I am happy here. If I had any problems I would talk to my carers' team". Another person said, "I have lived here for nine years and I get on with the manager and my team of carers".

The service had successfully participated in a competition for care awards which had been organised by Oxfordshire Association of Care Providers. The service had been presented with a 'Highly Commended' award for the 'care employer' category. Most staff told us the provider was a very good company to work for and had a good reputation. Staff found the registered manager and provider supportive not only in terms of assistance in care delivery but also in terms of personal relations. Staff described the management as flexible and approachable.

The registered manager was aware of their responsibilities relating to their registration with CQC and had submitted notifications about important events and incidents that occurred at the home.. The manager had completed the Provider Information Return (PIR) which is required by law. We found the information in the PIR to be an accurate assessment of how the service operated.

The provider had quality assurance systems in place to assess, monitor and improve the quality of service. These systems included audits relating to medicines, house safety and support plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one audit had identified that not all support plans were current and reflected people's choices. Appropriate action had been taken to enhance the support plans and ensure they were up to date.

People who used the service were asked for their views about their care and support, and views were acted on. People told us that they had regular contact with the registered manager and the management team. People and their relatives were provided with a variety of ways of commenting on the quality of the care provided, ranging from annual surveys to regular one-to-one discussions during key worker meetings. People using the service told us they were offered opportunities to raise concerns with their keyworker and staff whenever they wished.

We saw records of regular staff meetings. The recent meetings included topics such as holiday planning, new documentation introduced by a psychologist, changes in procedures and supporting people in their workplace. A member of staff told us, "Staff meetings are good for discussing service users and their

problems like health issues or challenging behaviour that have come up. I think they are useful".

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were taken to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "I would report any accidents immediately. This is always important to have a clear log of what has happened as this helps us to find and address the cause of the problem".