

Coveberry Limited

Oakwood House

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

About the service

Oakwood House is a supported living service providing personal care to people with learning disabilities and autistic people. At the time of our inspection there were five people using the service and one person visiting as part of a planned transition.

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's needs were assessed, and care plans were developed with the input of the individual and professionals. Risks to people's safety were considered and clear guidance was put in place to support staff. People were supported by enough staff who had received training and were deemed competent to complete specific tasks. Staff supported people to maintain relationships that were important to them and engage in activities which were person centred.

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

People were treated with dignity and respect. People's health needs were well supported, and people's medicine was safely managed. People were protected from the risk of infection and staff had access to personal protective equipment (PPE). Staff knew how to communicate with people appropriately and ensure they had access to a healthy diet. People were protected from the risk of harm.

Right culture

People, their relatives and staff were confident raising concerns. They were given the opportunity to comment on the organisation and told us they felt listened to. The provider could evidence that lessons were learnt when things went wrong. The provider also carried out regular audits and shared best practice amongst the staff team. Managers worked with outside agencies to support people to achieve their goals and maintained good oversight of the progress people made.

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

Why we inspected

This service was registered with us on 18 May 2022 and this is its first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all supported living 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.

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 caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

Oakwood House

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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 7 September 2022 and ended on 14 September 2022.

What we did before the inspection

We reviewed information we already held on the service. We contacted the commissioners for the service as

well as relevant health and social care professionals to gather their views. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During this inspection we spoke with three people who use the service and two relatives. We spoke with eight staff, including the registered manager, deputy manager and support workers. We also reviewed email feedback from three staff members and feedback from professionals which included community nurses, therapists and social workers. We reviewed the care plans for three people and looked at a variety of records used within the service including policies, training records and audits

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff received training in recognising and reporting the signs of abuse and told us they felt confident raising concerns.
- People knew how to raise concerns themselves and had the additional support of a visiting advocate who could speak on their behalf if necessary. We spoke to an advocate on site and they told us, "We visit on a regular basis and people know they can use us to raise concerns. People have used us to raise issues outside of the service, but we have received no reports about Oakwood. People seem happy here and tell me they feel safe."

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

- Risks to people's safety were managed and a positive approach to risk taking was adopted. If something went wrong, a thorough review was carried out to ensure all appropriate action had been taken and any lessons learnt were shared amongst the team and wider professional network.
- People had positive behaviour support plans and were involved in the discussion about both the preventative and reactive strategies staff could use to help keep them safe. One person told us, "Staff do keep us safe, sometimes they may have to remove items from my flat to keep me safe but once I have settled, they are always returned."
- The registered manager and the deputy manager carried out a monthly trend analysis for all incidents and the responses taken by staff to mitigate the risk of harm. We reviewed this information and saw over the past twelve months people were needing less restrictions to keep them safe.
- Risk assessments and appropriate equipment was in place to support people in the event of an emergency situation, such as a fire.

Staffing and recruitment

- People were supported by a full complement of staff who had been trained to meet their individual needs. New staff were recruited following the application of robust recruitment procedures which included checking applicants' character, background and qualifications.
- People received their correct hours of support and where possible were involved in decisions about who would support them on a day to day basis.
- The management team encouraged people to form positive relationships with all staff, and this was facilitated by introducing them to unfamiliar staff during activities they were known to enjoy. This ensured in the event of an emergency people would experience continuity of care and staff had effective back up and support. One staff member told us, "I used to work with one person and other people only met me when they were having a bad day and their staff needed support. This wasn't very helpful. It's much better now we are all familiar with one another, and everyone can build more positive relationships."

- The provider filled any short-falls in the rota with their own relief staff and had avoided the need for agency staff for a considerable period of time. One staff member told us, "I used to work here on the agency and once I saw the improvements being made, I was more than happy to transfer to a permanent position. The team here now is really good and work well together"

Using medicines safely

- People's ability to manage their own medicine was assessed and where appropriate people were enabled to manage their own medicines. If support was required, this was provided by staff who had been trained in safe administration and had been assessed as competent by the provider.
- Staff had access to information that explained why people had been prescribed their medicine. As well as access to clear guidance for medicine prescribed on an 'as required' basis. This ensured people only received additional medicine when necessary.
- The provider demonstrated a commitment to stopping over-medication of people with a learning disability, autism or both (STOMP). We saw evidence of medicine reductions which had positively benefited individuals. We were told one person had recently had some of their medicine reduced and they were now more alert, and their verbal communication had increased. This view was supported by professionals who had been involved in the person's care.

Preventing and controlling infection

- We were assured that the provider was supporting people to have safe visits with relatives and professionals.
- We were assured that the provider was supporting people to maintain safe levels of hygiene to minimise the risk of infection. We observed touch points being cleaned in all communal spaces.
- 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's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were comprehensively assessed, and care plans were created with defined outcomes. This ensured people's care could be effectively monitored and staff were aware of the benefits people should experience as a result of the care delivered.
- The provider worked collaboratively with other services to understand and meet people's needs. They made referrals to external agencies and embedded the recommendations of professionals into people's care plans. For example, we found communication guidance produced by speech and language therapists was detailed in people's records.
- People were involved in the creation of their care plans and the choices they made were clearly highlighted. For example, how they wanted to be supported and who they wanted to offer them the support.
- People's care plans were reviewed on a regular basis and people were encouraged to develop and progress in their day to day lives. The latest best practice was adopted such as promoting good oral health care and positive behaviour support.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to support them in their role. A review of the provider's training records confirmed staff received training in understanding adults with learning disabilities alongside subjects such as health and safety, safeguarding adults and data protection.
- Staff displayed a good understanding of people's needs and this was a view supported by professionals. One professional told us, "[Persons' name] seems to have gained increasing trust, over the last 12 months, that their staff team have the skills, ability and understanding to support them when they become anxious or unsettled."

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

- People were supported to maintain a healthy and balanced diet. People had access to fresh ingredients and staff supported them with meal preparation. One person told, "I like the food I eat and some of the staff are really good cooks."
- People could access drinks and snacks when they wanted and choose mealtimes which suited them.
- Staff supported people to monitor their weight on a regular basis and healthy eating discussions increased when notable changes were observed.

Supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare services, and we received positive feedback from people's community

nurses. One nurse told us, "People are well supported, and referrals are made at the correct time when they need more specialist advice."

- People were supported to attend appointments such as chiropody and manage any anxieties around receiving treatment.
- Care plans and risk assessments for specific health conditions such as epilepsy were in place. These ensured staff knew what action to take if and when someone became unwell and potentially needed emergency care.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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.

- The provider could evidence they applied the principles of the MCA and any decisions made on people's behalf were in their best interests.
- Applications to deprive people of their liberty via the court of protection had been made and, all the necessary documentation including, professional witness statements were available for review. The court of protection were yet to hear several the applications, but the provider had done all that was in their remit and continued to monitor the situation.
- We found no evidence of blanket restrictions being applied and staff described a clear commitment to reduce the number of restrictions people experienced. We found evidence of alternatives to restraint being trialed for a person who was at risk of harm when experiencing distress. In several instances this had proved effective.
- As part of the inspection we did ask the provider to review their policy which governed restrictive practice. This was because the provider operated several clinical settings and some of the language used in the standard policy was not representative of a community setting. The registered manager immediately implemented a new policy which better represented Oakwood House and the standards staff were expected to uphold. We found no indication this policy had had a negative impact on people's experience at Oakwood House.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff. We observed staff speaking to people respectfully and people told us the staff were kind to them. One person said, "The staff are great, they are always good and kind to me even when I am having a bad day." Another person said, "Yes, the staff are good to me."
- Professionals who had visited the service provided us with positive feedback. One nurse told us, "We all noted that there was a calm atmosphere, that the environment was clean, interactions with tenants were respectful and appropriate."
- Staff worked with people to understand their diverse needs. This included the language used around them. For example, one person was sensitive to language they felt was patronizing or infantile. The management team supported them by documenting examples to share with other staff members to avoid any negative feelings from occurring.

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

- People were actively involved in decisions about their care and staff encouraged people to increase their autonomy regarding certain decisions. For example, one person had historically always had the times they went for a cigarette controlled by staff and a strict schedule. Staff were now working with the person to enable them to decide when they wanted to go for a cigarette, and this had improved their self-confidence.
- We observed the registered manager involving people in discussions about their care plans. They gave them time to reflect on information before decisions and updates were made.

Respecting and promoting people's privacy, dignity and independence

- People chose where they spent their time and if they didn't want to be supported by staff, they were able to go to their flats and spend time on their own.
- People were supported to increase their independent living skills and learn new things either at home or by completing college courses. People were also encouraged to maintain skills they had already acquired. Care plans highlighted when people may be at risk of self-neglect which enabled staff to intervene and offer encouragement at the earliest opportunity.
- Staff discreetly challenged one another when they felt an approach being used was not benefitting the individual. One staff member told us, "We support one another but we also have to challenge each other. Especially when we get new staff as the wrong approach can undermine all our good work."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care which was personalised to them. We received feedback from one professional stating their recommendations were followed consistently by every staff member which ensured a holistic, person centred approach was taken when supporting individuals at Oakwood House.
- The service enabled people to follow their interests and staff were creative in supporting people to engage in a way that suited them. For example, one person enjoyed exploring nature and wanted to learn about plants and animals in a more formal way. Staff created pictorial guides to assist them in identifying and learning about the plants and animals in their local park. This positively benefited the person and gave focus to what they wanted to achieve.
- People were supported to use community resources. The staff worked with resources to support them understand people's needs and slowly increased the various activities people engaged in. Staff were mindful of people not being over stimulated so actively promoted down time between activities so people had time to process what they had done before moving on to something else.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The accessible information standard was being met within the service. People's communication needs had been assessed and their requirements were clearly documented in their care plans.
- People's care plans were presented to them in an accessible format. This supported them to understand how their care would be delivered.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships with friends and family. We spoke with two relatives who were both supported to maintain weekly visits with their relative. One relative told us, "The staff bring [person's name] home once a week to spend time with us. Unfortunately, we can no longer drive to collect them, so this is really important for us."
- People were supported to develop relationships with others living at Oakwood House. We saw evidence of people being supported to watch movies together, share meals and do things together in the local area, such as go for walks to the local park. This gave people the opportunity to enhance their social skills and

limit feelings of isolation.

- People were also supported to follow their interests and join other communities. One person told us, "I have started to go to football matches and I love it."

Improving care quality in response to complaints or concerns

- The provider had a formal complaints process in place and followed the process when required. They kept a log of complaints received, investigations completed and any outcomes or learning they needed to share.
- People were encouraged to give feedback on their care and staff took note of things which might upset people. For example, how they were spoken to.
- Advocacy services were made available to people should they need independent support to speak up.

End of life care and support

- At the time of inspection no one was in receipt of end of life care.
- The service supported younger adults and the registered manager told us this was not an area they had explored with people, but they would look at it in the future. They said, "Although it is a very sensitive subject, it would be beneficial to know what people's wishes were. Especially in the event of an unexpected death."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The culture within the service was person-centred. People had goals and aspirations for the future which they were actively working towards. The staff team had created photograph diaries to record people's progress and these enabled people to share their achievements with families and other interested parties.
- Staff spoke highly of the management team in place and described an open culture. One staff member told us, "The culture here is different now, everyone is focused on learning as opposed to blaming each other when things go wrong. We share ideas and talk about the mistakes."
- This positive view was echoed by professionals. One professional told us, "The communication with the service has improved as this was poor with previous management. I feel the registered manager actually respects the professionals involved and often asks for opinions and advice and isn't afraid to appropriately challenge when they don't feel it's appropriate for the client."

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

- The provider had robust governance checks in place. These covered both the care and support people received as well as health and safety and the environment in which people resided. The registered manager had an up to date action plan for the service which highlighted their priorities within the regulatory standards.
- Clinical governance meetings and team meetings were held on a regular basis. Detailed minutes were kept of the meetings and shared with staff to ensure all were aware of any updates and reinforce the expected standards of working.
- The management team scrutinised all incidents to ensure people received care which was safe and protected their human rights.

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 provider understood and acted on their duty of candour. The team were required to document when it had been applied following any accident or incident.
- Families confirmed the provider contacted them if their loved one had sustained an injury at any point.

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

- People were observed being in constant dialogue with staff and the management team regarding all aspects of their lives.
- Staff had regular 1:1 supervision meetings where they could discuss any concerns or ideas they had for the service. One staff member told us, "Our views are respected, and we have lots of opportunities to talk."
- Professional feedback was sourced via questionnaires and reviewed by the registered manager. We discussed the wording of some of the feedback questionnaires and the need to ensure the language reflected a supported living setting. This was because some of the questions reflected a residential care setting. The registered manager told us this was something they would look to adjust in the future.

Continuous learning and improving care

- The provider demonstrated a commitment to improving the care and support people received. Restrictive practice was under constant review and new approaches were adopted based on best practice and professional recommendations. For example, one professional had recommended some people had breaks between activities to prevent over stimulation. This approach had been adopted and the outcome was increased engagement and enjoyment of activities alongside a reduction in distressed behaviour.
- Concerns were investigated in a confidential and sensitive way. Feedback was provided to the team where relevant.

Working in partnership with others

- Professionals working with people residing at Oakwood House confirmed they worked collaboratively with the registered manager to support care provision.