Surrey and Borders Partnership NHS Foundation Trust

Oakwood

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

Oakwood provides accommodation and personal care for up to seven people with a learning disability and complex needs such as autism. Oakwood is a purpose built building with three flats and four rooms. At the time of our inspection there were seven gentlemen living in the home.

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 and associated Regulations about how the service is run. The registered manager assisted us during our inspection.

At our last inspection in February 2016 we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to take action in relation to ensure they followed the requirements in relation to consent and good governance. Following the inspection the provider submitted an action plan to us to tell us how they planned to address these concerns. We carried out this inspection to check if the provider had made the changes required. We found that improvements had been made in all areas and the regulations were now being met.

People lived in an environment that had been personalised for them and they were cared for by staff who knew them well. People were provided with respect, dignity and person-centred care. Staff supported people to eat a good range of foods and those with a specific dietary requirement had their needs met.

Staff ensured when people required it external health care professional involvement was sought. People received the medicines they required and staff followed good medicine management processes. There was a sufficient number of staff present to help ensure people received the care and support they required, both within the home and when going out to activities.

Activities for people were personalised and individualised and staff encouraged people to be independent and make decisions for themselves whenever possible. People's care plans were person-centred and people were encouraged in developing them.

Staff were following the legal requirements to make sure that any decisions made or restrictions to people were taken in the person's best interests. People were supported to give their views in relation to the care they received.

Staff received a range of training and told us they had regular supervision with their line manager. Staff met regularly to discuss all aspects of the home and they told us they felt listened to by the registered manager. There was guidance in place for staff on how to evacuate people in the event of an emergency.

Accidents/incidents were recorded and reviewed by the registered manager and the provider's services

manager. Actions were taken when appropriate to help ensure that accidents/incidents did not reoccur. Where people were at risk of harm, risk assessments had been drawn up to help ensure people were protected from these risks. Staff knew what action to take in respond to any suspected safeguarding concerns and the provider had carried out appropriate checks to help ensure only suitable staff worked in the home.

Quality assurance audits were carried out to help ensure the care provided was of a standard people should expect. A complaints procedure was available for any concerns.

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.

Medicines were administered and stored safely.

People's individual risks had been identified and guidance drawn up for staff on how to manage these.

There were enough staff to meet people's needs and appropriate checks were carried out to help ensure only suitable staff worked in the home.

Staff knew what to do should they suspect abuse was taking place. There was a plan in place in case of an emergency.

Is the service effective?

Good

The service was effective.

Staff followed the requirements of the Mental Capacity Act (2005).

Staff had the opportunity to meet with their line manager on a one to one basis to discuss aspects of their work.

Staff received appropriate training which enabled them to carry out their role competently.

People were provided with food that was suitable for them.

People had involvement from external healthcare professionals to support them to remain in good health.

Is the service caring?

Good

The service was caring.

Staff knew people well and encouraged and supported people to be independent and make their own decisions.

People were cared for by staff who put people first and showed them respect.

Relationships with those close to people were encouraged by staff.

Is the service responsive?

Good

The service was responsive

People were able to take part in individualised activities both within and outside of the home.

People's care plans were person-centred and contained relevant information for staff.

The registered manager responded to complaints in relation to the service or people's care.

Is the service well-led?

Good

The service was well-led.

Quality assurance checks were completed to help ensure the care provided was of good quality. Any actions identified were addressed.

People were supported to give their feedback on the care they received.

Staff felt listened to and had the opportunity to discuss all aspects of the service and make suggestions through regular staff meetings.

Oakwood

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 was 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 was an unannounced inspection that took place on the 24 March 2017. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR before the inspection to check if there were any specific areas we needed to focus on. The PIR did not show any evidence of risk at this location.

During the inspection we spoke briefly with one person. We were unable to speak to anyone at length because of their communication needs. Instead we observed the care and support being provided by staff. We obtained feedback from four relatives following the inspection. We also wrote to three health and social care professionals requesting their views of the service and received feedback from two.

As part of the inspection we spoke with the provider's services manager, the registered manager and three members of staff. We looked at a range of records about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed.

Good

Is the service safe?

Our findings

A family member said they felt their relative was safe at Oakwood. They told us, "I trust the people (staff) there." They added, "He does not show any signs of being abused." Another said, "He feels very secure there."

Where people were at risk of harm this had been identified and guidance was in place for staff in how to help ensure risks were minimised. One person liked to garden and they had an individualised risk assessment around the use of gardening equipment. This same person could sometimes display inappropriate behaviours when going on external activities. In order to help reduce the risk of this happening staff involved the person in the planning of their trips and assessed the person's mood before they went out.

People were protected from the risk of harm. One staff member told us, "People are safe. If there are any incidents then we fill in incident forms. If we find any marks on people we fill in the forms and each month at supervision we are asked if we have any safeguarding concerns." Another said, "I feel people are safe here, they may not always feel safe with new faces but we do all that we can to protect them from that." There was a pictorial format guidance poster displayed for people on what to do if they felt unsafe. Staff had access to the Local Authority's safeguarding policy as well as a whistleblowing policy. These gave staff information on how to report any concerns they had in relation to the service or the care that people may be receiving.

There were a sufficient number of staff on duty to support people with their needs within the home as well as on any outside activities. We were told some people required one to one support within the home and several people required two to one support when going out to external activities. We looked at the staff levels for the previous two weeks and saw they matched what we had been told – 10 staff during the morning and seven during the afternoon. We saw people who required the one to one or two to one support were receiving it throughout the inspection and saw that no one had to wait to receive the care they required. Several people were out on activities during the morning and there was sufficient staff available to support them to do this as well as retaining the required number of staff within the home to attend to people's needs. One staff member said, "We have enough staff. We plan extra for activities. We have regular staff and we have a good routine."

Where people had an accident/incident appropriate action was taken and full details of the accident/incident was recorded so they could be reviewed by the manager and the provider's services manager. We read of some accidents/incidents relating to people during the month of March and saw that both staff and the registered manager had taken appropriate action. In one instance the registered manager had taken further steps to help ensure that a particular accident/incident would not reoccur as they had recommended additional training for staff.

People received the medicines they required and staff supported people, when they were able to, to self-medicate but with supervision by staff. Good medicine management procedures were followed. Medicines were stored in a lockable cabinet and each person had a Medicines Administration Record (MAR) which staff

completed once people had received their medicine. Each MAR held a photograph to ensure correct identification of people as well as details of people's allergies and any specific information relating to how they liked to take their medicines. One person had difficulty in swallowing their medicines. The pharmacy had drawn up guidelines for staff which they followed to help ensure the person received their medicines in a way they could take them without choking. Where people had 'as required' (PRN) medicines guidance was in place for staff such as, why the PRN may be required, how often it could be given and the maximum dosage a person could have.

People were protected from being cared for by unsuitable staff because the provider carried out appropriate checks to help ensure they employed only suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identified if prospective staff had a criminal record or were barred from working with people who use care and support services.

Each person had their own individual evacuation plan which gave information to staff on how people needed to be supported in the event of an emergency, such as a fire, when the home had to be evacuated. Staff carried out regular fire drills and staff we spoke with were knowledgeable in the fire evacuation process and where people would be taken to in order for them to be safe.

Good

Is the service effective?

Our findings

At our inspection in February 2016 we found staff were not following the legal requirements of the Mental Capacity Act (2005). We found at this inspection staff understood these requirements and appropriate mental capacity assessments and best interest decisions had been undertaken.

Staff understood the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and ensured that any decisions made were in people's best interest. 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 application 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had assessed people's capacity in relation to specific decisions, such as constant supervision, locked doors and medical intervention and where appropriate submitted DoLS applications. A staff member told us, "Never presume anyone has not got capacity. We have meetings around best interest decisions." A relative said, "The staff always give him choices. They don't take control and they always ask him first."

Staff received appropriate and relevant training and were encouraged to develop their knowledge. Staff said the training was very good and they received training appropriate to the needs of the people living in the home. One staff member said, "The training is very good. We have face to face and on line. We have recently had active support training (which focuses on making sure they are engaged and participating in all areas of life)." They told us that this training had helped them in particular with caring for one person who lived at Oakwood, adding that training had helped them with strategies for reducing people's behaviours.

Staff told us they had the opportunity to meet with their line manager on a regular basis to discuss any aspects of their role. They said, "We have one (supervision meeting) every month. It's very useful. There are times when you might not be feeling great and it's a chance to open up for 30-40 minutes to chat about anything and everything."

People were supported to eat foods of their choice and encouraged to participate in preparing their own hot drinks and foods. One person was supported to make his own drink and was given a choice of when they wanted their lunch. They indicated to staff that they wished to have a rest and have lunch later, so staff put it aside for them. Where people required a specific type of food this was provided to them. One person required a soft diet and there was a check list for staff of 'high risk' foods in relation to their requirements. We read that staff had made one person homemade soup when they were having difficulty swallowing because they were unwell. There was a rolling menu displayed in pictorial format in the dining room and

people had access at all times to fruit and yoghurts.

People were by supported to access external health care professionals in order to help ensure they maintained good health. People underwent an annual health check and staff ensured that people's medicines were regularly reviewed. Staff told us of two people who they had called the doctor about because they were concerned about some behaviours they displayed which demonstrated they may be unwell. Staff said they had arranged for one person to been seen by the GP next week. Another person attended a dental appointment on the morning of the inspection for a routine check-up. Staff took into account people's complex needs and ensured that they made appointments with professionals who understood these needs and were able to provide the most appropriate care to help lessen the risk of anxiety. A relative told us, "(Name) has good psychiatric support which was arranged by the manager."

Each person had an health action plan (HAP) which detailed the health care professionals involved in their care. The HAP recorded specific information in relation to when people needed their next eye test, or dental check-up, for example.

Good

Is the service caring?

Our findings

We asked relatives if they felt their family member was cared for by staff. One relative told us, "They (staff) do a really grand job. It's a lovely place and we could not really want for anything more." Another said, "The staff are really, really good with (name). He's always happy." A third told us, "We're very happy. It's a very good place." A professional told us, "There is real warmth and care shown to the men who are seen as individuals."

People were cared for by staff who clearly knew them well. Staff described to us people's individual characteristics and talked about how they could identify when someone was unhappy, agitated or not wishing to participate in an activity. A relative told us, "(Name) is happy. The staff are nice." A member of staff told us, "The more time you spend with people the more you get to know them. I know (name) needs music. He needs space."

People lived in an environment that was suitable for their needs. The home was spacious and free from clutter. Everyone had their own space and they were able to move around between different communal areas without restriction. Those who lived in the flats had access to their own private garden space and for those living in the rooms, there was a central open area which they could sit as well as small lounge areas. One person liked to sit in one of the lounge areas so they could see through the windows to the other side of the building to watch what was going on. A staff member told us, "The environment has helped. (Name) used to be so isolated and wouldn't bath for months. Now he goes out and lets us support him to wash." A relative said, "I have really seen a lot of improvement in him. He has come on really well (because of the environment)."

Staff treated people respectfully and made them feel they mattered. We heard staff speak to people in a respectful way and show attentive care to people when they required it. When we spoke with people staff were close at hand to help ensure people did not get anxious, but at the same time they did not encroach on people's space. A staff member told us, "I love working here. I approach it by putting myself in their shoes and give them what they need."

People could have privacy when they wished. We saw one person return to their room when they wished and although staff were always aware of their whereabouts, they respected their need to be away from everyone else and gave them privacy. At our last inspection we found that people's bedroom doors had a viewing panel in them which could be opened from the outside. We noted at this inspection doors had been replaced by solid doors which ensured people's privacy and maximised people's dignity.

People's individuality and their way of communicating was recognised by staff. Each person's room was personalised in relation to their preferences and staff told us how people had selected the colours of their walls or the pictures that had been painted on them. One person was making gestures to a staff member and they knew from these gestures that this was them asking to go outside. Another person becomes anxious around new faces and staff were quick to identify when they were displaying signs of becoming upset because we were in their home. Staff regularly asked the person if they were okay and distracted them

when needed. A relative told us, "He's more settled now and that is because he knows staff and staff know him well."

People were put first by the staff. There was music playing in the lounge area and we asked if it could be turned down slightly whilst we were talking to staff. A staff member told us they would prefer not to turn it down as the music was on for one person who sat around the corridor in a communal area but liked to pop their head round the door every so often. On another occasion we went to enter the kitchen and were asked by staff to wait until they had finished supporting someone with their lunch first in order not to create distress in the person. A staff member told us, "I have been given an opportunity here. I always reflect and wonder if I could have done something differently. I see people and staff here as a family."

People were support to be independent. People were encouraged to help in some household chores, such as the laundry. One person liked to fold the clothes and another took the laundered clothes to people's rooms. Other people were supported by staff to make their own hot drinks and at lunch time we observed one person being helped to make their own sandwiches and take them to their room to eat them.

Relationships with those close to people were encouraged and enabled by staff. Where people had relatives who were no longer able to visit the home, staff took people to them. One person received a phone call from their family each night which they looked forward to and another person had a picture of their family member on their wall and they looked forward to their monthly visit. Staff had made efforts on behalf of people to trace relatives and reunite them where they could.

Good

Is the service responsive?

Our findings

People had the opportunity to undertake activities that they enjoyed. People attended a range of external activities which included an art club, day centre, swimming or horse-riding. One person liked to go to the local pub which they were supported to do each week and another person liked to go to the shops. Staff supported people to make their own decisions in relation to want they wanted to do during the day. One person had a large board in their flat with Velcro stickers with pictures on them. They used these to organise what they wished to do each day and staff referred to the board to see what they had selected. We saw this person had been due to go swimming but instead they selected train-spotting and staff took them out to do this. Another person was due to go out in the morning, but from the way they were acting, staff could tell that they, "Were not in the mood." We saw this person instead sit and watch what was going on and listen to music. Where people had specific requests staff supported them to achieve this, such as one person who wished to go on holiday and another person who had wanted to go to Brighton over the Christmas period.

There was a sensory room within the home which staff told us was used regularly by people and a large art room. Around the home, pictures and artwork created by people was displayed. A staff member told us, "We have so much for them to do and we keep on adding." Another member of staff said, "Yes, there are enough activities." They also added that as some people were getting older they recognised that there were days that people may, "Just want to chill out in the home."

Care plans for people were pictorial and person-centred. Care plans contained information on people's likes/dislikes and how they liked to spend their time. Individualised detail in relation to people was recorded such as one person who liked staff to tell them in advance what was happening or they would get anxious.

People had care passports in place. This is a document which includes important information about a person should they have to spend time in hospital. It gives guidance to health care professionals who may not know the person on important information such as how they communicate, any allergies they have or any particular likes or dislikes.

People's care plans contained a Disability Distress Assessment Tool (DisDat) which identified distress triggers in people and how staff could help avoid these triggers or respond to people if they display behaviours which may be harmful to themselves or others. This was particularly important for staff who may not know people as well. There was also information on how people communicated as some people did not communicate verbally and others could say single words or use gestures. For example, one person said single words and their care plan noted that they were likely to repeat words said to them as a way of communicating.

Where people had particular medical needs guidance was in place for staff to follow. One person suffered from epilepsy and they had a plan in place which told staff when emergency treatment should be administered and when staff should call the emergency services. We noted that staff followed this guidance when the person had their most recent seizure. Another person required their bed head to be raised and there was photographic guidance for staff on how to position this.

Responsive person-centred care was provided to people. One person had been provided with a new wheelchair which now enabled them to get in and out of their mobility car without struggling. Another person, whose clothes were very important to them, had been taken to the shops to purchase a new jumper when they requested it when they were feeling in a low mood. A further person was suffering from a panic attack and staff responded quickly, gently talking to them to calm them down. A relative told us, "(Name) has his ups and downs and staff take it in their stride. If he gets in a really bad state it's quite amazing to watch how they (staff) bring him back down again. They talk to him so calmly."

Daily care notes were descriptive and included information on a person's mood, behaviours, activities and health. Staff used a communication book to share information as well as holding staff handover between shifts. There was also a medicines communication book to keep staff informed of when people had received PRN medicines.

There was a complaints procedure in place. This was available in a format that people would understand. We noted two complaints had been made about the service and in both cases the registered manager had taken prompt, appropriate action to help ensure they were resolved. In both cases the registered manager responded to the complaint by meeting with complainant to discuss their concerns. A relative said, "I know I can phone anyone at any time if I have any concerns."

Good

Is the service well-led?

Our findings

One the whole we received positive feedback about the management of the home. A relative told us, "They (management) are very approachable. If we've got a problem or want a meeting they do everything they can to arrange that and make sure the right people are there." Another said, "Very often we have chats if we are concerned and if we have meetings she is there. She's very good and very helpful." A staff member told us, "I think she is a very good (registered) manager. She is a good communicator with the staff group." Another said, "I feel I can see the manager whenever I want to." A professional told us, "Good leadership could be used to utilise the positive attitudes towards the men."

At our inspection in February 2016 we found a breach of regulation. We found a lack of good governance within the home as actions identified from provider audits had not been addressed. One of these was a lack of decoration in people's rooms. At this inspection we found the registered manager was compliant with this part of the regulations. A relative told us, "I love his room now. It's beautiful, not so clinical and more homely."

Regular audits were carried out within the home. There was a regular fire alarm test and a monthly emergency light test. Every three months the registered manager carried out a fire safety audit and regular fire drills took place. Other audits included an infection control audit which had identified some actions such as lidded bins required in the kitchen and masks for the clinical rooms. We saw both of these actions had been completed. Other actions related to the cleaning of certain areas within the home and we noted the registered manager had discussed these with the housekeeper.

A recent external pharmacy audit had identified the need for staff to ensure that there were no gaps in people's MAR charts and to bring forward the recording of stock of people's medicines. We saw on our inspection of the medicine records that these were now both being done by staff.

Monthly quality audits took place. We noted from the most recent audit that all identified actions had been completed. This included repairs in the kitchen and bathroom, erecting a sign outside the home and putting stickers on one person's bathroom wall to brighten the room.

Staff said on the whole they felt supported and valued by management and liked working at the home. One staff member told us, "They give me training and I can choose my shifts. I get so many emails from the manager, that makes me feel appreciated." Another said, "On the whole I feel supported. We can have access to other support (if we need it). I do feel I can say what I need and what I want."

People were supported to attend a service user meeting each month where they were given the opportunity to give their suggestions, wishes and feedback on the service they received or what they wanted to do. We noted that most people attended these meetings and each person was asked to express to staff what they wanted to do during the coming weeks or months, such as plan a holiday or undertake a particular activity, which we saw were done.

Staff were involved in the running of the home as regular staff meetings were held and staff had the opportunity to raise concerns or make suggestions. One staff member told us they went to look around other homes to compare how they worked and said, "I took the learning from that and brought it back here." They told us they suggested a different way of undertaking the medicines audit and this had been introduced. Another staff member told us they had suggested a shed and vegetable plot for the garden and this had been arranged.