

# ASN Assertive Outreach and Consultancy Limited Oaklands

## Inspection report

110 London Road  
Clacton-on-sea  
CO15 3SX

Tel: 07904131305

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## Ratings

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

# Summary of findings

## Overall summary

We 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.

### About the service

Oaklands is a residential care home providing personal care and support for up to five people with a learning disability or autistic people. At the time of our inspection there were five people using the service and one of these people were receiving personal care.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

#### Right Support:

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.

- The staff team supported people to have choice, control and independence.
- Management and staff focused on people's strengths and promoted what they could do.
- The staff team supported people to identify their goals and to work towards these.
- The registered manager and staff team worked with people to plan for when they experienced periods of distress, so that their freedoms were restricted only if there was no alternative.
- The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.
- Staff supported people to take part in activities and pursue their interests in their local area.
- Staff enabled people to access specialist health and social care support in the community.
- The staff team supported people with their medicines in a way that promoted their independence.

#### Right Care:

- People received kind and compassionate care, staff members were observed positively engaging and supporting people.
- The staff team understood and responded to the individual needs of the people they supported.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.
- People could take part in activities and pursue interests that were tailored to them.

- The registered manager and staff team assessed risks people might face and acted to mitigate these.

#### Right Culture:

- The registered manager and staff team helped people lead inclusive and empowered lives.
- The registered manager and management team were also the registered provider for the service. They worked together with the staff team to embed a positive and open culture.
- Staff felt supported by the registered manager and the management team.
- The staff team knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.
- The needs and safety of people formed the basis of the culture at the service. The staff team understood their role in making sure people are always put first. They provided care that was person centred.
- There was a clear learning culture.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 15 March 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

#### 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.

# Oaklands

## 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

One inspector carried out this inspection.

#### Service and service type

Oaklands 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. Oaklands 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 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.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 5 October 2022 and ended on 15 October 2022. We visited the service on 5

October 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. 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.

We reviewed information received into our system for ongoing monitoring of the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spent time observing people and the care they received.

We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included one person's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We looked at training data and quality assurance records.

# 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 service under a new registered provider. 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 kept safe from avoidable harm because the staff team knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff spoken with stated they had received training in safeguarding adults, and they would report any concerns to their management team, the local authority or Care Quality Commission. Training records reviewed showed all the staff team had completed this training.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- People, including those unable to make decisions for themselves had as much choice and control over their lives as possible. This was because the staff team managed risks to minimise restrictions. For example, one person liked to go out into the community and walk a lot. The staff team ensured the person had two to one support and then one to one support as required, to facilitate their choice and help mitigate the risk of specific behaviours that could cause them or others distress, and of harm.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Staff assessed people's sensory needs and aimed to meet them. One care plan was reviewed, and this contained detailed information regarding the sensory needs of the person. This included details regarding the impact the use of a domestic appliance within the service could have on them and the action for the staff team to take to minimise this, such as only using the appliance when the person was not at home.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. At the time of the inspection there were no vacancies at the service and staff spoken with told us many of the staff team had been in post since the service opened.
- The numbers and skills of staff matched the needs of people using the service. Staff told us staffing levels changed to accommodate changes in the needs of people who lived at the service. For example, one person had increased needs, so additional staff were on duty at night to support this; additionally, when a new person arrived, extra staff would be on duty to help people adapt to the transition.
- Staff recruitment and induction training processes promoted safety. Staff told us there was one long-term

member of agency staff at the service and the registered manager told us they received the same induction and training as permanent staff members. Staff knew how to take into account people's individual needs, wishes and goals.

- Each person had a clear one-page profile with essential information and dos and don'ts to ensure new or temporary staff could see quickly how best to support them. Staff spoken with told us there was a comprehensive induction, where people and their support needs were clearly introduced by the registered manager, prior to the new staff working with them.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible. Documents reviewed showed us people were assessed to see if they could self-administer their medicines and if not, how much support was required. We also saw people were supported to develop independence regarding taking their own medication where this was appropriate.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Training records showed us all the staff team had completed training in medication. Medicines competencies were also undertaken by the staff team and were seen to be up to date. The staff team had also completed a comprehensive training programme which included specialist training in areas such as epilepsy awareness.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. We observed the premises to be clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

#### Visiting in care homes

- The service supported visits in line with current guidance.

#### Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. We saw incidents recorded and these had been investigated in an open way, including the staff team in the process. Changes were made as a result of incidents. For example, changes were made to the way people accessed the community to help mitigate risk.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.



# 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 of this service under a new registered provider. 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

- We reviewed the care and support plans for one person and saw these were personalised and reflected their needs. There was clear information regarding people likes, dislikes and interests. There was clear guidance for the staff team on how to support people with their behaviours, choices and aspects of daily living. There was a separate health care plan.
- Staff ensured people had up-to-date daily care and support notes completed in the form of a daily diary. We reviewed daily diaries for one person, and these were comprehensive.
- Support plans set out current needs and identified ways people were independent. For example, they identified the areas of personal care people did not require support with. Additionally, in the areas where people were supported they were actively encouraged increase their level of independence, where appropriate, using an established assessment and skills tracking system to record improvements over time.
- Staff support: induction, training, skills and experience
- People were supported by staff who had received or had access to relevant training. This included how to work with people with a learning disability and/or autistic people such as mental health awareness, communication tools and positive behaviour support. Additionally, staff received training specific to the needs of the individual people they supported.
- There was a structured programme to update all training, and the staff team had access to and had completed a comprehensive training programme. Lead support workers were completing leadership training specific to their role and one staff member spoken with told us that they felt supported to complete this training.
- Staff received support in the form of supervision and appraisal. Staff spoken with told us they had completed both and how they were used to identify areas for learning. They told us they felt supported by the registered manager and management team, who were always available if needed.

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

- People received support to eat and drink enough to maintain a balanced diet. The staff team had completed food safety training.
- Where possible, people were involved in choosing their food, shopping, and planning their meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals and people chose where they would eat.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. For example, people were supported to have their coffee in the morning, prepared as they wanted it with their choice of biscuits. They were provided with a night-time drink as required and supported to refill this as needed. Food and snacks were provided in the way people wanted them.

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

- People's care and support was provided in a clean, well equipped, well-furnished and well-maintained environment which met people's daily living needs. We observed there was a quiet area in the conservatory for people to access and a good-sized garden with a trampoline for people to use when they wanted.
- People personalised their rooms.
- The environment was homely and comfortable. For example, we observed a large lounge with sofa's and a TV. There was a dining table in the lounge for people to use to eat their food if they wanted to.

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

- People had health actions plans/ health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- Multi-disciplinary team professionals were involved in support plans to improve a person's care. For example, we saw minutes of multidisciplinary meetings which detailed the area of care to be discussed and proposed actions to help ensure the best quality of life for people who live at the service.

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.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people that the service assessed as lacking mental capacity for certain decisions, staff recorded assessments and any best interest decisions.

# 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 of this service under a new registered provider. 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 received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual's sensory perception and processing difficulties.
- People felt valued by staff who showed genuine interest in their well-being and quality of life.
- Staff members showed warmth and respect when interacting with people.

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

- People were given time to listen, process information and respond to staff and other professionals. We observed care and support for people who live at the service. We saw people received consistent positive interaction in a relaxed and homely environment and were offered choices about their care and activity.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. We observed staff members communicating with people in a way they understood.
- Where possible, people were enabled to make choices for themselves and staff ensured they had the information they needed. Documents reviewed showed us that a variety of communication methods were used with people to help ensure they were involved, as far as possible, in decisions affecting their lives.
- People, and those important to them, took part in making decisions and planning their care and risk assessments. Documents reviewed showed family members had been involved in the planning of care people received, where appropriate. We also saw that people were encouraged to make decisions about the care they received and how they filled their time.
- Additionally, the service held meetings for the people who lived there each Friday evening, with tea and cake, where they identified house rules and suggested ideas for food and activities. For example, there was a suggestion of baking for two days each week. The meetings were also used to discuss how to budget and for fire drills, with one of the people who live at the service taking the role of fire marshal.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence.
- Where appropriate, people had a plan which identified target goals and aspirations and supported them to achieve greater confidence and independence. The registered manager told us they used an assessment

and tracking system as one way to support this which measured what a person was able to do initially and how this increased independence across time. Documents reviewed supported this and showed people had developed independence regarding basic living skills, such as brushing their teeth and dressing.

- Staff knew when people needed their space and privacy and respected this.

# 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 of this service under a new registered provider. 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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. For example, we saw changes had been made to the care and support people received when they had a higher level of need with additional staff members being added to the rota and with two staff to one person rather than one staff to one person support. Daily diary notes reflected this.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people. This included ensuring people with sensory sensitivities were supported in a way which was comfortable to them.

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.

- There were visual structures, including whiteboards, visual displays or specific routines, use of a picture exchange communication system and other visual cues which helped people know what was likely to happen during the day and who would be supporting them.
- People had individual communication information contained within their care plan which detailed effective and preferred methods of communication, including the approach to use for different situations. For example, people were identified as using the Now and Next system, choosing one of two objects and using symbols and objects of reference to express their choice.
- Staff had good awareness, skills and understanding of individual communication needs. They knew how to facilitate communication and when people were trying to tell them something. For example, communication plans detailed how people would behave if they were happy, distressed or in pain so the staff team were aware and could take appropriate action

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 participate in their chosen social and leisure interests on a regular basis. For example, people were supported to go out for long walks each day in nature or on the beach. Or supported to go to a local trampoline park or for picnics. People were also supported to attend college, work and different types of therapy. People who lived at the service contributed ideas for activities during their Friday evening meeting.
- Staff provided person-centred support with self-care and everyday living skills to people.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and video calls and to go and stay with family, when possible.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. However, at the time of the inspection there had been no complaints received at the service.
- The service treated all concerns, incidents and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. They also encouraged people and staff members to be open and to raise any concerns without fear of reprisal.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- The service had a policy, procedure and rationale with regards to end of life and the young people who were living in the home. The policy included training which would be provided in the event any of the people living at the service were end of life.

# 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 of this service under a new registered provider. 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 registered manager and management team had instilled a culture of care in which staff felt valued and which promoted people's individuality, protected their rights and enabled them to fully develop. Staff spoken with told us they "love working here" and "it feels like a family".
- The registered manager and management team were visible in the service, approachable and interested in what people, staff, family, advocates and other professionals had to say. They were alert to the culture within the service and spent time with staff/ people and family discussing behaviours and values. There were monthly clinical meetings and team meetings where the changing needs of the people at the service were discussed. The lead support workers also had a monthly meeting.
- The registered manager and management team worked directly with people and led by example. For example, when a new person came into the service or when new behaviours developed, the manager and management team worked alongside other staff members as additional support. Rotas reviewed showed members of the management team and the registered manager would regularly work shifts and also had specific management hours.
- The service had an on-call system to support all staff whereby there was a registered manager or member of the management team available when needed. On the morning of the inspection two of the management team were at the service as support to the staff team. The registered manager who was not on the rota to work also arrived a short while later.
- Staff spoken with told us they felt supported by the registered manager and the management team. They told us they felt able to raise concerns with managers without fear of what might happen as a result and their ideas were both listened to and adopted where appropriate.

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 manager understood duty of candour and the need to be open and transparent when things go wrong.
- The manager was aware of the process for making statutory notifications when things went wrong and had processes in place for reporting and investigating incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. They were supported by a strong management team and by clear governance systems.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. We saw there were clear governance systems to give assurance of quality and to identify areas that required improvement. For example, a suite of audits were completed on a weekly, monthly and annual basis. These included medication, health and safety, care planning and infection control.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements. An inspection based on the Care Quality Commission key lines of enquiry was conducted by the management team to identify areas for improvement.
- Staff members spoken with were able to explain their role in respect of individual people without having to refer to documentation.
- People, and those important to them, worked with managers and staff to develop and improve the service. For example, surveys were completed by people who used the service, their family members and professionals. Documents reviewed demonstrated the registered manager responded to comments received in these surveys and took action to make improvements where these were identified.

#### Continuous learning and improving care; Working in partnership with others

- The registered manager and management team kept up-to-date with national policy and regulation to inform improvements to the service.
- The registered manager and management team invested in the service to embrace change and deliver improvements. For example, they had rented a separate office area close to the service, to undertake management tasks outside of the home. Staff told us this was to ensure the service felt like the home of the people who lived there.
- The registered manager engaged in local and national quality improvement activities. For example, the service engaged with commissioning bodies and other health and social care organisations.