

Accomplish Group Support Limited

Oakley 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

Oakley House is a residential care home providing personal care to seven people who have a learning disability or autistic spectrum disorder at the time of the inspection.

Oakley House can accommodate up to eight people in one adapted building over two floors.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People showed and told us they were happy living at Oakley House, they felt safe and comfortable with the staff team. One person said, "I am so happy here, the staff are great. I couldn't ask for a better place."

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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff were kind and caring and knew each person well. Staff enjoyed working at the service and felt they received good support. There were enough staff to support people in the way they wanted. Staff received training, supervision, guidance and support so that they could do their job well. Staff respected people's privacy and dignity and encouraged independence wherever possible.

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely. People were supported to be as active as possible. The staff looked for ways to continually make improvements, worked well with external professionals and ensured that people were part of their local community.

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

Rating at last inspection

The last rating for this service was good (published 30 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Oakley 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 Care Act 2014.

Inspection team

This inspection was undertaken by one inspector

Service and service type

Oakley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

During the inspection-

We spoke with the registered manager, deputy manager and four members of care staff. We also spoke with three people living in the service and observed interactions they had with staff.

We reviewed a range of records. This included three people's care records. We also looked at a variety of records relating to the management of the service. This included quality assurance systems and complaints.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and responded positively when they were approached by staff. This showed that people felt safe and secure in their surroundings and with the staff that supported them. A person told us, "I feel very safe here. There is always staff around."
- Staff continued to be able to describe how they would identify potential abuse and the actions they would take to keep people safe. They were all confident they could report any concerns to the management team. This included raising alerts with the local safeguarding team.
- Staff monitored people's behaviour and told us how they recognised if people were distressed or unhappy.

Assessing risk, safety monitoring and management

- People risks to their health and safety continued to be well managed. Risks assessments associated with eating and drinking, going out into the community alone, falls, moving and handling and mobility were all in place and had been reviewed appropriately.
- Where people needed equipment to help keep them safe, such as frames to aid waking, these were in place with detailed records maintained.
- A senior member of staff told us how they supported people with positive risk taking. For example, one person regularly went out into the community alone. The member of staff told us, "We just needed to work out and agree the safest way to do it." They told us how much the person enjoyed going out and how proud they were when they hadn't been tempted to go against the guidelines set for this activity.
- Where people experienced seizures, assistive technology was used. For one person a sensor was in place which alerted staff when they had a seizure. This meant staff could quickly respond to provide the support needed.
- People had Personal Emergency Evacuation Plans (PEEP) that showed how to help move people safely, if evacuation from the care home was needed.

Staffing and recruitment

- Safe recruitment practices continued to be in place. Staff confirmed appropriate background checks with the Disclosure and Barring Service and references were obtained prior to staff commencing their employment.
- Staff were satisfied that there were enough staff to support people with their personal care and to do what they wanted to do. Staff told us that additional staff were provided if needed to meet peoples care and support needs.

Using medicines safely

- Staff continued to manage medicines safely and gave people their medicines as prescribed.
- Medicine storage was secure, and staff audited medicines twice daily.

Preventing and controlling infection

- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection.
- There were safe practices around food hygiene. The kitchen was regularly cleaned, and the service had been awarded the highest rating by the Food Standards Agency.

Learning lessons when things go wrong

- The registered manager told us that where an accident or incident occurred, they would ensure that these were reviewed and appropriate action is taken.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager ensured that staff delivered up to date care in line with good practice and that the service had equipment available that would enhance people's care and promote independence.
- The registered manager told us they continued to ensure that a complete and thorough assessment was undertaken before they would admit a new person, this may include a transition period of short stays if this was deemed necessary. This would be to ensure the person would be as compatible as possible with people already living at the service.

Staff support: induction, training, skills and experience

- Staff were satisfied that they had received enough training so that they could do their job well and support people effectively. The PIR states, 'All staff are required to complete a care certificate. It is the expectation of the organisation that all support workers should hold a Level 2 QCF in health & social care or working towards it, and ideally senior support workers should hold a Level 3 QCF in health & social care or working towards achieving one.'
- Staff continued to feel well-supported by the registered manager and each other.

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

- Staff supported people each week to decide what they wanted on the menu. People could choose an alternative if they wanted to.
- Staff knew each person's likes and dislikes and told us these could also be found in each person's support plan. Staff also joined people at mealtimes which encouraged people to eat.
- For one person they had introduced a reward chart for choosing healthy meals. This had helped them to reduce their weight which had improved their mobility.

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

- Staff worked with a range of community professionals to maintain and promote people's health, and supported people to attend appointments where required.
- Staff had a good understanding of people's health needs, which resulted in positive outcomes for them.
- Staff involved other healthcare professionals to support people to maintain their health. These included the GP, dietician, dentist and optician as well as specialists relevant to the person's condition.

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

- Each person had their own bedroom. They chose what they wanted in their rooms and how they wanted

the room decorated and furnished.

- People also had a choice of furniture and fittings for 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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff continued to know how the MCA and DoLS applied to their work.
- Staff talked to each person about the care and support the person wanted and gained consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 supported by staff who knew them well. Staff told us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported. One person said, "The staff are fantastic, I am in a much better place mentally than when I came here."
- Staff used different aids and adaptations to ensure people could understand and communicate. For example, some people used pictures to aid their meal choices and activities. The PIR stated: 'The speech and language therapist who is a member of the multi-disciplinary team (MDT) provides valuable advice and suggestions for meeting the communication needs.'
- Staff continued to consider people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to have their diverse needs met. The PIR stated; 'All staff complete training in equality and diversity and this is refreshed annually.' And 'We have a person we support who is of [specific race] and only eats food from their [country of origin]. We have made arrangements to ensure that the individual has access to food of their choice. We have identified stores which import food stuff from the [the country of origin].'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People continued to be fully involved in making decisions about their care and support.
- Staff fully respected and promoted people's privacy and dignity. Personal care was offered discreetly and carried out in private.
- Staff encouraged and supported people to do as much as they could for themselves. People helped staff with household chores and meal preparation from time to time.
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the service and provided transport for people to visit their relatives at their home
- Staff knew people well and knew people's likes, dislikes and how they preferred to be supported.
- Meetings took place for people using the service where they were encouraged to share their views and opinions about the service. The registered manager told us they were aiming to get people, where possible, to participate in staff recruitment.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs which has enhanced their social skills and they have gained knowledge in their areas of interest which have enabled them to lead a meaningful and fulfilling life.

- People told us they enjoyed holidays. One person told us they were looking to plan another later this year.

Improving care quality in response to complaints or concerns

- An accessible complaints procedure was in place.
- People were supported to complain. Nobody we spoke with had any complaints or concerns about the service. One person told, "I have nothing to complain about. everyone is so helpful."

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

- People received care that was personalised and responsive to their needs. People had detailed person-centred care plans to guide staff to provide personalised support.
- Information about a person such as their likes, dislikes, choices and preferences were recorded. This included what people liked to be called and their preferences for bathing or showering.
- Staff were continually updated about people's changing needs at shift handovers and team meetings. This helped ensure people received consistent care that was tailored to their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The PIR stated, 'Information is presented in various formats to accommodate individuals' communication and information needs. For example, we have easy read information regarding safeguarding, deprivation of liberty safeguards, mental capacity act and regarding how to raise complaints. We have written and pictorial menus, Now & Next charts, social stories, and signing to help aid communication. Staff receive training in effective communication.'

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 maintain friendships with peers from outside the service and in the local community.
- People were supported to follow interests and to take part in activities that were socially and culturally relevant to them including active social club memberships. One person had recently completed a course in Digital Photography at a local college. These opportunities had provided a platform for the person to meet and interact with other people in the community complaints about the service. Those we spoke with were very happy living at the service and felt staff were helpful in supporting them

End of life care and support

- No one was receiving end of life care. People had plans in place that captured their wishes.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There continued to be a good system of communication to keep staff, people and their families informed of what was happening.
- Peoples' views were sought through surveys and resident meetings. One person said, "I am very involved in what goes on here. Staff are always asking how I am doing."
- The registered manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.

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; Continuous learning and improving care

- The registered manager understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.
- The registered manager kept up to date with current research and good practice, which they cascaded to staff to ensure that people were given the best possible care and support.

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

- There continued to be strong leadership within the service.
- The registered manager understood their role and responsibilities to notify CQC about events and incident, such as abuse, serious injuries and deaths. The rating of the service was clearly displayed within the service and provider's web page.
- There continued to be a quality assurance system in place to ensure that staff gave high-quality care. The nominated individual and the registered manager carried out weekly and monthly audits. Action plans were in place to address any shortfalls.

Working in partnership with others

- The registered manager and staff worked effectively with other health and social care professionals to meet people's specific needs. Care plans showed evidence of professionals working together.