Voyage 1 Limited

Oaklands

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

This inspection took place on the 5 April 2016 and was unannounced.

Oaklands is a care home which is registered to provide care (without nursing) for up to six people with a learning disability. The home is a detached building in a village location close to local shops and other amenities. People had their own bedrooms and use of communal areas that included an enclosed private garden. The people living in the home needed care and support from staff at all times and have a range of care needs.

The home has a registered manager who works full-time within the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who use the service had a range of communication abilities. These ranged from non-verbal to limited verbal communication. Other methods of communication were used by people such as the use of pictures, symbols and objects of reference to indicate their needs and wishes. These were understood by staff. The registered manager and staff were building on and improving communication methods that and were specific to people's assessed needs. This was in order to promote and respect the choices they made.

People's medicines were managed safely. This had followed on from a review by the provider and local authority following concerns that were raised between 2014 and 2015. Robust processes were introduced to monitor and improve the safety of giving people their medicine.

The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse.

People were provided with effective care from a staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. These were being reviewed at the time of our visit, with a particular emphasis on activities to ensure they were person centred. Risk assessments identified risks associated with personal and specific behavioural and or health related issues. They helped to promote people's independence whilst minimising the risks.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

People received good quality care. Staff treated people with kindness and respect. People were encouraged

to live a fulfilled life with activities of their choosing and supported to visit and keep in contact with their families.

The registered manager who commenced employment at the service in January 2015 had made a positive impact. This had been achieved from her evaluation of the services provided and implementation of change in consultation with people, external professionals and staff. These included improvement to the environment and people's records to promote individualised care and support for the people who lived in the home.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

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.

People were supported by staff of good character who knew how to protect people from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

The provider had robust emergency plans in place, which staff understood, to promote people's safety.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their privacy and independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Is the service responsive?

Good

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. These were being reviewed continually to promote person centred care.

Activities within the home were provided for each individual. These were being further developed and reviewed to ensure they were person centred.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

The manager and deputy manager were open and approachable and promoted a positive culture.

Staff had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

Oaklands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 5 April 2016. It was carried out by one inspector and was unannounced.

Before the inspection we looked at all the information we have collected about the service. The service had sent us notifications about injuries and safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with the registered manager and deputy manager of the home and 3 staff. We also received feedback from an adult social care professional and local authority care quality officer.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at two staff recruitment files. We also looked at staff training records, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People who lived in the home were unable to tell us if they felt safe. People were seen to be relaxed in the presence of staff and receptive towards staff in conversation. Staff responded quickly to support people safely within the home, such as the use of lifting equipment (hoist) and supporting people around the home.

The registered manager told us that there were no staff vacancies and that staff absences were covered by existing staff. This had ensured there was sufficient staff to support people safely, which included one to one support when needed, to assist people to access the community and two to one support for hoist transfer. The rota identified there were four staff, which included the registered manager to support five people. Staff were deployed to meet people's individual needs safely.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

People were given their medicines safely by staff who had received training in the safe management of medicines. Staff competency assessments had been completed before being signed off by the assessor and dated when in agreement that the staff member was competent to support people with their medicine. This was further evidenced by a local authority care quality officer who told us that they had, "recently carried out a thematic medication review (of Oaklands) and found their processes were robust". The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. Medicines were stored securely within a key code safe. Staff were aware of individuals preferred method of receiving their medicine and of the maximum dose of medicines given as required such as pain reliever. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

People were protected against the risks of potential abuse. Including emotional and psychological abuse. Staff were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training and where fully aware of the provider's whistleblowing policy. Staff told us that the training had made them more aware of what constitutes abuse and how to report concerns to protect people. They told us if they were not listened to by the manager or within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

The registered manager stated that the service had responded to suspected abuse and had reported concerns to the local authority safeguarding team and to the Care Quality Commission (CQC) through notifications. Our records had shown that these included five safeguarding notifications received since the services last inspection on 7 February 2014. One of these related to an allegation of psychological/emotional abuse in 2015. This was found to be unsubstantiated and was closed by the local authority safeguarding

team. The other four safeguarding notifications received between 2014 and 2015 related to the safe administration of people's medicine. These were investigated with action taken to minimise the risk of any errors occurring when giving people their medicine. A social care professional told us that they had no immediate concerns about the safety of the people who lived at Oaklands. Adding that previous safeguarding concerns raised had been taken seriously by the provider to safeguard people.

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. Incident and accident records were completed and actions taken to reduce risks were recorded. Health and safety audits where regularly undertaken to promote the safety of people and others within the home. These included fire safety, infection control, legionella, and safety monitoring checks of equipment used such as hoists and electrical appliances.

Good

Is the service effective?

Our findings

People had access to health and social care professionals such as their GP, dentist and chiropodist and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. For example, "things you should know / things that are important" to the person and of their "likes and dislikes". This was used to promote positive communication of people's needs between services and minimise unnecessary anxiety for the individual when attending health care appointments. People's care records detailed outcomes from relevant health care appointments.

People were encouraged to make healthy living choices regarding food and drink from picture menus and symbols. Meals were prepared and well presented to meet people's individual needs and alternative choices of the main meal were offered, which included a selection of frozen ready meals. Staff were seen to be extra vigilant of a person, to discourage the person from eating non-eatable items.

People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing. A member of staff spoke of their role as fluid and food champion, having completed standard eight of the care certificate (fluids and nutrition). They told us that they had attending a food and nutrition workshop. This was to support them to promote staff awareness of people's individual nutritional needs and to identify any risks, such as risk of choking. To this end arrangements had been made for a speech and language therapist (SALT) to provide training for staff to raise awareness of high-risk foods that could cause choking.

People were supported by staff that had access to a range of training to develop the skills and knowledge they needed to meet people's needs. The provider had signed up to the care certificate, which is a set 15 standards introduced in April 2015 that new health and social care workers need to complete during their induction period. The registered manager confirmed that staff training was now linked to the new standards, for existing staff to refresh and improve their knowledge. Staff were being named champions to promote staff knowledge and good practice. For example, standard eight, fluid and food and standard nine, "awareness of mental health, dementia and learning disability". However, staff told us they had not received training specific to learning disabilities and/or autism. The registered manager had arranged dementia awareness training for staff in June 2015 following a review of a person's health care needs.

Staff told us they had the training and skills they needed to meet people's needs. Staff completed training which included safeguarding, fire safety and moving & handling as well as training to support specific individual needs. This included management of actual or potential aggression (MAPA). The registered manager stated that staff were completing this training in place of previous nonviolent crisis intervention training that they had received prior to May 2015

Staff told us that they felt supported by the registered manager. They had attended regular staff meetings and had received one to one supervision and appraisal that supported their development needs. Staff said they had completed regular updated training and were very positive about the registered manager and stated, "there is a good team spirit."

People's rights to make their own decisions where possible, were protected. 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 to 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. People using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good understanding of the MCA and staff had received MCA training.

The environment was clean and well furnished with adaptations such as a wet room, grab rails and external ramps fitted for wheelchair users.

Good

Is the service caring?

Our findings

People had limited to no verbal communication skills. We saw that they were relaxed and comfortable with staff and responded to them in a positive way through other methods of communication. These included body language, sounds, pictures and objects of reference that enabled people to be understood by staff whilst they made choices and expressed their views. One person was very attentive as they listened to staffs' every word. They expressed smiles in recognition of what was being said to them, whilst being treated by staff in a caring and respectful manner.

Staff told us that people were encouraged to be as independent as possible. We saw this throughout the day of our visit. Staff encouraged people to make decisions and supported decisions people had already made. One person indicated that they wanted to sit on a chair that was being used by the inspector. As staff were knowledgeable about matters that the person found difficult and how changes in the person's daily routines affected them. They therefore asked the inspector to move to a different chair explaining the reason why.

People's care plans had centred on their needs and detailed what was important to them such as contact with family and friends. Communication plans identified the methods of communication individual's used. Such as details that informed staff how the person would indicate what they wanted when making a decision and what was the best way to present choices to the person.

Information about advocacy services was available to people. Care plans included a picture of the person's keyworker and person external to the service who was responsible for supporting them with decisions, such as lasting power of attorney. The registered manager had implemented an end of life care plan. We were informed that people's treatment, which included their wishes and/or religious beliefs, would be specified within their care plan.

Staff completed training that covered dignity and respect and made reference to promoting people's privacy when we spoke with them. Staff also referred to equality and diversity training they had received.

Good

Is the service responsive?

Our findings

People were able to express their views through non-verbal communication skills such as body language, objects of reference and pictures.

The registered manager was in the process of completing a review of all records held within the home that included people's support plans. Support plans were split into sections to describe what was important to the person such as the person's preferred communication method. Other sections described how the person wanted to be supported with personal care and whether this was with prompts from staff supporting them or assistance with areas of personal care. Staff said that they felt there was enough detailed information to support people in the way they wanted to be supported.

Daily reports and monitoring records about each person's life were completed. These included details of appointments that the person may have attended, visits to see their family and of activities the person had participated in throughout the day. Monthly keyworker reports of the person's life included information about healthcare appointments and activities that contributed to the overall assessment and review process.

People's care and support needs were reviewed at least annually or as changing needs determined. Invitations to attend reviews were sent to people's families and to professionals who were encouraged to be fully involved. A social care professional told us that they had reviewed three of their clients support needs in 2015, and had received full support from the registered manager and staff during the review process.

People were supported to participate in recreational and community activities and celebrations. One person was celebrating their birthday on the day of our visit with the people who use the service and staff. People were also supported by staff to access recreational activities within the community throughout the day of our visit.

There were activity records individual to each person that detailed activities they liked to do on a weekly basis. Other records included a weekly planner of activities for each person, whether on their own or in groups. These were being further developed by the registered manager to ensure they were person centred. The registered manager told us that some activities people participated in at short notice through choice were not detailed on the activity planner. In this instance the activity planner looked sparse as it had not accounted for all valued activities the person enjoyed. The registered manager confirmed that this was an area identified for improvement. However, other records such as daily reports and a scrapbook with pictures of people enjoying activities showed that there were a range of activities that people took part in. A summer holiday was planned for each person for 2016, and people were supported by staff to visit their families.

Concerns or complaints were investigated and any actions were completed in a timely manner. The provider had a complaints policy that was accessible to people and their visitors. In the twelve months prior to this inspection the service had received two formal complaints. These were resolved satisfactorily and within the timescales of the provider's complaint procedure. Staff told us they could tell if a person was unhappy. They

said they would talk with the person and watch for signs that may indicate what the concerns were and report those concerns to the registered manager.

Good

Is the service well-led?

Our findings

There was a registered manager at Oaklands who registered with the Care Quality Commission (CQC) on 21 January 2015. The registered manager and deputy manager were both present during our visit.

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. This was through care reviews and surveys sent to people, their families, friends and professionals. A survey completed, July 2015 gave positive feedback about the services. Comments from relatives included, "caring supportive staff that recognise (name's) needs. Comment form a professional included, "The environment was friendly and welcoming. The home was well presented and clean".

There were audits completed by external agencies such as the supplying pharmacist and local authority. Recommendations were made and actions had been taken to improve the services based on those recommendations. A local authority commissioner stated, "I do feel (name of the registered manager) is very proactive and embraces the opportunity to improve processes".

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included internal audits of health and safety and people's care and support plans. Audits were undertaken by the provider to promote the safe administration of people's medicine. An unannounced visit, 13 January 2016, by a regional manager employed by the provider, stated, "(name of the registered manager) has completed the fourth quarterly audit. She has very few actions to complete, which is evidence of how the service has improved over the previous year". A further unannounced visit by the regional manager, 9 March 2016, identified from a consolidated action plan that one action still needed to be addressed. We found from our visit that these actions were completed and included, people's choices being recorded within their daily diaries.

The registered manager regularly worked alongside staff which promoted a positive culture. The registered manager had introduced quizzes for staff to partake in as a way of monitoring that staff had a true understanding of, for example, safeguarding, fire safety, dignity and respect. Staff told us these worked well, whilst the registered manager stated, "we share good practice at managers meetings and therefore the use of quizzes may be adopted in other services". This was in reference to registered managers meetings held within the provider organization.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Staff had confidence that the registered manager would listen to any concerns they had and that they would be received openly and dealt with appropriately. A social care professional stated, "there were safeguarding concerns in 2014/2015. The manager was very proactive in getting things into place and communicated well with our staff".

Staff described the registered manager as open, approachable and supportive. They said they worked well as a team and that the registered manager kept them informed of any changes to the service provided and

needs of the people they were supporting. Staff spoke of improvements since the registered manager's appointment, which had included improved records and improvements within the home to make the environment, "more homely" for the people who lived there. Comments from staff on the support they received from the registered manager included: "yes brilliant", "since here she is the best manager" and "she puts people at the centre of everything".