Oakleaf Care (Hartwell) Limited

The Cotswolds

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

Overall summary

This unannounced inspection took place on 5 & 6 November 2015. The service provides care and support for up to 29 people with acquired brain injuries some of whom are dependent upon staff for all their care needs. At the time of our inspection there were 28 people living at 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 2008 and associated Regulations about how the service is run.

Staff had developed excellent relationships with the people who lived at the home and had been innovative when planning outings and activities which would give people a good quality of life.

Summary of findings

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people living in the home were confident that issues would be addressed and that any concerns they had would be listened to. People felt safe in the home and relatives said that they had no concerns. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Staffing levels were flexible and ensured that people received the support they required at the times they needed it.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and where possible people were involved in making decisions about their support. People participated in a range of planned activities in the home and in the community and received the support they needed to help them to do this. People were encouraged to choose what activities they could undertake independently while maintaining their safety.

People were supported to take their medicines as prescribed and as they wanted to take them. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health as staff had the knowledge and skills to support them and there was prompt and reliable access to healthcare services when needed.

Where ever possible people and their families were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

The registered manager was visible and accessible and staff people and their relatives all had confidence in the way the service was run.

Summary of findings

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 felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

Staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review.

People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good

The service was caring.

There were positive interactions between people living at the home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views respected.

Staff promoted peoples independence in a supportive and collaborative way

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried which ensured the service was able to meet people's varying needs. As part of the assessment consideration was given to any vital equipment or needs that people may have. Prompt re assessments of needs ensured that the required care and treatment was provided.

Summary of findings

People were supported to engage in activities that reflected their interests and supported their well-being. Staff found innovative ways which ensured people were supported to enjoy events that were important to them and also to maintain cultural interests.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Where people did not have English as a first language action had been taken to provide interpreters to enable communication and determine what people's needs were.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and comments were responded to appropriately.

Family members were very complimentary as to the efforts staff had taken to improve the quality of their family member's life.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement in a transparent way.

People living in the home, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Staff respected and valued the way the manager supported them and acted upon any issues swiftly.

The Cotswolds

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 5 & 6 November 2015 and was unannounced and was undertaken by one inspector. Before the inspection, the provider completed 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 took this into account when we made the judgements in this report. We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with five people, 14 members of staff including two senior managers and the registered manager. We spoke with four relatives. We also looked at records and charts relating to three people, and four staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People said that they felt safe living at the home. One person said " I feel totally safe and protected." Relatives also said that they thought the care and support provided by staff ensured their family member was always safe.

People were supported by a staff group that knew how to recognise when people were at risk of harm and what action they would need to take to keep people safe and to report concerns. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary and this demonstrated their knowledge of the safeguarding process.

There was enough staff to keep people safe and to meet their needs. The manager told us that when people had to attend for lengthy appointments they added additional staff to the rota to ensure that people always attended their appointments. We observed that staff were always busy but care and support was provided when people required it.

Risk assessments were in place which identified areas of risks and the arrangements to mitigate against these risks. These included action that staff could take to prevent the occurrence of urinary tract infections or the development of pressure ulcers. Some people who loved at the home wanted to access the community independently, we noted that the risk assessments that were in place balanced the wishes of people and the actions to be taken to keep them safe such as returning to the home before it became dark.

Accidents and incidents were kept under review and there was a system in place to analyse this information so that action could be taken to prevent further accidents. The manager said that they had not needed to take any action to prevent accidents and incidents re occurring.

There were appropriate recruitment practices in place for staff to follow. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work. Where staff were required to commence work before their disclosure and barring check (DBS) had come through the provider had a risk assessment policy in place which ensured that staff could commence their induction and training and did not work with people unsupervised prior to obtaining their DBS.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks and fire drills were in place. People had emergency evacuation plans which detailed their mobility status, awareness and numbers of staff required to safely evacuate them. Staff told us that they had recently had refresher training in how to use the 'fire evacuation chair' to bring people down stairs if there was an emergency situation.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people in the way that they preferred.

Staff were familiar with the term 'whistle blowing' and were able to confidently explain who they would contact if they had any concerns about any aspect of people's care at the home.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training such as basic life support and health and safety. Additional training relevant to the needs of people were also included such as brain injury awareness. Staff discussed with us a recent training course they had been on, they explained that they had had to eat dry crackers so they could experience what it was like for people who did not have a great deal of saliva. They told us that this had helped them to understand the experience of people with swallowing problems. There was also plan in place for on-going training so that staff's knowledge could be regularly updated and refreshed. We discussed training with staff and found that some staff would benefit from some additional refresher training. Following our inspection the manager gave an undertaking to refresh staff training in percutaneous endoscopic gastrostomy (PEG) training.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues such as their own further training needs. One member of staff said "I can have a supervision meeting whenever I want one; the manager is very good like that." We saw that the manager worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff said they had regular supervision meetings and we saw that annual appraisals were in place to provide staff with feedback on their performance and to discuss any additional training requirements.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate polices and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. We noted that best interest meetings had taken place and had involved family members and relevant professionals and if appropriate advocates.

People were supported to maintain a healthy diet, People's weights were regularly monitored to ensure that people remained within a healthy range. Where indicated referrals to dietitians had been made for further assessment. We spoke with staff that were familiar with people's dietary requirements such as the texture of the foods they required, or if fluids needed to be thickened when people had difficulties swallowing. The chef showed us how they adapted foods to meet people's requirements and they were knowledgeable about people's likes and dislikes.

People's assessed needs were safely met by experienced staff and referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. This meant that people were able to receive on-going monitoring and treatment of health related conditions. The provider also employed a physical health assistant so that people's on going health monitoring such as annual health check, blood screening, health promotion and 'flu clinics could be carried out where required.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. People we spoke with said that all the staff were very caring. We observed staff reading to one person and they were curled up on the settee with them and gently stroking their hair. Previously we had observed that this person had been quite unsettled and the staff's actions had made them return to a more calm and relaxed state. Other members of staff were talking to people or playing quiz games. We noted that staff involved all the people in discussions including those that were not able to communicate so that they did not feel left out of the conversations.

People also said that the staff treated them very well. One person said "[Name] has helped me the most she treats me like a person not like a client." We observed staff laughing and joking with people and the atmosphere within the home was very relaxed and friendly. Relatives praised the caring nature of the staff. One relative said "They look after [name] as well as I would look after him at home." Relatives also said that they felt welcome to visit at any time and that they had a good relationship with the manager and all of the staff.

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important 'goals' that people wanted to achieve. One person said "I have joined a local gym and I really like going there." For people that were unable to communicate staff took the time to provide choices such as what people wanted to wear, they said " We offer [name] a choice of clothing and they can indicate which they prefer to wear."

People's dignity and right to privacy was protected by staff. Staff said that they always protected people's dignity when providing personal care and we saw staff knock on people's bedroom doors and wait for permission before entering. For those people that were unable to communicate we observed staff take time to look at their facial gestures to gain an understanding of their mood to see if they were content. When people looked unsettled staff spoke to them in a quiet and comforting way.

People's spiritual and cultural needs were respected and staff ensured that people had access to meals which reflected their ethnic backgrounds. On the day of our inspection we observed that a religious service was in progress and that this was well attended by people who lived at the home. Staff said that people could also attend religious services outside of the home if they wished.

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The assessment included risk assessments and identification of any additional equipment that would be required. We looked at the records of one person that had come to live at the home and we noted that the pre admission assessment had identified a need for further assessment by healthcare professionals such as a dietitian and physiotherapist. We noted that these assessments had been carried out promptly when the person moved into the home so that their needs would be met without delay. This involved ensuring that the care that was planned met people's requirements.

The assessment and care planning process also considered people's hobbies and past interests. We saw that this had been incorporated into individual care plans to give staff an understanding of what to talk to people about and what interested them. One relative said that their family member used to write music and play in a band and that they were now dependent upon staff for all their needs. They told us that staff had made arrangements for their family member to attend a concert of one of their favourite bands, which they loved. They also said that staff had brought [name] to a city shopping centre so they could meet up with family and friends in a social setting. The relative said "Although [name] can no longer speak I could see it in their eyes that they were happy." "Their eyes also light up when they see [staffs name] who provides most of their care, we know they give him a good quality of life, he would not get this anywhere else."

Staff had an excellent understanding of people's social and cultural diversity. For example, one person did not have English as their first language. Staff said that the provider had arranged for an interpreter to meet with this person "So that we knew how he was feeling." The interpreter also accompanies them to important meetings and GP appointments so that their views could be heard and helped them to select what meals they wanted from the next week's menu. In addition the provider had arranged for staff to take this person to a local café and supermarket which served food and drink which they enjoyed as it reflected their cultural background. They were then able to select food items that they were familiar with and brought back to the home to enjoy. The provider had also arranged for the TV in the persons bedroom to receive channels in the person's first language so that they did not feel isolated from their country of origin. Another person was provided with foods from their native country which they enjoyed and chose when they wanted to wear their tribal clothing which was always available to them.

People received quality care which enhanced their well-being. One person loved to have a bath but had not been able to do this for some time due to a variety of reasons. The provider sought to overcome these barriers and through reviewing equipment and processes to hoist the person they were now able to have a bath. Staff said that this had made a huge difference to them as family members had said that they had always loved to have a bath.

People were actively encouraged to give their views about the service. There were arrangements in place to gather the views of people that lived at the home via regular residents meetings. We noted that people had requested that fish and chips be brought in from a local chip shop, and that they had requested lighter lunches with their main meals taken during the evening. The manager said that they had arranged a fish and chip supper and that the meal times had also changed as people had requested. The manager also explained that people often spoke about the food and the choices they would like to have on the menu and that the new chef had attended the last residents meetings to introduce themselves and get to know people's choices and views. The chef said that they had obtained some 'moulds' so that when they plated up foods that had been blended such as sausages, they looked the same as sausages that had been cooked whole. The chef said "The blended sausages now look so real that I saw a member of staff trying to cut it using a knife. People should see what it is they are going to eat, rather than spoonful's of blended foods in different place on a plate."

The manager saw complaints and concerns as a way of driving improvement. Relatives said "We know that if we have any questions or comments the manager will always sought them out. People said they had no complaints about the service. One person said "I have no complaints, everything here is good." Relatives also said that they were happy with the home. One relative said "I know that if I have any worries I can see the manager and she will put it right straight away, no I don't have any complaints." Information on how to raise concerns was displayed on the

Good

Is the service responsive?

notice board in the lounge area. The manager said that records were maintained of any complaints that had been raised and this detailed the action taken to resolve the concerns. We noted that there were no complaints at the time of our inspection.

The provider had developed links with the local community and people that lived at the home were encouraged and supported to attend events outside of the home. There were regular events held with other brain injury services and Headway which is a brain injury charity. People said that they enjoyed attending these social events and were supported to attend them by staff from the home.

Good

Is the service well-led?

Our findings

People, their relatives and staff all had confidence in the management of the service. All the people that were able to talk to us said that they had confidence in the manager. One person said “This place is the best because [the manager] is here.” Relatives also said that the manager was very approachable and “Always got things done.”

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. They said the manger worked alongside them and were able to give advice and guidance where needed. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. Staff were provided with up to date guidance and felt supported in their role

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were familiar with the philosophy of the service and the part they played in delivering the service to people. One member of staff said “We are like a family here, we all care for the residents and look after them really well.”

Staff felt able to request changes to practice. One member of staff said they had asked for a sum of money to be readily available within the home so that spontaneous activities could take place especially over a weekend. The manager arranged for this to take place and the member of staff said, “We can go out if it is a nice day and take people out for a coffee more easily now, it’s all to do with their quality of life.”

The manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

The provider had a process in place to gather feedback from people their relatives and friends as annual satisfaction surveys were carried out. One of the comments we read said “Cleaning staff show why The Cotswolds has high standards of hygiene, meticulous in their job and are a credit.” There were no negative comments provided about the home.

There were arrangements in place to consistently monitor the quality of the service that people received as a monthly audit plan was in place and audits had been carried out by the manager, senior staff and external commissioning groups. We noted that when improvements had been required an action plan had been produced. We discussed the action plan with the manager and found that all the actions required to improve the quality of the service had been completed. For example a result of a bed audit to look at the quality of the mattresses new mattresses were now in place. Three monthly audits of people’s records ensured that the content was up to date, the manager said that where necessary they had provided one to one support to guide staffs practice in care plan writing to improve the quality of records.