

In Chorus Limited

Oaklea

Inspection report

29 Oak Road, Woolston,
Southampton, SO19 9BQ
Tel: 023 80446451
Website: www.inchorus.co.uk

Date of inspection visit: 10 & 17 September 2015
Date of publication: 12/11/2015

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

We carried out this inspection on 10 and 17 September 2015. The inspection was unannounced. Oaklea provides accommodation and support for up to five people with a learning disability or who have autism spectrum disorder. There were five people living at the home when we carried out the inspection.

The home had a registered manager. 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 felt safe living at Oaklea and people were very much at the heart of the service. People were supported to take informed risks.

There were enough staff to meet people's needs. Relevant checks were conducted before staff started working at Oaklea to make sure they were of good character and had the necessary skills. People were supported to receive their medicines safely from suitably trained staff. Staff received regular training that provided them with the knowledge and skills to meet people's needs in an effective and individualised manner.

Staff sought consent from people before providing care or support. The ability of people to make decisions was

Summary of findings

assessed in line with legal requirements to ensure their rights were protected and their liberty was not restricted unlawfully. Decisions were taken in the best interests of people.

People were treated with kindness, compassion and respect. The staff were highly committed and provided people with positive care experiences. Support was provided in accordance with people's wishes.

Staff knew what was important to people and encouraged them to be as independent as possible. People were supported and encouraged to make choices and had access to a wide range of activities tailored to their specific interests.

People (and their families where appropriate) were involved in assessing, planning and agreeing the care and

support they received. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

'Residents meetings' and surveys allowed people to provide feedback, which was used to improve the service. People knew how to make a complaint.

There were appropriate management arrangements in place and staff and people told us they were encouraged to talk to the registered manager about any concerns. The registered manager monitored the quality of the service through regular audits. They carried out regular checks to ensure the environment was safe and to identify where improvements may be required.

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?

The service was safe.

People felt safe and secure when receiving support.

There were enough staff to meet people's needs at all times. The process used to recruit staff was safe and helped ensure staff were suitable for their role.

Risks were managed appropriately and medicines were managed safely.

Good



Is the service effective?

The service was effective.

People received care from staff who were trained and able to meet their individual needs.

Staff were supported in their role.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to access health professionals and treatments.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

People were involved in planning their care and were encouraged to remain as independent as possible.

People's dignity and privacy was protected.

Good



Is the service responsive?

The service was responsive.

People received personalised care from staff who understood and were able to meet their needs. Care plans provided comprehensive information to guide staff and were reviewed regularly.

People had access to a wide range of activities, and could choose where and how they spent their day.

The provider sought and acted on feedback from people.

Good



Is the service well-led?

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There was an open and transparent culture in the home. There was a whistle blowing policy in place and staff knew how to report concerns.

Good



Summary of findings

How was the quality of service maintained.

Oaklea

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 10 & 17 September 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the home including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two people living at the home, and one family member. We also spoke with the registered manager and three staff members. We also spoke with the senior representative of the provider. We looked at care plans and associated records for three people, four recruitment files, accidents and incidents records, policies and procedures, minutes of staff meetings and quality assurance records. We observed how staff interacted with people whilst supporting them with a range of activities in the home.

We last inspected Oaklea on 11 October 2013, where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at Oaklea. One person said, "I feel safe living here and the residents all get on well." A family member told us, "I feel they are safe as when they come home at weekends, they are happy to go back to the home. If they weren't happy or secure they wouldn't want to go back and would let their feelings known."

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Risk assessments covered support for people when they went out in the community, participated in social activities and leisure interests. For example one person wanted to go out in their friend's car, so the family, staff, a health professional and the person were all involved in a decision and risk assessment to make sure the person had an appropriate action plan developed to enable them to do so.

An appropriate safeguarding policy was in place and staff were required to read this as part of their induction. The policy required staff to report allegations of abuse immediately to two relevant senior staff to protect everyone concerned. This was to ensure that information was passed on and acted on accordingly. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member told us, "We are very clear on safeguarding. I would write down times and dates and inform two members of staff, then call the manager and director as in our policy."

Where people found it difficult to manage their money independently, the registered manager had systems in place to support people appropriately and to protect them from financial abuse. This included money which was held, and spent, by people living in the home.

There were enough staff to meet the needs of people and to keep them safe. We observed that staff were available to support people whenever they needed assistance. The registered manager kept the staffing levels under review and staffing was adjusted to meet people's needs. People and staff told us they felt the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. Short notice absences were covered by bank staff so that people were

always supported by staff that knew them. Bank staff are staff who are already employed by the service and are prepared to provide extra cover when needed. The registered manager provided a weekend and evening on call service to support staff, together with managers from the provider's two other services. This meant staff always had access to support from a registered manager if required. A senior representative of the provider was also contactable in an emergency situation.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed in the home. Staff records included an application form and a record of their interview, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people use care and support services. Staff confirmed this process was followed before they started working at the home. The manager told us that when they interviewed new staff they always made sure that one of the people living at the home was involved in the process so they could check if the applicant was suitable to work with the people they would be supporting.

Staff carried out a fire drill once a month and records confirmed they had received suitable fire training. People living at the home had their emergency plans transferred into Makaton signs for staff to use to help communicate with people who used Makaton within the home. Makaton is a language programme using signs and symbols to help people to communicate. Fire safety equipment was maintained appropriately. Safety checks of gas and electrical equipment were conducted regularly.

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Training records showed staff were suitably trained and had been assessed as competent; staff were required to be assessed at least three times until they were able to administer medicines. Monthly audits were carried out of medicines and MAR charts and twice weekly medicine stock checks were conducted to make sure they were properly accounted for.

Is the service effective?

Our findings

People told us, they liked living at the home and were able to make their own decisions. One person said, “Room how I like it, a good place to live.” Another person said, “I can make my own choices and decisions.”

The registered manager identified that staff were not skilled in communicating with people, as some people who lived at the home were expressing frustration due to poor communication amongst the staff. The registered manager developed suitable training and arranged staff meetings to be held weekly. At the meetings all staff will go through Makaton signs, where they will practice signing. The registered manager told us, “A person who lives at the home will be invited, which makes it really interesting as they will correct staff if they get it wrong.” Each month there would be a different theme, for example while we were inspecting the home the theme was food signs in the next two weeks they would go back to looking at greetings. The home also held a folder of vocabulary of signs and one on food and drink.

A staff member told us, “We have a staff meeting every Monday, all staff work a long day on a Monday so there is an overlap and that most staff can attend the meeting. If we are unable to make the meeting we can always read the minutes and see what signs were looked at. We go through signing, health and safety, what’s happening in the diary. We will also go through the progress of the people living at the home, and incident’s that may of occurred. Then we go through people’s care plan for dignity, respect and choice and discuss how we would want this and what we do. Then lastly all the staff discuss any concerns or complaints they might have.”

The registered manager felt that improved communication with people resulted in a reduction in anxiety levels as staff were able to understand people’s expressed needs more effectively.

Staff received appropriate induction to the home to prepare them for their role, which people contributed to. One person told us, “When a new staff member starts work here I get involved in their induction and show them around the home.” A staff member told us, “My induction

was very through, I had weekly talks with my manager, supervisions and lots of training.” Another person said, “Training is really good, and you get to put your training into practice for example with Makaton signing.”

New staff had started working towards the care certificate. This is awarded to staff new to care work who complete a learning programme designed to enable them to provide safe and compassionate care. The registered manager told us, “I think the new care certificate is much better and I have enjoyed going through this with my staff.”

Training records showed staff had completed a wide range of training relevant to their roles and responsibilities. Staff praised the range and quality of the training and told us they were supported to complete any additional training they requested. One member of staff said, “I wanted to complete my Diploma in Health and Social Care level three, and the company arranged this for me, and I have now completed [it].” Another staff member said, “I enjoy all the training and find most of them really educating, and am able to put it in practice at home and work.” Staff were up to date with all the provider’s essential training, which was refreshed regularly. This ensured people received effective care from staff who had the necessary level of knowledge and skill.

People were cared for by staff that were well-motivated and told us they felt valued and supported appropriately in their role. Staff also received an annual appraisal which reviewed achievements over the last year and identified areas to develop their skills. One staff member told us, “I have a supervision every two months and feel very comfortable about putting my views across.” Another staff member told us, “Supervision is a two way process, I have a form to fill in before my supervision about any points I would like to raise during my supervision session.” Staff had regular one-to-one sessions of supervisions as well as staff meetings every month. These provided opportunities for them to discuss their performance, development and training needs.

Staff had received training in the Mental capacity Act, 2005 (MCA). The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff showed an understanding of the legislation in relation to the people

Is the service effective?

they supported. Before providing care, they sought consent from people and gave them time to respond. Where people had been assessed as lacking capacity, best interest decisions about their care had been made and documented, following consultation with family members and other professionals, where relevant.

The provider had appropriate policies in place in relation to Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be legally deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to provide care and support to the person safely. DoLS applications were being processed by the local authority for three people. Staff were aware of how to keep people safe and protect their rights.

People met every week to agree the menu and choose their meals. If people did not want to eat the main meal option, they could choose something else. We saw that some people were supported by staff to use the kitchen to make drinks or snacks. A pictorial menu was displayed in the dining room which showed the meal choices for the day. People's plans of care included information about their dietary needs, which included information as to their likes and dislikes. People were supported to eat and drink and maintain a balanced diet. One person told us, "Food no problems, I sometimes get my own bits and bobs, treats and snacks."

Staff told us, they had been successful in encouraging people to try a variety of different foods they had not eaten before. For example, people trying different types of cereal and different types of drink.. One family member told us, "My family member enjoys cooking and preparing meals."

Records showed people accessed a range of health care services which included doctors, chiropodists, opticians and dentists. Specialist health care professionals were also involved in caring for people with specific needs, such as supporting a person to manage their epilepsy. The care plan gave staff guidance about the type of seizures the person was known to have. First aid treatment and management of the seizure was written into the care plan. The care plan also stated how to monitor and record the seizures. The record then accompanied the person to the hospital for their annual review. This meant the specialist health care professional was able to review and monitor the medication to see it was being effective in helping the person manage their epilepsy.

Key workers kept in contact with the nominated family member if the person was not well, and encouraged people to phone their families. For example one person was supported to phone their parents after they had had a seizure, and this need was recorded in the person's folder. A key worker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members.

The home held information about the person's health needs, their medication, information as to their likes and dislikes and communication needs. In addition each person at the service had an hospital passport, which would go with the person should they need to access emergency or planned medical treatment, to assist health care staff in the provision of the person's care and support.

Is the service caring?

Our findings

People were cared for with kindness and compassion. One person said of the staff, “Staff are caring, all the staff are nice and the manager.” Another person said, “Staff always knock on the door, otherwise I wouldn’t let them in, they have to knock on the door as simple as that.”

Staff understood the importance of promoting and maintaining people’s independence. For example, one person when they first moved into the home wouldn’t come down for breakfast. Now they come down for breakfast on their own, and even help out in the kitchen. Staff told us this was “a joy to watch”.

Staff told us that privacy and dignity was always adhered to. One staff member said, “We get to know the individual and their care plan very well. We have to keep offering choice so they can be as independent as possible. Another staff member told us, “We treat people with dignity by calling them by their preferred name and make them feel safe and independent.” People could choose to lock the doors to their rooms, and staff told us they would always knock and wait for an answer before entering. Each person had their own individual bedroom where they could spend time in private when they wished. People’s bedrooms were respected as their own space and the décor and furnishing reflected their individual tastes and interests.

Staff had built positive relationships with people. They spoke about people warmly, showing that they held them in high regard. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their chosen name, maintaining eye contact and ensuring they spoke to people

at their level, seated and not rushed. Staff told us they loved working at Oaklea. For example, one staff member said, “I am very happy where I am. People’s happiness, wellbeing and safety is my priority all the time.” Another staff member said, “Seeing people happy makes you happy.”

Staff also assisted us to communicate with people who could not express themselves verbally. People appeared to understand when staff spoke with them and often responded with smiles or sounds which indicated they were happy.

People were happy to engage with the registered manager and discuss what they were doing on that day. The registered manager spoke to people with warmth and friendliness which people responded to. The registered manager told us, “The home promotes five rights at all times and are included in the staff minutes, which are privacy, independence, fulfilment, choice and dignity.

Each person had a designated key worker with particular responsibility for ensuring the person’s needs and preferences were known and respected by all staff. The key worker engaged with the person in whatever way was most appropriate to them. This helped ensure consistency of care and that people’s daily routines and activities matched their individual needs and preferences. One person told us, “I am completing a sixteen mile walk for charity in October and my keyworker is joining me on the walk.”

Confidential information, such as care records, were kept securely and only accessed by staff authorised to view them. When staff discussed people’s care and treatment they were discreet and ensured conversations could not be overheard.

Is the service responsive?

Our findings

People received personalised care from staff who supported people to make choices. One person said, “I go out a lot on my own, I enjoy going out on my own.” Another person told us, “the home helped me become independent; I now go to football matches on my own.” A family member said, “The home has a strong structure of activities in place.”

Assessments were undertaken to identify people’s individual support needs and their care plans were developed outlining how these needs were to be met. Care plans provided comprehensive information about how people wished to receive their care and support. For example, they gave detailed instructions to staff about how they liked to spend their day, how their disability affected them, and how they interacted with their family and friends. Staff confirmed the care plans provided all the information they needed to care for people appropriately and enabled them to meet people’s needs effectively.

Care plans were very personalised and included people’s preferred method of communication and how they should be supported to make choices. Care plans were reviewed weekly by their keyworker where they sat down with the person to check their care plan with them and how their week had gone. They also checked their room with them, to make sure all was in order. The keyworker also called the person’s family once a week to let them know how the week had gone. One person told us, “I look at my care plan with staff. I have to look through it and sign it, but I know what it is and it is updated when needed.”

People’s families were involved in the care plan reviews. In addition, once a year an external review was carried out by an independent health professional, which involved the person, and the person’s parents. Staff used a ‘handover book’ to communicate important information about people. This was detailed and allowed staff to record daily details of people’s health, welfare and activities, that needed to be passed onto other staff.

People were able to go out independently if they wished and some people chose to be accompanied by staff. One person said, “They have helped me become independent, and I am really independent now and even go to the local stadium to watch football on my own now.” Staff told us of

one person that when they first arrived at the home, wouldn’t go out the front door. Then they slowly started to go to shops with a member of staff, to now going into town on their own.

The registered manager told us an objective of the company, was to make sure lots of activities were happening in the community, in order to bring fulfilment to people’s lives. The registered manager said, “Whatever they want to do, they do.”

People were supported to participate in a range of social and leisure activities in line with their personal interests. These included holidays, trips out, horse riding, sport clubs, football, seaside, local parks, visits to relatives, attendance at work placements and local colleges.

Staff told us, all the residents are going on holiday next week except one person as they already have a holiday booked. People choose where they wanted to go, staff printed of holiday pictures and people got to choose.

Residents meetings were held weekly and were attended by all the people living at the home. These were usually held in the evening as most people were out during the day. The meeting was sometimes chaired by one of the people living at the home, which gave people a sense of ownership of decisions made. In the meeting Makaton signs were used and minutes of the meeting were produced using the signs. The minutes of ‘residents meetings’ showed people were encouraged to influence, and provide feedback on the way the home was run.

A staff member told us, we always offer choice and independence especially at residents meetings. We ask them if there are any changes and what would they like to do next week. For example if they want to go to the pub we would make sure it happened. We also make it a social occasion, and by all the people of the home being activity involved, it has brought some meaning into it.

Past activities and outings had been put into a picture book, which people enjoyed looking at. Staff found some service user's liked to look at the pictures over and over again, so are in the process of making individual picture books with photos and signs for each person living at the home to store their memories in.

The service had a complaints procedure which was produced in an ‘easy read’ format, using symbols to promote people’s understanding of how to make a

Is the service responsive?

complaint. The registered manager told us that they would sit down and talk about any concerns people might have, and then help them find a solution and move on. No formal complaints were recorded in the last year.

One person told us, "If I was concerned about anything, I would speak to any member of staff as I get on with them all, and knows them all very well." They also said, "I know how to complain, I've done it before. Only had to complain

a couple of times, and it got put right straight away, no if's or but's it got done." A family member said, "If I had a complaint I would be happy to discuss it with the manager."

One person told us, "I am able to phone family and friends at any time. We have two residents' phones here one up and one down. But I also have my own phone as well."

Is the service well-led?

Our findings

People told us the home was well run, and that they could talk to the registered manager. One person said, “I get on well with the manager. I know them very well and they know me very well.”

A family member said, “The manager is very good, I’m very happy with them. Someone I can talk too freely.” A staff member told us, “The manager is well organised, very supportive. Puts a lot of time and effort into making sure the best possible care is given.” Another staff member told us, “I enjoy working here; the best thing is the support you get from the team”.

The provider had a clear vision and set of values which encouraged the philosophy of placing the person in the centre of all the care they received. There was an open and transparent culture within the home. Visitors were welcomed and there were good working relationships with external professionals. The registered manager carried out quality surveys with people using the service every one to two years. The surveys showed that people were happy living at Oaklea. People were supported to access the community for example one person attended church regularly as well as local prayer groups. Other people attended local sports clubs in the evening and at weekends. Most people attended a local disco once a month, and met up on occasions with other people from other homes within the area.

Staff meetings occurred weekly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up and acted upon swiftly. Staff felt listened to at meetings. One staff member said, “Team leaders workers work hard and

support workers, any problems and they are resolved very quickly. Another staff member said, “Very comfortable environment, the director and manger listen to everyone and the environment is very good.”

There were systems in place to review the quality of all aspects of the service. The registered carried out monthly reviews to monitor areas such as care plans, infection control and health and safety, incidents, accidents and complaints. The registered manager then carried out audits twice a year of the above reviews. These helped identify any learning points for the organisation. An example was following an incident where a person had bitten a member of staff during a walk outside the home. This was reviewed and an action plan put in place to prevent further occurrences. The registered manager said, “There is always a need for constant auditing, to keep up with everything; prevention is the best measure.”

The registered manager told us they had access to advice and support from the provider’s head office, which in turn had links to national training academies and access to information about best practice. In addition, the managers of all the provider’s services shared information and guidance, which was used to improve standards of care on a daily basis. A staff member told us, “The manager inspires people to go up the ladder. I wouldn’t be where I am now without them, they still inspire me and mentor me and I can seek advice at any time.”

There was a whistle blowing policy in place and staff were aware of it. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. The provider had appropriate polices in place for all aspects of the service. The registered manager met with staff every year to check their understanding of the polices, by asking for examples to check their knowledge.