Speciality Care (Rehab) Limited

Ogilvie Court

Inspection report

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Date of inspection visit:
05 April 2016

Date of publication:
03 May 2016

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

Ogilvie Court provides accommodation and personal care for up to 25 people who have a learning or physical disability. The location is divided into four separate houses where people lived, Chelmer, Moore, Turner and Danbury.

There were 21 people living in the service when we inspected on 5 April 2016. This was an unannounced inspection.

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.

There were procedures and processes in place to ensure the safety of the people who used the service. Risk assessments provided guidance to staff on how risks to people were minimised. There were appropriate arrangements in place to ensure people's medicines were stored and administered safely.

Staff were trained and supported to meet the needs of the people who used the service. Staff were available when people needed assistance, care and support. The recruitment of staff was done to make sure that they were suitable to work in the service.

The service was up to date with the Mental Capacity Act (MCA) 20015 and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People were provided with personalised care and support which was planned to meet their individual needs. People, or their representatives, were involved in making decisions about their care and support.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed promptly. As a result the quality of the service continued to improve.

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.

There were systems in place to minimise risks to people and to keep them safe.

Staff were available to provide assistance to people when needed. Recruitment of staff was completed to make sure that staff were able to support the people who lived in the service.

People were provided with their medicines when they needed them and in a safe manner.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Good

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their needs were being met.

People were provided with personalised care which met their assessed needs and preferences.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Ogilvie Court

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 April 2016, was unannounced and undertaken by one inspector.

Before our 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 looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We met 14 people who used the service and spoke with seven of these people about their experiences of using the service. People used various methods of communicating with us, including verbally, using their method of non-verbal communication and speaking to staff, who related their comments to us. We also observed the care and support provided to people and the interaction between staff and people.

We looked at records in relation to four people's care. We spoke with the registered manager and eight members of staff, including care, development, gardening and activities staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Good

Is the service safe?

Our findings

People were safe living in the service. One person showed us that they had a key for their bedroom, which they kept locked when they were not present. They also showed us how they kept their belongings safe. We saw that staff were attentive to people's needs to ensure that they were safe. For example, staff were swift to identify when there was a risk people's behaviours that could be a risk to others, by diverting and supporting them. The registered manager advised us of risks to people when we arrived in the service. This included anxiety that may be caused by us writing when in the presence of some people and wearing our identification badge. This showed that the staff were aware of potential risks to people and took swift action to minimise these risks.

Staff had received training in safeguarding adults from abuse which was updated. They understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. They knew how concerns were to be reported to the local authority who were responsible for investigating concerns of abuse. The registered manager told us where they had raised safeguarding referrals regarding the care and treatment provided to people by other professionals when they were concerned that they were not receiving safe and appropriate care. This was confirmed by a person who used the service who told us that the registered manager had assisted them in reporting their dissatisfaction of a service provided by another organisation. When there were concerns about people's safety appropriate safeguarding referrals were made to the local authority and the service notified us of these. Where safeguarding concerns had been noted appropriate action had been taken to reduce the risks of similar incidents happening, including taking disciplinary action on staff, improving and developing systems to ensure safety, and supporting people to move to a safer environment when they had not got on well with others that they lived with.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included risk associated with using services in the community, pressure ulcers and behaviours that may pose a risk to themselves and others. Where people were at risk of developing pressure ulcers records showed that there were systems in place to reduce these risks, including ensuring they were supported with their continence and used pressure relieving equipment. These risk assessments were regularly reviewed and updated. When people's needs had changed and risks had increased the risk assessments were also updated.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the bath chair had been serviced and checked so they were fit for purpose and safe to use. Business contingency plans were in place which provided information of actions to be taken in case of an emergency, for example fire and power cuts. Information was available for staff in each person's care records on how they were to be supported to evacuate the service safely in case of an emergency.

There were systems in place to assess the staffing levels in the service to make sure that people's needs were met safely. People told us that there was enough staff available to meet their needs. One person said, "They [staff] help me." They asked a staff member to walk with them to the Ark, the activities unit, this was done

immediately by the staff member. Staff were attentive to people's needs and requests for assistance were responded to promptly. No people were left for long periods of time which could be a risk to their safety. Where people required supervision to ensure their safety, this was provided.

The registered manager told us that the staff levels were assessed and reviewed if, for example, people's needs increased. This showed that appropriate action was taken to reduce the risks to people. There were staff vacancies and there were systems in place to ensure that the risks to people by not having enough staff were minimised. This included the use of agency staff and recruitment of new staff. The registered manager showed us the documents in place which showed that checks were made on agency staff to ensure that they were trained and suitable to work in the service. During our inspection visit our observations confirmed that recruitment of staff was being undertaken. Two new staff were working on their induction training and one had brought in their identification to the service. One staff member told us that they felt that there were enough staff to meet people's needs and the house that they worked in had a regular group of staff, which they felt were supportive and positive for the people using the service.

Two new staff told us that they had checks on them before they were allowed to work in the service. This was confirmed in the three staff recruitment records which we reviewed. Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service. Regular declarations were also undertaken where existing staff were required to share information if there had been any criminal convictions since their recruitment. During the probationary period if staff were not working to the standards required, their employment was not taken any further or their probationary period was extended. This showed that the systems of checking that staff were suitable to work in the service were robust.

People were provided with their medicines safely at the right time. Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines when they needed them. Daily checks on the records and amount of medicines stored were undertaken to make sure that people got their medicines as prescribed. People's medicines were kept safely but available to people when they were needed. Regular temperature checks were undertaken to make sure that medicines were stored safely. Where people were prescribed with medicines that were to be administered when required (PRN), such as pain relief and medicines to support them at times of anxiety, there were protocols in place to guide staff when these medicines should be given. This meant that systems were in place to reduce the risks of the inappropriate administration of these medicines.

Good

Is the service effective?

Our findings

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people living in the service. Staff were knowledgeable about their work role, people's individual needs and how they were met. We saw that the staff training in supporting people with their anxiety was effective because they had identified when the risks of behaviours that may challenge others and took swift action to divert them. The way that staff communicated with people was effective. They positioned themselves at people's eye level and checked with them that they had understood what they had said.

Staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. Records in place identified the training that staff had completed and when they were due to attend updated training. The registered manager showed us records of systems in place to monitor staff training and take action when staff had not completed the required training. The registered manager told us that staff had started working on the new care certificate as part of their induction and this was also offered to existing staff. This showed that they had kept up to date with changes to training requirements in the care sector.

As well as mandatory training, including safeguarding and moving and handling, staff were provided with training in people's diverse needs. This included training in supporting people with behaviours that may be challenging to others, dementia, diabetes, Prada Willi and autism. This allowed staff to learn about people's diverse needs and they were guided to provide care that was individualised and effective.

Two staff were undertaking their induction training, which they told us included doing e-learning training and reading care plans and policies and procedures. They said that they would be shadowing existing staff and meeting people before they worked alone. They both told us that they were happy with the induction process.

Staff told us that they were supported in their role and had one to one supervision and appraisal meetings and staff meetings. Records confirmed what we had been told. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had sent us the required notifications to advise us when DoLS applications had been authorised. DoLS applications had been made appropriately to ensure that any restriction on people were lawful, these were kept under review to ensure that they were up to date and appropriate. The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. Staff were provided with training in MCA and DoLS and understood how the principles of these and how they were important when caring for people using the service.

We observed that the staff sought people's consent and acted in accordance with their wishes. We saw that staff sought people's consent before they provided any support or care, such as if they wanted to participate in activities, what they wanted to do and where they wanted to spend their time.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people or their representatives, where appropriate, to consent to the care provided. Where people lacked the capacity to make their own decisions, there were records in place which showed that best interest meetings had been held with people, where appropriate relatives and relevant professionals. This meant that people who lacked capacity to make decisions were supported effectively.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink. One person said, "I choose my food." Another person commented, "The food is good." Further encouragement to maintain a healthy diet was provided by the service growing their own fruit and vegetables and having fresh eggs from the chickens on site. This was done with the inclusion of people using the service, for example tending the chickens and collecting eggs and growing and choosing the types of vegetables. One person said that they liked the chilli's that were growing.

People's records showed that people's dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support had been sought from health professionals, including a dietician and/or speech and language therapist, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

People's health needs were met and where they required the support of healthcare professionals, this was provided. One person told us how they were going for a dental appointment. Another person showed us their arm when they had returned to the service following a blood check. On their return the staff praised them for their bravery, which made the person smile. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. A staff member was responsible for coordinating health appointments which made sure that none were missed.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, "I like them [staff]." Another person commented, "They [staff] are kind and talk to me."

We saw that the staff treated people in a caring and respectful manner. People were clearly comfortable with the staff, they responded to staff interaction by smiling, laughing and chatting to them. When communicating with people, staff were patient allowing people time to express their views, positioned themselves at eye level and checked with people their understanding of what they had been told. This demonstrated effective and caring information with people.

Staff talked about people in a caring and respectful way. They were knowledgeable about people's individual needs, conditions and preferences. One staff member told us about people living in one house and how the care provided was individualised and supported them with their diverse needs.

People's views were listened to and their views were taken into account when their care was planned and reviewed. This was evident in our observations and records. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. People's bedrooms were personalised and reflected their choice and individuality. One person invited us into their bedroom and showed us some of their personal belongings and photographs.

We saw that people's choices, independence, privacy and dignity was promoted and respected. Staff encouraged people's independence and respected their abilities. One person said, "I am independent." They had a key for their bedroom which further ensured their independence and privacy. The registered manager told us that people were provided with keys for their bedrooms when they wanted them. Staff knocked on bedroom and bathroom doors before entering.

Good

Is the service responsive?

Our findings

People received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said, "I am happy." The registered manager and staff responded to people when they were showing signs of anxiety or distress. They spoke with them in a caring manner which helped to reduce the people's distress. Staff were knowledgeable about people, how they communicated, expressed emotions and the triggers to their anxiety. They picked up changes in people's wellbeing and took prompt action to engage people to reduce their anxiety before it could escalate. One person told us that they were not happy with some aspects of their life at Ogilvie Court. However, upon further discussion they recognised that they had made improvements in their life since living in the service and that they were responsible for the areas they wished to improve on. They said the source of their unhappiness was not anything that the staff were doing wrong.

Care plans were person centred and reflected the care and support that each person required and preferred to meet their assessed needs. These records provided staff with the information that they needed to meet people's needs. The records identified people's specific conditions and how they affected their daily lives, including triggers to anxiety and how they were supported to reduce the risks of anxiety and distress reactions. Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs and preferences. There were summaries of care in place for quicker reference for staff and communication care plans which identified how each person communicated their emotions and the specific ways that they expressed distress. If any changes in people's needs were identified these were included in the records. People's records included their goals and future aspirations with a plan in place to meet these. One person showed us their care plan and pointed out to us where they wanted us to look. They confirmed that this was, "My book," and that they had been involved in the development of the planning of their care. This showed that people received personalised support that was responsive to their needs.

The registered manager told us about examples of how they had responded to people's individual needs. These included looking at where in the service people lived to ensure that they and others they lived with were happy, acting on advice and guidance from other professionals regarding people's specific conditions and matching staff to work with people to ensure that they were compatible.

People told us that there were social events that they could participate in, both individual and group activities. We saw people using the Ark, a part of the service where people could participate in activities of their choice. One person said, "I like it [at the Ark]." The Ark held a multi-sensory room that people could use if they chose to, a computer where they could access the internet and e mails and various arts and craft materials. When people arrived at the Ark we saw that they were clearly happy to see each other and with the planed activity. One person greeted others with hugs and smiles when they arrived. During our inspection visit people were planting sunflowers to take part in a sunflower growing competition. We spoke with the activities coordinator who told us about the many activities that people chose to participate in. This included arts and crafts and outings, for example to a local farm and animal park.

The service had large grounds which people could use. They kept chickens, which people had named and

were responsible for caring for and collecting the eggs laid. Fruit and vegetables were grown, which people could participate in if they chose to and the produce was used for meals. We spoke with the staff member responsible for tending the garden, who told us how they listened to what people wanted to grow and included them in this if they wanted. One person worked with this staff member on a daily basis and took responsibility for making sure the produce was in good order during their leave. They told us that they enjoyed doing this and we saw them watering the plants. Records of meetings showed that the person enjoyed doing this role. They also said that they liked to clean cars and had done a valeting course at college.

People and staff told us how people attended a gym in the community which they enjoyed. One person beckoned to us to go into their bedroom and showed us their new television which they liked. They also showed us their DVDs and character/action figures, such as Doctor Who. They told us that they had planned a holiday and were going to go swimming, which they were looking forward to. Another person showed us the jewellery which they had made. This showed that people were provided with the opportunity to participate in both group and individual activities which were meaningful and interested them.

People could have visitors when they wanted them. People had different methods of maintaining contacts with those important to them, this included using the internet to contact family. This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. Records of meetings which were attended by people using the service showed that they were encouraged to share their views about the service and asked if they had any complaints or concerns that they wanted to share. Records of complaints showed that they were investigated and addressed in a timely manner. The registered manager told us how they acted on concerns promptly to reduce formal complaints and people being unhappy with the service they were provided with, for example they apologised and gave a bouquet of flowers to a neighbour of the service.

Good

Is the service well-led?

Our findings

There was an open culture in the service. We saw that the registered manager knew all the people who used the service and they responded to them positively. For example by smiling and talking with them. The registered manager completed two daily walk arounds the service. They checked with staff and people if there were any issues. By doing this they could identify potential risks and take action to address them promptly.

People were involved in developing the service and were provided with the opportunity to share their views. Satisfaction questionnaires were provided to people and their representatives to complete. People also attended regular meetings where they shared their views about the service provided. This showed that people's comments were valued and used to improve the service. For example, by improving the lighting in one person's home and sourcing the internet to use in the houses in the service. This had not yet been fully implemented and we saw that one person who spoke with the registered manager about it during our visit was provided with an update.

Staff told us that they felt supported in their role and listened to. Staff understood their roles and responsibilities in providing good quality and safe care to people. Star of the month had been introduced where staff and people could vote for a staff member who had worked well, this showed that staff were valued.

Minutes of staff meetings showed that they were kept updated with changes in the service and people's needs. They were provided with the opportunity to express their views about the service and suggest improvements.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The registered manager had kept updated with changes within the care industry, included with regulation and the care certificate, which had been introduced. They kept their knowledge updated by, for example attending conferences on people's specific conditions. The registered manager told us that they felt supported and had their own one to one supervisions with the regional manager where they could discuss any arising issues. They were supported in their role by two deputy managers and since our last inspection the introduction of a service development coordinator. The role of the service development coordinator included ensuring DoLS and safeguarding referrals were made, care plans were in good order and offering support to the houses in maintaining good standards. We spoke with this staff member who understood their role and responsibilities in providing good quality care.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, infection control, falls and records. Incidents and accidents were analysed and checked for any trends and patterns. The registered manager had introduced new daily record books, which identified the care that people had been provided with each day, what they had to eat and drink and any issues arising. This had enabled them to identify patterns in a person's distress reactions, which they had then been able to map triggers and support the person to reduce

their anxiety at specific times. Monthly night visits were undertaken to check that people were cared for safely during the night. Where they had identified shortfalls actions were taken to address them and reduce further risks. This included the ongoing consultation to change the night workers routines. The registered manager had changed their working hours to ensure that they saw the night and morning handover meeting and be accessible to night workers. An agreement had been made by the provider to fund new fencing and a gate, which the manager was in the process of ordering. Last year new pathways had been laid.

The regional manager regularly undertook visits to the service to check that people were provided with safe and good quality care. Where shortfalls had been identified actions plans were in place with timescales for improvement. This showed that there were systems in place to drive improvement.