

Progress Adult Services Limited

The Oaks

Inspection report

91 Hennel Lane
Walton-le-Dale
Preston
Lancashire
PR5 4LE

Date of inspection visit:
03 December 2018

Date of publication:
01 January 2019

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: The Oaks is a residential care home which accommodates up to six people in one adapted building for personal care. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of the inspection six people were living at the service.

People's experience of using this service:

Relatives told us they felt people living in the service were safe, staff knew how to deal with allegations of abuse. Medicines were managed safely; individual and environmental risks had been assessed to ensure they were managed to keep people safe.

Evidence was seen that confirmed relevant assessments and applications had been completed to ensure people were not deprived of their liberty unlawfully. People's choices, likes and needs had been assessed and considered. Meals were provided in line with people's assessed needs, likes and choice.

The privacy, dignity and respect of people's needs were consistently maintained. It was clear people received good care and positive interactions were seen taking place. Care plans included information about how to support people's needs, activities according to people's likes and choices were provided to people.

No complaints had been received by the service. Positive feedback had been obtained. People were consistently positive about the leadership and management of the service. Systems were established that ensured the service was audited and monitored for people to live in safely.

Rating at last inspection: The last inspection was undertaken on 22 March 2016 where it was rated as good in all of the key questions and the rating was good overall. This inspection report was published on 21 June 2016.

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: We will return to reinspect the service as per our inspection programme. We will continue to monitor any information we receive about the service and we will bring the inspection forward if we receive any concerning information.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Oaks

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team: The inspection was undertaken by two adult social care inspectors.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced which meant that they did not know we were coming.

What we did:

Prior to our inspection we looked at all of the information we held about the service. This included any safeguarding investigations, incidents and feedback about the service provided. We looked at any statutory notifications that the provider is required to send to us by law. We also looked at the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted professionals who provided feedback about their experiences of the service. We used a planning tool to collate all this evidence and information prior to visiting the service.

We were unable to obtain feedback from people who used the service due to their limited ability to communicate with us. Therefore, to understand the experiences of people living at the service we undertook

observations and interactions between people and staff. We spoke with two relatives of people living in the service. We also spoke with three staff members, the operations director and the registered manager who took overall responsibility for the service. We looked at a variety of records which included the care files for two people living in the service and three staff files. We also reviewed a number of records relating to the operation and monitoring of the service. These included, audits, servicing and checks. Along with feedback about the service, training records duty rotas and team meetings.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Systems were in place to guide staff about how to deal with any allegations of abuse. Staff understood what actions to take to act on and investigate abuse. Staff told us they would, "Feel comfortable reporting any concerns to the registered manager, the deputy manager or above [senior management] if required." Training records we looked at confirmed training had been undertaken. Records were seen that contained information about any safeguarding investigations.
- We observed that people appeared happy in the company of the staff team. Relatives we spoke with told us they had no concerns about people's safety. They said, "[Name] is well looked after and safe. [Name] is happy there" and "It is a lovely home."

Assessing risk, safety monitoring and management

- A variety of environmental risk assessments, environmental checks and servicing had been completed that demonstrated the service was monitored and safe for people to live in.
- Emergency plans and essential fire risks assessments were in place along with personal emergency evacuation plans to guide staff about people's needs in the event of an emergency evacuation of the service.
- Individual risk assessments in people's care files detailed the measures to take to protect people from risks and promote positive risk taking. Incidents and accident records we looked at confirmed these had been dealt with appropriately.

Staffing levels

- We observed sufficient numbers of staff on duty that ensured people's needs were met in a timely manner. Staff told us there was enough staff on duty to meet people's needs however one said, "On occasions" the staffing numbers could be lower for a short time when sickness occurred.
- Duty rotas we looked at confirmed the staffing numbers in the service. There was an ongoing recruitment programme and where shortfalls in staffing numbers were identified, these were covered by a consistent agency staff team.
- Systems to ensure staff were recruited safely were in place. Evidence of relevant checks were seen that demonstrated only people who were suitable for their post were recruited to the home.

Using medicines safely

- We observed people receiving their medicines safely by an appropriately trained and monitored staff team. Medication administration records (MAR) had been completed appropriately. Records and guidance relating to as required medicines and homely remedies were in place that guided staff on the safe administration of medicines. No concerns were raised about the administration of medicines to people.
- Medicines were stored safely in the service and temperature checks were completed regularly. Where gaps were seen the registered manager confirmed they would ensure staff undertook these checks daily.

- Medicines audits and quality checks were completed regularly that ensured any actions required would be acted upon appropriately.

Preventing and controlling infection

- All areas of the service were clean and tidy and free from clutter. Records we looked at confirmed up to date infection control audits had been completed and cleaning records confirmed a regular cleaning schedule was in place.
- Policies and procedures were in place to guide staff on infection control and training records we looked at confirmed trained had been completed. Equipment was available for staff to use that ensured safe infection control practices were utilised in the service. These included gloves, liquid soap, paper towels and hand wash.

Learning lessons when things go wrong

- Records we looked at confirmed the actions taken by the service to prevent any future risks and lessons learned could be shared with the staff team. Examples of these included the actions taken as a response to incidents.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The service ensured people were involved in choices in regard to the decoration. Individual bedrooms were decorated with regard to people's likes and recognising the need to ensure all areas were safe for them to live in.

Staff skills, knowledge and experience

- It was clear from our observations that staff understood people's needs well and how to deliver good care to them. Positive interactions were seen between people who used the service and the staff team.
- Relatives told us they were happy with the staff who delivered care to people. They said, "I am happy with the care and support [name] gets" and "I am very happy with [names] care."
- A training programme was in place and the training matrix we looked at confirmed staff received a variety of training to support them in the delivery of care to people. Topics covered included, data protection, moving and handling, managing challenging behaviour, introduction to autism and epilepsy. On commencement to their roles staff completed an induction programme. This ensured they had the information and guidance to support them in their role.
- Staff told us they were provided with regular supervisions, records we looked at confirmed this. A staff member said, "You're never on your own, I feel supported. Depends who is on shift [morale] is usually really good."

This ensured staff were supported and monitored to deliver effective care to people.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to access a varied menu of their choosing. A four-week rolling menu included people's individual likes. It was clear from our discussions with staff that they understood people's dietary needs well.
- Care records we looked at confirmed individual, dietary requirements that would ensure their individual needs and choices were met. Food was prepared by the staff team and fresh supplies of food were available to people.

Staff providing consistent, effective, timely care within and across organisations

- Evidence in care files confirmed relevant professionals were involved in people's care where required.
- We observed staff supporting people to access appropriate support from the wider professional team.

Supporting people to live healthier lives, access healthcare services and support

- Relatives we spoke with told us the service consistently ensured people received appropriate and timely assessment and reviews from relevant health professionals. They told us, "They [the staff] let me know if

[name] there are any problems or unwell. [Name] has had a flu injection and sees the specialist." A professional told us, "I have reviewed my patients [people who used the service] on a number of occasions, at times related to acute medical illness or routine annual reviews."

- Care records we looked at confirmed people were provided with the support to access health professionals that were relevant to their individual health needs. This ensured people continued to receive appropriate care that optimised their health and supported positive outcomes for them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care files demonstrated that the service had ensured detailed and comprehensive assessments had been undertaken. These provided information about how to support people's individual needs.
- Regular reviews were undertaken that ensured staff had access to current information about people and how to deliver effective care to them. Relatives we spoke with told us the service always ensured they were involved in the persons reviews.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Relevant DoLS applications had been submitted to the assessing local authority. This ensured people who used the service were not deprived of their liberty unlawfully.
- Care files we reviewed confirmed that detailed capacity assessments had been completed which supported decisions in relation to the care and support people received. Relatives we spoke with confirmed that they were, "Always involved with choices and consent [was] discussed." Records also included evidence that consent had been discussed and agreed with people for some decisions in relation to their care. Staff confirmed they would seek consent from people before undertaking any activity with them. They said, "I wouldn't just do something without asking, I always ask before doing anything."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- It was clear from our observations that people living in the home were consistently treated with kindness and received good care. Relatives we spoke with confirmed this. They said, "I am very happy with the care" and "The staff love [name] and are caring, they look after [name]. Everything is fine, [name] is well cared for and safe." A professional told us, "The staff are very caring, patient and have a good rapport with the residents [people who used the service]."
- Staff we spoke with were clearly passionate about the care and support they provided to people. They told us that the, "Care plans tell you about people's needs" and "People get good care, you can always do better."
- Where people's ability to communicate verbally was limited we saw staff understood people's body language, behaviours and sign language to understand their needs. Staff told us, "I watch for triggers I am aware how people will communicate with you. We have a communication book to communicate with one person." Care files contained good information about how to communicate effectively with people according to their individual needs.
- Care files we looked at contained a one-page profile which had information about people's likes, what was important to them and how best to support them.

Supporting people to express their views and be involved in making decisions about their care

- Throughout our inspection we observed staff engaged people and supported them in making decisions about their care and activities they engaged in.
- The registered manager discussed how advocates were accessed in the past to make important decisions. Information about how to access advocacy services was displayed in the service during our inspection.

Respecting and promoting people's privacy, dignity and independence

- Confidential information was being stored securely in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.
- Staff were able to discuss the importance of ensuring people's privacy and dignity was maintained. Care was delivered in the privacy of people's bedrooms or bathrooms. We saw one person's bedroom where the blind had been removed from the window. The registered manager took immediate action to ensure the privacy of this person was protected.
- Throughout our observations we saw that staff consistently supported people to be independent. People were enabled to participate in their own washing, dressing and activities that they chose. We observed staff and people who used the service undertaking a shopping trip during our inspection.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs
People's needs were met through good organisation and delivery.

Personalised care

- Relatives of people who used the service confirmed that the care they received was agreed and discussed with them and they were informed at all times of any changes in their relative's conditions. They told us, "I call every day and they give me an update. They tell me what is going on."
- Care plans contained detailed information about people's individual needs and how to support these effectively. Pre-admission assessments had been completed that ensured people's needs could be met in the service.
- Where changes in people's needs were identified, updates and reviews were undertaken that ensured they contained relevant and up to date information.
- People were supported to access a variety of activities of their choosing. Information and photographs were on display that demonstrated what activities were provided to people.

End of life care and support

- No one was receiving end of life care and support at the time of our inspection. However, we were told that arrangements would be made to ensure people were provided with appropriate and timely care that met their needs where required. Policies and guidance were in place in relation to end of life care. The registered manager told us there was ongoing work to support and educate people in preparation of choices and loss.

Improving care quality in response to complaints or concerns

- We saw that all people who used the service appeared happy and comfortable with all members of the staff team. Relatives and professionals we spoke with told us they were happy with the care and had raised no complaints. One said, "I come a lot [I have] no issues." A professional told us, "I highly commend the staff."
- Positive feedback had been received that demonstrated people and relatives were happy with the service provided.
- Whilst no complaints had been received systems were in place to record, investigate and act on complaints. Policies and procedures were in place to support this. Recording forms included pictorial information for people to provide their views where their understanding of the written word was limited.

Is the service well-led?

Our findings

Well-led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture
The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- Systems were in place that demonstrated the service acted on the findings of audits and monitoring that promoted openness and transparency.
- Policies, procedures and guidance was available that ensured all staff, regardless of their role, had access to support all aspects of the home and the delivery of care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The registered manager clearly understood their role and responsibility as well as the operation and oversight of the service.
- We received very positive feedback from all staff and professionals about the registered manager. Comments included, "The [registered] manager and the deputy are lovely" and "[Registered manager] is very very good and a caring person."
- There was a clear staffing structure in the service and staff understood their roles and responsibilities.

Engaging and involving people using the service, the public and staff

- Staff told us team meetings were taking place. Records we looked at confirmed this.
- Family members were consistently consulted about their views of the care their relatives received.
- Surveys and feedback was obtained that would promote improvements in the service provided. We were told the service was planning to make improvements in the way feedback was sought.
- Staff were positive about the management and the support they provided. They said, "I feel supported by the [registered] manager he is very approachable" and "I am well supported by the management."

Continuous learning and improving care

- A variety of regular audits and quality monitoring was taking place that demonstrated the quality of the service provided to people. Findings were recorded and included the actions taken to improve the service.
- Senior management audits and quality monitoring reviews were undertaken and actions plans had been developed that demonstrated senior management were monitoring the quality of the service provided.
- A variety of guidance and information was available for staff to access that would ensure they were kept up to date.

Working in partnership with others

- Evidence was seen that demonstrated the service consistently worked in partnership with the wider professional team. Records noted the involvement of GP, learning disability services and commissioners of people's care.