Phoenix Learning and Care Limited

Oakwood

Inspection report

Oakwood Court College
7-9 Oakpark Villas
Dawlish
Devon
EX7 0DE

Tel: 01626864066
Website: www.oakwoodcourt.ac.uk

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11 January 2019
14 January 2019

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service: Oakwood is a residential care home that provides personal care and support for up to thirty young people who have a learning disability or autistic spectrum disorder who are attending Oakwood College. The home does not provide nursing care. At the time of the inspection there were 12 people living at the home.

People's experience of using this service:

Oakwood had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published. We found the outcomes for people living at the home reflected some of these values and principles. We have made a recommendation in relation to the promotion of social inclusion and the way in which people are supported to live an ordinary life.

People were happy living at Oakwood and told us they felt safe. People continued to be protected from the risk of abuse and avoidable harm. Registered managers and staff had attended safeguarding training and demonstrated a good understanding of how to keep people safe.

Risks associated with people's complex care needs had been appropriately assessed and staff had been provided with information on how to support people safely. People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so.

Staff were recruited safely and there were sufficient numbers of staff deployed to meet people's needs. Staff told us they felt supported and we saw evidence that staff had received an induction, training and ongoing supervision.

Care and support was personalised to each person which ensured they could make choices about their day to day lives. Staff knew people well and had developed good relationships with people. People knew how to make a complaint and felt confident they would be listened to if they needed to raise concerns.

People's healthcare needs were monitored and people had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

We have made a recommendation about recording mental capacity and best interests decisions in relation to people's finances.

People benefitted from a home that was well led. The provider had systems in place to review, monitor and improve the quality of service provided. People and their relatives were involved in making decisions about their care. The registered managers worked in partnership with health and social care professionals.

We have made a recommendation in relation to systems in place to monitor, the quality and safety of the services provided.

The home was clean, well maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection: The home was previously rated as Good. The report was published on the 17 August 2016.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up: We will continue to monitor intelligence we receive about the home until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 home was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The home was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The home was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The home was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The home was well-led.

Details are in our Well-Led findings below.

Oakwood

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience involved in this inspection had experience caring for people living with severe learning disabilities and/or complex needs.

Service and service type: Oakwood is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: This unannounced took place on the 10, 11 & 14 January 2019.

What we did: Before the inspection we reviewed the information we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

During the inspection we met and spoke with six of the people living at the home, seven members of staff, both registered managers and the nominated individual. A nominated individual is the provider's representative and is responsible for supervising the management of the regulated activity provided. We also spoke with one of the directors and the Chief Executive. We asked the local authority who commissions

care services from the home, for their views on the care and support provided. Following the inspection, we received feedback from three health and social care professionals and four relatives.

To help us assess and understand how people's care needs were being met we reviewed five people's care records. We also reviewed a number of records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

Safeguarding systems and processes:

•People consistently told us they felt safe living at Oakwood. One person said, "I do feel safe, I like living here with my friends." A relative said, "[person's name] always appears to be happy and settled. Staff have worked hard to accommodate their needs."
•People continued to be protected from the risk of abuse and avoidable harm. Staff attended safeguarding training and demonstrated a good understanding of how to keep people safe.
•People living at the home told us what keeping safe meant for them. For example, when using social media platforms or developing personal relationships and said they would speak to staff or relatives if they were worried or felt uncomfortable.
•The policy and procedure to follow if staff suspected someone was at risk was easily accessible and we saw the provider had development information for people about 'mobile phone safety' and 'staying safe online.'
•People were protected by safe recruitment processes. Systems were in place to ensure staff were recruited safely, and were suitable to be supporting people who might potentially be vulnerable.

Assessing risk, safety monitoring and management:

•People were protected from the risk of harm. We found risks such as those associated with people's complex needs had been assessed and were being managed safely. For example, each person had a comprehensive risk management plan to support them with activities of daily living, such as personal care, domestic tasks and cooking, as well as leisure and social activities which was linked to their support plan. Risk management plans described what needed to happen to keep people safe and were regularly reviewed. Staff were aware of people's individual risks, potential triggers, signs that might show the person was unhappy or unwell as well as how to support people to manage/minimise these risks.
•The premises and equipment were well maintained and regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing, gas safety and portable appliance testing.
•Fire safety systems were serviced and audited regularly and staff received training in fire awareness. Individual personal emergency evacuation plans (PEEPs) indicated any risks as well as any support people needed to evacuate them safely. However, we found the homes fire evacuations procedure needed to be updated to reflect recent changes in the layout of the building and the reorganisation of staff. When we returned for the second day of the inspection this had been done.

Staffing levels:

•People received care and support from sufficient numbers of staff to meet their needs.

•Relatives and staff felt there were enough staff on duty to support people and keep them safe.
•Staffing levels were organised around each person's specific support needs and records showed where people had been identified as needing one to one support, this was being provided.

Using medicines safely:

•People continued to receive their medicines safely.
•There were systems in place to audit medication practices and clear records were kept showing when medicines had been received, administered or refused. We checked the quantities of a sample of medicines against the records and found them to be correct.
•People were happy with the way they were supported to take their medicines. We saw medicines being administered, this was done discreetly and in an unhurried way.
•Staff had received training in the safe administration of medicines and staff competency were regularly assessed.

Preventing and controlling infection:

•People continued to be protected against the risk of infection.
•The home was clean throughout with no unpleasant odours.
•Systems were in place to prevent and control the risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment (PPE) to reduce the risk of cross contamination and spread of infection.
•There was an on-going programme to redecorate and make other upgrades to the premises when needed. For example: during the inspection we saw the providers maintenance team were carrying out environmental checks and upgrading the glazing to upstairs windows.

Learning lessons when things go wrong:

•Evidence was available to show that when something had gone wrong the registered managers responded appropriately and used any incidents as a learning opportunity. For example, one of the registered manages explained how they had used information from inspections at the providers other locations to change the way in which staff stored and shared personal and confidential information.
•Accidents and incidents were recorded and reviewed by the registered managers to identify any learning which may help to prevent a reoccurrence, and to ensure the physical environment remained safe for people to live in.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence 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.

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 Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

•Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. However, we found the application of the MCA was inconsistent. For example, were the home held or supported some people to manage their finances. Staff had not always recorded that they had carried out a mental capacity assessment to show the person did not have capacity to manage their finances or where decisions had been made in a person's best interests. This meant we were unable to tell if decisions had been made in consultation with the right people, such as relatives. We discussed what we found with one of the registered managers who was aware that this piece of work needed to be completed.

Whilst we did not find that people were being disadvantaged in anyway, we recommend the provider reviews all documentation relating to the MCA and how they record best interests decisions in relation to people's finances.

•Where restrictions had been placed on people's liberty to keep them safe, registered managers worked with the local authority to seek authorisation for this to ensure this was lawful and any conditions of the authorisation were being met.

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

•Care needs assessments identified people's needs and provided staff with guidance about how best to meet those needs in line with best practice guidance and people's preferences.
•People told us they had been involved in assessments and were supported to make choices about their care and support daily.
•Effective communication between care staff meant people's needs were well known and understood within the team. For example, in relation to people's changing healthcare.
•People were encouraged and supported to engage with a range of healthcare services and staff supported people to attend appointments. Records showed that appropriate referrals were made to GP's, community nursing services and people had opportunities to see a dentist or optician regularly or when needed. A relative said, "The staff are really good if [person's name] needed to see the doctor they will organised the appointment and always let me know the outcome."

Eating, drinking, balanced diet:

•People were supported to maintain a balanced healthy diet and were encouraged to be involved in choosing, planning and preparing their own meals. People told us they got together each week to discuss food, shopping and menu planning. Staff explained how they encouraged and supported people to develop their independent living skills and how mealtimes were sociable and relaxed and people took turns to cook for each other. One person said, "Each week we all sit down and plan what we would like to eat and cook." Another person said, "We get to choose the foods we like and we don't have to have what everyone else is having."
•Staff knew people's food preferences well, were knowledgeable and sensitive about the extra support that some people might need, and understood how this might affect a person's physical health and emotional wellbeing. For example, records showed where staff supported people to lose weight by choosing healthy options which were low in fats and sugars.
•Where people required a specialised diet such gluten or dairy free we saw this was being provided and staff were aware of the person's dietary needs.
•People could help themselves freely to food and snacks throughout the day and night and we saw the kitchen was well stocked with tea, coffee, soft drinks and snacks.

Staff skills, knowledge and experience:

•People were supported by staff who had completed a range of training to meet their needs.
•The provider had recently introduced a new staff induction process which was run over three days and covered a range of topics. For instance, person centred care, safeguarding and positive behaviour management. Staff new to care were also supported to undertake the Care Certificate. This is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high-quality care and support.
•The homes training matrix showed staff had received training in a variety of subjects. For example, medication administration, Epilepsy and professional boundaries.
•Staff had opportunities for regular supervision and appraisal of their work performance. Registered managers had good systems in place to understand which staff needed their training to be refreshed and who required supervision. Staff we spoke with were competent, knowledgeable, and skilled and felt supported by their line managers. One staff member said, "The induction and training I received was very good. Managers checked that I understood what I had leant and that I was putting this into practice."

Adapting home, design, decoration to meet people's needs:

•Oakwood had been developed and designed prior to Building the Right Support and Registering the Right

Support guidance being published. Registered managers were aware of this guidance and had made a number of changes to the environment. The most significant of which had been to split Oakwood into two houses which were called Camellia House 'One' and 'Two.' People told us they were much happier living in a smaller group. One person said, "It's much better now and its feel more like my home." Each house had their own lounge, kitchen / dining room area as well as toilets, bathroom and a staff office. Each person had their own bedroom which they had personalised and were able to lock when they went out.

•Technology and equipment was used effectively to meet people's care and support needs. For example, staff described how people were being supported to stay safe by using technology to manage health related conditions with the use of sensor equipment.

•We saw the provider had introduced a new electronic system for gaining access to the home. People had been given the choice of a card, key fob or watch which allowed them to come and go as they pleased. This also meant the provider could control who had access to each house as well as allowing them to quickly remove or disable keys from the system if had become misplaced.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence 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.

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

•People told us they were happy living at Oakwood. One person said, "I wasn't sure if I would like it at first, but it's great and the staff are friendly and nice to us."
•People were encouraged and supported to express their views and make decisions about their day to day support. Staff followed guidance and best interests decisions in this respect and understood people's rights to make unwise choices.
•People, along with family members, were encouraged to share their views about the care people received through regular reviews and meetings. Each person had an allocated 'keyworker' who was responsible for consulting with people about their care and checking whether they felt they were being supported in the way they wished. One person said, "I sit down with my keyworker every week and talk about how things are going."

Ensuring people are well treated and supported; equality and diversity:

• People were supported by staff who had a good understanding of their individual needs. Support plans contained information about people's past, cultural and religious beliefs as well as their future aspirations. Staff used this information to build positive relationships and to support people to make decisions about their care.
• Staff described how they took a positive approach in encouraging people to increase their independence whilst recognising when people needed additional support. For example, whilst preparing meals or seeking employment opportunities.
•Relatives and healthcare professionals spoke positively about the care and support people received. One relative said, "I have no concerns about the way they care for [person name]." A healthcare professional said, "They are person-centred and balance out well the needs of the different people whilst managing risk."

Respecting and promoting people's privacy, dignity and independence:

•People living at the home told us staff respected their privacy and dignity. One person said, "Staff always knock on my door and ask if they can come into my bedroom."
•People's right to privacy and confidentiality was respected. People's personal records were kept secure and only accessed by authorised staff on a need to know basis. Conversations of a private nature about people were held in private and staff were careful not to be overheard.
•Support plans contained clear information about what each person could do for themselves and staff described how people should be encouraged to develop their daily living skills such as managing their

monies, shopping, meal preparation, washing their clothes or tidying up.
•People were supported to keep and develop relationships with those close to them and staff recognised the importance of family and developing personal relationships.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

•People continued to receive person-centred care. We looked at the care and support records for five of the people living at the home. Support plans were informative and provided staff with detailed information on people's likes, dislikes, personal preferences, care needs and medical history. This enabled staff to support people in the way they wished to be supported to live full and active lives and to develop their independent living skills.
•Support plans were written in a person-centred way and people were supported to set goals that were important to them. Support plans focused on what people were good at and provided staff with information and guidance on each person so they could continue to meet their individual needs.
•Staff were skilled in delivering care and support and relatives told us staff had a good understanding of people's individual needs. One relative said, "The staff are fantastic and very responsive. I have been really impressed." Another said, "I can't fault them whenever I speak with the managers or staff it's clear they know [person's name] really well."
•People's communication needs continued to be known and understood by staff. Support plans identified people's communication needs and how they could be supported to understand any information provided. For example, through visual aids, planners and social stories. This approach helped to ensure people's communication needs were met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand any information they are given.
•People's care records were regularly reviewed and updated. People and their relatives told us their views were actively encouraged through regular meetings and annual questionnaires. Where appropriate, independent advocates were involved to promote people's voice.
•People were aware of their support plans and confirmed they had been involved in their development. One-person said, "My support plan contains information all about me and I sit down with my keyworker and talk about what's in it."
•People were encouraged and supported to lead active lifestyles, follow their interests, and take part in social activities. Each person's support plan included a list of their known hobbies/interests and staff supported people to take part in things they liked to do. However, we found some people's opportunity for social inclusion were being limited and as such, did not always reflect the values and principles of Building the Right Support. We discussed what we found with one the registered managers who agreed the home could do more to ensure that people were supported and encouraged to live an ordinary life.

We recommend the provider seek advice to develop the home in line with the values and principles that underpin Building the Right Support and Registering the Right Support.

Improving care quality in response to complaints or concerns:

•People were aware of how to make a complaint and felt able to raise a concern if something was not right. One person said, "I would speak to my key worker or [managers name] if I wanted to complain." Relatives told us when they had raised a concern it had been dealt with promptly in a professional manner.
•An easy read version of the providers complaints procedure was available to people and contained photographs of people they could talk to and gave them the best opportunity to understand the process.
•People had access to advocacy support if needed and advocacy details were contained within the home's service user guide and displayed within the home.
•The registered managers maintained a record of any complaints received. These showed people's complaints were taken seriously and the home acted upon these to resolve any issues.

End of life care and support:

•All the people living Oakwood were young adults and did not have life limiting conditions. As such end of life care planning had not been discussed with them. However, each person's support plan contained a health passport which held detailed information about the person's care and support needs. This helped to ensure people's wishes and needs were respected in an emergency.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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.

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

•Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. In addition, the home used an external company to provide independent reports. However, we found the systems in place had been ineffective in identifying poor practice. For example, some of the information recorded within people's daily records was not always written in a respectful way (terminology). Or that the provider had not notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities. We discussed what we had found with the registered and senior managers, who told us they were aware the current system in place was not as robust as it could be. They assured us they were actively working with the external company to develop a new format. Following the inspection, the provider confirmed they had addressed concerns around terminology with staff and submitted the required notification retrospectively.

We recommend the provider reviews the effectiveness of the system in place to monitor and improve the quality and safety of the services provided.

• The registered managers kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance. Learning from these meetings was shared with the staff team at the regular staff meetings.

Engaging and involving people using the service, the public and staff: Working in partnership with others:

•People told us they were encouraged to share their views and could speak to the registered managers if they needed to. One person said, "If I need to speak with [managers name] I just go to the office." However, we received mixed views from relatives about how easy it was to communicate with the home. Some relatives told us communication with the managers and staff was excellent while others found it difficult at times to get through on the phone. One relative said, "I would say nine times out of ten I don't get an answer." We discussed what we had been told with one of the registered managers. Following the inspection, one of the registered managers confirmed they would be meeting with the relative to discuss their concerns and assured us they had improved the phone system.
•There were a variety of ways in which people could give feedback. These included annual surveys, residents' meetings, care reviews and through the complaints process.

•The registered managers and staff had good working relationships with partner agencies with good outcomes for people. This included working with commissioners, safeguarding teams and other health and social care professionals.

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

•Relatives, and health and social care professionals provided consistent positive feedback about the home and the leadership of both registered managers. One relative commented, "It's clear that both managers are committed and passionate about the care and support they provide."
•Staff spoke positively about the leadership of the home and told us they felt listened to, appreciated and supported in their role. Comments from staff included, "They listened and address things straight way," "We can call them for support at any time and they always call you back," "They truly want what's best for people" and "They're both amazing."
•Staff were provided with equality and diversity training. The management team and staff had a good understanding of people's diverse needs and their duty to uphold people's rights.
•The registered managers were aware of their responsibilities in relation to duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.
•Learning took place from accidents and incidents as well as other CQC inspections that had taken place across the group of homes. Concerns and complaints were listened to and acted upon to help improve the services provided by the home.