Care Expertise Limited

Oak Field

Inspection report

21 Oakfield Road, West Croydon, Surrey, CR0 2UD
Tel:020 8680 1948
Website: www.careexpertise.co.uk

Date of inspection visit: 22 September 2015
Date of publication: 17/11/2015

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?	**Outstanding**
Is the service well-led?	**Good**

Overall summary

We visited the service on the 22 September 2015 and was unannounced.

Oak Field is a 7 bed residential care home that offers housing, personal support and respite care for adults with severe learning disabilities and behaviours that challenge. At the time of our inspection six people were using the service on a permanent basis and one person was regularly receiving respite care. At our last inspection in November 2013 the service was meeting the regulations inspected.

The service had 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.

The service knew how to keep people safe. Staff helped make sure people were safe at Oak Field and in the community by looking at the risks they may face and by taking steps to reduce those risks.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough qualified and skilled staff at the service. Staffing was managed

Summary of findings

flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

We observed staff had an excellent understanding of people's needs and were able to use various forms of interaction to communicate with them. Staff supported and encouraged people to engage with a wide variety of activities and entertainments available within the service at in the community. Care records focused on people as individuals and gave clear information for people and staff using a variety of photographs, easy to read and pictorial information. Staff supported people in a way which was kind, caring, and respectful.

Staff helped to keep people healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were supported to have a balanced diet and were able to make food and drink choices.

A number of audits and quality assurance systems helped the manager and provider to understand the quality of the care and support people received. Accidents and incidents were reported and examined and the manager and staff used this information to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were arrangements in place to protect people from the risk of abuse and harm. Relatives told us they felt their family members were safe and our observations confirmed this. Staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good

The service was caring. People and their relatives were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Is the service responsive?

Outstanding

The service was responsive. People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

A wide variety of activities were available within the service and in the community and people were empowered to be as independent as they could be and supported to make meaningful decisions about how they lived their lives.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns.

Summary of findings

Is the service well-led?

Good

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the managers. Staff told us that managers was approachable, supportive and listened to them.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

Oak Field

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.

Prior to our inspection we reviewed the information we held about the service. This included any safeguarding alerts and outcomes, complaints, previous inspection reports and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

One inspector undertook the inspection which took place on 22 September 2015 and this was unannounced.

We spoke with three people using the service and we conducted observations throughout the inspection as some people were unable to speak with us. We spoke with three members of staff, the acting manager and the registered manager. We looked at three people's care records, two staff records and other documents which related to the management of the service, such as medicine records, training records and policies and procedures.

After the inspection we spoke with three relatives of people who used the service.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe living at the service. They said, "I think [My relative] feels safe, they aren't able to say but the way they react. Always laughing and happy" and "[My relative] is definitely safe." We observed people interacting with each other and staff in the communal areas. People were comfortable with staff and approached them without hesitation.

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. People using the service and staff had access to contact details for the local authority's safeguarding adults' team. Records confirmed staff and managers had received safeguarding training new staff via the induction process and existing staff through an ongoing training schedule. People's finances were protected and there were procedures in place to reconcile and audit people's money.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us if they had concerns they would speak to their manager but if they felt they were not being listened to they would escalate their concerns to senior management in the organisation. Telephone numbers of the senior management team were clearly displayed in the office areas. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. These were monitored to look for possible triggers and patterns of behaviour, staff told us that this information was used to create a behavioural support plan for some people that was personal to them. Staff said, "Our task is trying to understand how [people] communicate and understand their needs."

Staff followed effective risk management strategies to keep people safe. People's care records contained appropriate risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. We saw risk assessments related to people's risk both at the service and in the local community. Staff told us how important it was to read and understand peoples risk assessments and gave us examples where this had helped them manage a situation. One staff member explained how one person could become upset when they were in certain situations in the community and the various techniques they used to avoid these situations to prevent risk to the person.

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection there were four staff on duty all day and the acting manager. Later in the day an additional two staff came on shift to help with various activities and outings. The registered manager also came in at regular intervals over the week, they explained staffing levels were flexible to meet people's needs and any one- to-one staff support that was required. Where people stayed at the service staff were always visible and on hand to meet their needs. We looked at staff rotas during the inspection which confirmed staffing levels. Staff told us they undertook daily duties, such as cleaning and cooking, but felt there were enough staff on duty during the day to give people the support they needed. Nights were covered by one waking staff during the week and one sleeping and one waking at weekends when one person came to the service for respite care.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. Medicines were stored appropriately and securely. Staff talked us through the procedures for ordering, storing, administering and recording of medicines and explained that two members of staff always monitored the administration of people's medicines and countersigned the relevant entries on people's medicine records. We found no recording errors on any of the medicine administration record sheets we looked at. Only those staff who had received training in medicines

Good

Is the service safe?

management were allowed to administer people's medicines. Staff confirmed there were always two trained staff members on every shift to administer people's medicine.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative told us "The staff are very professional, I think they are on top of their training."

Records were kept of the training undertaken by staff. The manager showed us they system they used to monitor staff training. From records provided we noted training included care and administration of medicines, fire safety, first aid, food safety, infection control, safeguarding and the Mental Capacity Act. We saw evidence that staff received specialist training to meet people's needs such as awareness of epilepsy and pressure ulcers. Some staff were new to the service and had completed the provider's induction process. Overdue training had been identified and training that had been booked for staff was clearly listed on the staff rota. Staff thought they had the right skills and knowledge to support people, they told us, "When I ask for training I get it, I asked for DoLS (Deprivation of Liberty Safeguards) training and it's booked" , "Training is always updated, I have just had training is pressure ulcers as one person could be at risk" and "I had a week induction, I read everyone's folders…the guidelines are there to help you understand people, the activities and how to do personal care…I have done enough training since then." Staff told us they had received one to one supervision with their manager and that training was a discussion point during these meetings, records confirmed this.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they ensure where someone may be deprived of their liberty, the least restrictive option is taken. Staff had undertaken relevant training on the MCA and DoLS. Records confirmed that applications had been made to the supervisory body for people who lacked the capacity to make particular decisions, this included decisions about lawfully depriving people of their liberty so that they would get the care and treatment that they needed. Most authorisations had either been approved or were in the processed of being renewed.

People were supported to have a balanced diet and were involved in decisions about their food and drink. A menu was clearly displayed in the dining room in easy read and pictorial format, staff told us most people were happy with the meals each day but alternatives were always provided for those people who wanted something different.

We observed lunchtime at the service and noted staff were kind and attentive. People chose what they wanted to eat and where they wanted to eat it. One person preferred to eat away from the dining room and another person liked to eat on their own in the dining area. Staff adapted the lunchtime routine to accommodate people's choice creating a supporting and relaxed atmosphere. People's preferences and special dietary needs were recorded in their care records but also noted in people's daily folders for staff to refer to. We saw guidance for staff on what special equipment to use to enable people to be more independent when eating their meals and guidance on how to encourage people to eat healthy. Staff used different ways to communicate with people to give them choices about food. Some people at the service were unable to communicate verbally, staff explained how they used pictures so people could choose what they would like to eat. People were encouraged to be as independent as they could be with the preparation of their own food and drink, staff helped one person make their own breakfast and cooking and baking were part of some people's weekly activities.

People were supported to access the healthcare services they required when they needed to. One relative told us, "[My relatives] personal care is brilliant…they have their feet cared for and any problems they get the GP." We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to healthcare professionals such as GPs, dentist, chiropodist and people's social workers.

The service involved and informed people about their healthcare and people's health action plans were in easy read and pictorial format. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

Good

Is the service caring?

Our findings

People indicated by their comments and gestures that they were happy living at Oak Field. Relatives commented, "The staff seem to be very caring, I think they are marvellous", "Staff are very pleasant and welcoming they are very caring", "[My relative] loves it, they are very settled and very happy" and "The staff are very friendly and polite, they are very good with the residents and seem caring…everyone is clean, tidy and well dressed." One relative told us about a recent birthday party the service had organised for their relative, they said, "it was beautiful [the staff] really made it special."

During our inspection people were relaxed and comfortable in the company of staff. They spoke to one another and staff were attentive to what individuals had to say. When people returned from their various activities staff asked them how their day was. One person wanted to know when their birthday was and became quite anxious when they could not remember. The acting manager sat with the person to talk about their Birthday, they explained when it was and what they could do to celebrate. They showed kindness and empathy in their approach and took time to answer the questions the person asked.

People were involved in making their own decisions and planning their care. We saw people making choices about their day to day life, for example, during our inspection one person decided to spend some time in their room and another chose to eat their meal away from the main kitchen and dining area. During our visit people made decisions about their care and the activities they wanted to do.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. Some people living at the service were not able to verbally communicate and staff explained how they found other methods of communication. We noted pictures were used to help people make choices about food, activities and daily care. Staff told us about how they read people's care records, spoke to other staff, relatives and healthcare professionals to find the best way to care for people. One staff member told us, "[Name of person] will know if you are having a bad day, they way you speak, communicate and smile all affects the way they behave…if you are cheerful they are OK." Another staff member told us how they put pictures on one person's draws and wardrobes to help them make choices about what they wanted to wear they said, "We show [name of person] choices of clothes…we can tell from their face if they like things or not."

Staff spoke about people in a caring way, they told us, "This is like my family, my home, I feel like I am doing something good", "I really do enjoy working with all the service users, they make my day" and "When you are happy you make other people happy …it's really fun when everyone goes out." They went on to explain the holidays people using the service went on and the new skills they learnt. We observed that people's privacy and dignity were respected, for example, staff always knocked on people's doors before entering and called people by their preferred name.

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional, and explained how people could continue with those relationships. Relatives told us they came to visit when they wanted, they told us, "I visit when I want, there are no restrictions but I phone them to let them know because sometimes they go out" and "They would never say you can't come, only if they had an appointment or something…they put family as priority."

Outstanding ☆

Is the service responsive?

Our findings

People's relatives told us they were happy with and felt involved in the care their family member received. One relative explained they telephoned and visited the service weekly but said, "If there are any issues in-between these times the key worker will let me know." Another said,"I am really pleased with the home, I think it's excellent." A third relative explained how they were regularly asked to attend BBQ's and parties by the service and they were regularly informed of their relative's health and care needs. They explained how staff knew their relative well. They gave an example when staff had carefully planned a trip to the hospital when their relative needed some tests they said, "The staff went to so much trouble, even the Doctors took their white coats off so it would feel more normal for [my relative]." Staff told us what a break through this had been for the person involved as they had not cooperated with any medical examination for many years.

We saw and were told about many examples where staff used innovative and individual ways of involving and empowering people both when they were in the service and in the community. Staff were able to encourage people to overcome their fears and engage in activities to improve their health and wellbeing. Detailed information about people's care and support needs were recorded in their care records and staff told us how these helped them provide person centred care. We saw some good examples of how staff could support people who had behaviour that could challenge the service. One relative told us, "[Our relative] was quite challenging, [staff] have turned them around, [my relative] is much happier now." One person's records had detailed guidance in place for staff together with observations and comments from external healthcare professionals such as the Speech and Language Team (SALT). We saw this person had a 'sharing space story' to explain what happens when someone did something that made them upset. This was written in an easy read pictorial format and provided them with strategies to help them deal with each situation and the things they could do that would make them feel happier.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. The provider had trained a team in PROACT-SCIPr-UK (Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention) and staff explained how the team offered additional support and guidance concerning people's behaviour. This included proactive and reactive strategies to use when a person became upset such as recognising signs in people's behaviour or situations that may trigger an event and by using distraction technics such as engaging in conversation or offering an alternative activity to help de-escalate a potential incident.

The service was flexible and responsive to people's needs and we saw examples where staff had found creative ways to allow people to live as full life as possible. Sensory textures were used around the service to help one person with a visual impairment understand where they were in the building, for example, a rough texture indicated a risk such as stairs to the basement. Staff also purchased special tea, coffee and sugar containers that allowed the person to identify the contents of each with a sensory button.

Staff were clear about the importance of daily handovers. Notes about people's immediate care were recorded in their daily care notes and a diary noted events such as GP visits, care reviews or hospital appointments. Daily handover sheets allowed general tasks to be allocated to staff such as cooking and cleaning but also considered peoples activities during the day and the staff member allocated to support them.

People were supported to follow their interests and take part in social activities. Each person had an activity plan including photographs of each activity and a guide for staff on people's routine and how they could support the person. Guidance included ways to increase people's independence and learn new skills both at the service and in the community. One person was encouraged to cook another to gain confidence using public transport. People's activities included visits to a day centre, the park, the local pub and shopping. One relative told us about the outings that had taken place and how their relative would refuse to be involved if they did not enjoy the activities. Staff and relatives told us about the annual holidays they took people on, one relative told us, "I think they do a marvellous job, [staff] take [my relative] on holiday as well as day trips." A staff member told us, "We had a cottage…it was so quiet and peaceful, people tried swimming and they really liked it." In the lounge area we saw photos of people enjoying their days out and activities and during our

Outstanding ☆

Is the service responsive?

inspection we observed people coming and going from various activities. One person had returned from the gym and another from a day centre while another danced with staff in the lounge.

We noted detailed information for people in their rooms on how to make a complaint and what they should do if they were upset or unhappy. People's relatives told us they knew who to make a complaint to, if they were unhappy. One relative told us, "I have never had to complain but I would speak to the manager." Another relative said, "No complaints, they are very good you can't fault them." The manager confirmed that no complaints had been received in the last year.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place at Oak Field. We met with the registered manager and the acting manager. The acting manager explained they provided day to day management and support when the registered manager was elsewhere. We observed people were comfortable approaching the manager and the acting manager and that general conversations were friendly and open. Relatives we spoke with knew who the senior management team were and spoke positively about how the service was run. One relative said, "The staff really do put the residents first, they are first class…the management are good, the home is always lovely and clean and tidy."

People were asked about their views and experiences. Stakeholders including people who use the service, staff, people's relatives and healthcare professionals were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. The results from the most recent survey sent during October 2014 fed into a survey outcome report. We looked at the results from this survey and noted the feedback was mostly positive. Comments included, "Staff seem genially fond of residents", "[My relative] is the happiest they have ever been in Oak Field" and I was very impressed with the dedication and understanding showed by staff." We notice one negative comment from one person who used the service concerning their room. The manager explained that the person found the floor slippery when it was wet so a roll out non-slip mat had been purchased to reduce the risk of slipping when coming out of the shower.

Staff were positive about the managers at the service and told us they felt able to report any concerns they may have to them. They told us, "The managers give us support…they explain policies and procedures and are always polite and approachable", "I feel I can talk to my manager or senior about problems" and "We are supported by managers a lot." Staff told us they had a good team. One staff member told us, "It's like a home away from home, I have a lot of friends it's a very good team to work with."

Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included details of people's general well-being and guidance to staff for the day to day running of the service.

There were arrangements in place for checking the quality of the care people received. These included monthly and weekly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks. The provider also carried out regular quality assurance visits covering areas including the safety and décor of the service, how staff work, peoples involvement, choice and opportunities, the activities available, and a review of records. We looked at the report for August 2015 and noted where areas for improvement had been identified these were listed with the action needed, who was responsible and the timescales for actions to be completed.

The provider had an awards system in place for all of its services. This was assessed using the quality assurance visits and allowed the provider to measure and review the quality of care. Yearly awards were given to those services that had performed well and support given to those services that required improvement. These internal mechanisms had scored Oak Field as achieving a high standard over the last two years.