Oakleaf Care (Hartwell) Limited

Weston Favell Houses

Inspection report

37a-37b St Peters Gardens
Weston Favell
Northampton
Northamptonshire
NN3 3JT

Date of inspection visit:
29 August 2017
30 August 2017
06 September 2017

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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

This inspection took place on the 29 and 30 August and 6 September 2017. The first day of the inspection was unannounced; we carried out an announced visit on the second day and completed the inspection with telephone calls to relatives of people who live at the service on the 6 September.

The service is registered to provide accommodation for up to three people who require nursing or personal care. It is made up of two houses and is part of a small group of community houses providing rehabilitation, therapy and support for people with acquired brain injuries. At the time of our inspection there were three people living at the location.

At the last inspection, in July 2015, the service was rated Good. At this inspection we found that the service continued to be rated as Good.

There was a registered manager in post when we inspected. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People's needs continued to be safely met. People's needs were assessed prior to moving in to the home and people's care plans reflected their individual needs and preferences in relation to the support provided. Assessments were in place and appropriately acted upon to promote positive risk taking and effectively manage risks to people's health and welfare. Staff had received training to provide them with the skills and knowledge they needed to provide people with safe care. There were sufficient numbers of staff available to meet people's needs in a timely way.

Staff recruitment processes protected people from being cared for by unsuitable staff and all new staff completed a thorough induction training programme. Staff understood the importance of protecting people from abuse and avoidable harm. They knew what action they needed to take to report any concerns about people's safety or well-being.

People's support was provided by a staff team that were caring, friendly, and responsive to people's changing needs. People were treated with dignity and their right to make choices about how they preferred their support to be provided was respected.

People were supported to eat a healthy diet and to have prompt access to health services to improve their health and well-being. Staff followed the advice of healthcare professionals in meeting people's needs. Staff ensured that people who required support to manage their medicines received their medicines as prescribed.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the

home. People, their relatives and staff told us that they had confidence in the manager's ability to provide high quality managerial oversight and leadership to the home.

People's views about the quality of their service were sought and acted upon. There were systems in place to assess and monitor the on-going quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 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.

This inspection took place on the 29 and 30 August and 6 September 2017 and was carried out by one inspector. The first day of the inspection was unannounced; we carried out an announced visit on the second day and spoke to a relative of a person who lives at the service on the 6 September.

Before the 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home as well as 'Healthwatch' in Northamptonshire. Healthwatch is an independent consumer champion for people who use health and social care services.

During our inspection we spoke with one person who lived at the service, one relative on the telephone and eleven members of staff including support staff, therapy staff, nursing staff, the registered manager and members of the senior management team.

We looked at care and medicines records relating to three people and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety and people felt safe in their home. One person said, "I feel safe and comfortable." Another person's relative said "We don't have to worry about [Name's] well-being, we know that they are well supported and that the staff will cater for anything they need."

People received care from a dedicated and caring team of staff. People told us that staff were available when they needed them and that they didn't have to wait to receive the support they required. The registered manager monitored staffing levels closely; we observed that there were sufficient numbers of staff working within the home to support people with their planned activities and rehabilitation programmes. Staff were visible in the home and available to provide flexible support or reassurance to people as needed.

Recruitment processes ensured that staff were suitable for their role and staffing levels were responsive to people's needs. A mixture of support staff and therapy staff were deployed to ensure that people's needs in all areas of their lives were considered and met effectively.

People were protected from harm arising from poor practice or ill treatment. The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. Staff understood the risk factors and the action they needed to take to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People's support needs were regularly reviewed by care staff so that risks were identified and acted upon in a timely way. People had plans of care that had been developed with them to support positive risk taking and mitigate the risk of harm. These provided guidance for staff in supporting people to take calculated risks as they worked towards independence. For example, one person's relative described how staff monitored their family member for triggers that may impact on their behaviour and used consistent interventions to support the person to manage the risks that their behaviour may pose to themselves or others.

People's medicines were safely managed and the medicines management systems in place were understood and followed by staff. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration and people received their medicines when they should.

Good

Is the service effective?

Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to care for people living at the home. For example, when staff began working for the service they received a week long brain injury awareness and introduction to Oakleaf training course, which focussed on the specific knowledge and skills they would need to effectively support people. Staff had regular supervision and appraisal; one staff member said "We have regular supervision; we can talk about personal things as well as work. We discuss staffing, the residents, any problems; the support available is good."

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. 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 saw that the service was working within the principles of the MCA. The staff knew and acted upon their responsibilities under the MCA and the DoLS Code of Practice. Staff had training in the MCA and DoLS and had a good understanding of people's' rights regarding choice. They had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. Staff acted in accordance with people's best interests. Timely action was taken by staff whenever there were concerns about a person's health or behaviours that affected their quality of life or put them or others at risk.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. The service provided a healthcare practitioner who was trained to undertake routine health monitoring and treatments such as podiatry and phlebotomy. Staff were vigilant to changes in people's health and supported people to access community healthcare professionals when needed.

Good

Is the service caring?

Our findings

People developed positive relationships with staff and were treated with compassion and respect. One person told us "I trust the staff, they go the extra mile."

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff were observed speaking to people in a kind manner and offering people choices in their daily lives, for example what activities they wanted to take part in.

Staff knew about people's past lives and the people and things that were important to them. Each person had a booklet called "All About Me"; this had been completed by the person or their family and contained information for staff such as; how the person communicated, their family and significant events in their lives. This enabled staff to understand people's backgrounds quickly and interact in a more meaningful way with them. People were supported by two keyworkers who provided an identified point of support and contact for the person and their family.

People were treated with dignity and respect. People's support was discreetly managed by staff so that people were treated with compassion and in a dignified way. We saw that where people required support this was provided promptly and sensitively. Staff were aware if people became anxious or unsettled and provided them with support in a consistent and dignified manner. Staff approached people calmly and ensured that they positioned themselves at a comfortable level for the person they were communicating with.

People continued to be supported to maintain links with family and friends. Staff maintained regular contact with people's families to provide them with support and keep them informed of people's progress. One person's relative said "They keep us involved and support [Name] to visit us regularly." Visitors to the service were encouraged and made welcome. One person's relatives visited them regularly for a meal which staff supported the person to prepare.

Good

Is the service responsive?

Our findings

People received care that met their individual needs. People's needs were assessed before they moved into the home and staff were experienced at supporting people to make a gradual transition to the home where this was needed. A range of assessments had been completed for each person and detailed care plans had been developed in conjunction with people living in the home. The assessment and care planning process considered people's values, beliefs, hobbies and interests along with their goals for the future. Staff knew people very well; they understood each person's background and knew what care and support they needed. One person told us, "I would never have achieved what I have without the support of the staff, I can be independent, but if I need support I can always ask them for help." A member of staff told us, "We always think about the person and what it is that they need, to be as independent as possible; we plan their rehabilitation dependent on their circumstances."

People were supported to follow their interests and take part in social activities. Each person had an individual programme of activities that they had been supported to devise. The activity schedule was based upon people's rehabilitation requirements and interests, and activities were combined to provide people with a therapeutic mix that met both their support and leisure needs. Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. One person told us that they enjoyed horticulture and had been enabled to look after the gardens at the service.

People knew how to make a complaint if they needed to and were confident that their concerns would be carefully considered. One person's relative told us, "[Registered Manager] is brilliant, we just ask for a meeting and they sort it out. Any concerns, they solve them." We saw that there was a clear complaints policy in place and records were maintained of all issues raised with the manager, detailing the action they had taken.

Good

Is the service well-led?

Our findings

The service had a positive ethos and an open culture. Staff members were enthusiastic about their roles and committed to providing personalised care to the people they were supporting. One member of staff said, "We are here to make sure people have an extremely good quality of life, promote people's independence as much as we can and make it a home from home." The provider had ensured that staff knew how to raise any concerns they had about the service to help drive improvements and staff knew how to use the whistleblowing procedure if they had any concerns about people's welfare.

Staff felt that they were part of the service and were able to contribute to its development. A staff member said, "The staff here have a voice and we can discuss any concerns." There were a number of opportunities available for staff to provide feedback, including regular team meetings. During team meetings staff had the opportunity to discuss the quality of care being provided, particular challenges or concerns and any new initiatives that were planned. People and their relatives were also encouraged to provide feedback as they were invited to attend regular meetings and regular surveys of their views were undertaken.

People were positive about the registered manager and felt confident that they would always listen and take account of their views. Staff members felt that they were always friendly and approachable, one member of staff said, "The manager is flexible and available to support us when needed." Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as provider audits. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure that people received quality assured care that met their needs.

Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required. Records relating to staff recruitment and training were up-to-date and reflected the training and supervision staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date.