

United Response

Oxfordshire DCA

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Oxfordshire DCA provides personal care covering supported living houses and some outreach in homes for adults with learning disabilities and mental health needs in the Oxfordshire area. At the time of our inspection the service supported nine people.

People's experience of using this service:

- People were safe. There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. We saw that risks to people's safety and well-being were managed through a risk management process. There were systems in place to manage safe administration and storage of medicines. People received their medicines as prescribed.
- People had their needs assessed prior to receiving care to ensure staff were able to meet people's needs. Staff worked with various local social and health care professionals. Referrals for specialist advice were submitted in a timely manner.
- People continued to be supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management team.
- People were supported to meet their nutritional needs and maintain an enjoyable and varied diet.
- People were treated with respect and their dignity was maintained. People were also supported to maintain their independence. The provider had an equality and diversity policy which stated their commitment to equal opportunities and diversity. Staff knew how to support people without breaching their rights. The provider had processes in place to maintain confidentiality.
- 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 service supported this practice. The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff had a good understanding of the MCA and applied its principles in their work. We saw people were supported without breaching their rights.
- People and their relatives knew how to complain and a complaints policy was in place. People's input was valued and they were encouraged to feedback on the quality of the service and make suggestions for improvements. People had access to a wide range of individual, meaningful activities.
- The service was not always well-led. People, relatives and staff were complimentary of the registered manager and the management team. The registered manager promoted a positive, transparent and open

culture where staff worked well as a team. The provider had effective quality assurance systems in place which were used to drive improvement. The provider worked well in partnership with other organisations. However, the registered manager and provider had not provided some information to CQC when required to do so".

Why we inspected:

This was a planned, routine inspection.

Follow up:

We will monitor all information received about the service to understand any risks that may arise and to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Oxfordshire DCA

Detailed findings

Background to this 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 was carried out by a single inspector and one expert by experience made telephone calls to people using the service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service provides care and support to people living in two 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. 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:

We gave the service two working days' notice of the inspection site visit because the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on 1 March 2019 where we visited the services office to review records and other documents relating to the running of the service. On the 4 March 2019 we visited a residence to observe how people were being cared for, to meet people and to talk to people and staff.

What we did:

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not receive the PIR. We looked at notifications we had received. Notifications are certain events that providers are required by law to tell us about. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the office site visit we checked recruitment, training and supervision records for four staff. We also looked at a range of records about how the service was managed. During our visit to the residence we reviewed four care plans and medicine records. Most people had some degree of difficulty speaking with us. However, we spoke with four people, three relatives, four care staff and the registered manager. We also contacted the local authority for their opinion.

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here". Relatives also told us they felt people were safe. A relative said, "He's quite happy with the routine and feels safe there".
- People benefitted from staff who knew how to raise safeguarding issues. One member of staff told us, "Any concerns, I'd call you guys (Care Quality Commission) and my manager".
- The service had systems in place to investigate and report concerns to the appropriate authorities.

Assessing risk, safety monitoring and management

- Where risks were identified, assessments were in place to manage the risk. Risks were regularly reviewed and updated. Risks included; choking, challenging behaviour, nutrition and the environment.
- People had personal emergency evacuation plans (PEEPS) in place. Plans detailed people's needs in relation how there were to be supported in the event of evacuation.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Staffing and recruitment

- People were supported by a strong, committed staff team. Sufficient staff were deployed to meet people's needs. One staff member said, "We are ok for staff". Another said, "Yes, we have plenty of staff".
- People were protected against the employment of unsuitable staff as the provider followed robust, safe recruitment practices.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately.
- Staff competency to safely administer medicine was regularly checked.
- One person told us, "They always make sure I take my medication when I should".

Preventing and controlling infection

- The staff were trained in infection control. The staff had access to protective personal equipment.

Learning lessons when things go wrong

- Management used accidents and incidents to improve the service. For example, staff observed one person presented a certain behaviour at the same time every month. The registered manager implemented further support measures and increased monitoring at these times. As a result, we saw these incidents had reduced.

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

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

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

- People and their relatives were involved in the assessment process. People's needs were assessed prior to receiving a service to ensure staff could meet those needs.
- One relative commented, "In his [person] care plan, there's emphasis on his sensitive skin and it's in a good condition".
- Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice. For example, people's preferred methods of communication were assessed and guidance provided for staff in line with the Accessible Information Standard (AIS).

Staff support: induction, training, skills and experience

- People were supported by skilled staff that had ongoing training relevant to their roles.
- Staff completed induction and shadowed experienced staff before working alone.
- Staff were well supported in their roles and had regular one to one meetings with their line manager (supervision) to discuss practice and raise issues. One staff member said, "I am well supported by my manager, and colleagues. The training is good and I get regular supervision".

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their meals appropriately. For example, one person wanted some toast for breakfast. Staff arranged the bread and butter so the person could make their own breakfast, which they enjoyed.
- One person told us, "I do some of my own cooking, but I need some help".
- Care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- Staff ensured people were supported in relation to their needs. For example, one person could eat their food quickly and be at risk of choking. Staff monitored the person whilst eating and encouraged them to eat slowly. This was in line with the guidance.

Staff working with other agencies to provide consistent, effective, timely care

- Various professionals were involved in assessing, planning and evaluating people's care and treatment. For example, one person had been assessed by a speech and language therapist (SALT) and their guidance was incorporated into the support plan to help manage the risk of the person choking.

- Where appropriate, reviews of people's care involved relevant healthcare professionals.

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

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- Appointments and related guidance for staff from healthcare professionals was held in care plans.

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.

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

- Staff worked to the principles of the MCA. We observed staff seeking people's consent in a routine fashion. One staff member said, "We encourage them [people] to make their own decisions. That can have risks if they make unwise or dangerous decisions, in which case we work in their best interests.
- One person said, "Everything is always my choice. I pick my clothes myself and dress myself with a bit of help. Everything is always done my way".

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

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

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

- People and relatives confirmed staff treated people in a caring way. One person said, "They [staff] are my friends". Another said, "They're all really good, I like them all".
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time.
- We saw numerous, caring interactions between people and staff. For example, we saw one person become anxious. They went to a staff member and cuddled them for reassurance. This visibly calmed the person.

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

- People were involved in their care. Records showed staff discussed people's care on an on-going basis.
- Where required, information was provided to people in a format that was accessible to them and we saw accessible information was well embedded in care plans. For example, people's care plans contained information in 'easy read' and picture formats so people could understand. Staff told us they explained procedures to people to help them make informed decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. Throughout our visit we saw people exercising their independence with encouragement and praise from staff.
- People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful. Staff told us, and we observed people's privacy was respected.
- One staff member said, "Dignity and respect is part of our duty of care. I treat people like my own family".
- The provider recognised people's diversity and they had policies in place that highlighted the importance of treating everyone equally. People's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

Is the service responsive?

Our findings

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

Good: 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's likes and dislikes were well known to the staff team. Staff considered what people might like to participate in and arranged events and activities. For example, one person enjoyed horse riding and records evidenced this person regularly engaged in this activity. A relative said, "They've been very successful in making a programme that suits them [people] as individuals".
- People enjoyed one to one interactions with staff. We saw staff sitting with people, reading or watching TV. People clearly enjoyed this experience.
- One person loved to be read too. The person showed us their books and when they were told that a story would be read to them they displayed great excitement and pleasure. We saw the person really enjoyed their story.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- The service responded to people's changing needs. For example, we saw one person was anxious in the morning and was becoming agitated. A member of staff told us, "[Person] occasionally wakes up feeling anxious which can lead to some behaviours that may challenge others. What we do is drop everything and take them for a nice walk. This always calms them". We were able to observe this person going with staff for a walk and they later returned calm and smiling.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
- Relatives told us they knew how to make a complaint and were confident action would be taken. Details of how to complain were posted around the residence we visited and displayed in easy read, picture formats.
- The registered manager monitored feedback from people and their relatives and used this information to improve the service. For example, one relative contacted the service and informed them they thought the person's shoes were worn. The person was provided with new shoes.

End of life care and support

- At the time of our inspection, no one at the service was receiving end of life care.
- There were systems in place to record people's advanced wishes. However, as people were of a younger age it was deemed not appropriate to discuss this with them.

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

Service management and leadership systems did not always support the delivery of high-quality, person centred care. The provider did not complete the Provider Information Return (PIR) document.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Relatives told us they knew the registered manager and had confidence in the service and provider.
- Throughout our visit we saw the registered manager interacting with people and staff. It was clear people knew the registered manager and they engaged with them in a familiar and relaxed manner.
- Staff spoke positively about the registered manager. Comments included; "She [registered manager] is the best. Anything you need, she is there" and "This is a good organisation with a brilliant manager".
- Throughout the inspection the registered manager and staff were open and honest about their work and the challenges they faced.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had effective quality assurance systems in place. These included, audits of medicine records, care planning, staff files and quality satisfaction surveys. This allowed the registered manager to drive continuous improvements. For example, one audit identified medicine assessments were due. An action plan evidenced individual dates for these reviews were planned.
- There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager was supported by service managers and an area manager, and we saw a team culture that was clearly embedded within the service. The registered manager told us, "I am well supported by the area manager and the organisation (provider)".
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events. However, before the inspection, we asked the provider to complete 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 was aware the PIR required completing and asked for an extension to the deadline, which was granted. However, the provider did not complete the PIR.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had opportunities to attend meetings, complete surveys or raise any comments. Surveys for people

were presented in an easy read format.

- Relatives told us they felt involved. Their comments included; "We're involved all the time and kept informed if anything happens" and "They always phone us to keep us informed, general information and anything out of the ordinary".
- The latest survey results were positive and the registered manager was creating an action plan in relation to the survey results.
- Staff kept in regular contact with people's relatives to reassure them and shared information appropriately to ensure people's welfare.
- Staff told us they felt listened to and valued. Regular staff meetings were held where staff could raise and discuss issues.

Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- The service also worked in partnership with the local authority.