

Autonomy Life Ltd

The Oaks

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Oaks is a residential care home providing personal care to adults who have learning disabilities and complex needs, including behaviours that may challenge, autism and other associated issues. The main home has accommodation for up to six people and the separate ground floor apartment with its own facilities accommodates two people. There were eight people using the service at the time of our inspection.

People's experience of using this service and what we found

We observed positive interactions between people and staff. There were enough staff to meet people's needs and keep them safe. Staff had a good understanding about safeguarding and were passionate about safeguarding people from the risk of abuse.

People received care and support from staff that were recruited safely and had received training. People received their medicines as prescribed. The registered manager and staff worked with and sought external healthcare professional support when required.

We observed staff wearing appropriate personal protective equipment (PPE) in line with current guidance.

Staff told us they were able to debrief following any incidents. The management team reviewed any accidents and incidents ensuring any lessons learnt were acted on and shared with the staff team.

Quality assurance audits were in place. Regular audits were carried out to ensure good standards were maintained, and where improvements were needed, these were actioned. The service was currently undertaking some environment work.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The Model of care and setting maximises people's choice, control and independence. Care is person-centred and promotes people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

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

Rating at last inspection

The last rating for the service under the previous provider was good, (published on 02 March 2018).

Why we inspected

We received concerns in relation to the health and safety of the people living at the home. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has not changed. This is based on the findings at this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Oaks on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Oaks

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service, and one relative over the telephone about their experience of the care provided. We also spoke with eight members of staff including the registered manager, acting assistant manager, team leaders, support workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Additionally, we contacted a health professional who regularly visits the service and received feedback via email.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies and procedures. In addition, we also attempted contact with another health professional who has regular contact with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were appropriate care plans, risk assessments and guidance in place for staff to be able to support people safely. For example, when supporting people whose behaviours may challenge when out in the community.
- People had positive behaviour support plans in place (PBS) which were specific to their needs and guided staff to how best support people during periods of anxiety and distress. Staff understood people well and could describe how to de-escalate situations efficiently, such as deflecting the person's attention from the source of their frustration.
- The registered manager told us the assistant manager was in the process of completing train the trainer training in PBS. This meant the service would have their own on site trainer to deliver training to staff and be able to support people living at the home in real time, as and when their needs change.
- Staff understood how to report and record any accidents and incidents.
- Staff told us when incidents occurred they were able to debrief with their manager to discuss the incident and any measures that could be put in place to reduce the incident reoccurring. This information was shared with all staff and embedded into people's care plans and risk assessments.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of what to look out for in relation to signs of abuse. Staff had received training in safeguarding and had received PBS training to enable them to support those whose behaviours may challenge safely. A staff member told us, "I [staff member] would report any concerns immediately and am confident they [management team] would deal with them appropriately." Another staff member said, "I [staff member] would have no hesitation raising any concerns with them [management team] and I [staff member] know they would be acted on."

Staffing and recruitment

- There was enough staff to support people's needs and keep people safe.
- People were supported by staff that knew them well and understood their individual needs. Newer staff worked alongside experienced staff to ensure people received consistent care and support.
- The provider had robust systems in place to ensure staff were recruited safely. This included checks with the Disclosure and Barring Service (DBS) took place prior to potential employment of staff to ensure suitability to care for people.

Using medicines safely

- People received their medicines as prescribed by staff that were trained and regularly had their

competency assessed to make sure they were managing people's medicines in a safe way.

- There were procedures in place for safe receiving, storage, administration and disposal of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The provider had already identified some areas of the home required further maintenance to ensure the risk of spread of infection was further reduced. For example, replacing and painting of door frames and radiators, plus the replacement of the boiler. This work was being undertaken during our inspection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service. Staff knew how to empower people to make decisions and achieve the best outcomes. For example, people made independent choices on how they spent their time.
- Staff were kind and caring and spoke to people respectfully. We observed positive interactions between people and staff, with people engaging with staff.
- The provider and registered manager had appropriately dealt with and managed concerns that were raised in relation to the culture within the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the importance of being open and honest and informing relatives of any accidents and incidents.
- The registered manager and provider understood their legal responsibility in reporting any events and incidents with the local authority, CQC and other relevant agencies.

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

- The registered manager and staff were clear on their roles and responsibilities and spoke passionately about providing good care and support to people.
- The management team monitored performance of staff through observations, competency checks and supervisions.
- The provider was meeting their legal responsibility of displaying their last CQC inspection rating in the home.

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

- People were involved in decisions about their care, and were encouraged to speak with the managers and staff when they wanted so their views were listened to. For example monthly meetings took place with each person to review their care plans and identify any changes required.
- People made decisions around the design and decoration of their home. For example, one person was recently supported by staff to paint their bedroom in their preferred colour choice. During the pandemic one relative had built visiting pods in the garden. This meant people were still able to see their family members

safely.

- Staff told us they were well supported and had regular supervisions and staff meetings. A staff member said, "We [staff] have good managers, they are supportive, open and we [staff] can talk to them freely."

Continuous learning and improving care

- There were quality monitoring systems in place. A variety of audits were carried out and this meant that any shortfalls were identified and used to drive improvements and make changes where necessary.

Working in partnership with others

- The registered manager told us they had good relationships and worked in partnership with health care professionals such as the GP and the Community Learning Disabilities Nurse to ensure people received the care and support they required.