Oakview Estates Limited

Ducks Halt

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?	Good

Summary of findings

Overall summary

Ducks Halt is a residential service which provides accommodation, personal care and support for up to five men or women with a mental disorder and/or learning disability. At the time of our inspection there were three women who lived in the service.

At our last inspection we rated the service good in all domains. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People living at Ducks Halt could be assured that they were receiving care from staff that had the knowledge and skills to support them in everyday living to be as independent as possible.

The registered manager of Ducks Halt was supportive and caring to both people living at the service and people working there. This meant there was a strong and stable team in place with a shared set of values.

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.

Further information is in the detailed findings below.

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 remains Good.

Staff had undergone safety checks to ensure they could work with vulnerable people.

Staff had a good understanding of safeguarding processes and what action to take if they had concerns about abuse.

People's risks had been identified and managed using care plans that supported them to be as independent as possible.

Staff managed medicines safely and in line with best practice guidance.

Is the service effective?

Good

The service remains Good.

Staff received regular training and supervision to ensure they had the skills and competency to support people well.

People were supported to eat well and when able take part in the planning and cooking their own meals.

Staff regularly monitored peoples individual nutritional needs to support healthy living.

Staff had a good understanding of the Mental Capacity Act, 2005 and followed its values.

Is the service caring?

Good

The service remains Good.

Staff knew people living at the service well and demonstrated caring and compassionate responses.

The service promoted peoples dignity and treated people with respect.

Is the service responsive?

Good

The service remains Good

Staff involved people in planning their care including peoples preferences and how to support them to retain independence.

People who had communication difficulties had care interventions that supported them to express themselves and make their needs known.

Is the service well-led?

Good

The service remains Good

Staff told us that the registered manager and senior management team were supportive and approachable, enabling them to support people well.

People living at the service told us that the registered manager was very good and interactions demonstrated they knew them well.

The registered manager had systems in place to monitor the quality of the service and these worked well.

The service had recently undergone changes to remove nursing status and was working towards improving peoples independence and maximising peoples potential.

Ducks Halt

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.

This was a comprehensive inspection, which took place on the 23 March 2018.

We gave the service 24 hours' notice of the inspection visit because the location was a small care service for adults living with learning disability and mental health problems. We needed to be sure that they would be in.

Due to the size of the service, the inspection team consisted of one inspector and one assistant inspector.

Prior to the inspection, we gathered and reviewed all the information we had about the service. Including the provider information return. This is information that providers are required to supply us with by law, which provides an oversight of the service as a whole.

We also reviewed all the notifications that the service had submitted to us and contacted other health and social care professionals about how they found the service. In addition to this we observed interactions between people living at the service and staff caring for them.

We spoke to all three people living at the service about their experiences and whether they liked to live there. We also talked with the registered manager, two members of care staff and the team leader.

The inspector case tracked all three peoples care by reviewing individual assessments, care plans, and care notes. This information helped us to understand about the daily lives of people living at the service and the support they received.

Good

Is the service safe?

Our findings

The registered manager ensured that all staff working at the service had received appropriate background checks to ensure they were safe to work with vulnerable people.

Staff were able to describe how they would identify and report safeguarding concerns they had to protect people. They told us they felt confident in raising concerns and challenging colleagues should they suspect abuse.

Staff carried out and regularly reviewed peoples individual risks to their health and wellbeing and implemented care plans that addressed these risks. Care plans described how people were enabled to take positive risks, which maintained their independence and met their preferences. This included identifying risk triggers to potential distress that could put the person or others at risk from their actions. For example, guiding staff with actions such as speaking in a quiet reassuring voice for one person, or supporting another person to have time away from stimulation when distressed.

All staff we spoke to were able to describe these potential triggers for people and demonstrated their awareness of planned interventions to good effect, to minimise people's distress.

The deputy manager had responsibility for completing staffing rotas and we saw that there were enough staff to support peoples complex needs. This included a mix of gender of staff, taking into consideration that all people living at the service were females and might need personal care support. Contingency plans were in place to cover staff absence and rotas confirmed this. Staff told us, "If we are short we always find cover."

Staff competently administered medicines to people during the inspection. All staff had received training in medicines management before they were able to dispense medication, and that they would be observed to ensure they were competent at regular intervals.

Medicines were stored in line with best practice and good systems were in place to record medicines received. People knew what medicines they were prescribed and staff supported them to take their medicines in line with their preferences. PRN, "as required" medicine protocols were in place identifying why and when people could be offered additional medicine such as pain relief or to help then relax when distressed. We saw that the latter was only used after other interventions, such as one to one support, or distraction had failed to support a person in distress.

The registered manager audited the cleanliness of the service. A regular infection control audit was carried out at the service by an external manager and recommendations were made and completed. This included the fitting of a new bathroom. Staff were observed to be washing their hands before and preparing food, and administrating medicines.

The environment was well maintained and appropriate environmental audits completed. However, we found some concerns with bedroom doors that shut very quickly on release. This could pose a risk to people

of falling or being caught in the doors, particularly as some people had mobility difficulties. The registered manager took responsive action to resolve this issue on the day of inspection.

The registered manager investigated all incidents at the service to identify potential on-going risks and make improvements were needed.

Good

Is the service effective?

Our findings

Staff had access to a range of training opportunities. This included all mandatory training such as moving and handling, medicine training and basic life support skills. However, we observed from supervision records and from talking to staff that they felt they needed training in some of the more specific needs of people living at the service. A repetitive request was for autism training. Staff also told us they would like training in some mental health conditions, such as supporting people with personality disorder. Whilst staff felt they required additional training we saw that relationships between staff and people at the service were good.

We recommend that the provider review the training needs of staff working with people with complex and specific learning disabilities and mental health problems to ensure that staff have the skills to provide the best possible care to people with these difficulties.

Staff received supervisions every two monthly and a yearly appraisal to review staff skills and learning needs and to inform them of any important changes in care.

People living at the service were supported to develop a weekly menu and shopping list, taking it in turns to cook for each other. Staff supported people to carry out these activities safely. One person told us, "I love cooking, I like really hot food."

The service ensured that people had access to other health and social care professionals, including yearly GP check-ups as in line with best practice. We saw that people had access to dentists, opticians, and other health care professionals when they needed it.

Care plans documented how to support the women living at the service to maintain their sexual health and attend regular physical checks specifically for females. Where people did not want these checks, care plans documented that their wishes had been respected.

Staff supported people to maintain their physical health. One person had lost a lot of excess weight and was supported to maintain a healthy weight in line with their preferences.

The service was a pleasant and homely environment. People had personalised their bedrooms and took part in maintaining them with staff encouragement and support. People were keen to show us their bedrooms, proud of their personal spaces they had created. They also had a pet rabbit and people took turns in looking after it.

The service carried out appropriate mental capacity assessments (MCA) for people and had a good understanding of Deprivation of liberty standards. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff respected people's choices and ensured that they asked peoples consent before carrying out care activities. For example, what people would like to do with their time, when people wanted to go to bed and when they would like to wake up in the morning.

Good

Is the service caring?

Our findings

People told us, "Staff are very nice, I like them they are kind to me," and, "I like them a lot they are nice. I like her [pointing to staff] she's lovely."

We observed staff engaging with people that were becoming distressed and agitated. They demonstrated kind and respectful responses and the person responded well. This demonstrated a positive culture at the service.

One person told us how kind staff were on the anniversary of their friend's birthday. "[Name] is dead now but we bake a cake on their birthday and let a balloon go."

However, another person became distressed and staff told us, "They get sad about [loved ones name] dying. We offer them comfort but it was a long time ago." They had not considered they potentially needed to revisit and explore whether a new assessment for bereavement counselling could be supportive. The registered manager told us they would look into this with the provider's consultant nurse.

We recommend the provider review how to support people with complex difficulties experiencing bereavement and whether staff might require training to support people in the most caring way possible.

Care plans detailed how people would like to be supported. For example, not wanting to have a male support them with personal care. Staff rotas ensured that this would always be possible. People living at the service felt confident telling staff what they needed. For example, one person sometimes wanted to be alone and staff respected their wishes whilst making it clear they were available when they needed them. Daily routines revolved around the individual rather than the service. We observed that two people preferred to wake later in the morning and staff respected this.

People were treated with dignity. Care plans addressed their sexuality and preferences whilst also ensuring that risk could be managed. For example identifying people's vulnerability for exploration, but care planning that would ensure these risks did not limit their independence and personal wishes. This included providing people with sexual health education when in relationship.

Good

Is the service responsive?

Our findings

Staff told us that the care at the service had previously been nurse led however due to the needs of the people living there this was no longer necessary and consequently they no longer provided nursing care. This resulted in a change of culture and staff had completed care plan training to support people in one to ones to design the care they needed. One member of staff told us, "We sit with service user what the service user wants to do." We were able to see this in documents in care plans. One person said, "[name of staff] sat and asked me what I wanted."

Staff knew people's triggers to distress so well that they would be able to plan how they would support people to attend enjoyable activities. For example, knowing when to tell a person about going for a meal with family. Whilst the person wanted this activity, they would become agitated with too much advance information, wanting it to happen quickly, so staff would wait until shortly before the activity. This intervention had been agreed with the person and their loved ones as the best way to support them to dot the things they enjoyed.

People chose to do various community activities. Some people had previously accessed educational and work opportunities, however at the time of inspection these had come to an end. The registered manager was looking into supporting people to expand their skills if they chose to do so within the new academic year and any other opportunities that would present within the local community.

Some people had expressed the need to live closer to relatives or with a partner. The service were supporting whether these options were possible in line with current guidance, other health and social care professionals, families and advocacy services. This work was on going.

The service held weekly empowerment meetings to discuss weekly menus, the environment and any other things that people wanted to talk about. For example, people living at the service had not been on individual or group holidays. Some had said they would like to go to a theme park. People living at the service confirmed this was the case but one also spoke about how they wanted to go to America and this had not been explored at the time of the service. The registered manager told us, "We haven't looked at holidays yet, but that is the plan going forward. At the moment people have requested to go to a theme park and we are planning this."

People at the service were not receiving end of life care, however the service had developed considered the need to make plans and end of life care plans with people's preferences in mind. This was in line with the provider's end of life care policy. In addition should people require end of life care a consultant nurse working for the provider could be accessed to support staff in any training they might need to ensure that people were treated in line with best practice guidance.

Good

Is the service well-led?

Our findings

There was a registered manager in place at the service. 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 had recently changed how people were supported from a more nursing hospital based approach to a residential one designed to support people to become more independent. The registered manager was in the process of introducing new style of care plans and ways of working and staff had embraced this change positively. One told us, "This time last year things were difficult, morale was low, but these new changes have been really good for the people living here and for us as staff."

Staff had designated responsibilities for each shift. Quality audits were in place to monitor the quality of care provided both in the physical environment and personally and managers within Danshell but external from Ducks Halt visited to carry out regular inspections. Where concerns were identified these were managed well. For, example environment audits had identified some concerns about infection control and actions were taken to manage these, including refurbishment in areas of the service.

The registered manager understood their duties to report specific incidents as required by law. For example, notifying the commission appropriately of safeguarding concerns.

The registered manager carried out monthly staff meetings and kept minutes of these to identify if actions were needed to address concerns.

The provider held monthly forums for people to attend who used their services. All people could attend if they wished, but only one person chooses to go. They also carried out a yearly satisfaction survey where people could express the views of care they received.

Whilst the service worked closely with other health and care professionals to meet people's individual health needs, they had not expanded their network to include services outside of the Danshell group. As the service was moving away from a more traditional nursing care approach known to the provider, it would have been beneficial to review what other services of a similar nature were doing to support people to be as independent as possible. For example, how people could be supported to access a wider range of opportunities in the community for people, such as individual holidays achieving potential dreams and goals. One person told us, "I want to go to America." However, this had not been explored in full at the time of inspection.

We recommend that the service review the current best practice guidance and support networks to ensure that people are enabled to reach their potential in line with their goals and wishes.