

Mrs P M Eales







Limber Oak

Inspection report

Crookham Common
Newbury
Tel: 01635 871213
Website: www.example.com

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Ratings

Overall rating for this service	Requires Improvement	
Is the service safe?	Inadequate	
Is the service effective?	Requires Improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Overall summary

Limber Oak is a care home which is registered to provide care (without nursing) for up to seven people with learning disabilities. The home is a detached split level building within a rural area of Crookham Newbury. People have their own bedrooms and use of communal areas that includes an enclosed private garden. The people living in the home needed care from staff at all times and have a range of care needs.

There is a full-time registered manager. 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.

At this inspection the provider was not meeting the requirements of the law. Although the management team and staff had received training to safeguard people from abuse they had not followed safeguarding and whistleblowing procedures to protect people from abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The numbers of staff working throughout various times of the day and night were determined from people's assessed and changing needs. Agency staff were also used to cover permanent staff vacancies and leave. Staff responded appropriately when people presented with behaviours that may cause harm or distress, which protected the person and others. Staff had received health and safety training that included how to give people's medicines safely.

People were being provided with effective care from a dedicated staff team who had received support through staff meetings and training. However, staff did not feel fully supported by the management team. We have made a recommendation about staff training.

People were unable to communicate verbally and used methods of sign language and pictures to communicate their needs and wishes and were understood by staff.

Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received. People were encouraged to live a fulfilled life with activities of their choosing. Their families were encouraged to be fully involved at their reviews of their support needs. People's families told us that they were very happy with the care their relatives received. Comments included: "we are very satisfied with the service; all of the staff seem very caring".

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions.

People using the service at the time of our visit did not have the capacity to make particular decisions and were supported by staff at all times to make decisions in their best interest. The manager had submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority to provide protection for the people.

People were supported to maintain a balanced nutritional diet to suit their individual needs and taste. People had health care action plans and staff supported them to attend health care appointments.

The service had regular contact with people's relatives who told us staff were approachable and that they felt listened to. Comments included "Oh yes I think we would be listened to, (name) is very happy there". Health and safety checks were completed to promote people's safety. However, there were no formal processes to monitor the services provided. Staff did not feel fully supported by the management team in meeting the support needs of the people who use the service. We have made a recommendation about about best practice in supporting staff development.

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?

The service was not safe.

The registered manager did not follow safeguarding procedures to protect people from abuse when informed by staff of concerns that had placed people at risk.

There were processes to complete health and safety checks

There were sufficient staff to keep people safe.

Medicines were managed safely.

Inadequate



Is the service effective?

The service was not always effective.

Staff did not feel fully supported or listened to by the management team. We have made a recommendation about staff training.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they were kept as healthy as possible.

Requires Improvement



Is the service caring?

The service was caring.

Staff treated people with respect and dignity at all times. People interacted with staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

People were encouraged to maintain their independence and staff knew people well and met their individual needs.

Good



Is the service responsive?

The service was responsive.

People's likes, dislikes and preferences were recorded in their support plans and provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given opportunities to raise concerns.

People's support needs were regularly reviewed.

Good



Summary of findings

Is the service well-led?

The service was not well-led

There was a registered manager at the time of the inspection.

Staff did not always feel supported or confident that they would be listened to if they had a concern.

Formal audits of the services provided were not fully developed to promote continual improvement. We have made a recommendation about evaluating the services provided, motivating staff and team building.

Families of people who use the service felt listened to and were fully informed about their relatives changing needs.

Requires Improvement



Limber Oak

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 inspection took place on 26 and 27 January 2015 and was unannounced.

The inspection was carried out by one inspector.

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. We also looked at information we have collected

about the service. This included previous inspection reports and notifications we had received. A notification is information about important events relating to the service, which the service is required to tell us about by law.

People were unable to communicate verbally and used signs, symbols and pictures to aid them with their communication. During the inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us. We spoke with a relative of each person who was using the service and spoke with, five staff, the deputy manager and the registered manager of the service.

We looked at three care plans, daily notes and other documentation relating to the people who use the service such as medication records. In addition we looked at a sample of health and safety monitoring documentation, staff rota and three staff files that included recruitment and training records.

Is the service safe?

Our findings

The registered manager had not followed multi-agency safeguarding procedures by notifying the appropriate safeguarding authority or the Care Quality Commission (CQC) when they were informed by staff of alleged abuse towards people who use the service.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations because the provider was not protecting people from abuse.

Staff told us they were not confident that they would be listened to by the registered manager if they raised concerns about the safety of the people who use the service. They told us this was because the registered manager had not taken concerns previously reported by staff of alleged abuse seriously. Staff reported concerns they had about people's safety to CQC at the time of this inspection. CQC alerted the local authority safeguarding team of those concerns and these were being investigated under multi-agency safeguarding procedures.

The provider's whistleblowing policy informed staff of action they should take if they witnessed abuse or had a concern about the safety and well-being of the people who use the service. The policy detailed contact numbers of the provider, CQC and Public Concern At Work (PCAW). PCAW are an organisation where staff can get free confidential independent advice if they were unsure whether or how to raise a concern. We noted a letter from the provider to staff dated 19 August 2014 which reiterated their whistleblowing policy. The letter acknowledged that "some staff" have no confidence in the provider's whistleblowing policy and had reassured staff that they would be listened to. The registered manager stated that to improve staff confidence, staff were given a named point of contact within the organisation to raise any concerns that they may have.

Staff told us that they had received health and safety training that included fire safety, safeguarding adults and challenging behaviour. This was confirmed by an external trainer used by the provider, who informed us that six staff had also attended a course on autism and challenging behaviour on 5 February 2015. We saw staff defuse behaviours presented by people, which could have placed them or others at risk. Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. For example, staff told us

they had taken the opportunity to look at the rooms people lived in when a room had become vacant. This was because they felt a room would best suit the needs of another person who lived in the home as they were unable to tolerate too much noise.

Incident and accident records were completed and actions taken to reduce risks were recorded. However, we noted that timeframes of behaviour that may cause harm or concern were not recorded to identify triggers or patterns to inform an action plan or guidance on how to manage behaviours that were specific to the individual.

There were risk assessments individual to each person that promoted people's safety and respected the choices they had made. For example, staff told us that part of the garden had been blocked off due to an uneven surface that placed people at risk of falls. They told us that funding was available to make a pathway to promote people's independence of access to the garden safely. Staff were knowledgeable about emergency procedures such as fire safety and contingency plans. Contact numbers were available for staff should there be an emergency.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

There was an established staff team employed by the provider that included a registered manager. Staffing shortfalls due to staff vacancies and leave were covered by existing and agency staff. We observed staff responding quickly to meet people's needs safely and to take time when supporting people with chosen activities. Staff told us there were mostly five staff at any one time throughout the day to meet the needs of the six people who use the service. This depended on activities. For example sometimes the ratio of staff to people was 1:1 when supporting people in the community. The staff rota identified that there were always sufficient staff to meet the assessed needs of the people who use the service safely.

The service used a monitored dosage system (MDS) to assist them to administer people's medicines safely. MDS meant that the pharmacy prepared each dose of medicine

Is the service safe?

and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. People's medicines were stored and administered safely and a medication policy and procedure was available for staff to view. The procedure noted that two staff were to be present when medicine was administered. During the inspection we observed staff followed the procedure.

Where a person had medicine which could be taken 'as required', guidance was available for staff to help them recognise when this medicine was needed. Storage and administration of medicines was audited by the provider and an annual audit was completed by a pharmacist. Staff had received training in the safe management of medicines.

Is the service effective?

Our findings

Staff told us they received support to meet people's needs from attending regular staff meetings and training. However, staff told us that their supervision meetings, although regular were delivered by different managers or senior staff each time. This was as opposed to being constant with the same line manager over a period of time. They said this created unrest as there was no consistency of supervision meetings to discuss their training and development needs. Overall they stated that they felt they were not receiving a consistent approach from the management team to support people who use the service.

We looked at individual records of staff training and spoke with staff who told us they felt they had received the training they needed to support people. This included non-restrictive methods of managing behaviour that may cause harm or distress to themselves or others. They told us the training had helped them to manage behaviours effectively without undue stress to the person. An external trainer who provided training to staff at Limber Oak informed us that they were delivering Health and Social Care Diploma's to some staff and had recently completed training on autism and challenging behaviour. However, not all training certificates were available to evidence that staff had received the training they told us about. We spoke with a member of staff delegated with the task of arranging and monitoring staff training. They told us that they were unclear about how often staff should receive health and safety training or of specialist training requirements. They also stated that they had not received a proper handover of the task and were working through staff files to establish their training needs.

Staff knew people well and understood their needs and we observed them communicating with people effectively. They spoke with people before they supported them and discussed activities with them in a way they could understand. For example, using body language and gestures that contributed to people's understanding as they were encouraged make decisions. We observed a person using Makaton that the person had adapted to their own style. Makaton is a language programme that reinforces verbal communication with hand signs and symbols to help people communicate. It was obvious from observing staff that they fully understood what the person was saying. The person signed that they were going to a

meeting that evening in the community and were clearly looking forward to the event. Another person used a Picture Exchange Communication system (PECS) to communicate with staff. Again we observed positive interactions between the person and staff as the person used their preferred method of communication.

The manager had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. People using the service at the time of our visit were unable to leave the home or undertake tasks without supervision. The manager had submitted appropriate applications for DoLS to the local authority.

People were relaxed as they received support from staff to have their meals and snacks. One person was supported by staff to have their meal in their room as they preferred. Meals were freshly prepared and well presented. Records of food temperatures were taken to ensure the correct temperature and fresh fruit and vegetables were available. People were supported to make healthy living choices regarding food and drink. Assessments by speech and language therapists had taken place. For example to support people who experienced swallowing difficulties.

People's care plans were reviewed at least six monthly or sooner dependant of changing needs. They also received and annual health checks by their GP. Staff contacted health and social care professionals for advice and support to meet individual's healthcare needs and health action plans individual to each person identified the support they needed to meet those needs. Referrals had been made to specialist health care professionals such as occupational therapist and physiotherapists. This was to ensure people had the equipment they needed so that staff could support them safely and effectively. For example a person had been assessed by a physiotherapist for new equipment to assist them to use the bathroom facilities. We were informed by the deputy manager that a physiotherapist was scheduled to visit the home the day after our visit to show staff how to use the new equipment.

Is the service effective?

We recommend that the service finds out more about best practice in supporting staff development.

Is the service caring?

Our findings

People could not communicate to staff and others verbally. We saw that people were relaxed and comfortable with staff and responded to them in a positive way through methods of communication. These included body language, signs, symbols and pictures that enabled people to make choices and express their views.

Staff supported people to make choices in everyday activities such as choosing what to eat and how to spend their time. Staff had attended training that covered dignity and respect and made reference to promoting people's privacy. The staff, which included agency staff, clearly knew people's likes and dislikes with regard to recreational activities, daily living and support each person needed. The service had guidelines on personal and professional boundaries for staff and had risk assessments regarding personal care (cross gender care). People's care plans centred on the needs of the individual and detailed what was important to the person such as contact with family and friends.

Comments from families of people who use the service included: "they always have a Christmas party where siblings and parents get together; it is nice to have the opportunity to meet up with everyone" and "I visit regular and it always feels a warm, caring and a friendly home".

Limber Oak is a split level building with access to the garden from both levels. The home was set within a tranquil position surrounded by landscaped gardens that opened to the countryside. People were able to come and go as they pleased with staff support. We were told by people's family that the service "had an open door policy" as they felt they could visit the home at any time and were "always made to feel welcome".

People's bedrooms were decorated and personalised with items of their choice. Practical measures to reduce potential consequences of people becoming distressed had been considered. For example, limited personal effects within one person's room to minimise behaviours that may cause concern that too many items could trigger. Considerations had been taken to promote people's privacy when alone in their room or alone with their visitors. Such as staff knocking on doors before entering and epilepsy alarm mats placed on the beds of people who experience epileptic seizures to promote their privacy, whilst alerting staff should they have a seizure.

The registered manager told us that advocacy services were not used by people who live in the home as their families supported them and were fully involved in the planning of their care. People's relatives told us that the service had ensured they have been kept informed and fully involved in decisions made to meet the person's care and support needs.

Is the service responsive?

Our findings

People's records contained support plans that were person centred. Other information included contact details of the person's next of kin, GP and other professionals involved in their care. A pen picture of the person detailed what was important to them. Details obtained from others who knew people well confirmed what they liked and admired about the person and how the service could best support them.

People were able to express their views through body language, signs symbols and pictures. We could see that staff knew them well from their response to people's requests. For example, staff had shown patience, understanding and respect towards people whilst supporting them with their meals and encouraging them to participate in activities or to have private time on their own. There were diaries individual to each person used to record their day. These were completed by staff in the words of the person, to encourage staff to think about the day from the person's point of view.

The provider had a complaints policy that was accessible to people and their visitors. There were no formal complaints received by the service since our last inspection in 2013. However the manager told us that an informal concern had been raised by one of their neighbours due to the vocalization of a person who uses the service. This was resolved satisfactorily. Staff told us they could tell if a person was unhappy. They said they would talk with the person and watch for signs that indicate what the concern was. Families of people told us they were confident the registered manager and staff would listen to them and act on any concerns they had until they were resolved. Comments from relative's included: "I have not seen a complaint procedure, but would not hesitate to say if I had a concern; I feel I would be listened to".

Reviews of people's care and support needs were completed at least annually or as changing needs determined. Invites to attend reviews were sent to people's families and to professionals that included professionals from the commissioning authority that funded the persons care. Comments from people's families included: "recently (name) moved from the upper level of the home as suggested by staff. This was because (name) becomes quite agitated and so staff asked us what we thought about it". Other comments included: "Yes we are invited to care reviews at least twice a year, I'm aware that social services are invited, but they only turn up about 20% of the time". "I have known the provider and manager for many years whilst (name) has been in their care and I have no concerns".

People were encouraged to participate in activities of their choosing and to keep in touch with their family. A family member of a person told us that they visit their relative regularly and often go out with them for something to eat in the community. They told us that staff always offer to support the activity, but the family member said "I prefer to have time on my own with (name)". On day one of our arrival staff and a person who uses the service arrived at the same time from a trip to the local shops. Two people within the home were preparing to go out, whilst another person was excited about a pending church meeting that they were being supported to attend that evening. On day two of our visit people had attended a club that supported people to meet with other people who had similar disabilities and to enjoy the company of friends. We were told by people's families and staff of individual and group activities people enjoyed such as walking, recreational days and holidays.

Is the service well-led?

Our findings

People's care and support needs were reviewed and records were checked randomly by the provider during monitoring visits of the service. Monitoring of people's care and support were completed to ensure records were up to date and files were archived as appropriate.

We saw from records that the turnover of staff within the service was variable and that there were vacancies. A team of senior staff and managers employed by the provider for a number of years promoted consistency within the home for the people who lived there. However, staff told us that the leadership skills of the registered manager and provider were not always supportive towards staff and that staff had not always felt listened to. Staff told us that although the registered manager was employed full time they were not within the home sufficiently enough to support them. We observed that this had created an atmosphere of unsettledness amongst the staff team.

External social care professionals told us that they had found it difficult to contact the registered manager when they wanted information about people's care and support needs; adding they were often told that the registered manager was not available. They told us that when they visited the home it was often difficult to speak with staff in private due to the limited use of office space within the building. They said this did not promote their client's (people who use the service) confidentiality. The registered manager told us that the provider had arranged leadership training for senior staff to help them progress in their role and support staff to meet people's needs.

There were health and safety checks completed by staff. For example, fire safety, hot water temperatures, cleaning

rota and reporting of general maintenance issues that promoted the health and safety of the people who lived there. However audits to monitor that safety checks were being maintained were not undertaken. We also found there were no formal audits to measure whether staff had received the training they needed to support people. There were no processes followed by the manager to monitor and feel confident that staff had received one to one formal support meeting regularly to discuss their learning and development to meet people's needs.

The manager told us that they had not undertaken formal audits or evaluation reports of systems and processes used by the service. The manager said they were aware this was an area that they needed to improve to measure the services provided and to fully evaluate outcomes for people who use the service. Quality monitoring visits by the provider or by a representative of the provider were undertaken regularly.

The staff team were observed to be caring and dedicated to meeting the needs of the people using the service. People's families told us that the manager and staff were approachable, supportive and always valued the importance of ensuring their relatives were encouraged and supported to keep in contact with them. They told us they are asked for their view of the services provided. Comments included: "We have had surveys by post and we visit fairly regularly; all of the staff are very approachable".

We recommend that the service seek advice and guidance from a reputable source with regards to best practice in quality assurance and monitoring procedures.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

This was a breach of regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse which corresponds to regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met: People who use services and others were not protected against the risks associated with safeguarding service users from abuse.