

# Durnford Society Limited (The) Oaklands

## Inspection report

76-78 Church Road, Plymstock, Plymouth Devon PL9

9BD

Tel: 01752 481166

Website: [www.durnford.org](http://www.durnford.org)

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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 

### Overall summary

The inspection took place on the 23 and 24 September 2015 and was unannounced. We last inspected the service on the 14 December 2013 and had no concerns.

Oaklands provides residential care for up to nine older or younger adults with a Learning Disability. They could have range of other needs including autistic spectrum disorder, a physical disability, sensory impairment or dementia. There were eight people living at the service when we visited.

There was a registered manager employed to manage Oaklands. 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.

People were protected by staff trained in recognising how to identify and keep people safe from abuse. There were enough staff to look after people safely who were recruited safely. Staff underwent regular training, supervision and appraisal to ensure they remained effective in their role.

Care plans were individualised and updated often to reflect changes in people's needs. Risk assessments were in place to assess and reduce the possibility that people

# Summary of findings

may come to harm. Staff were trained in identifying and meeting people's specific, highly complex needs and the risks these may pose. Risk assessments, care plans and training for staff were clearly linked and reviewed to ensure people's needs were met.

People's medicine was administered safely. People had their nutritional and health needs met. People were supported to attend hospital and see health professionals as required.

People had their right to consent to care and freedom of choice respected. People had their mental capacity assessed in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, as required.

Staff treated people with kindness and respect. People's dignity was respected at all times. People were involved

in planning their care and choosing how they wanted their day to look like. People were supported to take an active role in their local community. Activities were provided that supported people to meet their needs and provided entertainment.

Staff used their knowledge of people to ensure any complaints, concerns and feedback on the service were listened to and responded to quickly.

There were clear systems of governance and leadership in place. Staff told us the registered manager and senior management were approachable and responsive to any new ideas. The registered manager ensured the quality of the service was maintained.

# 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 safe. People were looked after by staff who understood how to identify abuse and make sure they were protected.

People's medicine was managed and administered safely.

Risk assessments were in place to ensure the risks associated with people's needs were reduced as much as possible.

There were sufficient staff employed who were recruited safely.

Good



### Is the service effective?

The service was effective. People were assessed in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, as required. People's right to consent was upheld.

People were supported by staff trained and supervised to carry out their role effectively.

People had their food and nutritional needs met.

People were supported to maintain good health and accessed medical services as required.

Good



### Is the service caring?

The service was caring. People were looked after by staff who treated them with kindness and respect.

Staff ensured they understood people's needs and encouraged them to have control of their care by using individualised communication methods.

People's dignity was always protected.

People's end of life was planned as required.

Good



### Is the service responsive?

The service was responsive. People were supported by a care plan which was person centred and reflected their current needs.

People were involved in selecting how they wanted to spend their time at the service. Activities were provided which reflected people's choices and staff knowledge of what people liked to do.

The service had a complaints policy available. Staff used different means to check if people were happy or if they had any concerns to raise about the service or their care.

Good



### Is the service well-led?

The service was well-led. The service was well managed with a clear model of leadership and governance in place.

The registered manager ensured the quality of the service was maintained.

Staff told us the registered manager and senior management were approachable. The registered manager demonstrated a commitment to a positive culture for people and staff.

Good



# Oaklands

## 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.

The inspection took place on the 23 and 24 September 2015 and was unannounced. One inspector completed the inspection.

Prior to the inspection we reviewed information held by the Care Quality Commission (CQC) such as previous inspection reports and notifications received. Notifications are events registered persons are required to tell us about. We also reviewed the 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 reviewed the care records of four people and checked to make sure they were receiving their care as planned. The people living at the service had very complex needs that limited their ability to communicate and tell us about their experience of being looked after at Oaklands. During the inspection we observed how staff interacted and looked after people and spoke with five relatives to ask their view of the service. Two of these relatives were also on the management committee. They told us their experience of being part of the management of the service.

We spoke with four staff and read five staff personnel files and training records. We also reviewed other records held by the registered manager which underpinned the running of the service. These included a range of audits, policies and procedures and how the service sought people and family member's view of the service. We also reviewed records kept to ensure the building and equipment were maintained.

Following the inspection we requested feedback from the GP surgery which supported most people living at Oaklands.

# Is the service safe?

## Our findings

People were looked after by staff who knew how to recognise abuse and keep people safe from harm. Staff were trained in safeguarding vulnerable adults and received specific training in communicating and listening to people who may find it difficult to verbalise their concerns. This was to ensure staff recognised any concerns in people's physical presentation and mood. One staff member told us: "I will read the person's body language and facial expressions. I would also be alert for self-harm, if they were upset or were not settling". Staff stated they would share any concerns with the registered manager who had always acted on any concerns they had raised in the past. All staff understood how to share their concerns with CQC and the local authority if they felt the issues raised were not being addressed.

There were sufficient staff to meet people's needs safely. There was a dedicated staff team available to meet people's needs 24 hours a day. The provider ensured the staffing levels were flexible enough to meet any emergencies, appointments or support someone who was poorly. Most staff had worked for the service for some time however, temporary staff were used if required. Staff and the registered manager advised they tried to use the same temporary staff to ensure continuity of people's care.

Staff were recruited safely. Staff were recruited over a period of 17 weeks to ensure they were suitable for working with people with complex needs. They did not start work until all checks were in place and they were considered suitable. Each new member of staff underwent a probationary period to ensure they were suitable to work at Oaklands.

There were detailed risk assessments in place covering every aspect of potential harm people could experience while living at Oaklands. The risk assessments detailed the risk, how the risk could present itself and the action staff were to take to reduce the likelihood of people coming to harm. The risks were regularly reviewed and were clearly linked to the care plans.

People had risk assessments in place to support them in the event of an emergency such as fire and going to hospital. The service had a contingency plan in place to be able to react to emergency situations while minimising the disruption for people.

People's medicines were safely administered. Medicines were given to people as prescribed. The service was not suitably ensuring all medicines were accounted for. The registered manager reviewed this immediately. Staff were appropriately trained in the safe administration and management of medicines. Medicines Administration Records (MAR) were all in place and had been correctly completed. Medicines were locked away as appropriate. The administration of people's medicines was closely linked with people's risk assessments and care plans. Specialist health professionals were involved in the planning and training of staff to support people to take their medicines safely. For example, all staff who administered epilepsy medicines were trained in this and supported by the nurse specialising in epilepsy. Body charts were used to indicate the frequency and precise area creams should be placed. Staff confirmed no one was given their medicines covertly (giving medicines without people's knowledge) However, there was no policy on the administration of covert medicines and homely remedies. The registered manager advised this had been requested from head office and was in the process of being written.

# Is the service effective?

## Our findings

People living at Oaklands lacked the ability to consent to their own care and some were under constant supervision and control by staff in order to keep them safe. The provider understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and these were necessary for people living at Oaklands. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. MCA assessments were completed for each person. We found all staff upheld people's rights by careful risk assessment, care planning and involving professionals and family in best interest decisions as necessary. Appropriate DoLS applications had been made for the people living at Oaklands, with some awaiting authorisation by the relevant person at the local authority. DoLS provides legal protection for those vulnerable people who are, or may become, deprived of their liberty.

Staff showed they always sought people's involvement in agreeing to every stage of their day to day care. Whenever a care task needed to be completed, staff were observed seeking the person's attention and cooperation at each stage. They did this in the person's time and waited for them to indicate they wanted staff to continue. One staff member told us: "I always talk to people before giving any care" adding, they would seek the person's attention and only continue if the person was demonstrating they were content for them to do so. All staff stated they would recognise if the person wanted them to come back later.

Staff were trained to support people effectively. All staff received the provider's core training such as safeguarding, infection control, manual handling, first aid, food hygiene and health and safety. Staff were also trained in the specific needs of people. For example, all staff were trained in meeting the needs of people with epilepsy and autism. Staff could also take higher qualifications in care. There was a clear link between risk assessments, care planning and staff training to ensure staff could meet people's individual needs. Specialist health professionals supported staff learning as necessary.

One staff member told us: "The training is very good; really good. You can learn here. You only have to ask for training and they will try and arrange it. We have new courses all the time."

Staff had regular supervision to support them to reflect on people's needs and their personal development. Staff were supported to look at their competency and any training needs. Staff confirmed there were also opportunities to have informal discussions with the manager and training manager as required. Staff underwent an annual appraisal which supported them to review the past year and plan for future personal and professional development.

One staff member told us for them supervision had: "Identified I needed a refresher in some areas, which was then provided", another told us how supervision boosted their confidence.

New staff completed a detailed, service specific induction. This included all the required training to support and relate to people living at the service. For example, all new staff took training in epilepsy at the start of the induction process. The providers training manager told us they were looking at how to link their own induction with the new Care Certificate which is a national training course for staff that are new to care work.

People had their nutritional needs met. Care plans detailed people's nutritional needs and how their food needed to be prepared and given to prevent choking. Where concerns were identified the persons GP and other professionals were requested to assess and recommend other ways of supporting people to eat. Advice was followed by staff. Food supplements were given as prescribed. People and family were involved in planning what people wanted to eat and this was built into the menu. Other food options were available if the person was known or observed to not like that particular food choice. Drinks and snacks were available at any time. Staff advised a balanced diet was encouraged.

People had their health needs met. Staff were informed by the care plans and risk assessments what people's health needs were and how to meet these needs. There were links with people's GP and other health professionals to ensure their needs were met. People had regular optician, dental and podiatrist appointments as required. Any GP

## Is the service effective?

appointments and annual health reviews with their GP took place as required. The GP surgery most associated with Oaklands were very positive about the service's role in respect of meeting people's health needs.

# Is the service caring?

## Our findings

People were supported by staff who were caring and treated them with kindness. People were comfortable in the company of staff and responded positively when staff were present. Staff recognised different people's needs for the right atmosphere. For example, one person required a predictable, calm atmosphere to prevent unnecessary stress. Staff worked together to provide this so this person's needs were met. In relation to another person their family told us: "Staff recognises when he needs his own space and give him regular 'me time'."

Family said staff were always polite and spoke to them and people with respect. Comments by family included: "Oaklands is brilliant; people are looked after really well. The staff are excellent"; "The staff are very good and attentive to anyone" and "The staff are very, very good. In fact, the staff are exceptional. They are very considerate of my son and his needs."

Staff treated people with respect and appropriate humour. Staff supported people to be in control of their every day care and make choices that encouraged them to be as independent as possible. This was achieved by using simple questions, the use of pictures and the use of gentle prompts. Staff had worked closely with family to ensure people could spend their time as they would like. This was built into a pictorial representation in their care plan.

People had their dignity respected at all times. Staff were mindful about how people would like their dignity respected. Staff ensured a regular programme of support was in place as this was recognised as important to people. For example, people were discreetly offered support to manage their continence and have their clothes changed when food or drink had been spilt.

Staff spoke about the people they looked after with affection and felt they were well looked after. One staff member told us: "This is how care should be; everyone gets a choice" and another, "This is people's home. Whatever they require they get". Staff demonstrated they understood people's specific needs, moods and abilities. Staff told us they had worked at the service for a long time and worked well together. Staff felt they could care for people as they knew them well and used this understanding to support people how they would like.

Staff supported people to deal with distress and change. For example, they supported people to cope with having the inspector in their home. Staff explained who we were and why we were visiting. Staff ensured people were asked if they minded us reading their information and being in their home.

The registered manager explained the importance of building a caring service. They explained it was necessary so staff understood the importance of meeting people's specific needs. They also stated it was important staff were looked after as the work could be stressful at times. Staff were therefore always supported to ensure they could meet people's needs.

Families said they were always welcomed when they visited and kept informed of how people were doing. Family members were supported to visit people living at the service. Staff supported people to receive their visitors which meant the visit then ran smoothly.

People's end of life needs were planned for as needed. Staff ensured people and families were supported at this time. There were two end of life champions who worked for the provider. Oaklands was linked with the local hospice to train staff from Oaklands and other services to meet the end of life needs for people with a learning disability.

# Is the service responsive?

## Our findings

People had care plans in place which were person centred and reflected their current needs. Staff said the care plans provided them with plenty of information to be able to provide appropriate care. People's care plans were reviewed as necessary. Family and specialist professionals were involved in the care planning and review process. Each person had a keyworker who reported monthly at a staff meeting about how they were doing. All staff were involved in any professional assessments and reviews to ensure all the person's current needs were represented.

One family told us how the staff had worked with the person and themselves to give the person a stable home and support for a number of years. They explained how they had been involved in the care planning process and how they were kept up to date. They felt the staff had ensured the person's needs were met by getting to know them. They added that the keyworker role had been useful, as it meant their relative had one staff member who knew them well and who they related well to. They added that all staff seemed to be well informed of their relative's needs and how to provide care for them. They stated: "The staff are so friendly in the way they interact [with my relative]. [My relative] is able then to interact with the staff." Family added their relative was supported by staff to maintain family relations in the community adding this kept family relationships at a "more normal level which is brilliant to see".

Activities were a main part of supporting people to maximise their day. The activities recognised how people liked to pass their time. People were also supported to be active and maintain links in the community. People were supported to be as independent as possible in order to maximise their development. People's care plans detailed each individual person's characters and likes and dislikes. For example, people who liked people interaction and those who did not had their different needs planned for and met by staff. One family felt this was really important to their relative as staff made sure the person was able to exercise their humour, likes and dislikes and how they wanted to spend their time. They stated: "[My relative] likes banter and the staff know that and everyone joins in". They added that staff provided activities that reflected their personality.

The service had a complaints policy in place. There was a written and pictorial version of the complaints policy available. Staff told us they attempted to identify early if there were any concerns people wanted addressing. Staff told us they knew people well and would explore if they felt the person was demonstrating something was wrong. They achieved this by reading people's moods and by simple questioning. Staff would then discuss this together and use pictures and other prompts with the person. Families said they knew how to make a complaint and felt any concerns they had would be listened to and a solution sought. Any issues had always been addressed and they had been told the outcome. The registered manager confirmed they would ensure the person or family member were happy before closing the complaint.

# Is the service well-led?

## Our findings

Oaklands is owned and run by the Durnford Society. They are a Plymouth based not-for-profit charity supporting adults with a learning disability. They have a number of services in or on the edge of Plymouth providing residential care and care in people's own homes. The Durnford Society were managed by a management committee. There was a senior management team employed to oversee the day to day running of the wider organisation. Locally, at Oaklands, there was a registered manager, deputy manager and team of staff employed to run the service.

There was clear evidence of the role of the provider in running and overseeing the service. Senior management attended the home often to carry out quality audits. Staff told us they felt the senior management team cared about them as individuals and always spoke to them by name. Staff and families felt the high value put on good care, started from the senior management team and was evident in how people were treated. There had been some recent changes to the financial structure to the service which some families and staff felt this had not been communicated as well as it could have been. We spoke with the registered manager who advised this had been recognised and the senior management and management committee were aware of this. One family member told us they had been visited to have this explained.

The registered manager was aware of their responsibilities under the Duty of Candour. That is, a service must act in an open and transparent way in relation to care and treatment provided when things go wrong.

Staff felt the service was person centred, providing quality care for people. Staff stated they felt the registered manager and senior managers were approachable and would listen to them if they had any new ideas about how the service could improve. The registered manager explained they were dedicated to providing the best quality of service and would review with staff whether this was always the case.

Staff involved people living at the service in feeding back on the quality of the service by observation of behaviour. Families were asked their views. In 2014, the provider had requested an outside agency carried out a quality audit of the service. The feedback was largely positive. Although not recorded, the registered manager stated they had taken on board any issues about Oaklands to ensure continued improvement.

The service was underpinned by a number of policies and procedures made available to staff. These were regularly reviewed and supported the values of how staff should relate to people living at the service. These positive values around care, involving people, respect, dignity and equal opportunities were observed in how staff treated people and each other.

The provider had audits in place to check the service was running along expected lines. They had recently refined their medicine audit. There were systems in place to ensure the building was safe and maintained. Staff were not ensuring water temperatures were taken regularly. The provider started to address this on the day of the inspection. The provider carried out regular checks of all areas of the service. Appropriate contractors were employed to check the gas, electricity, appliances and removal of waste from the property.