

Oakdown House Limited Carricks Brook

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 

Overall summary

This inspection took place on 24 August 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience.

Carricks Brook is a home specialising in providing support for up to twelve adults with autism, autistic spectrum disorders and challenging needs. It is located in an extended former farmhouse which has twelve en-suite bedrooms and a large garden.

At the time of our inspection there were eleven people being supported to live at the home with autism, learning disabilities and behaviours that challenged. Not all the people were able to communicate verbally with us. Some

people used signing or body language to express themselves. Staff at the home knew people well and were able to support them to tell us about their experience of living at Carricks Brook.

There was a registered manager in post. 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.

Relatives were full of praise for the staff and the care their loved ones received at the home. One told us, "I could not have found a more amazing provision for X. Their own

Summary of findings

personal care has improved. Their self-confidence, ability to make choices and understanding of consequences has just been brilliant.” Another said, “They give X a huge amount of time and a lot of patience.”

Staff were knowledgeable about safeguarding adults. They were able to describe what constituted abuse and knew who to contact if they had any concerns to keep people safe.

Staff were trained in the management of people’s behaviours which challenged. They had also received training in how to restrain people safely as a last resort. Any use of restraint was documented, reported to relatives and discussed at staff meetings as a learning process.

Staff received regular training including specific areas to help them support people living at the home. This included training about supporting people living with epilepsy, autism awareness and diverse communication methods.

Staff had a good understanding of managing risks and supported people to lead fulfilling lives and take part in activities both in the home and in the community.

People were supported by staff to maintain relationships that were important to them. There was a strong emphasis on person centred care. People were involved in planning their support and this was based on their personal needs and wishes. People had key workers who reviewed their support plans with them and adjusted them as people’s needs changed.

People were encouraged to participate at residents’ meetings and express their views. These were held regularly and used to plan menus, activities and special events.

The provider’s complaints procedure was available in a pictorial format to ensure all people were aware of the process.

Staff felt part of a team and valued by the registered manager. They told us their ideas were listened to. The running of the home was subject to regular reviews by the registered manager and the provider to make sure standards were maintained and the provider’s values for the home were followed. These included enabling people to live as full and independent lives as possible and to help people achieve their personal goals whilst keeping them safe.

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 protected from avoidable harm, bullying, harassment and abuse.

Personalised risk assessments and support plans were used by staff to enable people to develop new skills, have new experiences and lead fulfilling lives in a safe environment.

Staffing levels were determined by people's needs.

Robust recruitment procedures ensured people were supported by staff who were suitable and safe to work with them.

Good



Is the service effective?

The service was effective.

People received care and support that was based on their needs and wishes.

People were asked for their consent when appropriate, and when they were unable to make a decision the Mental Capacity Act had been complied with.

Staff had the specific knowledge, skills and support they needed to support people.

People were supported to eat and drink enough to meet their needs.

People were supported to maintain good health.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion.

People were involved in making decisions about their care.

Staff treated people with respect and promoted their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were supported to take part in social activities.

Feedback from people and their relatives was encouraged.

Good



Is the service well-led?

The service was well led.

The home promoted a culture that focussed on people.

People's views and opinions were sought and listened to.

Good



Summary of findings

<p>The registered manager and provider used effective systems for checking that people received consistently high quality care.</p>	
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Carricks Brook

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 24 August 2015 and was unannounced. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in the inspection had specific knowledge of caring for people with a learning disability.

We gathered and reviewed information about the service before the inspection, including information from the local authority and previous reports. 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 spoke with the local authority safeguarding team and the commissioners of the service to gather their views of the care and service. We looked at notifications we had received from the provider. This is information the provider is required by law to tell us about.

During our inspection we spoke with four people, three people's relatives and seven staff across a range of areas covered by the service. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their complex needs. We therefore used the 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 with us. We looked at care records and associated risk assessments for five people. We looked at management and staffing records. We sampled the service's policies and procedures.

At our last inspection on 22 October 2013 no concerns were found.

Is the service safe?

Our findings

People who lived at Carricks Brook had complex needs and they could present behaviour that was a risk to themselves or others. Although people could not always tell us verbally how safe they felt, their plan of care included detailed information about how they communicated and how this affected their behaviour. Staff knew people well because they understood this information and used it while supporting people.

All staff understood what abuse was and the actions they needed to take to report abuse to both the registered manager and external agencies. The staff had access to updated information on abuse from the local authority as well as the home's safeguarding policy. Safeguarding people had been discussed frequently at staff meetings. The records confirmed that staff were trained regularly in how to keep people safe from abuse and how to report any concerns appropriately. People were supported to manage their finances in a way that protected them from abuse. Staff knew their responsibilities and the finance system was robust, clearly documented and frequently checked by senior staff.

Each person had been assessed for any risks presented by the environment or their daily activity. These risks and the actions staff needed to take were clearly recorded in people's files. The staff said they understood the actions they needed to take to minimise these risks. Care plans included details of people's allergies. Staff were aware of these and able to keep people safe from adverse reactions to food, animals, household products or medicines. Risk assessments were used to keep people as safe as possible whilst not restricting them from developing new skills or trying new activities. For example on the day of inspection one person had a microwave oven delivered. They came to the office to collect this and they said they were pleased it had arrived. A member of staff went with them to their room to risk assess the use of the oven. They worked with the person to support them to understand the safe use of the oven and any risks. This gave the person the information they needed as well as allowing them to use new skills.

Restraints were only used as a last resort and appropriately as per the home's policy. If any restraints were required the staff all understood these needed to be the minimum possible to prevent harm. Any incidents of restraint were

clearly documented and the staff all took part in debriefing sessions to review the incidents and reflect on any lessons they could learn to try to prevent reoccurrence. The registered manager was open and honest with relatives regarding the use of restraint. One relative told us, "They always tell me when X is restrained."

The staff had been trained to use specialised techniques to identify what might trigger someone's behaviour and to prevent the situation escalating to become a risk or a challenge. The registered manager attended a five day training course annually with a recognised organisation and they were qualified to train the rest of the staff in using these techniques. Staff all said they felt confident when supporting people to remain safe, although one member of staff said it could be a stressful environment at times. This member of staff said the staff team supported each other and they did feel confident to use the techniques when needed. All staff were given the same training including staff working in ancillary roles such as the maintenance and administration staff. This meant they were able to support people and other staff if they were required. Staff gave an example of one person who posed a risk to themselves and others frequently in the past and when they first moved to the home. Since getting to know this person, by developing a clear and consistent approach and supporting them in a personalised way, incidents had become very rare and therefore people's safety was promoted.

There was a system in place to record and manage incidents and accidents. The provider and registered manager reviewed all incident reports and looked for patterns which might indicate a change in someone's health or wellbeing or the need for the intervention of other professionals. As a result of these reviews one person was referred to their doctor who changed their medicines and this had resulted in a positive outcome for the person and less risk to themselves or others.

People were as safe as possible in the event of an emergency because staff had the training, knowledge and equipment they needed to manage these situations. Each person had an individual personal evacuation plan which the staff understood and were able to locate if they needed them. Three members of staff said they had regular training in fire procedures and took part in regular fire drills to put their training into practice. The home had a contingency

Is the service safe?

plan to relocate people to a nearby home in the case of evacuation. There was now a generator installed at the home so that people were not put at risk in case of power failure.

Senior staff were on call if needed and within the home there was an emergency telephone which staff knew how to use as well as 'walkie-talkies' so they could remain in touch. In a medical emergency staff knew where each person's emergency information was kept so medical staff would have the basic information such as medicines and health history to treat people appropriately. There were call bells located in people's rooms and these were tested regularly. The home had a maintenance book and employed a full time maintenance man. The book was reviewed on a weekly basis to check that work had been carried out. This ensured that the home's environment was kept as safe as possible for people.

The provider used a dependency tool based on people's individual support needs to assess appropriate and safe staffing levels and this was also used to inform the home's emergency safety plans. Staff records showed that appropriate procedures had been followed to check that people were suitable for their role. The records contained evidence of identity checks, a Disclosure and Barring Service (DBS) check, references and a full employment

history. Staff had completed an application form and had been interviewed before being offered a post. Staff had been issued with a job description for their role and a code of conduct which outlined expected standards of behaviour and disciplinary measures which could be imposed if necessary. All staff worked for a period shadowing other experienced staff until they were considered competent to work unsupervised.

Medicines were stored securely and when staff carried out medicine rounds they wore a red apron with "Do not disturb" on it. This meant that staff were not disturbed during rounds and able to minimise the risk of errors. Medication Administration Record (MAR) sheets included notes of any allergies the person had, any side effects of the medicine to look out for and instructions about how to administer the medicine safely. We observed a medicine round and saw that staff followed these guidelines, supported people to take their medicines and stayed with them until they had finished taking their medicines. MAR sheets we looked at were accurately completed and up to date. People's PRN (as required) medicines had clear protocols which had been approved by each person's GP. Staff followed these guidelines to ensure people received any PRN medicines safely.

Is the service effective?

Our findings

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Is the service caring?

Our findings

People were treated with respect and compassion at Carricks Brook. All the interactions we heard were respectful, kind and friendly. Staff spoke about people in private and they used respectful terms to tell us about their needs. People told us that staff understood how they felt when they were upset. Relatives told us that they found the staff caring and patient. One said, “They give X a huge amount of time and a lot of patience.” Another told us, “X brought his own bed from home, they came to our house dismantled it and brought it over here.” People and their relatives were involved in regular reviews of support plans. One relative told us, “I’ve been to three care reviews in the last few months.”

We saw that most activities that people took part in involved one to one and sometimes two to one staff support and there were appropriate staffing levels to facilitate this. Staff were able to spend quality time with people. Staff were supporting one person who found it difficult to communicate verbally to write poetry to so that they could express themselves and give staff an insight into their personal history. They had also provided a washable notice board so that they could write their wishes on this. This person enjoyed a glass of wine and was supported to have a glass in the evening if they asked for it. These examples showed that staff cared about each person and what mattered to them as individuals and respected their right to make choices.

Staff told us that their regular staff meetings were used to discuss ways of improving people’s enjoyment through trips out and pleasurable meals. The minutes of these meetings confirmed this and showed that these ideas were generally discussed and implemented when possible. In this way staff demonstrated how important people’s well-being and quality of life were to them. Keyworkers supported people to mark relative’s birthdays by sending cards or buying presents and in this way helped them to maintain good links with their families.

Clear information was provided to people about the home, in a format that was suitable for people’s needs. This included information about support plans, responsibilities, timetable and activities, staffing and how to complain. All

information that was provided, including satisfaction questionnaires, people’s support plans and risk assessments, was available in both standard and pictorial format.

Residents’ meetings were sometimes used to explore areas of acceptable and respectful social behaviour with people and staff. These covered topics such as different forms of touching and their appropriateness, and how tone of voice can affect others. In this way staff promoted respectful behaviour and positive attitudes in both people at the home and the staff who were supporting them.

Dignity and privacy were consistently respected at the home. One staff said, “We have been trained to understand the need to maintain people’s dignity and privacy and this is always included in any training course we do.” Another member of staff said, “I treat people the way I want to be treated, we respect each person as an individual.” The staff had access to policies about respecting people as individuals, and maintaining their privacy and dignity which gave them guidance about their responsibility and how to support people and uphold these values. Staff knew where to access these policies and we saw they were using them in practice.

Every person’s room had an en-suite shower to promote independence, privacy and dignity. The provider had converted rooms to make a completely self-contained flat for one person with specific needs to promote their independence. People were supported to be as independent as possible. Those who were able were supported by staff to do their own laundry and everyone at the home was supported in preparing their own snacks and drinks.

Any confidential information was kept securely in the locked staff room on the first floor. This meant information about people was treated in confidence. Staff were respectful about personal information. For example staff made sure doors were shut before they discussed any person’s health.

People had been supported by staff and their relatives to express their wishes regarding end of life care including personalised funeral arrangements and these were recorded within support plans.

Is the service responsive?

Our findings

Relatives told us that their loved ones were supported to be as active as possible and lead fulfilling lives. One told us, "X goes bowling every Tuesday and the staff organised a trip out for everyone." Another said, "They go to places of interest and do gardening and other activities." People were supported to maintain their hobbies and interests. One person told us, "I am building a race track at the top of the garden." They also told us, "I also helped build the pergola." People were involved in planning activities and outings which interested them. One person told us, "I am always given a choice if I want to do it and included in everything." Another told us, "I go to a night club once a month."

Pre-admission assessments contained detailed analysis of people's needs and abilities including descriptions of indicators or triggers for behaviour that challenged. These had been used by staff to inform care plans and helped staff to interact well with people. Staff told us that these assessments were helpful in and provided a good foundation to be able to provide appropriate support to new arrivals at the home.

Staff said that people were always involved in any recruitment decisions. Although they did not attend formal interviews they were asked for their views as prospective staff interacted with them. Staff knew people well enough to determine their reactions to staff and whether staff had the ability to respond to people's needs. People were also included in discussions and suggestions about the roles of new staff so they were actively involved in making decisions about their care and support.

Staff responded to the needs of people for suitable activities and new experiences. People who were interested had been supported to go to an art show where people with autism could express their artistic talent. Another person had gone to see a film at a local cinema especially

for people with autism. The staff described how the person had only wished to stay for a short while and staff had responded by taking them home as soon as they wanted to go.

We saw that people's rooms were personalised. People had been involved in the choice of décor for their own rooms. One person had a large activity chart on their wall showing various activities they were going to do including a pub trip, cycling, a train trip, gardening and swimming. These trips had been planned with the involvement of people and their relatives. Staff were aware of the importance of companionship and social contact. They supported people to develop and maintain relationships. People were encouraged to maintain regular links with their families. One person had been supported to set up and use skype on their computer to speak regularly with their relatives and friends.

People received personalised care that was responsive to their needs. People were able to have their breakfast and lunch at a time which suited them. The evening meal was always eaten together and was a social occasion which people enjoyed. Menus were discussed and chosen by people, who all had supervised access to the well-equipped kitchen so that they could be supported to prepare food and drinks of their own choice.

Residents' meetings were held regularly and used to plan menus, activities and special events such as a forthcoming barbecue. Support plans were amended and updated following regular meetings between people and their key-workers. This showed that people were supported to express their views and be actively involved in making decisions about their care treatment and support.

The provider's complaints procedure was available in pictorial format so that people in the home were able to follow the process if necessary. Very few complaints had been received. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. Relatives told us that they felt confident they would be listened to if they made a complaint.

Is the service well-led?

Our findings

People and their relatives were positive about the home. One told us, “I could not have found a more amazing provision for X.” Staff were able to describe the stated values of the provider and the goals they were working towards as a team. These included enabling people to live as full and independent lives as possible and to help people achieve their personal goals whilst keeping them safe. Relatives told us that they found the registered manager accessible and receptive. One said, “She has a really good open door policy.”

Staff said they all worked well together and felt supported by each other, the managers and provider. Staff said there was an open culture where any issues were discussed and problems were solved. One member of staff said, “It feels like a big family here, we know when other staff are feeling stressed and we support them.” Another member of staff told us, “The manager and deputy and the owner are all open and helpful and we can go to them at any time.”

The registered manager had actively sought the views of others. This included an annual survey and questionnaires to relatives and health professionals. There were regular staff meetings. Staff said they had been able to contribute to the running of the home and share ideas. There were regular staff meetings as well as meetings for seniors and managers. One member of staff said, “I raised a concern about shifts at night and they listened and acted on this to make it better for us and for people here.”

The provider described how staff were all treated equally in the way they were trained and supported regardless of their role. They said this helped everyone to support people who lived at the home. We saw an example of this where the staff member responsible for maintenance was taking time to have a friendly talk with a person and both were smiling and enjoying time together.

The registered manager understood their legal obligations including the conditions of their registration. They submitted notifications to the local authority and CQC about incidents as required and in a timely manner. Incidents and care plans for people were subject to reflection and review by the provider at regular operations management meetings. Staff had training and reflection sessions to review incidents which required positive action to resolve conflicts between people or de-escalate any behaviours that challenged. These were supervised by external professional trainers.

There were monthly audits in place which ensured that standards of care in the home were maintained. These included reviews of care plans, fire drills, staff supervision, the home’s environment, accident records and complaint forms. There were records of handovers that had been observed and analysis of incidents where restraint had been used. The home and its records were regularly inspected by the directors of the company to make sure standards were maintained and the provider’s ethos for the home was followed. Questionnaires were sent to relatives and health professionals who had visited the home. These were collated and analysed to gauge their view of the service provided at Carricks Brook. Where opportunities to improve had been identified, these were implemented. For example the increase in usable outside space for people at the rear of the home.

Staff attended East Sussex Autism meetings to keep up to date with latest research and best practice and the providers were members of the National Autistic Society. The provider followed guidelines from the dyspraxia society in the development of care plans where appropriate. This ensured that staff were following current best practice guidelines and providing a high quality service.