Empanda Care & Support Ltd CIC

Oak Trees (Respite)

Inspection report

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Date of inspection visit:
06 April 2017

Date of publication:
01 June 2017

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

The inspection took place on 6 April 2017 and was announced.

Oak Trees provides accommodation and support in the form of short respite stays, for a maximum of four people with a learning disability. Visits are normally for up to two weeks in duration. The service also provides support and personal care for people with a learning disability who are living in their own homes or shared tenancies. At the time of our inspection, there were three people using the respite service and 20 people receiving support in their own homes.

A new service provider had registered with us the year before our inspection took place. There was a registered manager in place who had been in post for a long time, and under the previous provider. 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.

Staff were trained to recognise signs that might show someone was at risk of abuse or harm. They knew the importance of reporting their concerns to promote people's safety. The management team took action to reinforce this with staff when they needed to.

Staff had guidance about how to minimise risks to people's safety and welfare. Staff supported people to understand risks themselves and to learn what they could do to promote their own safety and welfare. This included encouragement for people to manage their own medicines fully or in part, if they were able to and wished to do so. Where staff supported people with their medicines, they did so in a safe way.

Although staff turnover had increased following a change of ownership of the service, this had stabilised and there was a core of long-standing, experienced staff. There were enough staff on duty, who were trained to meet people's needs and recruited in a way that contributed to promoting people's safety.

Staff understood the importance of seeking consent and encouraging people to make their own decisions. If someone's capacity to make an informed decision was in doubt, staff consulted others who knew the person well. They involved the person, professionals and families to help determine what was in the person's best interests. This included when people needed appointments to maintain their health or receive treatment. Staff incorporated professionals' views into the way that they offered support. Staff enabled people to access health care professionals to promote their wellbeing if they needed assistance in this area.

People using the care home service had a choice of enough to eat and drink to ensure their wellbeing. Where people needed support in their own homes with food and drink as part of their care package, they received it. The management team planned to introduce a more formal and consistent assessment in future.

There was a friendly and cheerful atmosphere between staff and people using the service, both in the care home and in their own homes. People's privacy and dignity was promoted and staff treated people with warmth and respect. People were encouraged to say how they wanted staff to deliver their care and, in some cases, to draw up their own guidance for their support staff.

The management team took account of people's support needs when they were planning respite stays and the mix of people who would be using the care home service. They reviewed people's needs each time they came to use the respite service to see whether anything had changed. Staff knew about people's individual needs and preferences. They knew how to meet these and had guidance within care plans focused on each person. Staff acknowledged that it was sometimes difficult to meet the recreational and social needs of people when they were receiving respite care. This was in part due to a lack of transport, which staff and people using the service were working to address.

People were confident that they could raise any concerns or complaints they had with the management team and have them addressed. They were also encouraged to express their views on a regular basis. This happened formally through surveys at the end of respite stays, and informally at meetings with people and their staff teams. Others connected with the service, such as family members and health professionals were encouraged to say what they thought about the service. The management team reviewed where the service was performing well and what improvements they could make because of the views they obtained.

The ownership of the service had changed a year before this inspection. The registered manager acknowledged that this had created some anxiety among staff and that new systems needed time to bed in following the change. This had affected morale to a degree but it was improving and almost all of the staff were very positive about the way the service was managed. They had a clear understanding of their roles and what was expected of them.

The registered manager had been in post for a long time and had a good understanding of her role and responsibilities. The management team had developed a range of audits to look at the quality and safety of the service people received and how this could be improved. They had developed action plans to address their findings and had a clear understanding of where they could act to deliver higher standards of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were clear about the importance of reporting concerns or suspicions that people were at risk of harm or abuse.

Risks to people's safety were assessed and staff understood how to minimise these.

There were enough staff to support people safely and staff were properly recruited to ensure, as far as practicable, they were suitable to work in care.

People received their medicines in a safe way and as the prescriber intended.

Is the service effective?

Good

The service was effective.

People received support from staff who were competent to meet their needs.

People were asked for their consent before staff delivered care and staff understood the importance of acting in people's best interests where they may lack capacity to make an informed decision.

People were supported to have enough to eat and drink to meet their needs, with advice from staff if they needed it.

Staff enabled people to access advice about their health and supported them to do so where they needed it.

Is the service caring?

Good

The service was caring.

People were supported by staff who had developed warm and compassionate relationships with them.

People were able to express their views about how they wanted

their care to be delivered.

People were treated in a way that respected their privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People received care that was centred upon their individual needs and preferences. Improvements were being made in the way that the recreational needs of people using the respite service could be met.

People were confident that staff would listen to their concerns and the management team would deal with their complaints.

Is the service well-led?

Good

The service was well-led.

The service provider changed a year before this inspection. They were aware of the impact changes had on people and staff, and were working to implement these consistently.

There was an open and positive culture where people were confident they could express their views about the service.

Systems for monitoring and improving the quality of the service people received were effective and identified where and how improvements could be made.

Oak Trees (Respite)

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 6 April 2017 and was announced. It was completed by one inspector. The provider was given 24 hours' notice because the location was a small home offering respite care for people. We needed to be sure that someone would be in. The location also provides services to people in their own homes and we needed to ask their permission to visit them.

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. The registered manager completed this and returned it when they needed to. We reviewed the content of this. We also looked at all the information we held about the service. This included information about events happening within the service and which the provider or registered manager must tell us about by law. We also received information from the local authority quality assurance team.

During our inspection, we spoke with seven people who used the service. We also spoke with one of the provider's representatives and the registered manager. We gathered views from nine members of the care team including the deputy manager, and from six health and social care professionals.

We also reviewed records associated with the care of four people, medicines records, recruitment records for two staff, supervision schedules, training records for the staff team and a sample of records associated with the quality and safety of the service.

Good

Is the service safe?

Our findings

People were safe using the service and there were systems in place to help protect people from abuse. People told us that they were happy with the way staff treated them. We saw that they were comfortable in the presence of staff and showed no reluctance to engage with them. People using the respite care service completed easy read questionnaires after each stay and the results showed that people felt safe using the service. One person had written that they felt, "…really safe…" at the home.

Staff confirmed that they received training in recognising and responding to the risk of harm or abuse and training records confirmed this. The registered manager explained how they considered the mix of people using the respite service in case there was a risk of abusive or exploitative behaviour. A social care professional expressed some concern that staff had not recognised an incident as potentially abusive because people were not hurt. They went on to explain that the senior staff member contacting them felt that some staff were reluctant to report all incidents. We emphasised with the registered manager, the importance of reporting all such incidents to the local authority safeguarding team and the Care Quality Commission.

We asked the registered manager about what they had done following the incident. We saw records confirming a robust management approach. This showed discussion with staff, reinforcing that they needed to consider events of this nature in the context of safeguarding.

People's care records contained assessments of risk to which they were exposed. This included for example, risks associated with their mobility, any activities and from financial exploitation. Social care professionals and a health professional in contact with the service or arranging for placements for respite care said they had no concerns about people's safety. One professional commented that they felt staff were experienced in the assessment and management of risks. Staff told us they felt risk assessments contained enough guidance for them to follow to help promote people's safety. Staff reviewed risk assessments regularly for people in supported living and each time people used the respite service. This helped to address any changes or emerging risks to people's safety since their last stay in the home.

The management team had worked with people, particularly in supported living, on how they could keep themselves safe. Our discussions with one person showed that they understood advice given to them about an aspect of their safety. They were clearly aware of the sorts of things that might place them at risk. They had also shown people in supported living the importance of washing their hands properly as a means of keeping them safe from infection. They used an ultra-violet light box to show up bacteria on unwashed hands and took pictures of people's hands. This helped people to see easily how they could improve this aspect of their safety for themselves.

People felt that there were enough staff to support them when they needed it. One person living in their own tenancy also confirmed that, "If I have trouble I only need to phone." They also said they could drop into the care home to get advice if it was outside the hours they normally expected support.

Staff acknowledged to us that there had been some staffing difficulties in the past year. They said there was an increase in turnover with staff and the management team working additional shifts to provide care. There had been anxieties about the change of ownership in the service, which they felt had caused this. They said that things had settled down, the staff team had stabilised and new staff had started work. Two staff commented to us that it would be useful on occasion to have two staff on duty in the respite service, given they were expected to cook, clean and administer medicines as well as supporting up to four people. They felt that this sometimes limited people's opportunities to go out if they were not all able to do something together. However, they did not feel staffing levels were unsafe or placed people at risk.

Recruitment records showed that applicants were subject to robust checks to ensure their suitability to work in care. This contributed to promoting people's safety. It included a full employment history, seeking references, and completing an enhanced check with the disclosure, vetting and barring service (DBS). These were completed before staff were confirmed in post. Staff appointed signed up to the DBS update service after their initial checks. The registered manager confirmed that established staff then renewed their DBS checks every three years. This represented good practice in ensuring that staff remained suitable to work in the service.

The registered manager described how people using the service could be involved in recruitment of staff if they wanted to be included. The manager described the recruitment process including the need for applicants to complete a satisfactory interview. However, they had not kept records of applicants' responses to the questions asked at interview. We discussed with the registered manager that it would be best practice to do so, to demonstrate the fairness and equity of recruitment and selection practices.

We were aware from conversations that there was an instance of family members working in the same person's home. The registered manager needed to be sure this would not result in any bias or failure to report performance issues. The provider's representative explained to us that there was policy guidance about 'line management' arrangements so that none of the management team would directly supervise someone to whom they were related.

Medicines were stored and managed safely so that people received them as the prescriber intended. Some people using the service managed their own medicines. One person using the respite service told us they did so, and had a locked cupboard they kept their tablets in so that they were safe. Staff had administered an antibiotic they were prescribed because this was not part of their usual medicines regime. The person told us that they were happy with the arrangement. Another person receiving support in their own home told us that staff helped them with their medicines. They told us, "It's alright. I have no problem with it."

We reviewed the arrangements for administering medicines within the care home. The staff team expected people arriving for respite care to bring medicines properly labelled and in their original packaging. They were robust in their approach where this did not happen and would compromise safe practice and potentially the welfare of the person concerned. The deputy manager told us about this and their account was consistent with the registered manager's explanation.

Staff confirmed that they had training to administer medicines safely, were able to shadow experienced staff members and had their competence assessed. The deputy manager explained the process for checking and recording medicines and for assessing the competence of staff. They also told us about the checks that staff made between shifts, both in the care home and in people's own homes. This helped to ensure medicines were accounted for and any concerns could be followed up promptly. This confirmed what the registered manager and another staff member told us.

Good

Is the service effective?

Our findings

People using the service told us that the staff, "…know what they're doing." Another person told us, "They're good." A social care professional in contact with the service said, "I believe that the staff are competent, knowledgeable and experienced in the assessment of risk and risk management, and the care and support they provide." Professionals, who had been in contact with staff other than the management team, viewed them as competent. One told us that staff had a good rapport with the client they were involved with and fully understood the person's needs.

Staff told us that they had access to training including basic training in fire safety, first aid, food safety, medicines management and moving and handling. The registered manager monitored the training staff completed so they could ensure staff completed refresher training when necessary. The provider information return (PIR) confirmed that the majority of staff had completed qualifications in care. Two staff commented that they felt a wider range of training might be available to them in future, as the new service provider became more established. The registered manager told us what they were doing to see how they could increase the range of training for staff.

Staff received supervision from a member of the management team. There was a schedule to confirm when this took place. We noted annual appraisals of staff performance were not happening. The registered manager said in the PIR that the previous service provider had stopped them. Both supervision and appraisal are needed so that staff have the opportunity to discuss and review their performance and their development needs. The new provider's representative told us that board members had recently agreed a performance management procedure covering appraisals. This confirmed what the registered manager had told us about their plans to reintroduce them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed that they had training in the MCA and DoLS. The registered manager knew that all but three staff needed to renew their training in this area to ensure their knowledge was up to date. However, this did not have an adverse impact on people using the service. People told us that staff asked their permission before providing support. For example, one person told us, "They ask before they do things."

A health professional in contact with the service described how one person had been unwell during a respite stay and had initially refused help with their health. They said that staff involved them appropriately and consulted the person properly and so they could make an informed decision. Staff had considered the person's best interests.

People using the respite service only did so for short periods. The management team were aware of the importance of ensuring that they used least restrictive options to ensure people's safety during their stay. The registered manager described how this had presented difficulties with family carers and what they expected of the service. A health professional outlined how staff handled one such situation in a way that did not impose restrictions amounting to a deprivation of the person's liberty. The registered manager knew that if there were concerns about people's freedom, they needed to work with commissioners of the service and the Court of Protection to uphold people's rights.

People had a choice of enough to eat and drink to meet their needs during their short stays in the respite service. One person using that service told us that they had, "…nice food." We saw staff offering choices for both lunch and the evening meal. One person, who did not express themselves verbally, selected their options by pointing so staff knew what they wanted. We noted that the person had a tumbler and jug of drink on the table next to them and that staff filled their tumbler regularly when the person had drunk it. A person using the supported living service told us how staff supported them with their meals. They told us, "They help me with my menu and planning and doing my shopping list."

The deputy manager and registered manager explained to us how they supported a person with dietary advice about managing their diabetes. The management team told us they were intending to make more use of formal assessment tools to assess risks of people not eating or drinking enough. They felt this would increase staff awareness of any additional action they might need to take when they supported people with meal preparation in their own homes.

People were supported to seek advice about their health and wellbeing when this was needed. People receiving care in supported living were prompted about appointments if they needed a reminder and were due to attend on their own. One person using the supported living service told us how staff had accompanied them to a hospital appointment, "…to hold my hand. I was worried." Another person received staff support to attend a diabetic clinic when they needed to.

Staff supported people to access advice about their health, for example from doctors, dentists and opticians. They also liaised with health and social care professionals specialising in support for people with a learning disability.

One social care professional felt staff were somewhat reluctant to engage with them. They did not feel confident that staff would adhere to the care plan they felt should be in place for a person. However, this view was very much in contrast with the views of others. The remaining five health or social care professionals who we contacted, felt the service worked well with them. They told us that staff sought their advice appropriately and provided relevant information when they made a referral. They felt staff worked in partnership with them and acted on the advice they gave. For example, one professional said, "I find the attitude of staff exceptionally helpful, and they are always willing to work with me. They refer appropriately and act on my advice."

Good

Is the service caring?

Our findings

People were enthusiastic about the staff and the way they worked with them. One person described staff as, "…lovely." Another told us, "The staff are brilliant." One person told us about a staff member they felt they did not get on well with. They told us, "I told [manager] and it's better now." We spoke with the registered manager about this who explained that there had been a personality clash. They had looked at duty rosters to see how the person's preferences could be met when they were staying.

Staff interactions with people were warm and friendly. We noted that, within the respite service, staff knew what might upset a person staying there and helped to avoid the known triggers for this. We noted that another person's preferences contained in their "Getting to know you" document, showed they did not want staff to wake them in the morning as they found it a little frightening to wake with someone in their room. It showed their preference that staff should not disturb them and they would bring their own alarm clock to avoid such anxiety. We saw that staff also offered reassurance to people if they needed it or were unsure about something.

We observed that people had good and warm relationships with staff and the management team. There was a lot of chatter and laughter both within the respite service and between staff and people in supported living. We could see that people were comfortable with the staff on duty and at ease in their presence. This included members of the management team who people referred to by name and they approached the registered manager freely.

People told us that staff asked them about their care. One person told us, "I'm quite happy about things and they do ask me about things." Another person said, "They talk to me about what I need and how I like things done." In the respite service, staff asked people what had been good about their stays and what they would like to do next time they came, so their wishes could be taken into account as far as possible.

The registered manager explained to us how a team leader was advocating strongly on behalf of one person. The person had expressed views about how they wanted to manage one aspect of their care. The staff member supported them to access legal advice in response to their wishes. The person told us that staff were helping them with this and they were hoping to get it sorted out soon.

Staff respected people's privacy, dignity and independence. We saw that there were picture signs in the respite service, for people to attach to their doors if they did not want to be disturbed. People in both the respite care and supported living services told us that staff knocked on their doors before they came in. One person said, "They are polite. They knock on the door and they don't come in my room unless I say."

One person told us how they could manage their own medicines and did not need staff to help them. They told us that staff gave them a key so they could lock these away safely. Another person commented that staff would help them to prepare their meals but they could do part of this themselves when they wanted to. One person explained how they liked to clean their bedroom themselves and, "It's all going well." One person told us how staff supported them with their independence and, "They do the things I can't do."

Good

Is the service responsive?

Our findings

Staff understood people's needs and preferences and could tell us about people's interests, likes and dislikes. There was clear information in "Getting to know you" documentation about these to support staff in their work, together with any personal aspirations and goals people wanted to achieve.

For people using the respite service, staff reviewed information about people's needs, and updated it if necessary, each time a person came to stay in the home. This helped to ensure they had current information about the support each person required. A staff member working in supported living told us that, when a person's needs and behaviour had changed, their care plan was updated straight away. They felt this was useful guidance for them about meeting the person's current needs.

Staff recognised their role in enabling people to fulfil their personal goals and preferences. One staff member gave us detailed information about the progress a person had made since starting to use the supported living service. This included support to meet their goals for independent travel, shopping and learning how to manage money. A visiting health professional told us that they felt staff understood how to support and empower people in a way that was sensitive to their physical condition and understanding.

Where practicable, staff supported people to access activities that reflected their preferences. This included trips to restaurants, clubs, the cinema and shopping. We could also see that some people were supported to enrol in and attend adult education classes. Surveys completed by some people using the respite service, showed how much they had enjoyed outings such as going to the beach, the cinema, or out for a meal.

However, some surveys completed by people using the respite service reflected that they were not always able to go out as often as they wished during their stay. Professionals told us that this was an area of concern for some family members when they discussed respite arrangements. It was not always easy to get people out if they were not able to use buses and taxis for any reason. Staff also commented that it was not always easy to get to places using public transport. Some professionals, as well as staff, said that sometimes opportunities were restricted, as the service did not have a vehicle any longer. The registered manager was aware of the effect of the loss of the vehicle, which happened when the ownership of the service changed. Staff members, people and some family members, were working hard to raise money so that they could purchase a vehicle.

People told us that they could raise concerns and complaints with staff. They were happy that staff would listen to them and some named the registered manager as someone they would go to. One person told us, "I don't have any [concerns]. I like coming and I'm happy here." Two people receiving support in their own homes were confident that the management team would address their complaints. One told person us, "I would speak to [manager] or [deputy] if I was not happy. They would sort it out." Another person said, "I'm happy with it [the service]. I haven't got any complaints."

The registered manager showed us how they completed regular surveys of people, their family and professionals in contact with the service. This enabled her to identify whether there were any issues of

concern arising and to address them at an early stage.

Good

Is the service well-led?

Our findings

There was a new provider operating both the respite care home and the supported living service. The registration of the new provider was completed a year before this inspection. They had plans for improving oversight of the service and reintroducing staff appraisals as a means of developing the service. This was not yet in place. The new provider's systems and expectations needed time to be implemented fully and sustained consistently.

The change had caused some anxieties among the staff team although the majority felt this had settled down. The provider's representative was aware of this. Staff said morale was affected by uncertainty about how things would work under the new provider. The majority felt that this had improved over the year and felt more settled in their roles.

The registered manager had been managing the service for a long time under the previous owners, continuing with the new provider. She had a sound knowledge of the needs of people using the service. Our observations of the way people responded to the registered manager showed that people knew who she was. They referred to her by name and were comfortable in her presence, laughing and chatting with her.

Staff felt that the registered manager maintained an 'open door' approach and that they were able to express their views. One staff member felt that some staff were treated more favourably than others were, but this was inconsistent with the majority view, which was that both morale and teamwork were good and improving. The provider's representative and the registered manager were both able to tell us how they managed situations where family members may work together to help combat any perceptions of unfair practice. Eight of the nine staff who told us what they thought, were confident that the management team were approachable and fair, as well as willing to work alongside staff when necessary.

We noted that the management team had reviewed the system for supervision so that staff had an opportunity to prepare their own supervision document in advance. This enabled them to reflect on the things they wanted to discuss and their own performance, before sitting down with a member of the management team.

All but one of the six health and social care professionals expressing their views to us, were confident in the leadership of the service. One said that there was a very good rapport between staff and the registered manager when they had been visiting the respite service. Another social care professional said, "The manager is always helpful, and she has developed a positive working relationship with both myself, and other members of our social care team." A health professional told us that, if they queried anything with the management team, they never had to wait for or chase information. They felt that communication between the management team and the professional themselves was high quality.

We noted that the process for finding out what people thought about the quality of the service, took into account the views of family members and of professionals in contact with the service. Where there were issues of concern that were raised, the findings showed what the registered manager had done to address

them, to clarify things or to provide further information.

The registered manager consulted people using the service regularly, both formally in surveys, and at meetings. We reviewed the findings of these and saw that people expressed a good level of satisfaction with the service they received. The management team had also discussed with people whether they recognised one symbol on the 'easy read' surveys. They explained to us this was because they felt that few people used the symbol to 'rate' what they thought of the service. They found that people's perception of the symbol was not as they intended so they amended the surveys to make it easier for people to understand. They also discussed the key questions we ask at our inspections with people who used the service. This enabled the management team to gauge what people felt about the performance of the service.

Minutes of meetings showed people were encouraged to express their views that the manager shared information with them about what was going on in the service. Staff also used meetings as an opportunity to raise wider issues, for example for people to learn about personal safety. We noted that people receiving support in their own homes had been encouraged and supported to draw up "My Own Personal Staff Standards." This empowered them to set out clear expectations of what they wanted from staff in the way they received support.

The registered manager understood the importance of complying with regulations, including the information they must provide to us about events taking place in the service. They also showed us how they used information about the regulations and standards we expect to find to evaluate the service. The registered manager showed us an action plan devised for 2016 to 2017, following the change of provider. They had reviewed a number of areas of the service under each of the key questions that we ask so they could identify and make improvements to practice and service quality. They had implemented the majority of action they considered necessary and were driving improvement still further.