

Community Care Solutions Limited

Oaklands

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Oaklands is a service which provided personal care to five people living with a learning disability or autism at the time of the inspection. People have their own bedrooms and share communal areas such as the lounge, the kitchen and adapted bathrooms. The service can support up to seven people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found:

The registered manager and provider audits were not always effective at identifying improvements to the service. On some occasion's potential risks to people's health and safety were not identified. The provider had not learned lessons from previous experiences or used these lessons to continually improve the service.

Staff recruitment checks were not always completed thoroughly to ensure that staff members were safe to work at the service.

People were not always supported to have maximum choice and control of their lives and systems in place at the service did not always support this practice. This was evident in areas such as finances and agreements to use shared vehicles. Staff supported people in the least restrictive way possible and in their best interests in other areas.

The service needed some re-decoration to make it more accessible for people to use. The service would also benefit from a deep clean in some areas. The registered manager showed us that there were plans to complete this.

People were positive about their care. One person said, "Oaklands is a lovely place and is definitely my home for life. I love it here."

The service didn't apply the full range of the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people did not fully reflect the principles and values of Registering the Right Support as people's consent was not always sought in their best interests.

People were supported with kindness respect and compassion. Staff were passionate about treating people as individuals and knowing what was important to them. People were able to make choices about their care and were supported to do this in their preferred communication method.

People were supported to access the community and take part in activities of their choosing. People told us that these activities were important to them and that they promoted their independence.

People were supported safely with their medicines. People had assessments in place to protect them from known risks. There were enough staff at the service to support people safely. Staff members were knowledgeable and received effective training and supervision to perform their job roles.

People were positive about the food and drink at the service and were actively encouraged to take part in food preparation. People had choices of food and drink and when they wanted to eat. People were supported to visit health care professionals when this support was needed.

People had access to a complaints policy and procedure. People had been supported to put plans in place for the end of their life if they had chosen to do so.

The registered manager and staff team promoted person centred care and empowered people living at the service. People and the staff team were encouraged to make decisions and feedback about the service. The registered manager and staff team worked with other organisations to ensure good outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for the service was Good (published 15 February 2017).

Why we inspected:

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement:

We have identified a breach in relation to good governance at this inspection.
Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Oaklands

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Oaklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We received feedback from the local authorities who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with two people who use the service about their experience of the care provided. We observed interactions between staff and people who used the service. We spoke with three staff members, the

registered manager and a visiting health care professional.

We reviewed a range of records. This included two people's care records which included all aspects of care and risk. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection:

The registered manager sent us further evidence in relation to training, staff supervision and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider carried out checks to ensure staff were suitable to work at the service. Since 2014 regulations require that providers obtain particular information for all employed staff. One staff file we reviewed did not contain information about a staff members gaps in employment history. This is a required check.
- The registered manager told us that they had raised this issue with senior management and the human resources team at the organisation following an inspection at another of the provider's service. However, this had still not been put in place.
- There were enough staff to keep people safe. We observed that staff complied with people's requests in a timely manner, for example, when people asked for a drink. One person told us, "[Staff] are always around to help me."
- Staff members told us that there were enough staff to support people safely. One staff member said, "We always have enough staff to be safe for the people we support."

Assessing risk, safety monitoring and management

- People had risk assessments in place depending on their needs such as behaviours that may challenge, epilepsy, mobility and eating and drinking.
- The registered manager and staff team completed health and safety checks to ensure that the building and equipment was safe. However, these did not always identify potential health and safety concerns.
- One person had a risk assessment in place which required window restrictors to be in place. However, we found that one window restrictor in the upstairs bathroom was missing. This meant that the person may be at risk from harm if they tried to leave the service by the window. We reported our concern to the registered manager. The registered manager explained that the person did not use the bathroom without the support of a staff member. The registered manager took immediate action to fit a new window restrictor. We were satisfied that this mitigated the risk to this person.
- People had risk assessments in place for emergency situations such as a fire at the service. Staff completed regular fire safety checks and fire drills to ensure that these were effective.

Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. The provider had failed to share learning from issues that had arisen at other services, such as staff recruitment checks not being completed. The registered manager did not have an overview of all accidents and incidents that happened as these were sometimes stored in people's care plans and not picked up for review. This meant that measures may not be put in place to learn lessons and prevent incidents from re-occurring.

- When incidents were reviewed, lessons were learned. For example, the registered manager told us about the actions that had been taken following someone not enjoying a trip out and displaying behaviours that may challenge. This had been analysed and lessons learned had been shared with the staff team to ensure that this did not happen again.

Preventing and controlling infection

- The service looked dated in some areas. The registered manager told us that the service was due for deep cleaning and re-decoration and we saw that there were plans to complete this.
- Staff received training in infection control and had access to equipment such as PPE and had gel to complete cleaning tasks.
- People told us that they felt the service was clean. One person said, "It is very clean here because the staff always clean the service. I help with my bedroom."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "This is my home and I definitely feel safe." We observed that people appeared safe and relaxed in the presence of staff members.
- Staff received training and had a good understanding of how to safeguard people from abuse and when to report concerns.
- The registered manager had an oversight of any safeguarding concerns and reported these to the local authority if this was necessary.

Using medicines safely

- We observed medicines being administered. Staff followed safe protocols when administering, storing and recording administration of medicines. Staff administered medicines in people's preferred methods and explained to people what medicines were for before administering them. One person said, "Staff are really well trained with the medicines."
- Staff members had training in administering medicines and had their competency in completing these tasks assessed regularly.
- People who were prescribed 'as and when required' (PRN) medicines had protocols in place which guided staff as to when these needed to be administered.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's consent had not always been sought in line with legislation and guidance. People used a shared car at the service and paid a contribution towards this. The registered manager told us that this was a historical arrangement. Following an inspection at another of the providers services where this arrangement was in place it was found that people who may lack capacity were paying for this arrangement without a best interest decision being completed.
- The registered manager and service manager had started completing capacity assessments and best interest decisions for people with regards to this arrangement. However, these were not fully completed and were still waiting for input from people's family members or advocates. This meant that the arrangement was still in place when people's capacity had not been assessed fully.
- The registered manager told us that work was continuing on these best interest decisions and making sure that these were in line with best practice and guidance.
- People's capacity had been assessed in other areas such as medicines administration or leaving the building without support. People had DoLS in place where these were necessary, and these were being followed by the staff team.
- Staff asked people for their consent before supporting them. One person said, "[Staff] always ask me before they help me."
- Staff received training in the MCA and had a good understanding of the principles of this.

Adapting service, design, decoration to meet people's needs

- Some areas of the service were not meeting the needs of people. For example, the laundry room was very small so people could not access the room with a staff member to complete their laundry.
- Some areas of the service were in need of re-decoration. The bathroom and shower room on the second floor were visibly worn and had numerous cracks and holes in the walls. The windows of the building were

old, and dirty.

- The registered manager showed us that plans were in place to re-decorate these areas of the service. The registered manager told us about plans they had to make one room into a sensory room for people to use.
- One person's mobility needs had changed, and hand rails had been installed to help this person walk around the service.
- There were signs around the service to help people understand what rooms were used for and how to communicate with other people and staff. For example, a sign which helped people decide whether they were talking about themselves or talking about other people.

Staff support: induction, training, skills and experience

- Staff received training and told us that they found this useful in their job roles. Staff told us that further training specific to the people living at the service, such as autism was being arranged. One person said, "[Staff] are very good at their job. [Staff] are well trained."
- Staff completed a thorough induction at the service before they started work and told us that this was useful and gave them a chance to get to know the people they were supporting.
- Staff received supervisions and competency assessments in areas such as medicines which provided them with further support.
- Agency staff being used at the service also received a thorough induction and had the necessary training to support people safely.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure that the service could support them effectively. People's assessments included information about their physical, mental and social needs. These assessments were used to create people's care plans and risk assessments. For example, one person's assessment detailed how staff could support them with their sensory needs by ensuring that loud noises were kept to a minimum.
- When people's needs changed, their needs were reassessed. For example, one person's mobility needs had changed, and detailed assessments had been completed and put in place.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat a balanced diet. We observed that food looked and smelled appetising and was enjoyed by people. People were offered a choice of what they wanted to eat and when they wanted to eat throughout the day. People were offered regular snacks and drinks.
- People were supported with their specific dietary needs such as diabetes. Staff had received training and had a good understanding of how to support people with these. Records of food and fluid intakes were kept for people who needed these monitored.
- People were positive about food and took part in preparing and cooking meals when this was their choice. People told us, "Food is lovely, I have eggs and bacon whenever I want and it's great." and, "I am a vegetarian and [staff] always make sure I have lots of choices. I have all the equipment I need to cook whatever I want."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to see health professionals when they needed to. One person said, "I see the doctor when I need to. [Staff] take me to the appointments."
- A visiting health professional told us that the service promoted people's health and well-being and always followed the advice that had been given.
- Records of health appointments and professional involvement were documented. These were used to

update people's care plans and risk assessments.

- People had 'hospital passports' in place which explained how a person communicated or what support they would need if they were in hospital. This meant that health professionals would know how to support people in these circumstances, although people were supported by staff members who knew them well, at all health appointments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were positive about the support they received. People told us, "The staff are very kind. They know what I like, and they are all very helpful." and, "The staff are kind and nice and know what is important to me."
- Staff and the registered manager knew the people they were supporting well. We saw staff members responding to people's communication such as signs, gestures and vocalisations. Staff members knew what these meant, and people were visibly happy and relaxed being supported by the staff team.
- Staff knew people's likes and dislikes and respected these. One staff member spoke to us about how they had gotten to know a person's interests and had then encouraged them to explore these further.
- People's equality and diversity was respected. For example, one person was a vegetarian and staff supported them with this. Another person attended church and was supported to do this.
- People's care plans and daily records were written in a respectful manner.

Supporting people to express their views and be involved in making decisions about their care

- People told us they could make choices about their care and we observed people making choices throughout the day. One person said, "I can choose what staff to have, what to wear, what to eat, and what jobs I want to do."
- Staff members had a good understanding of how to offer choice to people. This included using pictures or objects to help people make choices. Staff respected people's choices to change their mind. One person often changed their mind about planned activities and we saw people respecting this person's choice to remain at the service.
- People and their relatives were involved in the review of people's care plans. One person said, "I talk about my care plan with the registered manager when I want to make changes."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We saw staff discreetly asking people if they could support them in areas such as personal care. One person said, "[Staff] leave me alone if I want them to. I can sit and be by myself whenever I want."
- People's independence was promoted, and staff had a good understanding of how to support people to be as independent as possible. One person said, "[Staff] let me be independent and let me do what I can for myself." This person went on to tell us about how they had been supported to access the community independently thanks to the support of the registered manager and the staff team.
- We saw staff supporting people to take part in tasks such as cooking and cleaning. Staff members

supported a person with limited mobility to complete as much of a moving and handling task as possible. This person was vocally and visibly happy being supported to do this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs. People's support plans detailed their likes, dislikes and preferences and staff knew what these were. One person told us, "[Staff] know what is important to me. I am a vegetarian and I like going to church and [Staff] know how to help me with this."
- The registered manager spoke to us about how staff were flexible depending on people's preferences. People chose who supported them based on what they wanted to do and what their preferences were, for example, whether the staff member is male or female.
- Staff were passionate about supporting people in a person-centred manner. One staff member said, "We dedicate ourselves and make time for people. We put their wants and needs first above all else."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in their preferred communication methods such as signing or pictures. Staff had received training and understood what people were communicating. For example, one person signed to say they wanted a drink and a staff member helped this person to get a drink of their choice.
- People had detailed communication passports in place which told staff how to communicate with people and what people's communication meant. The registered manager was updating these as some people had started to communicate in different ways.
- Information, such as policies and procedures and tenancy agreements were available in easy read format to help people understand information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to take part in a wide variety of activities of their choosing. One person told us, "I can go to the cinema and go out and about whenever I want or stay in if it is my choice." Another person told us that staff went shopping or for a walk with them whenever they wanted to do so.
- The registered manager and staff team encouraged people to go to local groups for people living with learning disabilities or autism. This gave people a chance to talk about their experiences with others. One person told us they enjoyed doing this.
- People were being supported to try new activities and book holidays. One person told us that they were

excited about an upcoming holiday.

- People's friends and relatives could visit at any time.

Improving care quality in response to complaints or concerns

- There was a complaints and compliments policy in place at the service and this was available in different formats. People were encouraged to feedback anything they were not happy with. One person said, "I get upset sometimes and I always tell the staff or the manager. They always make sure that things are alright and help me feel calm again."
- The registered manager showed us that there had not been any recent complaints. People were encouraged to speak about their concerns with staff members. We saw that historical complaints had been dealt with promptly and to the complainant's satisfaction.

End of life care and support

- People were supported with dignity and respect at the end of their lives. The registered manager spoke to us about how they had put measures in place to support a person to stay at the service at the end of their life. The registered manager spoke about how proud they were of the commitment of the staff team at this time. Relatives of the person had left numerous compliments about the care and support given to this person at the end of their life.
- People had been supported to put plans in place for the end of their life. These detailed people's preferences such as music and funeral arrangements.
- Staff had training in end of life care and told us how they would support people with dignity and respect at this time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and service manager completed audits to monitor the quality of the service, however these were not always effective.
- The provider's health and safety audits had not picked on the risk of a window restrictor that was not in place at the service. This meant that the audit was not effective at identifying potential risks to people.
- The registered manager showed us the systems in place for recording and monitoring accidents and incidents. These included events such as falls and behaviours that may challenge. However, we found several accident and incident forms which had been left in people's care records and had not been reviewed by the registered manager. This meant that potential learning from incidents was being missed.
- During the inspection there were several occasions where people's private daily notes including information such as bowel charts were left in communal areas of the service. This meant that other people and visitors could have access to private information about people.
- Systems in place to support people such as visual activity timetables and staff rotas were not kept up to date. This meant that people may not know what their choices of activities were, or may be given confusing information about which staff were supporting them.
- We fed these finding back to the registered manager who said that they would put plans in place to improve the monitoring of the service.

We found no evidence that people had been harmed. However, our findings have highlighted that the provider's quality monitoring and assurance systems were not robust enough to monitor and improve the quality and safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager reported information to professional bodies such as the local authority or the CQC appropriately.
- Staff knew what to do in an emergency such as a fire or staff shortage. Detailed instructions were in place for staff to follow in these circumstances.

Continuous learning and improving care

- The registered manager and provider completed audits in all areas of care and support to monitor the

quality of the service. However, the systems in place at provider level did not pick up on areas that we identified in this inspection as requiring improvement. This included staff recruitment processes and best interest decisions being put in place for the use of a shared car at the service.

- The provider has been informed of similar concerns following inspections of their other services. These were being used to share learning at this service and work had begun to improve in these areas.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff team were passionate about supporting people in a person-centred manner. Our observations during the inspection showed that staff knew people well and always ensured that people were happy with their care and support.
- People had been supported to achieve good outcomes. People told us about goals they had achieved, such as becoming more independent or going and doing their own food shopping. People told us that this meant a lot to them.
- People were positive about the management of the service. One person said, "[Registered Manager] is doing a good job. Everything is fine here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were not always formally involved in giving feedback about the service. One person said, "[Staff] do not really ask us how things are but I would tell them if I wanted something to be done differently." However, the registered manager showed us that people were involved in decisions such as the decoration of the home and choices were given to people in their preferred communication method in all aspects of their daily lives.
- People and their relatives were sent questionnaires and surveys to feed back about the service. The registered manager told us that they would be introducing key worker meetings to collect further feedback from people.
- Staff members were positive about the management of the service. One staff member said, "I feel very supported. We have team meetings and we can all share ideas and know that they get listened to." Records confirmed that staff members fed back about the service in meetings and supervisions.

Working in partnership with others

- The registered manager and staff team worked well with other health professionals to achieve good outcomes for people. A health professional said, "[Staff] are very good here. They communicate well and always work with us and follow plans we put in place to support people."
- The registered manager linked with other services such as day centres and support groups. Staff and the registered manager encouraged people to attend these to give people experiences outside of the home.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality monitoring and assurance systems were not robust enough to monitor and improve the quality and safety of the service provided.</p>