Care Quality Commission

# Mrs P M Eales

# Limber Oak

## Inspection report

Crookham Common
Newbury
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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

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

The home has not had a registered manager since the 7 December 2015. The provider had commenced the process to recruit a manager who would apply to CQC to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our comprehensive inspection of Limber Oak on the 26 and 27 January 2015, we had found the provider had not protected people against the risks associated with safeguarding people from abuse. Additionally we had recommended that the service finds out more about best practice in supporting staff development and seek guidance of best practice in quality assurance and monitoring procedures. Our rating of the service at that time was required improvement.

We revisited the service on 20 July 2015, and inspected the service against one of the five questions we ask about services: is the service safe. This was to check that the provider had followed their plan and to confirm that they had met the legal requirements to keep people safe.

At this inspection 8 February 2016, we inspected the service against the five questions we ask about services: is the service safe, effective, caring, responsive and well led.

People who use the service had a range of communication abilities that ranged from limited verbal communication and use of pictures and symbols to indicate their needs and wishes. These were understood by staff and enabled staff to support those individual's to make choices and express their views. Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

People's safety was promoted within the home. The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely. Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse. People's medicine was managed safely.

People were provided with effective care from a staff team who had received support through supervision, staff meetings and training. Their care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and or health related issues.

They helped to promote people's independence whilst minimising any risks.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

Improvements had been made to the environment to promote people's privacy. This had included refurbishment of two bathrooms, and additional office space to store people's records and promote confidential meetings about people's care.

People were encouraged to live a fulfilled life with activities of their choosing. Further staff hours had been authorised by the provider. This was to minimise the risk of social isolation for the people who lived in the home. People's families told us that they were very happy with the care their relatives received.

The provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care. This had resulted with improved records to make sure staff had access to the information they needed to support people the way they wanted to be supported.

## 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.

People's families felt that people who use the service were safe living there.

Staff knew how to protect people from abuse and the provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

People's medicines were managed safely.

### Is the service effective?

**Good**

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

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

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

### Is the service caring?

**Good**

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a

relaxed and comfortable atmosphere in the home.

Improvements to the environment had taken place that promoted people's privacy and confidentiality of information held about them.

## Is the service responsive?

**Good**

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans and provided information for staff to support people in the way they wished.

Additional staff hours had been created to promote activities within the home and community for people. This was to meet their particular needs and minimise social isolation.

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

## Is the service well-led?

**Good**

The service was well-led

The provider was in the process of recruiting a manager to apply to become the registered manager of Limber Oak. In the interim the provider had taken measures to ensure the service was supported by a manager at all times.

Quality monitoring of the services provided had been further developed. The manager and provider had carried out formal audits to identify where improvements may be needed and had acted on these.

Care Quality Commission

# Limber Oak

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 8 February 2016. It was carried out by one inspector and was unannounced.

Prior to the inspection we looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we sought feedback from people who use the service, their relatives, staff and health and social care professionals. We obtained the views of four relatives of people who use the service who spoke on behalf of their family member. Additionally we spoke with the interim manager, deputy manager, five members of staff and two social care professionals.

We looked at three people's records and records that were used by staff to monitor their care. In addition we looked at two staff recruitment files, staff training records and documents, which related to the management and quality monitoring of the service.

Good

# Is the service safe?

## Our findings

At our comprehensive inspection of Limber Oak on the 26 and 27 January 2015, we found that people were not protected against the risks associated with safeguarding people from abuse. Multi-agency safeguarding procedures had not been followed by the service when informed by staff of alleged abuse towards people who use the service. This had been a breach of regulation 13 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At our focused inspection on 20 July 2015, we found that the provider had taken the action they had planned in order to meet this regulation. However we had not changed the rating of the service at this time as not enough time had passed to be confident that the actions taken by the provider would be sustained.

At this inspection we found the action the provider had taken had been sustained. People were protected against the risks of potential abuse. There had been one safeguarding investigation since our visit to the service in July 2015, which had been investigated under safeguarding procedures and was unsubstantiated.

People's families felt their relatives who use the service were safe. One person's relative remarked: "In the many years (name) has been at Limber Oak and from my knowledge of the staff, I have always felt that (name) has been safe from abuse and harm".

Staff told us they knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. They were able to give a good account of the types of abuse that vulnerable people might be subjected to and were fully aware of safeguarding procedures. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

There were enough staff employed by the service to safely meet peoples' needs. One person's relative stated: "It has been a credit to all of the staff over the last year due to staff changes that have not affected the care (name) has received".

Staff responded quickly to meet people's needs safely and to take time when supporting people with chosen activities. Staffing shortfalls due to staff vacancies and leave were covered by existing staff and staff from two agencies.

The staff rota had been reviewed since our last inspection and was person centred. The rota identified that there were always sufficient staff to meet the assessed needs of the people who use the service safely. For example, staff numbers were dependant of each person's daily activities and also based on risk assessments as some people required 1:1 support.

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

Staff had received training in the safe management of medicines. Their competency was assessed and signed off by a senior staff before being authorised to support people with their medicine. The service used a monitored dosage system (MDS) to assist staff to administer people's medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs.  The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times. Storage and administration of medicines was audited by the provider and an annual audit was completed by a pharmacist.

Staff had received health and safety training that included fire safety, safeguarding adults and challenging behaviour. We saw staff defuse behaviours presented by people, which could have placed them or others at risk. Staff spoke of triggers, specific to each person and told us how they reduced the risk of behaviours (incidents) recurring. Incident and accident records were completed and actions taken to reduce risks. These were recorded to identify triggers or patterns to inform an action plan or guidance on how to manage behaviours that were specific to the individual.

Staff were knowledgeable about emergency procedures such as fire safety. Contact numbers were available for staff should there be an emergency.

Good

# Is the service effective?

## Our findings

At our comprehensive inspection of Limber Oak on the 26 and 27 January 2015, we recommended that the service finds out more about best practice in supporting staff development. At that time staff told us that there was no consistency of supervision meetings to discuss their training and development needs. They also stated that they felt they were not receiving a consistent approach from the management team to support people who use the service.

At this inspection 8 February 2016, people's families spoke positively about staff and told us they felt they were skilled to meet their relative's needs. Comments included: "I have every confidence in the staff; they are very skilled and very caring. I've never had any concerns about the level of care that they have provided".

Staff reported that the whole ethos of the service had changed around staff support and supervision since our inspection in January 2015. They told us that they now attended regular staff meetings and were given opportunity to discuss their development needs at 1:1 supervision sessions with their line manager. They told us that they had the training they needed when they started working at the home, and were supported to refresh their training.

Staff had completed training that included first aid, moving and handling and also training to support specific individual needs such as autism. New staff had received a formal induction that covered for example, their terms and conditions, policies and procedures and principles and philosophy of the services provided. Additionally their induction included shadowing more experienced staff until they were confident, and had been assessed as competent to support people on their own. The deputy manager and interim manager were vague in their knowledge of the care certificate introduced in April 2015. This is a set of 15 standards that new health and social care workers need to complete during their induction period. The standards have also been developed for existing staff to refresh and improve their knowledge. However, the deputy manager was keen to develop staff training and had been in the process of sourcing information required to promote and improve opportunities for staff. This had included accessing training delivered by the local authority. Staff were supported to gain health and social care qualifications.

People were supported by staff to attend health care appointments. Their families told us that they were always kept informed by staff of any concerns about their relative's health. Comments included: "(name) is in remarkable good health, but they would call us straight away if there was a problem as they've always kept us informed". The outcomes of people's appointments and follow-up appointments with health care professionals' were recorded. These included annual health checks that comprised a review of their prescribed medicine. People had a hospital passport that was used to provide hospital staff with important information about them and their health should they be admitted to hospital. This had been used for one person who had a recent stay in hospital. On this occasion the staff rota was adjusted to accommodate the person's admission, which enabled staff to stay with the person until their discharge date.

People were relaxed as they received support from staff to have their meals and to make healthy living

choices regarding food and drink. The food and fluid intake of people at risk of not drinking and eating enough to keep them healthy were recorded. The information was used to inform reviews and assessments that were required in their best interest to encourage a healthy diet. Assessments by speech and language therapists had taken place for example, to support people who experienced swallowing difficulties.

People's rights to make their own decisions where possible, were protected. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. One person using the service was subject to authorisation under the Deprivation of Liberty Safeguards. The interim manager had a good understanding of the MCA and staff had received MCA training. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. During the inspection we observed staff asking people's permission and consent when working with them.

Good

# Is the service caring?

## Our findings

People were able to express their views through limited verbal communication and non-verbal communication skills. Staff understood people's request by using pictures of reference and body language that individual's communicated through. This enabled staff to support those individual's to make choices and express their views.

Limber Oak is a split level building with access to the garden from both levels. People's bedrooms were decorated and personalised with items of their choice. Considerations had been taken to promote people's privacy when alone in their room or alone with their visitors, such as staff knocking on doors before entering. However, measures had not been considered to minimise the disruption for people or to ensure their right of privacy was respected when two of the bathrooms were being refurbished. For example, although one bathroom remained in use at the time of our visit, there was no blind on the window to promote people's privacy. The bathroom on the upper level had so far taken several weeks to complete, which had limited a person's choice to have shower. The provider confirmed that the refurbishments of both bathrooms were scheduled to be completed by the end of the working week, from the date of our inspection. The deputy manager confirmed within a few days of our visit that the refurbishment of both bathrooms had been completed and that blinds had been fitted to promote and respect people's privacy.

People's care plans centred on their individual needs and detailed what was important to the person such as contact with family and friends. Advocacy services were not used by people who lived in the home as their families supported them and were fully involved in the planning of their care. This was evident from our discussions with people's relatives. They told us that the service had ensured they were kept informed and fully involved in decisions made to meet the person's care and support needs. Comments included: "The care (name) has received has been exemplary". "(Name) is made to feel valued and loved". "We have always been very pleased with the service as (name ) is extremely well cared for; we know (name) is happy" and "we are always kept informed and are so please with the care (name ) is given".

Staff had received training in equality, diversity, human rights, dignity and respect. Staff spoke respectfully of people's care and support needs. They gave examples of how individuals preferred to be assisted and of people's wishes and needs such as promoting their independence whilst being supported in the home and community. Staff clearly knew people's likes and dislikes with regard to recreational activities, daily living and of the support each person needed. The service had guidelines on personal and professional boundaries for staff.

People's records were securely stored to ensure the information the service had about them remained confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Good

# Is the service responsive?

## Our findings

People's care and support needs were reviewed at least annually or as any changing needs were determined by the provider and/or health and social care professional involved in their care. Their families told us they were always invited to care plan reviews. Comments included: "we have always been able to attend reviews and they have always been very productive". "We get invitations for reviews and we get involved, but we are so pleased with the care (name) is given".

A full review of people's records had taken place by the provider since our last inspection. The outcome was improved records and care plans that were more accessible to staff within a newly created office. Staff told us the records enabled them to be more responsive as the information they needed was readily available to support the choices people had made. Senior staff spoke of plans the provider had to introduce a computerised system that they referred to as 'CareDoc'. They told us they were looking forward to the new process as it would further improve the way in which they record information. However, at the time of our visit people's care plans had detailed what was important to them and how they wanted to be supported. Staff told us that they felt there was enough detailed information within people's care plans to support them in the way they wanted to be supported.

People were encouraged to participate in activities of their choosing and to keep in touch with their families. Some of the comments from their relatives about being supported to take part in social activities included: "(name always went on holiday with different staff, but did not go last year due to problems within the home". "Staff have been creative with things to do" and "I don't think (name could have a better life". One person's relative stated: "recently (name) refused to go out in the community with other staff". The relative explained that the person was used to going out with a member of staff who had since left the provider's employment. They stated: "they have done their best to get (name) out and have only recently been successful".

The provider had reviewed the staff rota since our last inspection. This worked in parallel with people's activity schedules and gave an overview of planned activities for each week. However, we noted the schedules had not detailed activities that had taken place at short notice. The interim manager told us that an activity coordinator employed by the provider was scheduled to commence work at Limber Oak three days a week. This was to develop a more varied schedule of activities to meet people's individual needs that included supporting people on holidays once again, and to take part in social activities within the home and community.

The provider had a complaints policy that was accessible to people and their visitors. There were no formal complaints received by the service since our last inspection 26 and 25 January 2015. Families of people told us they were confident that the staff and the provider would listen to them and act on any concerns they had. Comments included: I certainly know who to speak to if I have a concern". "The provider takes an active interest in the residents, particularly so over the last year when problems occurred". "We were invited to several residents meetings to keep us involved and they made sure we were kept fully informed".

Good

# Is the service well-led?

## Our findings

At our comprehensive inspection of Limber Oak on the 26 and 27 January 2015, people's families spoke positively of the services provided. However, we had recommended that the provider seek out advice and guidance from a reputable source with regards to best practice in quality assurance and monitoring procedures. This was because staff had felt they were not always listened to and had not received a consistent approach from the management team to support people. This had created an atmosphere of unsettledness amongst the staff team.

Additionally at our last inspection health and social care professionals had found it difficult to contact the registered manager at that time, when they had wanted information about people's care and support needs. They had stated that when they visited the home it was often difficult to speak with staff in private to discuss people's support needs. This was because staff had to improvise due to the limited use of office space within the building and so discussed people's needs within communal areas.

At this inspection 8 February 2016, people's families spoke very highly of the services their relatives received at Limber Oak. They told us they had been kept fully informed by the provider of a previous safeguarding concern that had been highlighted from our inspection in January 2015. They stated that they felt listened to, and involved on behalf of their relatives on decisions made about the running of the home. For example, they had attended several meetings that gave them an opportunity to put their views forward about the services provided.

Limber Oak had not had a registered manager since December 2015. However, interim measures had been in place to ensure management support at all times. The provider had successfully recruited a deputy manager and a manager who had planned to register with the Care quality Commission (CQC) as the registered manager. However, personal circumstances resulted in the manager's resignation. This was a setback for the management and staff team as the new manager along with the deputy manager had already made a difference for people by implementing improvements. These included improved quality monitoring that ensured people's safety was not compromised whilst their care and support needs were being met. The provider confirmed that recruitment of a new manager was in progress at the time of our visit with interviews scheduled February 2016.

There was an open and positive culture amongst the staff team who reported that they had received the support and training they needed to further improve the services people received. Senior staff had attended leadership skills training and the service had developed robust monitoring processes to promote the safety and well-being of the people who use the service. Health and safety audits were completed by the manager and/or senior staff with actions and outcomes recorded.  For example, water management and fire safety checks. A senior manager within the organisation visited the service monthly to monitor health and safety within the home and also people's care and support plans. Additionally audits were completed by external agencies such as the supplying pharmacist on 16 October 2015. A food hygiene inspection undertaken February 2016 had made recommendations with a three month return visit scheduled.