Care Expertise Limited

Oak Field

Inspection report

21 Oakfield Road
West Croydon
Surrey
CR0 2UD

Website: www.careexpertise.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Oak Field is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement.

Oak Field does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service supports up to seven people with learning disabilities. There were six people using the service at the time of our inspection.

When we last visited the home on 22 September 2015 the service was meeting the regulations we looked at and was rated Good overall. At this inspection we found the service remained Good overall.

There was a registered manager in post at the time of our inspection. 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.

Systems were in place to protect people from abuse and harm. Staff understood the signs people may be being abused and how to respond to this as they received training in safeguarding adults.

Risks relating to people's care were reduced as the provider identified, assessed and managed risks appropriately. People were supported in relation to behaviours which challenged the service. People's medicines were managed safely.

The provider checked staff were suitable to work with people as part of their recruitment systems. There were sufficient numbers of staff deployed to support people safely and to spend time with people in a meaningful way.

The premises were maintained safely although the provider told us they would review the safety of window restrictors across the service. The premises met people's support needs and some aids and adaptations were in place to support people in relation to their disabilities. These included a chair lift, hand rails and a sensory room.

The service was clean and suitable food hygiene processes were in place. Infection control procedures were largely suitable although the provider told us they would make some improvements to the way mops were stored and auditing of infection control.

Staff received suitable induction, supervision and annual appraisal. A training programme was in place to help staff understand people's needs and their role and responsibilities.

People received care in line with the Mental Capacity Act 2005 and staff understood their responsibilities in

relation to this.

People were supported to receive coordinated care when moving into the service and into hospital. The provider assessed people's needs and reviewed their needs as part of checking people's needs continued to be met.

People received choice of food and people received food in relation to their ethnic and cultural needs. Meal times were flexible and based on people's preferences. People received support to maintain their health.

Staff were kind and caring and knew how people liked to receive their care. People had choice and control in relation to their care. Staff were respectful towards people and maintained their dignity and privacy. People were encouraged to be as independent as they wanted to be.

People's care plans were person-centred and detailed. Care plans reflected people's physical, mental, emotional and social needs, their personal history, individual preferences, interests and aspirations.

People were provided with activities they were interested in and so spent their time in meaningful ways. People were supported to maintain relationships with people who were important to them.

The complaints process continued to be suitable and the provider investigated and responded to complaints.

The registered manager was well supported by an acting manager and leadership was visible and capable across the service. Staff understood their role and responsibilities. A staff award system was in place to recognise staff.

A quality assurance programme was in place to assess, monitor and improve the service. People, relatives and staff were communicated with openly and their feedback was sought and acted on.

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 remained Good.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service was Good. At our last inspection we found the service was Outstanding in the key question 'Is the service responsive?' Since our last inspection the characteristics for Outstanding in relation to this key question have changed and the service no longer meets those characteristics.

People and their relatives were involved in reviewing their care.

People's care plans were detailed and person-centred.

People were supported to do activities they were interested in.

Complaints were investigated and responded to appropriately.

People were supported to plan how they would like to receive care at the end of their lives.

Is the service well-led?

Good

The service remained Good.

Oak Field

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 checked 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.

Before the inspection we looked at all the information we had about the service, including statutory notifications received about key events that occurred at the service. This information included the Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make.

We visited the home on 23 February 2018. Our inspection was unannounced and carried out by one inspector.

During our inspection we spoke with two people using the service, three relatives of three different people, the acting manager and two care workers. We looked at care records for two people, staff files for three staff members, medicines records for all people and other records relating to the running of the service.

After our inspection we contacted two health and social care professionals and a volunteer visitor to obtain their feedback on the service. We received feedback from the volunteer visitor.

Good

Is the service safe?

Our findings

Robust risk assessment processes meant risks relating to people's care were reduced. Our discussions with staff showed they understood the risks relating to people's care and the best ways to support people to reduce the risks. From records it was clear the provider had good systems to recognise risks, assess them and put management plans in place for staff to follow in reducing the risks. Risks included those relating to behaviours which may challenge the service, accessing the community and receiving personal care.

People received support in relation to behaviours which may challenge the service. Relatives and staff agreed the service supported people well in managing behaviours. The service followed a positive behaviour support programme approved by the British Institute of Learning Disabilities (BILD) which included regular staff training. People had individual guidelines in place in line with the positive behavioural support programme. These guidelines detailed the known triggers to people's behaviours and how staff should support people in relation to the behaviours.

Systems were in place to safeguard people from abuse. One relative told us, "[My family member] is definitely safe." People told us they felt safe at the service, as did relatives. Staff received training on their responsibilities in relation to safeguarding people. Our discussions with staff showed they understood the signs people may be being abused or neglected and the action to take in response. The provider had systems to share learning from safeguarding investigations in the organisation through discussion at monthly manager's meetings. The provider put in place an action plan to improve the service on receiving concerns from a local authority. This action plan included making the way the provider supported people in relation to their finances more robust.

People were supported by enough staff to meet their needs. The acting manager told us there were no vacancies and relatives and staff agreed staffing levels were suitable. During our inspection we observed there were sufficient staff to support people on activities and appointments outside the home both individually and in groups. Staff were present at all times in the communal areas and responded to people's needs promptly, including call bells.

The provider checked staff were suitable to work with people. However, for one staff member the provider had not ensured they completed an application form and health declaration as part of their recruitment checks. This meant the provider did not have a record of the staff member's qualifications and experience. In addition the provider had no record of assessing whether the staff member may require any reasonable adjustments to their role due to any health conditions. Besides this issue the provider carried out the necessary recruitment checks. These included checks of any criminal records, right to work in the UK, identification and obtaining references from former employers.

People received their medicines as prescribed. We checked records of medicines administration and found no omissions. We checked dosset boxes and found no medicine remained unexpectedly which indicated staff administered medicines to people at the right times. However, one person's medicines were unable to be contained within the dosset box. We found the provider had no way to check whether the person had

received these medicines safely. This was because the provider did not have systems to check the medicines stocks which should be expected at any one time. For example, if staff neglected to administer the medicine in error but still signed the medicines record the provider would not be able to count medicines stocks in order to identify. The provider told us they would review their systems immediately in light of our feedback.

People's medicines were received and stored safely. In addition the provider ensured people received medicines reviews each year. The provider consulted with the GP to put guidelines in place regarding which 'homely remedies' people could take safely. Homely remedies are medicines which can be purchased over the counter. Clear guidelines were also in place for staff to follow on administering a high risk medicine to one person, drawn up through consultation with a clinical professional. Staff received training in administering medicines, including this particular high risk medicine. The provider also assessed staff competency to administer medicines.

The premises people lived in were maintained safely and equipment was also regularly checked. However, the provider told us they would review the safety of window restrictors across the home. This was because we identified people may be at risk of falls from height though an unrestricted window. In addition window restrictors on other windows required adjusting as these opened further than is recommended in national guidance for care homes. The provider had suitable checks of water temperatures, gas safety, electrical installation, electrical equipment and fire safety in place and carried out regular practice emergency evacuations with people and staff. The provider also checked people's wheelchairs and arranged for servicing. The provider risk assessed the environment and fire safety and checked for hazards regularly. The provider was in the process of contracting an external company to carry out a risk assessment in relation to water hygiene, in line with national guidance.

Infection control risks to people were managed by staff. One relative told us, "It's always clean and tidy." All staff received training in infection control to help them understand their responsibilities. The provider had a cleaning schedule in place which staff followed and we observed the service was clean during our inspection. Staff used personal protective equipment (PPE) when carrying out personal care. Contaminated linen was washed at suitable temperatures separately to other items as part of good infection control practice. Suitable food hygiene practices were followed in the kitchen. Staff used colour coded mops depending on the area or substance to be mopped. However, mops were not stored carefully and we observed some mop heads were touching each other and the floor which increased the risk of contamination. The provider told us they would review their mop storage system immediately. Although the provider assigned a member of staff to monitor the cleanliness of the service we also identified the audits in place to monitor infection control could be improved to enable the provider to check they were following best practice.

Good

Is the service effective?

Our findings

People were cared for by staff who were trained and supported to meet their needs. The induction for new staff followed the Skills for Care 'care certificate'. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. Staff received supervision from their line manager regularly during which they discussed their role and people's changing needs. Staff received annual appraisal and the provider created a development plan for each staff member as part of this which reviewed their training needs. Staff received a training programme which included learning disabilities and autism awareness, equality and diversity and communication skills. The provider assessed the competency of all staff in a range of skills including medicines administration, health and safety and safeguarding adults. However, the provider did not train the competency assessors to ensure they had the required skill set to assess other staff. The provider told us they would review this when we fed back our concerns.

The 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 be as least restrictive as possible. The provider assessed people's capacity to make some decisions relating to their care, including those relating to finances and personal care. The provider told us they were the process of reviewing people's capacity in relation to other aspects of their care including medicines management.

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). The provider had obtained DoLS authorisations for all people as part of keeping them safe. The authorisations included keeping the front door locked so people could only access the community with staff support. The provider kept authorisations under review. Staff understood their responsibilities in relation to the MCA and DoLS and received training on this. In addition, staff understood the details of each person's DoLS authorisation. Details of people's DoLS were included in their care plans for staff to refer to.

People were supported to receive coordinated care from different services. The provider carried out assessments of people moving into the service and used information from people, relatives and professionals as part of this. In addition the provider put in place a 'healthcare passport' for each person. A healthcare passport is a document which details how staff in healthcare settings, including hospitals should support a person. It includes details of the best ways to communicate with people as well as how to meet their medical, social and emotional needs.

The provider used technology to enhance the delivery of effective care. The provider installed monitors to check the temperature of each person's room due to concerns rooms may be cold at night. The temperature of each room was on display in the lounge so staff could check temperatures were suitable at any time. Staff could also adjust the temperature of each person's room from the lounge without disturbing them. The

provider installed a camera to enable staff to monitor a person with epilepsy at night without disturbing them. This was done in conjunction with their relatives and a DoLS authorisation was in place for this.

People received choice of food in sufficient quantities. One relative said, "The meals are always nutritious and everyone gets enough to eat." Another relative told us about their family member's dietary requirements and said, "From day one we had no issues and they provide the right food." The menu was based on people's preferences and alternative meals were available if necessary. The provider liaised closely with one person's family to plan a separate menu for them based on their cultural, religious and health-related needs. We observed the person received their food and drink in line with their requirements. Staff monitored people's weights and helped people maintain healthy weights. When a person lost weight unexpectedly staff took action to support them. The provider supported the person to see their GP who referred them for tests to investigate the cause. The provider supported people to eat more healthily which meant some were able to reduce their reliance on medicine for a health condition. Staff supported one person to understand why certain snacks were unhealthy and the person chose to replace their daily snacks with fruit.

People were supported to maintain their health. Relatives confirmed people were supported to visit their GP and other healthcare services including mental health services. A healthcare professional commented in the 2017 annual survey that staff follow recommendations and were always interested in new insights in people's care. Information about people's healthcare needs was included in their care plans for staff to be aware of with 'health action plans'. Health action plans are documents which set out how staff should support people to stay healthy. The service recently appointed a 'health champion' and the acting manager told us they would take a key role in ensuring people's health needs were met. Staff understood people's medical conditions well and the support they required in relation to these.

The provider supported people to access the healthcare services they required such as speech and language therapists (SALTs), behavioural therapists and dietitians. Staff kept clear records of medical appointments to ensure an audit trail. Some people were at risk of choking and the provider sought guidance from a SALT. When a SALT identified a person was at risk of choking on their medicine the provider liaised with their GP and the tablets were replaced with granules. Staff had a good understanding of how to support people to reduce their risk of choking. Some people required daily support with particular exercise recommended by an occupational therapist or with massages to improve a condition. A relative confirmed their family member received this individual support each day which meant they had not needed to receive emergency medical care recently.

The provider followed legislation and best practice guidance in providing care to people. In line with national guidance the provider viewed 'as required' medicines as a last resort in supporting people to manage behaviours which may challenge the service. The acting manager told us they had not used 'as required' medicines to support people with behaviours for some time. Instead staff followed the positive behaviour guidelines in place for people which were effective and medicine was unnecessary.

The service had some adaptations to meet people's needs. The garden house contained a quiet lounge and sensory room with a range of seating options where people spent their time relaxing. A relative told us, "The sensory room is wonderful." A stair lift was in place to help a person mobilise between the floors of the home. Hand rails were in place across the home to help people who were blind. In addition some walls were padded to reduce the risk of injury to some people. Ramps were in place to help people mobilise around the service. The home was spacious with a main lounge and dining area where people could spend time together. We observed people were able to move through the home freely and to spend time in the places they chose.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and caring. One relative told us, "Staff are very caring, loving and warm although at the same they are utterly professional and appropriately firm. That's a hard balance to achieve." A second relative told us, "I can't fault the staff at all, they are brilliant, really lovely people, it's outstanding. They've got [my family member's] best interests at heart and he's happy here." A third relative told us, "Everyone seems quite happy. Staff are kind and caring, friendly and polite." During our inspection we observed there were enough staff present to interact in a meaningful way with people. We observed staff spent time readily engaging and interacting with people throughout the day. Our discussions with staff showed they cared for and respected the people they supported and wanted to make a positive difference to their lives.

People were provided with emotional support at difficult times. One relative said, "Staff helped him in the grieving process" in relation to losing a close family member. A second relative told us, "Staff were really supportive to [our family member in relation to a bereavement]. Staff were extremely understanding when [our close relative] was ill and brought [our family member] to visit. Five staff came to pay their respects when [our close family member] passed." Staff worked with people in developing 'social stories' to help them understand bereavement. Social stories are a tool to help people with autism or learning disabilities understand certain situations.

People's needs and preferences were understood by staff and this understanding helped people make decisions related to their care. A relative told us, "[My family member] eats when he wants to eat and staff go along with that, they're very flexible." This meant people ate at the times they wanted to eat. People were able to choose how they spent their day including whether they participated in the scheduled activities. People also chose how to celebrate their birthdays and other culturally important days such as Christmas and Diwali. Our discussions with staff showed they knew the people they cared for well and staff were able to tell us what was important to people. The acting manager told us how one person would only allow staff who understood them well enough to support them in the community. Because all staff had developed good relationships with them, the person now allowed all staff to support them in the community. The provider developed the rota so a person's preferred staff were on shift as often as possible

People were enabled to communicate by staff. We observed staff adapted their communication for each person, using repetition and choosing their words carefully for some people to aid understanding. Staff used pictures to help some people make choices in relation to activities. People's care plan's contained detailed information for staff to refer to in enabling communication.

People were cared for people in a way which respected their privacy and dignity. The provider discussed dignity in care at team meetings and reminded staff of the key points relating to dignity on a screen in the kitchen. Staff took care not to talk about people in front of them, other people or relatives. People had individual bedrooms with en-suite bathrooms in which they could receive personal care in their own environment. Staff encouraged people to personalise their rooms and to choose the colour scheme of their bedrooms and communal areas. Staff knocked on people's doors before entering and greeted people on

entering their rooms.

People were supported to be as independent as they wanted to be. We observed one person made their own breakfast and staff told us they usually preferred to do this independently. Staff described how some people were supported to do household chores such as tidy their rooms, laundry and cooking.

Good

Is the service responsive?

Our findings

At our last inspection we found the service was Outstanding in the key question 'Is the service responsive?' This was because the service met the characteristics for the rating at that time. Since our last inspection the characteristics for Outstanding in relation to this key question have changed and the service no longer meets those characteristics. However, the service continues to provide Good responsive care.

People, and their relatives, were involved in the planning and delivery of care which was responsive to their needs. Each person had a keyworker who met with them regularly to check whether their care was meeting their needs and set goals for personal development. The provider was in regular contact with relatives in reviewing how well care met people's needs and relatives remained very positive about the responsiveness of the service. One relative told us, "This is the best placement [my family member] has ever had, I am absolutely bowled over."

People were provided with activities they were interested in to occupy them. One relative told us, "[My family member] has a very enriched life and is very happy here. There are so many different holidays. There's an annual holiday for everyone and lots of day trips. You just had to suggest something and [the acting manager] follows it up." A second relative told us their relative was occupied each day and often "went to the gym, did baking and went on lots of holidays." The relative told us, "I can't think of any way they could improve." Each person had an individualised activity programme in place based on their own interests and staff supported people to access various activities daily.

People's care plans were detailed and person-centred. People's care plans reflected their physical, mental, emotional and social needs, personal history, individual preferences, interests and aspirations. Our discussions with staff showed they understood the information in people's care plans and used this in helping them achieve their goals. For example, one person aspired to visit Buckingham Palace and so staff supported them to visit. The information in people's care plans remained updated and reliable for staff to follow in supporting people. Another person preferred a long morning routine and we observed staff provided enough time and support in the morning so they received care in the way they wanted.

People were supported to maintain relationships to reduce social isolation. One relative told us, "I speak to [my family member] each week" and described how staff supported the person to speak with them on the phone. A second relative told us how staff always encouraged their visits and offered them refreshments to make them feel welcome. Staff also supported some people to visit relatives. Staff supported a person to visit a family member at their home for the first time in several years. Since our last inspection staff supported a person to locate an old friend, providing them with the opportunity to rekindle the friendship. In addition staff provided a person with support so they could visit a relative when they had not been able to visit for several years.

The complaints process remained suitable. Complaints were recorded and investigated appropriately and the provider responded to complainants promptly with apologies where necessary. The complaints procedure remained on display in the service and was available in a visual format to aid understanding of

some people in the home. The provider confirmed the complaints procedure had not changed since our last inspection and people continued to be informed of how to raise a complaint.

People were supported to consider their preferences for their end of life care. The provider completed a programme with the local hospice called 'Steps for Success'. Through this programme staff received training in end of life care. In addition staff helped people plan how they would like to receive care at the end of their life. Relatives were consulted in helping their family members develop their end of life care plans.

Good

Is the service well-led?

Our findings

A different registered manager was in post from our last inspection. The registered manager had been promoted within the organisation although they still retained responsibility for managing the service. The acting manager told us they planned to register with the service as the responsibilities of the registered manager increased. Relatives and staff were positive about the management. One relative told us, "[The acting manager] is very good, he always notices anything that is needed and informs relatives." The acting manager had worked within the organisation for many years and told us the opportunity for development and promotion for all staff was an attractive feature. The acting manager had a level 5 qualification in health and social care. The provider had supported them into the role of acting manager with training which included topics relating to staff recruitment, retention and management. Our inspection findings and discussions with the acting manager showed they understood their role and responsibilities well.

The provider communicated openly with people, relatives, staff and external professionals. The provider sent out an annual questionnaire to people, relatives, staff and professionals as part of monitoring the quality of the service. The provider analysed the feedback from the questionnaires and produced a report summarising the responses. The provider put an action plan in place to make any identified improvements. The provider liaised with external professional to ensure they received the support they required, for example the provider arranged for people's needs in relation to wheelchairs to be reassessed when their needs changed.

Each person had a keyworker who worked closely with them to check their care met their needs, to gather their views and share any concerns with management. Relatives told us the provider communicated very well with them about any incidents or changes to their family member's care. One relative told us, "They are open and transparent at every level. [The acting manager] always feeds back after appointments." A second relative said, "[Staff] keep me up to date" and a third relative told us, "Staff always phone and let me know things." The service manager gathered feedback from people and staff during their monthly audits of the service.
The provider held monthly staff meetings and staff confirmed they received updates on service developments and were able to share any issues as they wished at these meetings. The provider also held monthly manager's meetings where managers across the organisation met to share best practice and service improvements. The provider updated people's social workers regarding any significant developments relating to their care. The provider also worked closely with healthcare professionals involved in people's care.

Leadership was visible and staff were clear of their roles and responsibilities. The acting manager was visible throughout the day and staff confirmed they were visible each day and supported them well. Staff told us the registered manager visited at least twice a week to oversee the running of the service. Each staff member was assigned areas of responsibility alongside their day to day role. Responsibilities included overseeing various aspects of the service. In addition for each shift staff were assigned tasks to complete and shifts were organised well. Staff told us they worked well as a team and relationships between staff were positive. The service was supported by a services manager who audited the service monthly and provided guidance to

the registered manager. An operations manager provided a further level of support to the service.

The provider had systems in place to audit and improve the service. The services manager audited each care home in the organisation monthly and provided a 'bronze, silver or gold rating' to each home. The services manager identified any shortfalls and the registered manager put an action plan in place to improve the service. The actions taken to improve were checked at next month's inspection and records showed the provider followed the action plans to make any necessary improvements. The provider monitored staff training, accidents and incidents and any safeguarding concerns across the organisation. We found the provider maintained detailed and accurate records in relation to people, staff and the management of the service. The provider also signed up to the 'social care commitment', a national pledge to strive to deliver high quality care. The provider had a development plan in place to help them achieve their aims in relation to the social care commitment. In addition the provider had a 'service plan' in place to outline the objectives for the year to ensure people's needs were fully met in a safe environment.

The provider recognised staff achievements with a 'carer of the quarter' and 'carer of the year' award system. The provider also recognised staff for individual contributions to the service. Recently a staff member received recognition for a suggestion they made to improve an aspect of infection control at the service.