Oasis Young Peoples Care Services (UK) Limited

Step Down

Inspection report

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Essex
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Tel: 01702555055

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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

The inspection took place on the 4 July 2017.

Step Down provides accommodation and personal care without nursing for up to eight persons who may have learning disabilities and autistic spectrum disorders. At the time of our inspection three people were living at the service.

The service had a 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff that had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential risk of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults and Children from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager was up-to-date with the law regarding DoLS and knew how to make a referral if required.

People had sufficient amounts to eat and drink to ensure that their dietary and nutrition needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including GPs and social workers.

Staff were attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs. People knew how to make a complaint and complaints had been resolved efficiently and quickly.

The service had a number of ways of gathering people's views including talking with people, relatives, staff, and other health professionals. The registered manager carried out a number of quality monitoring audits to help ensure the service was running effectively and to make continual improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Is the service effective?

Good

The service was effective.

Staff were supported when they came to work at the service to complete a thorough induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People were supported to maintain a healthy diet and keep hydrated.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

Staff knew people well and how to support their independence. Staff treated people with dignity and respect.

People were supported to access advocates and maintain contact with their families.

Is the service responsive?

Good

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being

needs. People were supported to access activities in the local community.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Step Down

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 4th July 2017 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from the local authority.

During our inspection we spoke with three people, one relative, the registered manager, director of care, and two care staff. We reviewed two care files, two staff recruitment files and their support records, audits and policies held at the service.

Good

Is the service safe?

Our findings

People were safe living at the service. We saw people looked happy and relaxed in the company of others and staff. One person told us, "I am happy here, I feel safe everyone is kind and nice." A relative told us, "I have nothing but praise for the staff."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff said, "We safeguard from any risks of abuse and protect people." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. The registered manager also clearly displayed posters around the service with contact numbers that people or staff could call to raise concerns independently of the service. Staff said, "If I had any concerns I would tell the manager or director or I could report directly to social services or I would go on-line and report to the CQC." The registered manager knew how to report safeguarding concerns to the local authority and CQC and what their responsibilities were to keep people safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence. The assessment covered access to the kitchen and using appliances, road safety, managing money, environmental risks and challenging behaviour. Risk management processes were intended to enable people to continue to enjoy things that they wanted to do rather than being restrictive. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage the risks. For example, staff understood people may at times need more support when using kitchen appliances or when accessing the community. People were able to communicated the level of support they needed to staff. One member of staff told us, "When [person name] tells us they are in a negative space we ensure access to knives are closely monitored as they may be experiencing feelings of self-harm."

Staff were trained in first aid and if there was a medical emergency they would call the emergency services. Staff also received training on how to respond to fire alerts at the service. In addition to this the service had made links with the local Police department and had been allocated a Police Liaison Officer who visited the service. The registered manager told us that the police had formed positive relationships with people and this had helped them to feel safer when experiencing feelings of anxiety and distress and this had resulted in their risks being decreased quicker.

People were cared for in a safe environment. The provider employed a maintenance staff member for general repairs at the service. The registered manager told us that the service was regularly refurbished and that people were given a choice about how their room was decorated. The registered manager also carried out regular health and safety audits of the environment and people were encouraged to report any faults and to take part in the monitoring of the environment. There was also a policy in place should the service need to be evacuated, and business contingency plans in place.

There were sufficient staff on duty to meet people's needs. This included being able to support people with

their individual programs and access to the community. The registered manager told us that they were fully recruited to support the current number of people using the service. If there was a shortfall due to sickness, regular staff would usually cover these shifts or at times the service used agency staff.

The registered manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). People and staff were also involved in the recruitment of new staff. One member of staff told us, "After my initial interview I came back for an 'interview shift' so they could see how I got on with people and if I liked the job." We saw from recruitment files that people using the service and staff gave written feedback on new recruits and their suitability for the job.

People received their medication safely and as prescribed. The service had effective systems for the ordering, booking in, storing and disposing of medicines. Medication administration records were in good order. Medication was stored safely and securely. Staff who had received training in medication administration dispensed the medication to people. We saw from records that the registered manager carried out audits to ensure medication was being managed safely.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. One member of staff told us, "I have completed all my mandatory training and I recently completed training on Autistic Spectrum Disorder provided by the council." A relative told us, "The staff really know what they are doing and completely understand my relative."

Staff felt supported at the service. Before staff commenced working shifts they completed a thorough induction. One member of staff said, "I spent my first week doing training and getting to know people. I have felt very supported by everyone." The registered manager told us that they tended to employ staff with previous experience in care with a minimum of a National Vocational Qualification level 2. They told us that staff were then supported to advance this qualification. Staff were also supported with regular supervision and had a yearly appraisal.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 20015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. We also saw assessments of people's capacity in care records had been made. The registered manager worked closely with people's guardians and care teams and supported people to have support from advocates for any decisions about their care needs. Advocates are independent people who can work alongside people to support them in making decisions about their care needs. This told us people's rights were being safeguarded.

People said they had enough food and choice about what they liked to eat. One person told us, "I am a good cook, I make good curries and spaghetti bolognaise." Staff told us that people were supported to cook for themselves. This was dependent on their skills and abilities as some people required more support than others. Staff also assisted people to plan their meals and to go shopping to buy food. One person told us, "I go shopping with the staff."

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any appointments as scheduled such as with the dentist or opticians. People had health action plans in place describing how to keep them healthy and what support they needed. When required people received specialist support and review from mental health professionals and their GP.

Good

Is the service caring?

Our findings

Staff provided a very caring environment. Throughout our observations there were positive interactions between staff and people. One person told us, "I enjoy being here I have fun." A relative told us, "There is a nice atmosphere in the house."

Staff had positive relationships with people. Throughout the inspection we saw people and staff were really relaxed in each other's company. There was free flowing conversation and exchanges about people's well-being and how they planned to spend their day. People told us that staff were very supportive to them and one said, "The staff are very kind they help me manage my anxiety." Another person said, "The staff are good, I have a good time."

Staff knew people well including their preferences for care and their personal histories. Each person had a key worker that worked closely with them to support their needs. Staff told us that each person had a care team of three staff with a named key worker. The key worker supported the person to develop their skills within the service and whilst in the community. The key worker had one-to-one sessions with the person and if they identified any changes they wanted with their support, the keyworker communicated this to the rest of the team and staff. A relative told us, "[relative name] is blossoming there."

People, their relatives or their representatives were involved in the planning of their care and support needs. People were supported as individuals to enhance their quality of life, this included respecting their age, cultural and religious needs. The registered manager told us they held regular reviews of care with people, their families and care team. In addition, people were supported to have advocates to represent their wishes independently at meetings.

People told us that staff respected their privacy and dignity. One person said, "I have a key to my room, I go there and listen to my music or watch television." People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home and into the community. One person told us, "When my mum visits I cook us lunch."

Good

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. Before people finally came to live at the service, where possible there was a gradual increase of time spent there. This gradual build up gave people and staff the opportunity to get to know each other to ensure their needs could be met and that they would be happy living there. Once people were living at the service their initial progress was regularly reviewed by their care team.

Care plans included information that was specific to the individual. Each care plan included information about the person's health, medication, likes, dislikes, risks and preferences. There was information about their capacity to make day-to-day decisions and their individual ways of communication. The care plan was regularly reviewed and updated with relevant information if peoples care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

People were encouraged to follow their own interest and hobbies. People were supported to access the local community to attend social and educational activities. One person told us, "I work in a shop on Saturday and I play football." Staff told us that they supported people in the community to build up their independent skills. This included supporting people to use public transport and attend activities until they had the skills and confidence to do this unsupported. People were also encouraged to take part in meaningful activities around the service that helped to develop their independent living skills. Staff told us, "[person name] likes to help us with the gardening and cutting the grass." They also said, another person likes to help them complete the health and safety checks around the service and report any issues.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. People told us that they were happy living at the service and did not have any complaints. A relative told us, "I cannot find any fault at all."

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was very visible within the service. They had a very good knowledge of all the people living there and worked closely with them and their families.

Staff shared the registered manager's and provider's vision for the service. One member of staff told us, "Depending on people's needs and abilities we are trying to help them move towards the next step of independent living."

Staff felt very supported by the registered manager. One member of staff said, "I feel very well supported and part of a team." Staff had regular meetings with the registered manager and had individual supervisions to support them with their role and identify any further training needs. In addition to this each day the staff team had a handover meeting to discuss people's support needs and any changes in their care. Staff also told us there was an on-call system should they need advice outside of office hours or if they needed additional support. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People's opinions were sought within the service, for example when new staff were being recruited people were given the opportunity to meet with them and their feedback was taken into account before new staff were employed. We saw the registered manager held regular meetings with people and sought their opinions and that keyworkers met with people as a minimum weekly to discuss any changes or developments in their care needs. In addition the registered manager had regular meetings with people, their advocates and care team to discuss people's needs and wishes for care. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The registered manager made notifications to the CQC as required. Staff understood the need to maintain confidentiality and information was stored within locked offices.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people's care plans, medication management and the environment. The registered manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements.