

# Community Links (Northern) Ltd

## Oakwood Hall

### Inspection report

Oakwood Grange lane  
Leeds  
LS8 2PF  
Tel: 0113 2359079  
Website: [www.commlink.co.uk](http://www.commlink.co.uk)

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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?

Requires improvement



Is the service well-led?

Good



### Overall summary

We inspected the service on 19 May 2015. The visit was unannounced. Our last inspection took place on 10 June 2013 and at that time we found the service was meeting the regulations.

Oakwood Hall is a 12 bedded residential home which provides support and rehabilitation for people aged 18 and over who have enduring mental health problems and who have needs that are difficult for other services to provide for. Most of the people who use the Oakwood Hall service have had unsatisfactory experiences of being supported by others in the past and may have been labelled as difficult or untreatable.

The home 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.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm. People were protected

# Summary of findings

against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements for staff to respond appropriately to people who communicated through their behaviour/actions.

Altercation between two of the service users, although recorded on daily diary sheets, was not reported or referred to the CQC as a 'Safeguarding Concern'. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care records we looked at did not contain a life history documents. These would be for the purpose of gathering information about the person and their life before they moved into the home. A life history document enables staff to understand and have insight into a person's background and experiences. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards and they were able to demonstrate a good understanding of when best interest decisions needed to be made to safeguard people.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

We looked at the arrangements in place for the storage, administration, ordering and disposal of medicines and found these to be safe. Medicines were administered to people by trained staff.

Staff received regular supervision and annual appraisals. This gave staff the opportunity to discuss their training needs and requirements.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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

We found the home had arrangements in place which ensured people's medicines were managed safely.

A recent altercation between two of the service users, although recorded on daily diary sheets, was not reported or referred to the Care Quality Commission as a 'Safeguarding Concern'.

There were sufficient numbers of staff on duty to ensure people's safety.

**Requires improvement**



### Is the service effective?

The service was not always effective.

People's nutritional needs were met.

The service was meeting the requirements of the Mental Capacity Act 2005.

Appointments with other professionals was not regularly followed up or recorded accurately.

**Requires improvement**



### Is the service caring?

The service was caring.

Staff engaged with people in a warm manner and were aware of the needs of people who used the service. Throughout our inspection we observed people being treated with dignity and respect.

All of the staff we observed offering people support demonstrated a caring attitude.

People told us the staff they had were kind and caring. People who used the service looked well cared for.

**Good**



### Is the service responsive?

The service was not always responsive.

People's requests were acted upon quickly. People were also offered opportunities to seek Advocacy if they wished.

People's care records did not contain a life history documents. A life history document would enable staff to understand and have insight into a person's background and experiences. This would help care staff to know what was important to the people they cared for.

Complaints and concerns were dealt with appropriately in accordance with the providers policy

**Requires improvement**



# Summary of findings

## Is the service well-led?

The service was well-led.

There was a registered manager in post. Staff we spoke with told us they felt the management in place at the home were approachable and supportive.

The home had systems in place which allowed people using the service and their relatives to provide feedback on the service provision.

The provider had a quality assurance system in place to monitor the service provision.

Good



# Oakwood Hall

## 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 19 May 2015 and was unannounced. The inspection team consisted of one adult social care inspector and a specialist advisor with a background in mental health care.

At the time of our inspection there were 11 permanent people living at the home and 1 person requiring respite

care. During our visit we spoke with seven people who used the service, seven members of staff and the registered manager. We spent some time looking at documents and records related to people's care and the management of the service. We looked at people's care records. We also spent time observing support in the communal areas of the home to help us understand the experience of people living at the home. We looked at all areas of the home including the kitchen, people's bedrooms and communal bathrooms.

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 also reviewed the information we held about the service.

# Is the service safe?

## Our findings

People told us they felt safe, secure and cared for. We had comments like, “The best place I have ever lived.” “It feels great to live here.” “Staff are very nice people, they listen and make time for me.” “They care for me and keep me safe.”

We asked staff members what they would do if they suspected abuse, they were confident in their answers and were able to tell us the correct action to take. Staff told us they had received training in safeguarding and this had provided them with enough information to understand the safeguarding processes. Records we looked at confirmed this.

The staff we spoke with told us they were aware of the contact numbers for the local safeguarding authority to make referrals or to obtain advice. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

We saw in most cases written evidence the manager had notified the local authority and Care Quality Commission (CQC) of safeguarding incidents. However, a recent altercation between two of the service users, although recorded on client case notes, was not reported or referred to the CQC as a ‘Safeguarding Concern’. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were aware of how to raise any concerns regarding marginalisation or discrimination. There were also information leaflets displayed on a notice board encouraging people who used the service and staff to raise any issues.

In conversations with staff, they told us they saw each person as unique individuals with distinct needs, wishes and perspectives.

Most members of staff had been on Equality and Diversity training and had some understanding of how to put it into practice, including following Oakwood Hall’s policy and procedures on the same. We saw evidence there were plans for the rest of the team to do the training.

Staff said, “The ‘non-regimental’ nature of the service is a distinct feature of Oakwood Hall and is particularly helpful in engaging with the particular service user group (hard to reach and engage) that Oakwood Hall specialises in providing services to.”

We saw when people went out into the community the risks were clearly documented for staff with details of how they should respond to such risks if they arose. This meant people were supported to take informed risks by going out into the community.

In reviewing the records we found all service users’ records had detailed risk assessments detailing types of risks both to self and others. However, the risks assessments were mainly from the commissioning agencies, i.e. the Community Mental Health Team and the Forensic Team.

Through our observations and discussions with people and staff members, we found there were enough staff with the right experience or training to meet the needs of the people living in the home. One person who used the service told us, “There is always enough staff around.”

The registered manager told us staffing levels were assessed depending on people’s need and occupancy levels. The staffing levels were then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We checked the medication room/cupboard. We saw it was kept in an orderly manner. Most medication was administered via a monitored dosage system supplied directly from a pharmacy. This meant that the medicines for each person for each time of the day had been dispensed by a pharmacist into individual trays in separate compartments. Individual named boxes were seen inside the medication cupboard. They contained medication which had been dispensed in blister pack form.

We saw the medication administration records (MAR) sheet was complete and contained no gaps in signatures. We saw that any known allergies were recorded on the MAR sheet. The procedure required under the Mental Capacity Act 2005 and reiterated in the National Institute for Health and Care Excellence (NICE) document ‘Managing medicines in care homes guideline (March 2014) had been followed.

## Is the service safe?

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. This included ensuring a Disclosure and Barring Service (DBS) check and at least two written references were obtained before staff started work. We spoke with one member of staff who told us the recruitment process was thorough and they had not been allowed to start work before all the relevant checks had been completed.

Staff disciplinary procedures were in place and the registered manager gave examples of how the disciplinary process had been followed where poor working practice had been identified. This helped to ensure standards were maintained and people were kept safe.

People who used the service told us they had no concerns about the cleanliness of the home. Comments we received included; “My room is always clean to a nice standard.” and “This place is always nice and clean.”

We saw the equipment used to assist people such as the lift were serviced in line with the manufactures guidelines.

# Is the service effective?

## Our findings

Staff were compassionate and caring towards people. Each person had their own room which ensured their right to privacy. People were observed for signs of ill health and it was evident from records looked at that day to day health and welfare needs were met.

Baseline observations and plans were very thorough; however, they were not routinely reviewed. This was discussed with the registered manager who agreed to address this.

Where people needed appointments with other professionals such as the GP and Drug and Alcohol Team, these were sought acted upon and people were supported to attend. However regular monitoring of people's health, weight, blood pressure, was not recorded. This meant people's health needs could be overlooked.

A large majority of staff were highly experienced and all had awareness of knowledge and practice that underpins working with people living with mental health problems including diagnosis, medication, treatment options and caring and supporting people well.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom

The registered manager told us that none of the people using the service were subject to deprivation of liberty safeguards.

The Mental Capacity Act 2005 covers people who cannot make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. We spoke with two staff about their understanding of the Mental Capacity Act 2005 and they were able to talk confidently about how it impacted on the way they cared for people. One member of staff said, "It's all about helping people to make their own decisions where possible." Other staff were not as confident however, staff are booked to attend training regarding this.

We spoke with seven people who used the service, none were aware of any specific provisions of rehabilitation care plans, in respect of each of them. In reviewing care records of all the people, there were no specific documented plans for any form of rehabilitation. This meant people's changing needs or future needs were not planned. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked staff to describe the training and development they had completed at Oakwood Hall. All the staff we spoke with told us they had received an induction when they started to work at the home and they completed training in areas such as safeguarding, infection control, Mental Capacity Act. The staff we spoke with also told us they received supervision and appraisals to enable them to identify their training needs. We saw documents to corroborate this in records looked at.



# Is the service caring?

## Our findings

The people we spoke with who lived at Oakwood Hall were complimentary about the care they received from staff. Comments we received included; “The staff are very nice with us – very patient.”, “It’s very good.” “They don’t wake me up, they wait until I’m ready.”

We observed people being treated with empathy and respect during the inspection. Interactions between people who lived at the home and staff were warm and positive. People approached staff, or asked for support freely and without hesitation. Staff were seen to be kind and patient, and continually communicated with people.

We observed three people having lunch. We saw staff engaged with them and conversation was respectful and positive. People were encouraged to choose where they wanted to sit and who they wished to sit with. The atmosphere was relaxed and calm and people who wanted to remain seated after their lunch with additional drinks, were able to do so. Our observations showed us people were consulted and treated with kindness.

We asked staff to explain their understanding of person centred care. Comments we received included; “ Person centred care is seeing people as individuals and not just a person with “Mental Health problem”, “Giving care that meets their needs and not just because it’s a routine” and “The care here is based around them”.

Autonomy and choice were clearly at the forefront on the minds of staff. People’s requests were acted upon quickly. People were also offered opportunities to seek advocacy services if they wished.

We saw people were encouraged to maintain their independence. For example, we saw one person was supported to make a sandwich, people were encouraged to mobilise and we observed people coming and going.

We observed staff upholding people’s privacy and dignity by knocking on people’s doors before entering, and if staff needed to discuss a person and their care, this was done in a quiet environment to ensure information remained confidential. We observed a staff handover being carried out and saw that staff were respectful when they were passing confidential information to other staff at Oakwood Hall.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care. Staff we spoke with told us people were well cared for and said there were arrangements in place to make sure people received appropriate support. One member of staff said, “We focused on looking after everyone who lives here.”

# Is the service responsive?

## Our findings

We asked staff what information was provided to people when they moved to Oakwood Hall. They told us that a welcome pack was provided to people and prior to moving to the home, people were asked if they wanted to visit

In our discussions with staff and people who used the service it was clearly evident that members of staff make sure that the views of people on the care that they receive were taken into account. “We always ask people what they want” and “We always respond to requests.”

Information leaflets on a notice board, showed us that people and staff are encouraged to air their views, raise concerns and have input into the running of the home. ‘Suggestion boxes’ were also used, as were service user and staff questionnaires.

Each of the care records we looked at did not contain a life history documents. These would be for the purpose of gathering information about the person and their life before they moved into the home. A life history document enables staff to understand and have insight into a person’s background and experiences. This would help care staff to

know what was important to the people they cared for. The recordings of their lives were purely focussed on their pathology. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the complaints’ policy was explained to everyone who used the service. People were given support to make a comment or complaint where they needed assistance. They said people’s complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We saw there was a clear procedure for staff to follow should a concern be raised. People we spoke with said they felt able to raise any concerns or complaints with staff and were confident they would be acted upon

We looked at the complaints folder and saw the complaints the home had received. We saw the registered manager had responded to them in line with the provider’s complaint policy and resolved the issue for most complainants to their satisfaction. This showed the complaints people made were responded to appropriately.

# Is the service well-led?

## Our findings

The home had a registered manager. We spoke with staff about the management of the home. Staff said they felt supported by the registered manager. All of the staff we spoke with told us they thought the registered manager was approachable. One staff member said, “The manager here is very good. She has a good understanding of people’s needs and she’s very approachable. No complaints from me, I’ve worked here a long time and I would say it’s a good place to live and work. Another staff member said, “I love working here.”

Staff told us there was regular staff meetings held at the home which gave them the opportunity to give their opinions and feedback on the service. We saw minutes which showed bi-monthly meetings had been held with all staff working at the home. This showed staff was appropriately supported in relation to their caring responsibilities and were regularly updated about any changes in the service.

There was documentary evidence of people’s surveys on their view regarding the care provided, which had been conducted in the last few months and which was reviewed monthly. There was also documentary evidence of staff surveys regarding any continuous improvement initiatives.

We saw there were systems in place to enable people living at the home to comment on the service provision. We saw that regular residents meetings were held at the home. We

looked at the minutes of the most recent meeting which showed a good level of attendance by people using the service. The registered manager told us they experienced a good level of attendance from people. This showed that people’s views and opinions were taken into account in the way the service was provided.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the regional manager. The reports included any actions required and these were checked each month to determine progress.

Staff received supervision and an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the Registered Manager or organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas.

Any accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months.

Staff we spoke with said they enjoyed working at the home and felt they were able to share their thoughts and opinions at staff meetings and in staff questionnaires.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

**The registered person did not fulfil their duty by carrying out, collaboratively an assessment of the needs and preferences for care and treatment.**

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Safeguarding service users from abuse and improper treatment. Altercation between service users was not reported or referred to the CQC as a 'Safeguarding Concern'.**