Oakdown House Limited

Carricks Brook

Inspection report

Carricks Hill
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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

This inspection took place on 2 October 2017 and was announced. Carricks Brook provides accommodation and care for up to 12 people, specialising in care for adults with autism, learning disabilities and challenging behaviour. On the day of the inspection, 11 people were living at the service.

The service had a registered manager in post, who was present during the 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 a legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated Regulations about how the service is run.'

At the last inspection on 24 May 2015, we had no concerns and the service had an overall rating of 'Good.' At this inspection, we found that the service remained Good.

People and relatives told us that the service was safe. People were protected from risk of harm and abuse because they were encouraged to think about and express what made them feel safe and staff understood and were confident on how to report and respond to any concerns. Incidents and risks to peoples' wellbeing and their independence were assessed, recorded, reviewed and lessons acted on. People were encouraged to be involved in how staff supported them when they experienced behaviours that could put them or others at risk of harm. Staff used communication tools to help people understand and communicate how they felt before, during and after the behaviour and any restraint that was used to reduce the risk to their or another's wellbeing.
Relatives and staff told us there were suitable levels of skilled staff available to meet people's needs safely. The provider had safe recruitment procedures in place to ensure people were supported by caring and responsible staff. People received their medicines safely and staff were trained and competent in the administration, ordering, storage and auditing of medicines.

People told us that staff were trained and helped them with what they needed. One person told us, "We go out together, they helped me get a gaming chair and they help with things at home". Another person told us that staff were, "There when they needed them". Relatives told us that staff were skilled and well trained in the needs of people with autism. Staff were supported to develop their skills and knowledge effectively through training and told us they were well supported by regular supervision and appraisals with their manager. One staff member told us, "I have monthly supervisions which are beneficial; you need to discuss things and be open".

Staff understood that the needs and capacity of people with autism and additional needs such as dementia changed and always sought consent when supporting people with their care needs. Staff had received training on the Mental Capacity Act (MCA) 2005 and understood the principles and importance of gaining consent.

People's nutritional needs were met and they had sufficient control over their food and drink choices. People were supported to maintain good health and had access to healthcare professionals. A relative told us their relation was, "Always fit and healthy". All health appointments with, or visits by health care professionals were recorded and acted on.

People and their relatives told us and we saw that the staff were caring and respectful. One person told us, "They're nice staff here", and a relative told us, "They are caring and look after my loved one." Care and support provided was personalised and met peoples' diverse needs. People and their relatives were included in the assessment of their needs and development of care plans. One relative told us, "The staff surprise me with new ideas. My relative now has varied interests and they are well engaged with them. They are now trying drama and singing. It all adds to enrichment".

People were encouraged to be as independent as possible and had access to meaningful leisure, vocational and educationally based activities in the community. The service worked with health and adult social care professionals to ensure they could meet people's needs responsively.

Relatives, staff and responses from adult social care professionals in the annual Carricks Brook survey confirmed that they felt the service was well led. People and relatives had regular contact with the registered manager and the provider. One professional praised how easy it was to access key staff at the service. Satisfaction surveys were consistently positive and relatives were consulted when policies changed, for example safeguarding. The service communicated well with relatives, other professionals and within its own systems.

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 were supported by staff that were trained and understood their responsibilities in relation to protecting people from harm and abuse, and encouraged them to be aware of what made them safe feel safe

Medicines were managed, stored and administered safely. The provider carried out safe recruitment practices and there were sufficient levels of skilled and experienced staff to meet people's needs.

Risks assessments supported people to take positive risks and access the activities they enjoyed.

Is the service effective?

Good

The service was effective

People and relatives spoke positively of the staff and were supported by staff that were knowledgeable and received suitable training and support.

Staff had a good understanding of the Mental Capacity Act 2005 and worked towards meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to eat and drink sufficiently and their health needs were monitored, reviewed and planned for by staff who communicated well with health professionals.

Is the service caring?

Good

The service was caring

People were supported by kind, caring and attentive staff

Staff adapted their communication style to meet the needs of the people they supported and encouraged people to be independent.

Peoples' dignity, diversity and privacy was respected and their independence promoted.

Is the service responsive?

Good

The service was responsive

People were provided care in a personalised way and records reflected this. People were supported to access meaningful activities, at home and in the community.

People were encouraged to develop skills, set goals and pursue educational and work opportunities

The views of people and their relatives were encouraged to inform changes and improvements in the service provision.

A complaints procedure was in place, and people and relatives told us they were able and confident in raising concerns.

Is the service well-led?

Good

The service was well led.

There was clear and visible leadership and people, staff and relatives spoke positively of the management of the home.

The service value base was inclusive and understood and promoted by staff.

Staff understood their roles and described an open culture where their views were listened too. Effective systems were in place to audit and quality assure the care provided.

Carricks Brook

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.

We inspected Carricks Brook on the 2 October 2017; the inspection was announced. The provider was given 48 hours' notice because the location is a small care home for people with autism, autistic spectrum disorders and learning disabilities. We needed to be sure that people would be available and that our presence would not unsettle people or their routines. The inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the home and the provider. The provider had 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. This included previous inspection ratings and statutory notifications sent to us by the registered manager that tell us about incidents and events that had occurred at the service. A notification is information about important events the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we observed care and activities in the lounge, kitchen and outdoor spaces. We spoke with five people and six staff, and saw how they were supported during the day and with meal times. There were no visitors during the inspection. We contacted three relatives, commissioners and local authority quality teams during the inspection process so that we could further understand their experiences and those of people who could not talk with us. We have included their feedback in the main body of the report

We looked at records and care pathway tracked people living at the service. This was so we could look at people's care planning in depth and match this with their experiences and our observations. We looked at five staff files, four care plans including positive behavioural risk assessments, medication administration record (MAR) sheets, incidents and accidents, policies and procedures and quality assurance information.

At the last inspection on the 24 May 2015 the service was rated as 'Good'.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt that the service was safe. One relative told us, "I feel it's very safe and secure, there is plenty of space that people can safely walk around". Another relative was reassured by how they had seen medicines given explaining, "They are very diligent when giving medicines. They wear a pinny and are very focussed, supporting one person at a time".

People told us what they could do to keep safe, for example one person told us, "I ask for help and I can talk to staff in private". Another explained, "I have a chill out space". People were protected from the potential risk of abuse because staff understood and had good access to current policies, safeguarding training and understood how to identify and report safeguarding concerns. They had a good understanding of the needs of people with autism and learning disabilities and were able to define types of abuse and confirmed they would be confident in raising concerns. There was a whistleblowing policy in place and staff told us they were confident that if they raised concerns about risks to people or poor practice that this would be taken seriously and acted on by managers.

We looked at the management of medicines and observed medicines being given safely. We observed that staff gave medicines respectfully having gained consent from the person, and as described in their support plan. Clear guidance and systems were in place to ensure the safe storage; auditing, reordering and disposal of medicines took place. Staff that administered medicines were trained and assessed as competent to do so. Where additional training was required, for example when administering Buccal Midazolam an 'as required' medicine for epilepsy; records and staff confirmed that this had taken place. The Medication Administration Record (MAR) sheets demonstrated that medicines were given safely and daily checks ensured that people received their medicines as prescribed. Where people took medicines as part of their positive behavioural support plan, clear guidance was given to inform staff under what circumstances this should happen and to ensure other less restrictive options had been exhausted first. Staff confirmed that in these circumstances they would carefully go through the guidance with a colleague and ensure they both agreed that they had exhausted all options before the medicines were given. This ensured that restrictive practices were minimised and that medicines were only administered when required and people's human rights were maintained.

People, relatives and staff felt that there was enough staff on duty to safely meet the needs of people. Staff rotas demonstrated that staffing levels were consistent and provided by permanent, bank and regular agency staff. The registered manager and relatives acknowledged that recruitment was difficult at times and that the introduction of new staff presented challenges for people with autism when building new relationships as they needed consistency. However a relative told us, "Even when out in the community they have plenty of staff with them" and staff confirmed that staffing levels were safe, and were adjusted to meet the needs of people. Staff recruitment processes were followed to ensure that new staff were safe to work with people. Staff files included previous work history, detailed application forms, proof of identity, interview records and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work with people or children. The DBS is a national agency that keeps records of criminal convictions.

Accident and incident records demonstrated that staff and the registered manager took appropriate actions following incidents. Where the incident involved actions of people, these were investigated and recorded in more detail through the positive behavioural model. This was done by looking at what happened prior to the incident, during and after, so that risk assessments could be developed, lessons could be learned and care plans adjusted to reduce the likelihood of reoccurrence.

People's daily activities and how they interacted with their wider home environment were regularly reviewed and any risks assessed. These assessments informed care plans and guided staff on what actions they needed to take to support people safely. Risk assessments also reduced discrimination around community activities and informed positive risk taking to ensure that people could safely have access to activities they enjoyed. For example, the service had three separate vehicles to ensure that people had access to the community at the same time if needed. Staff explained that there were clear guidance and risk assessments on how people should be supported to travel, including their positioning in the car to ensure they and staff were safe.

Environmental risk assessments, audits, team meetings and a programme of regular health and safety checks ensured measures were identified to minimise risk and reduce the potential for harm. The registered manager and the provider had oversight of health and safety through audits and checks of accidents, fire safety, risk assessments, COSHH, Legionella checks and observed the fire safety records, emergency plans and individual personal emergency evacuation plans (PEEP), demonstrated that people's individual ability to evacuate the building in the event of a fire had been considered and planned for. One person told us that they were involved in the weekly smoke detector tests as they assisted the maintenance person.

Good

Is the service effective?

Our findings

People and their relatives told us that the care given was good and that people's preferences and choices for care and support needs were met. People living at Carricks Brook had complex needs and could present behaviours that could challenge and present a risk to themselves and others. Relatives told us that staff were conscientious, knowledgeable and communicated effectively keeping them informed about what was happening. One relative told us, "The staff point new things out to me about autism, they are well informed and constantly work with my relation to try new things".

Staff told us that the team worked well together and had good communication systems in place to ensure information about people's care needs and wellbeing was current and shared. For example, one staff member told us that an epilepsy specialist nurse had given positive feedback about the quality of recording of seizures. We observed evidence of this in peoples care plans, individual records, daily shift plans and staff communication records. Records demonstrated that people regularly had appointments with health professionals, that their food and nutrition was monitored and that their health needs were reviewed and planned for. For example people had personalised hospital passports to ensure health professionals had guidance on what conditions people had and how to communicate with them if they needed to visit a hospital.

Staff told us that they felt well supported and that regular supervisions and annual appraisals took place. Staff told us that training was good and that they had received thorough inductions which included shadowing experienced staff that were able to demonstrate how to work with the complexity of need. The provider ensured continuity of practice and that peoples care needs were met by offering positive behavioural support sessions and training for relatives and all staff including the administrator, cook and maintenance person. Training was specific to the needs of the people using the service and included autism, dementia, epilepsy and positive behavioural support and restrictive practice training. The provider recognised the importance of best practice and continual professional development. To inform best practice they ensured that new staff had access to the Skills for Care certificate, participated in local positive behaviour support forums and maintained membership of the British Institute of Learning Disabilities (BILD). The Skills for Care certificate is a set of standards for health and social care professionals that ensures that workers have the safe introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

Staff encouraged choices and recognised that the needs and capacity of people with autism and additional needs such as dementia changed. To ensure people could be offered choice in an accessible and meaningful way staff used a range of communication methods. For example, people were supported to understand and be involved with the development of their restrictive practice risk assessments through the 'My restraint story folder' which contained pictures of locations, activities, physical effects and emotions that they may experience before, during and after a restraint.

Staff demonstrated a developed understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 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 Mental Care Act (MCA) 2005. There were policies in place and staff told us they had completed training, and had access to guidance within peoples care plans about consent, restrictive practices, MCA assessments and DoLS. Staff demonstrated a good understanding of the importance of consent and worked towards the principles of the MCA. People told us that staff asked for consent before entering their rooms, and we observed staff asking for consent when giving medicines and offering activities. The registered manager told us of how the service had worked with one person, their social worker and families to support a potential move. This had included supporting visits to potential placements to inform choice and being involved in MCA assessments and best interest discussions led by the social worker.

CQC is required by law to monitor the operation of the Deprivation of Liberty Standards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. Carricks Brook is a very secure home, the entrance and other areas are locked due to potential risks that people may be exposed to without staff present. Relatives we spoke with were reassured by the security of the environment and gave accounts of how people had been at risk of harm in other environments, for example some people were not aware of road safety. Individual restrictive practice assessments gave clear information about the potential risks the secure environment managed and how people could be supported in the least restrictive way. The registered manager told us that they were aware of when and how to make an application for a DoLS authorisation and had oversight of current applications, their progress and the authorisations they had received from local authorities.

The needs of people with complex needs were considered and supported by the communal spaces in the home. On the ground floor of the building there was an extensive lounge which was divided into a dining room, TV area and an activities space including a separate computer room for privacy. Staff we spoke with told us that the large communal space and smaller quieter spaces, including an outside courtyard, provided people with opportunities to spend time away from the busier areas and that this supported their emotional and physical wellbeing. People had access to a large garden which had a mini football pitch, climbing frame, painting wall, and trampoline and in response to a request for a pet a newly built chicken coop, which was soon to be a home for six chickens.

People told us that they could choose what food and drink they had and had regular meetings with their keyworkers and other people to plan menus. One person told us, "We get to choose what we put on the menus. I always like them". There were visual recipes available for people to follow in the kitchen and alternative options were always provided. People were able to choose when and where they ate and had access to a fridge and drinking facilities in their rooms. We observed people accessing the kitchen with staff support at breakfast and lunch times. We were told that an evening meal was offered as a time when people could eat together if they chose to.

Good

Is the service caring?

Our findings

People were cared for by kind, attentive and caring staff. Throughout the inspection people and their relatives were positive about the care provided. People told us that they knew staff really well, and one person told us, "They're nice staff here". Relatives gave examples of how staff were caring. One relative told us, "They are always happy and pleased to see my loved one when they return from a weekend away."

People appeared happy and comfortable throughout the day, initiating and receiving touch, making good eye contact, smiling and using objects of reference to make choices and initiate contact with staff. People who communicated verbally used humour with staff and were equally as relaxed with the registered manager. In response to communication needs staff adapted their tone, spoke slowly and responded to questions and known signals in a reassuring and consistent way. We observed visual communication tools being used such as a staff picture board showing who was working in the morning and at night. Staff told us and demonstrated that they had a good knowledge of people's individual needs, backgrounds and likes and dislikes.

Relatives described visiting the service regularly. They told us they were involved in reviews of their loved ones care and when they had the right to be included, were regularly informed about changes in activities, health appointments or any incidents involving their wellbeing. They were complimentary about the on going care and support of people noting that for people living with autism, progress can take time. One relative told us that, "They have evolved. It's great when they are somewhere that you can be relaxed about".

Peoples' independence was encouraged where it could be. A relative told us, "Their independence has gone from strength to strength, they can make tea, and can now chop vegetables, and they have come on in leaps and bounds". One person told us, "I tidy by myself. I do it by myself." Other people we spoke with described that they cleaned their bedrooms, made drinks and did some cooking. During lunch time we observed people being supported in the kitchen to make meals of their own choice using visual recipe cards. People were very familiar with the lay out of the kitchen and were able to carry out the task safely.

Peoples' differences were respected and personal spaces were very personalised to meet individual needs and preferences. For example, one person had bespoke bedroom furniture that was the shape of their favourite vehicle which also ensured that their belongings could be securely stored when they were sleeping and needed a more settled space. People's favourite colours, favourite comic book characters and interests were very present in their rooms. People were able to maintain their identity; they wore clothes of their choice and could choose how they spent their time. We observed that people had their meals at different times and had a choice to participate in communal activities or spend time in their own space.

Peoples' diversity was respected and promoted within their day to day experiences and care planning. People had access to community organisations that supported diverse groups, including those that supported young people with decisions they were making about relationships and gender identity. Religious beliefs and how these were expressed were detailed in care plans. For example, one person stated they were

not religious, but enjoyed visiting religious buildings for historical interest. Another person was supported to access the religious festivals associated with their relatives stated religion. End of life care and choices were promoted within care planning.

Peoples' dignity and wellbeing was considered and promoted. When people required assistance from staff they did this in a discreet and sensitive way. We observed staff adjusting their height when speaking to people, cleaning glasses to ensure people could see and offering praise when they successfully completed a task. This demonstrated that they were sensitive to people's practical and emotional needs. One relative told us, "The staff have my loved one's best interest at heart. He is very responsive to people he likes, and he is very responsive to the staff, shaking hands with them is a good sign". Privacy and confidentiality were respected. One person told us, "They knock on my door when they come in." and we observed this happening and staff waiting for consent to be given. Some people held a key to their room so that they could lock their door to ensure that their privacy was maintained, some asked staff to do this. Privacy, with regards to the information held about people, was promoted and records were stored in locked cabinets in the office.

Where people did not have relatives involved. The registered manager and staff told us that people had advocates involved. One person told us their advocate was involved in their reviews. An advocate is a person who is able to speak on a person's behalf, when they may not be able to do so for themselves.

Good

Is the service responsive?

Our findings

People were supported with personalised care and support plans that responded to their needs. People and their relatives told us they were listened to by staff and involved in making decisions about their care and support needs. Staff told us that they understood people's needs and had positive relationships with them and their relatives. One staff member told us, "We all care for people and want them to have happy meaningful lives."

Staff told us that people were involved as much as they could be in developing care plans. They told us that care plans and guidelines were really clear and that they built on this knowledge by regularly meeting with people and offering choices. Pre-admission assessments were completed for new people to ensure the service could meet their needs and fully understand how to support their presenting behaviours. When new people moved into Carricks Brook the transition was planned to match the person's ability to manage change and to support the development of care plans and relationships. This level of attention to detail was also provided when people were leaving the service. For example, staff had worked with a person, professionals and relatives to support a potential move by supporting long distance visit to the new service and combining it with a holiday.

Care plans described people's likes and dislikes, communication needs and how they informed positive behavioural support plans. For example, one person's positive behaviour plan noted the importance of staff talking about the person's interests, and supporting them to research their interests through the internet. Another plan discussed how the person would physically present if they became anxious or too focussed on a particular staff member and needed to be supported by another person. We observed that people, relatives, health and social care professionals and when required advocates were involved in developing and reviewing care plans. People were supported to develop skills, set goals and increase their levels of independence through reviews and monthly key worker meetings. They had opportunities to pursue educational and work activities through college courses and one person had paid work supporting the maintenance worker with jobs in the home that included testing the fire system and building a chicken coop in the garden. They spoke animatedly about this during the inspection and took pride in their role. One relative told us that their loved one had gained the ability to be more patient due to the support they received in managing their expectations about how quickly responded to them.

People's personal interests and chosen activities were encouraged and supported. Care plans discussed personal interests and preferred one to one activities. There was a dedicated activities worker that confirmed these activities took place. People were supported to access meaningful activities within their home and in the community. One person told us they were going to see their favourite music group in concert, another person who liked making things in the woodland told us that they lived in a, "Nice place, cause we've got wild life around." A relative told us that their relatives life had been enriched by staff that knew what they liked and encouraged them to try new things. We observed through records that activity choices, menus and any concerns would be discussed in 'resident' meetings, which people called 'biscuit meetings'. One person told us that he had suggested that the service get a pet, and because of this they were going to get some chickens.

People and relatives were confident that complaints would be taken seriously and were happy to raise anything they were unhappy with the registered manager. One person told us that they had been unhappy with how a staff member had spoken to them and the manager had sorted things out for them and they were happy with how this was dealt with. We looked at the complaints policy and complaints records and saw that complaints had been taken seriously, investigated fully and actions taken to resolve concerns in a timely way.

Good

Is the service well-led?

Our findings

People and relatives spoke positively of how the service was managed and of the registered manager and provider. One relative told us, "The registered manager is very good, they keep me updated about my relative's health, and will ring if anything happens", they also told us that the provider, "Is very conscientious about everything being tip top." Staff also spoke positively about how the service was led. One staff member told us, "The manager is very good, any issues can be discussed. They are responsive and lead the team well". Another told us "This is a lovely place to work. I love my job."

The service had a registered manager who was supported by an established deputy manager and three team leaders the provider was also very present at the service. Staff told us there were clear lines of accountability and responsibility through their roles and the embedded management structures. This was demonstrated on the day of the inspection through observations of staff interactions with the management team. Daily shift plans and management schedules underpinned the day to day service delivery tasks ensuring that staff were supported and individual one to one support needs were met. The provider regularly reviewed the service value base and we saw this was demonstrated by how they and the registered manager spoke to and about the people they supported and was reflected in team meeting records. One staff member told us, "The best bit about my job is making a difference and giving people a good quality of life".

The provider and registered manager were committed to improving the service and quality assurance audits that were completed to ensure a good level of quality was maintained. We observed audit schedules and reports for medicines, the use of restrictive practice, fire safety and monthly audits. These demonstrated that the service analysed trends and themes and designed action plans in response. For example, one audit action promoted that keyworkers should review people's goals with them more frequently. This demonstrated that they monitored and made adjustments to the service to improve systems and develop staff skills.
The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely way. This meant we could confirm that appropriate action had been taken. There was a policy in place in relation to the Duty of Candour and the manager was aware of their responsibilities under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people.

The provider encouraged open and transparent culture and was continually looking at improving the culture of the service for example, staff were being encouraged on an on going basis to represent the service at senior management meetings and relatives were included in reviewing policies. People and relatives told us that they would discuss any concerns they had with managers and were confident they would be heard. Relatives and staff told us that they were involved in social and fundraising events that had taken place over the summer months involving a dragon boat race on Bewl Reservoir. This ensured that staff and relatives could develop relationships and were able to participate in the wider community.

Three satisfaction surveys were completed in 2017, which provided people, relatives and professionals with an opportunity to feedback about the quality of the service provided. The survey outcomes were consistently positive. One professional said, "I have been easily able to access the key staff at Carricks Brook, they are very professional".