

Oakleaf Care (Hartwell) Limited

Hunsbury House

Inspection report

8 Long Acres
Hunsbury
Northampton
Northamptonshire
NN4 0QF

Tel: 01604864466

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06 November 2017
08 November 2017

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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

Hunsbury House provides care and rehabilitation for up to five male adults with acquired brain injuries. The service is situated in a residential estate in Northampton. At the time of the inspection four male adults were using the service.

At the last inspection in November 2015, the service was rated Good.

At this inspection on 6 and 8 November 2017 we found the service remained Good.

There was a registered manager in post. 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 continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly. The premises were appropriately maintained to support people to stay safe. Staff understood how to prevent and manage behaviours that challenged the service. .

Staffing levels ensured people's care and support needs were safely met and safe recruitment processes were in place. Medicines were managed safely. The processes in place ensured the administration and handling of medicines was suitable for the people who used the service. Systems were in place to ensure the premises were kept clean and hygienic so people were protected by the prevention and control of infection. There were arrangements in place to make sure action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles. People were encouraged to prepare their own meals and make healthy choices to maintain their health and well-being. Staff supported people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

Staff were caring and compassionate and meaningful relationships had developed between people and staff. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided. Staff had a good understanding of

people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed people and their relatives were involved in the assessment process and the on-going reviews of their care. They were supported to take part in activities which they wanted to do, within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. Staff were motivated to perform their roles and worked to empower people to be as independent as possible. The provider had quality assurance systems to review the quality of the service to help drive improvement.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Hunsbury House

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.

This comprehensive inspection took place on 6 and 8 November 2017 and was announced. The provider was given 48 hours' notice because Hunsbury House is a small service and we needed to be sure staff and people living at the home would be in.

The inspection was carried out by 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.

During this inspection we spoke with three people using the service. We spoke with three members of care staff, an occupational therapist, a therapy assistant, the registered manager, the clinical nurse manager and the general manager. We observed general interactions between people who used the service and staff.

We reviewed the clinical case notes in relation to the care of the four people. These included their care plans, health, medication, risk assessments and daily care records. We also looked at three staff recruitment records and other records relating to the management of the service, such as staff training and supervision records, quality audits and feedback from people using the service and stakeholders.

Is the service safe?

Our findings

People continued to receive safe care and treatment. One person said, "I feel very safe living here." Staff told us, and records showed staff had received appropriate training with regards to safeguarding and protecting people and also knew how to raise any safeguarding concerns outside of the organisation, known as 'whistleblowing'. One member of staff said, "I am sure any concerns brought to the manager would be dealt with straight away, I have every confidence they would, but if it were different I would whistle-blow to the Care Quality Commission (CQC) or the local authority." Records showed safeguarding incidents had been reported to the relevant authorities as required.

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included accessing the community, using domestic and household appliances and using public transport. The assessments took into consideration the need for people to take some risks in order to grow in confidence and develop their independence. Records showed the assessments were regularly reviewed and updated as people's needs changed.

There were enough staff to support people safely. We observed there were sufficient staff available to fully support people in carrying out their day to day activities and the staff rota showed the staffing levels were consistent. The service carried out robust recruitment procedures to ensure that all staff employed were suitable to work with people using the service.

People's medicines were safely managed. Records showed people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. Staff told us they had received training on the safe administration of medicines. Regular medicines audits were carried out to ensure staff were consistently following the medicines policy, medicines were being safely stored and accurate records kept.

People were protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. Regular monthly audits were completed that included hand washing and infection control procedures. Staff had completed training in infection control and food hygiene.

Accidents and incidents were closely monitored. Staff had received training on managing behaviours that challenged the service. Their knowledge was kept up to date and followed the most recent best practice guidance. People were supported to use coping strategies to enable them to take control of their behaviours. The staff had a calm and consistent approach when working with people, which helped them to self-manage. This made people feel safe and secure, reducing the number of challenging incidents.

The building was appropriately maintained. There were certificates to confirm compliance with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

Is the service effective?

Our findings

People's needs were assessed and their care and treatment was delivered in line with current standards and legislation to achieve effective outcomes. The staff and the provider told us staff attended conferences and subscribed to relevant nursing journals to keep up to date with current practices in caring for people with acquired brain injury. In addition regular multidisciplinary meetings took place to share knowledge. Records within people's clinical support plans showed their physical health, mental health and social needs were continually assessed and were being met. The staff worked closely with other healthcare professionals, such as the speech and language therapists, occupational therapist, epilepsy services and people's GP's.

Staff had the knowledge and skills to carry out their roles and responsibilities. Staff told us and records showed that they received in-depth induction training and worked alongside an experienced mentor, during which they had competency assessment carried out. One member of staff said, "The training is fantastic, it is very thorough." Staff told us they felt well supported and received probation meetings and on-going regular one to one supervision to discuss their work and learning and development needs. Records also showed staff received an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. Staff told us people were encouraged to be involved with choosing healthy meal choices, preparing and cooking their meals. People's support plans gave staff guidance on any food allergies or food intolerances. People were supported to use and access a wide variety of other services and social care professionals. Regular care reviews were carried out with people's GP, their psychologist and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. Input from other services and professionals was clearly documented in people's health support plans.

People's diverse needs were met by the adaptation, design and decoration of premises. People using the service all had assessments carried out to ensure living in a domestic dwelling was right for them. People had their own space and also had access to a communal lounge and kitchen. One person told us he had a 'man shed' in the garden where he liked to make up Lego sets, they took pride in showing us their shed, and the collection of scenes and objects they had built using Lego. Each person had their own bedroom that was very personalised. One person told us they were making a sitting area in their bedroom and the staff were helping them to choose a new sofa. The registered manager and staff told us people had chosen how they wanted their individual rooms decorated. They had jointly decided on the colour schemes for the communal areas of the house.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as less restrictive as possible. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

registered manager and staff understood their roles in assessing people's capacity to make decisions and observations made during the inspection demonstrated that staff worked consistently in supporting people to make choices.

Is the service caring?

Our findings

People were treated with kindness and compassion and given emotional support when needed. One person said, "The staff are great, we get along very well." It was evident from the interactions we observed between staff and people using the service there was a relaxed atmosphere and they had mutual respect for one another. There was a dedicated family liaison and rehabilitation team that ensured good contact was maintained between family and friends. The staff worked closely with families and friends and facilitated people to have regular visits to see their friends and loved ones.

People were supported to express their views and be actively involved in making decisions. Records showed monthly resident meetings took place and provided a forum for people to feedback on the service they received. The provider was aware of the need to provide information for people in an accessible way and satisfaction surveys were made available in written and pictorial formats. The results of the most recent survey indicated people and relatives were very happy with the care they received at the service. Some of the comments received from relatives included: '[Name] has improved beyond belief', 'I only have praise for the care [Name] receives' and 'As always the level of service is top class.'

People's privacy, dignity and independence was respected and promoted. We observed that staff respected people's rights to spend time in private and knocked on doors and waited to be invited in before entering. In discussion with the staff they demonstrated they fully understood about people's right to be treated with dignity and respect. People's clinical support plans had been agreed with them and written in a person centred way.

The staff were very mindful of maintaining confidentiality and made sure that confidential information was stored away securely.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Based on the information from the pre – admission assessments and how people had said they wanted their care to be provided individualised support plans were set up. Each person had an 'about me' pen profile, which gave an insight into their history, their preferences, interests, goals and aspirations. Some people had work and educational placements and all people enjoyed doing a variety of different activities. For example, clothes and food shopping, visiting friends and family, going on days out and holidays, attending concerts, discos and other social events, having meals out and going to the cinema. One person told us they were into heavy rock music and the staff had supported them to go to a rock concert to see the band Iron Maiden. Another person liked doing more individual activities, such as, baking cakes, reading, watching game shows on TV, attending church services and going to the theatre. This meant the service people received was very individualised and person centred.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff communicated well with people using speech, gestures and body language. People had developed daily timetables that were available in written and pictorial formats. Staff supported people in orientating themselves and having structure to their day. For example, one person smoked and had little concept of time; in order for them to manage and control their smoking they referred to their timetable that was on display. This helped relieve their anxiety so they knew when they were going to have their next cigarette.

People knew how to make a complaint if needed and had confidence their concerns would be listened to and acted upon as required. Information on how to make a complaint was available in an accessible format for people to understand. Records showed complaints had been responded to promptly in line with the providers own policy.

The provider understood the need for people, their family, friends and other carers to be involved in planning, managing and making decisions about end of life care. In some instances people's representatives had taken on a lasting power of attorney responsibility, to ensure end of life wishes were accommodated.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.'

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and also on their website.

The service had a clear vision and was committed to delivering high-quality care and support, and a culture that promoted person-centred care. People told us they felt the service was managed well and the staff team were friendly and approachable. One person said, "The staff are very good, I feel I can really talk to them." One member of staff said, "We are all very committed to ensuring the guys have a good quality of life and are fully supported to achieve their potential."

Staff told us the registered manager, therapists and directors were very approachable. One member of staff said, "I absolutely love working here, the manager has an open door policy, I feel I can approach her at any time." Another member of staff said, "The staff are respected by the management, we are always listened to and our views are taken on board."

Staff told us they were supported through regular supervision and received appropriate training to meet the needs of people using the service. One member of staff said, "We have regular supervision and team meetings, but you can speak with the manager at any time, she always makes time for you." Records of staff meetings demonstrated the meetings took place regularly and provided a forum for open discussion and learning.

The registered manager and the provider carried out regular quality audits and areas identified as requiring attention had actions taken to address them. Records were well maintained and staff had access to all general operating policies and procedures. There were internal systems in place to report accidents and incidents and the manager and staff investigated and reviewed incidents and accidents. In response the clinical care plans were reviewed and updated to reflect any changes in the way people were supported and supervised.

Robust management systems were in place to check the quality and safety of the service. Audits were carried out covering areas such as, medicines, incidents and accidents, infection control and health and safety. A member of the management team also monitored the service to check that appropriate actions had been taken to address any areas identified for further improvement.

The service worked with other agencies. The feedback we received from commissioners was positive.

Records showed the service was open, honest and transparent with outside agencies and professionals. The registered manager raised safeguarding alerts when appropriate, to ensure people's safety and had notified CQC of important events, such as alleged abuse or serious injuries as required under their conditions of registration.