

# Camphill Village Trust Limited(The) Oaklands Park Domiciliary Care Service

## Inspection report

Oaklands Park  
Newnham  
Gloucestershire  
GL14 1EF

Tel: 01594516551

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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

About the service: Oaklands Park Domiciliary Care is a supported living service. There were 22 people receiving the regulated activity of 'personal care' from Oaklands Park at the time of the inspection.

People's experience of using this service:

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and coordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. People's support focused on them having as many opportunities as possible to gain new skills and become more independent. Where people lacked capacity to make decisions for themselves, the service used the least restrictive methods to support them. People were able to access the community and take part in activities which were tailored to their individual needs.

- People's risks had been identified and appropriate safety measures were in place. People were supported by a consistent team of staff who were kind and caring.
- Staff had good relationships with people and knew them well. People told us they were happy with the staff who supported them.
- People received their medicines as prescribed and medicines were managed safely.
- People could see healthcare professionals when needed and supported to live healthy lives.
- Staff knowledge in relation to people's conditions, their needs, and how to support them was thorough.
- Care plans were person centred and included people's personal preferences. This meant people received a service which was tailored to their individual needs.
- People were supported to take part in various activities such as woodwork, social farming and pottery.
- There was an open culture where staff and people could raise concerns or issues. People told us they felt safe at the service and felt happy to speak up.
- People, relatives and staff told us the service was well-led. The registered manager was a visible presence and knew people and their relatives well.
- People's feedback was encouraged and used to shape the service.

The service met the characteristics of Good overall. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: At the last inspection the service was rated Good (This report was published on 8 July 2016).

Why we inspected: We inspected this service as part of our ongoing Adult Social Care inspection

programme. This was a planned inspection based on the previous Good rating. Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Oaklands Park Domiciliary Care Service

## **Detailed findings**

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was caring for people with learning disabilities.

#### Service and service type:

Oaklands Park Domiciliary Care is a supported living service. This service provides care and support to people living in separate 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This was an announced inspection and the service was given 48 hours' notice. This was to ensure people and staff were available for us to speak with. The inspection took place on 20 and 21 March 2019.

#### What we did:

We reviewed information we had received about the service since the last inspection in July 2016. This

included details about incidents the provider must notify us about. We used information the provider sent us in their Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke with six people living at the service and six relatives. We spoke with four members of staff, the registered manager and a representative of the provider. We reviewed five people's care and support records and five staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. For example,

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe. One person said, "I feel very safe here. I have been here for over 30 years and this is home. If I have any worries, I can talk to the staff."
- Staff received training on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose.
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. One staff member said, "If we raise any concerns, these are always taken seriously and fully investigated." Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided clear guidance for staff on how to reduce the risk of harm to people. For example, there were clear guidelines for staff on how to support people who could experience an epileptic seizure whilst bathing, this ensured people's safety whilst maintaining their privacy.

Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, one person was at risk of choking and staff ensured they were supported in line with the recommendations made by the health professional.

- The environment was regularly checked and assessed to ensure it remained safe.
- Fire systems and equipment were monitored and checked. People took part in regular fire drills so that staff would know how to safely evacuate people when needed.

Staffing and recruitment

- Safe recruitment processes were followed. People told us how they were involved in the recruitment of staff. People told us this allowed them to have more choice and control to ensure the service employed people who were most compatible with the people living at Oaklands Park.
- There were sufficient numbers of staff working in the service. Staffing levels were calculated according to people's needs and reviewed when people's needs changed.
- People were supported by a consistent team of staff that knew their needs well. One person said, "I have regular carers and know them well." One relative said, "There are enough staff. I have no concerns about staff shortages."
- The registered manager told us that plans were in place for business continuity in events such as severe weather. These ensured people received their care as planned.

- The service used the local authority's electronic call monitoring system to monitor people received their care as agreed.

#### Using medicines safely

- Staff were trained to handle medicines in a safe way. They completed a competency assessment every year to maintain their knowledge and skills.
- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).
- Where people were independent with their medicines, there were clear protocols in place for staff to monitor this to ensure people were taking their medicines safely and as prescribed.
- Regular medicines audits were taking place to ensure any shortfalls in medicine administration were being promptly identified and addressed.

#### Preventing and controlling infection

- The registered manager told us cleaning duties were completed by the people living in the individual houses and they were supported by staff if required. We saw that the houses were clean and tidy.
- The service had a quality assurance lead who completed regular infection control audits to ensure this was being managed appropriately in the service.
- Staff had access to personal protective equipment such as aprons and gloves to prevent cross infection.

#### Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated to ensure appropriate was taken to keep people safe. . These were reviewed regularly by the registered manager and lessons shared with staff to prevent recurrence.
- The provider's senior managers carried out a 'structured review' following any serious incident. When areas for improvement were identified, changes were made to improve the safety of the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this. One person said, "The staff know my needs well and know what they are doing." One relative said, "The staff are well trained."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately and based on current best practice.
- The provider and registered manager ensured people received care and support which was current and effective. For example, staff had been trained in epilepsy care.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had been trained to carry out their roles. Training topics included emergency first aid, safeguarding, equality and diversity, fire safety, infection control, MCA, Epilepsy and moving and handling.
- Staff told us they could request additional training if required. One member of staff said, "The training I received when I started was excellent."
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role.
- Staff we spoke with felt supported by the management team. They told us they received regular one to one meetings with their line manager to discuss work related issues and their development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff spent time with people to discuss what they would like to eat and developed a menu for the week.
- People and staff worked together to prepare meals. This ensured people could maintain a level of independence and or learn new life skills.
- Staff spent time engaging in conversation with people whilst cooking and supporting at lunchtime. There was a pleasant atmosphere at lunchtime and people enjoyed a relaxed meal which was not rushed, or task focused.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access ongoing healthcare. Staff arranged medical appointments for people and supported them during these appointments.
- Care records evidenced that people had been referred to healthcare professionals when a need arose. Advice given by healthcare professionals, including Occupational Therapists and the GP, was acted upon

and included in people's care records.

- Relatives told us they felt their family received appropriate healthcare.
- Each person had a health action plan which would be used to give medical staff guidance on areas such as; communication, health needs, medication and any barriers people may have to accessing medical help.

Ensuring consent to care and treatment in line with law and guidance

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 least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff had received training and were knowledgeable about the principles of the MCA. Staff asked people's permission before providing support and asked them if they were happy for us to be shown around and whether they wanted to speak with us.
- The service obtained consent to care and treatment in line with legislation and guidance. For people who lacked mental capacity to consent, written records showed mental capacity assessments and best interest decisions had been completed and documented to comply with legislation. For example, in relation to personal care, medicines and activities.
- Care was delivered to people in the least restrictive way. At the time of the inspection, nobody living at Oaklands Park was subject to a DoLS.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, "Everyone is always nice to me." Another person said, "The staff are very friendly and respectful towards me." The relatives we spoke with described the staff as being kind and caring towards their loved ones.
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us the service involved them in developing and reviewing their care plans and their views were respected.
- During the inspection, we observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people about their lunch preferences and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff knocked on people's doors and waited for permission before entering. Staff ensured doors and curtains were closed when carrying out personal care.
- When people chose to speak with us, staff respected people's right to speak with us privately.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. They included clear information for staff on people's likes, dislikes and preferred routines so that their individual needs and preferences could be met .
- People's personal care plans detailed their preference for what order they would like tasks to be done during the morning. It was evident from our conversations with staff and observations that staff understood people's preferences and routines.
- People were supported to access a range of activities. These included; woodwork, gardening, going for days out, weaving, pottery, baking and social farming. People told us they enjoyed these activities and that they also learnt new skills by taking part in such activities.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard (AIS). 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.
- Signs, posters and notices were displayed around the home in a way that people had access to information and could see and read items on display. For example, people had access to an easy read complaints form.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. Residents meetings were also held and gave people an opportunity to discuss any concerns they might have.
- People and relatives told us they were able to raise any concerns, and these would be dealt with appropriately.
- We saw that where complaints had been made, learning had been taken from these and improvements made to the service. For example, one complaint had raised concerns around the behaviour of a person during a planned activity. As a result, additional measures were implemented to support the person.

End of life care and support

- Nobody receiving a service from Oaklands Park was receiving end of life care at the time of the inspection.
- Staff had received training around providing end of life care and support. Where required, the service would also request support from other health professionals such as people's GP.
- We discussed with the provider and registered manager how they ensured people's preferences and choices about their end of life care would be followed. The registered manager explained that planning and recording of people's end of life care was an on-going process. Plans were in place to start to sensitively approach people and their families when appropriate to discuss their end of life wishes.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The staff we spoke with felt supported by the registered manager and felt able to raise issues.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took into consideration their preferences.
- Appropriate action was taken when things went wrong. The provider had a process to learn from incidents and ensure these were used in a positive way to improve the service. For example, the registered manager told us how reflective work would take place in supervisions and team meetings to facilitate individual and group learning.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and provider were clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had implemented an annual survey to enable people to provide feedback relating to their care. In addition to this, the service had organised a 'residents council' and monthly gatherings where people could meet with senior management to discuss issues relating to the service. The service had also organised a quarterly 'family reference group' to share news about the service and discuss ideas on how to improve it.
- It was evident that where suggestions had been made action had been taken. For example, residents had raised concerns about the cost of items in the café. As a result, a full consultation had taken place to gather the views of all the people using the service before a final decision was made. Subsequently, a decision was made to keep the prices at the original rate.
- Regular staff meetings took place. We saw the minutes of these which showed staff were encouraged and able to speak up and contribute to discussions.

#### Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.
- The service had good links with the local community. The had worked in partnership with a local farmer to widen the paths around the service. The service was working with Gloucestershire Highways to address road safety issues in the local community.
- The service had developed partnerships with adult education to provide additional learning opportunities for people. This had led to people being able to access additional IT courses.
- The service had developed a partnership with the University of London to research how people with Learning Disabilities are using Mobile Technology. Part of this work had resulted in the development of a safe social networking platform for people with learning disabilities.

#### Continuous learning and improving care

- Quality assurance processes were in place. This included regular audits of complaints, accidents and incidents, care plans, environmental issues, medication and records. Actions arising from these audits fed into annual improvement plans. For example, following an audit of the complaints, it was identified that the complaints process was not always visible or easy to understand. As a result, this was reviewed to make it more accessible for people.