Oakfield (Easton Maudit) Limited

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Inspection report

Easton Maudit
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This unannounced inspection took place on 20 and 21 March 2017.

Oakfield (Easton Maudit) Limited is registered to provide accommodation and personal care for up to 18 adults of all ages with learning disabilities, autistic spectrum disorder and physical disabilities. There were 16 people living in the home on the day of inspection.

There was a registered manager in post at the time of our 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems and processes in place to assess monitor and improve the quality and safety of the service were not always effective at identifying shortfalls. Where shortfalls were identified these were not always addressed in a sufficiently timely manner.

Staff recruitment procedures needed to be strengthened to ensure that all necessary risk assessments had been completed as part of the staff selection process. In the main there were enough staff deployed to keep people safe and provide appropriate support. However members of the management team and activity staff were often re-deployed to cover care shifts as there was a shortage of care staff.

Arrangements in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support required strengthening. Not all staff had been trained in mental capacity and some staff with responsibility for medicines administration did not have an up to date competency assessment. Some staff had not been provided with refresher training in key areas such as safeguarding. Staff received an induction into the home and did not work with people on their own until they understood the care needs of each person.

People felt safe in the home and relatives said that they had confidence in the ability of staff to keep people safe. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabled positive risk taking. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were written in a person centred approach and detailed how people wished to be supported and people were involved in making decisions about their care. People participated in a range of activities both in the home and in the community and received the support they needed to help them do this. People were

able to choose where they spent their time and what they did.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived in the home and people told us that staff were caring and respectful. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Recruitment procedures needed to be strengthened to ensure the suitability of staff to work in the home.

Staff deployment needed to be adjusted to ensure that there were enough staff to meet people's needs consistently.

People were supported appropriately to take their prescribed medicines.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Individual risk assessments were in place and were continually reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); there was a risk that staff would not have sufficient understanding of the requirements of the MCA (2005). People were actively involved in decisions about their care and support needs and how they spent their day.

Staff training had not been updated as required in some areas and there was a risk that staff would not have sufficient knowledge and skills to provide care to people appropriately.

People received the support they required to ensure that their nutritional needs were met.

Peoples physical and mental health needs were kept under regular review. People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as much as possible in the daily running of the home.

Is the service responsive?

Good

The service was responsive.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their physical and mental well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems and processes in place to monitor the quality and safety of the service required strengthening.

Where shortfalls in the quality of care provided had been identified the actions required to implement improvements were not always taken quickly enough.

A registered manager was in post and they were active and visible in the home. They provided staff with regular support and guidance.

Staff demonstrated a clear understanding of the vision and values of the service.	

Oakfield (Easton Maudit) Limited

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 20 and 21 March 2017. The inspection was unannounced and was undertaken by one inspector.

We reviewed the information we held about the service, including notifications about events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and Health watch.

During this inspection we visited the home and spoke with three of the people who lived there and spoke with two of their relatives on the telephone. We also looked at three people's care records and related documentation about the support people required. In total we spoke with eleven members of staff, including support staff, activity staff, catering staff and members of the management team; including the registered manager. We also spoke with a student nurse who was currently on placement at the home. We looked at four records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

We undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We also viewed the communal accommodation and facilities used by people.

Requires Improvement

Is the service safe?

Our findings

Staff recruitment processes needed to be strengthened and care taken to ensure that these consistently provided assurance that staff were of sufficiently good character to work in the service. Although criminal record checks were carried out before staff were allowed to work in the home the provider had not consistently obtained two written references for all new members of staff. This was discussed with the registered manager, who explained that it had been difficult to obtain two written employment references for some staff. They recognised the risks involved and implemented a risk assessment and procedure that clarified the action to be taken when references were not forthcoming for new staff. Although the provider took immediate action to rectify the issues identified by us at the time of inspection, their recruitment practice had not been embedded.

In the main there were enough staff deployed to keep people safe and provide appropriate support and staff had a good knowledge of the needs of the people they were supporting. People told us that they felt supported by staff; one person said "I feel safe; the staff always have time to help me." Another person's relative said "There are enough staff and they work with [Name] really well." However, care staff told us that they were often called upon to cover extra shifts and that staff who were allocated to people's activity programmes were often moved from these duties to cover care shifts. Staff told us that the service had been short of staff for some time. Members of the management team were also covering care shifts due to a lack of care staff. The need to cover the shortage of care staff was impacting on the ability of activity staff and the management team to consistently fulfil their duties. A recruitment drive was ongoing and the service was working hard to cover the shortfalls.

People's medicines were safely managed. Staff supported people to take their prescribed medicines and explained what the medicines were for. The provider had a policy in place to cover receipt, storage, administration and disposal of medicines. We observed a medicines round during the inspection and observed that staff followed safe medicines practice.

Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put safeguarding procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. One member of staff said "I would report my concerns to the manager, there are also telephone numbers displayed, telling us who else to contact if we have concerns". The manager had submitted safeguarding referrals when necessary, which demonstrated their knowledge of the safeguarding process.

Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people and the need to adapt the level of support they provided depending on the person's needs and circumstances. There were a range of individual risk assessments in place to identify areas where people may need additional support to manage their safety and these were regularly reviewed. These guided staff how to support people in a safe way and covered all aspects of their lives. For example a member of activity staff described how one person's individual risk assessments helped staff to understand how to keep the person safe, whilst supporting them to take part in activities in the wider community. When accidents had

occurred, staff took appropriate action to ensure that people received appropriate and timely treatment from health professionals if required.

People were protected from the risk of fire as regular fire safety checks were in place. Fire drills took place regularly and fire alarm testing took place weekly. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Requires Improvement

Is the service effective?

Our findings

People could not be assured that they would receive care and support from staff that had received the appropriate training to enable them to work effectively in their role. Not all training had been updated as required; refresher training in safeguarding was significantly overdue for a number of staff. There was a risk that staff would not have the skills and knowledge required to ensure that people were protected from abuse. The registered manager was aware that staff training was overdue and a member of staff had been recruited to oversee staff recruitment and training; however on going staff shortages had impacted on progress. Staff had received regular training in other areas such as first aid, health and safety, and infection control.

Although staff had received training in the safe handling of medicines they had not had a formal assessment of their competencies in this area. We discussed this with the registered manager during the inspection and they made arrangements for all staff's competency to be reviewed.

Staff had not consistently received training in Mental Capacity; there was a risk that staff would not have an appropriate understanding of the requirements of the Mental Capacity Act 2005 (MCA 2005), resulting in support being provided that was not in people's best interest. Staff that we spoke to during the inspection did have the knowledge of Mental Capacity and what they needed to consider when supporting people. However because training had not been provided, there was a risk that staff were not aware of the latest guidance and any changes in best practice.

The MCA 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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we saw that people were asked to give consent for their care and support and staff followed the principles of the MCA 2005. The registered manager and staff we spoke to were aware of their responsibilities under the MCA and DoLS codes of practice and care plans contained assessments of people's capacity to make decisions. Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way and we observed that staff asked for people's consent before providing care and support.

Staff told us that their induction had prepared them to undertake the duties required for their role. Staff did not work with people on their own until they had completed sufficient shadow shifts to ensure that they felt confident. Newly recruited staff also undertook mandatory training such as moving and handling, fire safety and non-abusive psychological and physical intervention. This training teaches staff the skills to support people to manage their behaviour. One member of staff said "The role and expectations were explained to

me and I shadowed for two weeks until I felt ready to work on my own". Another member of staff said "The [behaviour management] training is very good, it teaches you all the things you may not think of doing; you get used to thinking ahead so things don't escalate".

People's needs were met by staff that were effectively supported and supervised. Staff were able to gain support and advice from the management team when necessary and we saw evidence that supervision was taking place. Staff told us that they felt supported and found supervision beneficial, one member of staff said "I have regular supervision; we talk about care issues, staff issues, training and how I'm getting on".

People told us that the food they received was good and that they were encouraged to make their own choices about meal options. One person told us "The food is nice and we get a choice." People had access at any time to snacks and drinks within the home. Staff were aware of people's dietary needs and food intolerances and ensured that appropriate meals were provided.

People at risk of not eating or drinking enough had been assessed and actions taken to address this risk. Staff referred people to their GP and dietitian for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely. For example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that was soft or had been pureed to help prevent choking.

People's healthcare needs were monitored and care plans ensured that staff had information on how care should be delivered effectively. One person's relative told us "The staff are very good at making sure [Name] goes to their hospital appointments, they have always stayed with [Name] when they've been admitted to hospital, it's just fantastic." We saw instances recorded in people's care records when staff had promptly contacted health professionals in response to any deterioration or sudden changes in people's health and acted on the instructions of the health professionals. We saw evidence of regular health checks taking place and people were supported to access a range of healthcare professionals such as the dentist, optician and community learning disability team.

Good

Is the service caring?

Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. Staff had good relationships with people and their relatives and friends. One person said "The staff are alright; this is a good place". Another person's relative said "I'm sure [Name] is very happy at Oakfield, they have a lovely relationship with all the staff." During the inspection we observed staff adapt their approach depending on the situation; using tone of voice and positive touch as appropriate to aid communication when talking to people, and joking and laughing with people at other times.

People's relatives told us that they were made to feel comfortable when they visited and were supported to be involved in their family members' lives. One person's relative said "After [Name] has been to stay with me, I take them back to Oakfield and I always go in and have lunch with them". Another person's relative told us "The staff always bring [Name] part of the way home when they come to stay, and I meet them; that's really helpful." Relatives described how staff supported people to keep in touch with them via telephone; including supporting them to make calls on special occasions such as Mothering Sunday.

Each person had an identified keyworker, a named member of staff who took particular responsibility for their on-going support. People and their relatives knew who their keyworker was and one person's relative said "It gives much more continuity, I always know who to talk to." Staff were enthusiastic about their keyworker role and described how this had enabled them to ensure people were provided with individualised support. For example, one person's key worker described how they had signposted the way from the person's room to the toilet using colourful footprints on the floor and the positive impact this had had on their ability to find their way to the toilet independently.

Staff knew about people's life histories and the people and things that were important to them. One person's relative said "[Name] has lived at Oakfield for many years and the staff really know them well". Another person's relative said "Staff have learned to read [Name] they know them so well and can understand why they are doing what they're doing."

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important goals that they wanted to achieve. One person's relative described the positive impact that staff support had had on their family member's confidence; they said "It's brilliant what they've done for [Name], they stretch them, the way they work with them is really good."

People were supported to access advocacy services to support them with decision making, for example with regards to financial decisions. Staff knew how to support people to access advocacy services should they need to.

People's dignity and right to privacy was protected by staff. Staff were able to explain how they upheld people's privacy and dignity by taking into account their personal situation and needs and attending to these in a person centred way. For example one member of staff said "I knock the door, use a suitable tone

of voice and give people as much privacy as they need".

Good

Is the service responsive?

Our findings

People were assessed before they came to live at the home to determine if the service could meet their needs. The manager used information from previous care providers, the person and their family as well as face to face meetings to decide if the home was an appropriate placement for the person. The assessment was completed and initial care plans were produced before new people came to live in the home; these were shared with staff and monitored and updated as necessary.

Person centred care plans were up to date, reviewed as needed and contained information about people and their preferences. Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs. They covered areas such as personal care, eating and drinking and behavioural needs and provided specific guidance to staff with regards to people's preferences and requirements. One person had diabetes and their care plan explained how staff should support them to make healthy choices with regards to eating and drinking. Another person required staff support to manage their behaviour at times; their care plan provided staff with detailed guidance of how to best work with them to enable them to feel calm.

We saw that where people needed specific equipment to support them this was in place. For example one person required a particular piece of equipment to support them to get up should they fall. This was in place and their care plan contained detailed instructions regarding how this should be used. People or their representative were involved in regular reviews of their care needs, however as care plans were stored electronically this was not consistently recorded. The provider took action to ensure that people's involvement in planning their care could be recorded.

The assessment and care planning process considered people's hobbies and past interests as well as their current support needs. Each person had an individual programme of activity sessions that they had been supported to devise. People's relatives told us that they thought their family members had enough to do, one person's relative said "Name has their own programme; they've been to college to do gardening, they go to the cinema and go swimming every week." Another person's relative said "[Name] has one to one time when they can go shopping or go out for lunch; they love wrestling and go with staff to watch live wrestling once a month." Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. We observed staff supporting people to engage in activities in an enthusiastic and positive way. Activities were combined to provide people with a therapeutic mix that met both their support and leisure needs and contributed to improving their confidence, knowledge and skills.

Staff told us that staff shortages sometimes impacted on the amount of activity available to people. Staff did their best to engage people in activities but they did not always have time to ensure that people could access the activities that were planned. One member of staff said "The staffing needs to improve. We try to cover the shifts and management step in if necessary, but people do miss out on activities sometimes." They told us that it was particularly difficult to ensure that activities took place at weekend, but that the staff team pulled together to cover the shifts to make sure that people were able to do most of the things that were planned. The registered manager was aware of the staff shortages and a recruitment drive was in progress.

The service employed a team of staff who had responsibility for supporting people to access employment, education and social activities; this included a horticulture and animal care project in the grounds of the home. One person told us about the work they had been doing in the garden and how they enjoyed caring for the animals; they were clearly very proud of their achievements. There was a focus on supporting people to learn new skills, for example as part of the horticultural project people had sold the produce they had grown at local fetes; taking responsibility for running the stall. People were also supported to take part in a forestry project facilitated by the service; this included learning woodwork and outdoor life skills. One person enthusiastically told us about the wood work they would be doing that day.

People knew how to raise a complaint should they wish to. One relative told us that although they had never needed to make a complaint, they knew who to speak to if they were unhappy with any aspect of the service and felt confident that the manager would respond to any complaints correctly. There was a complaints policy and procedure in place and complaints were logged. There were regular opportunities for people to speak in private to staff or the manager.

Requires Improvement

Is the service well-led?

Our findings

The provider was involved in the service and held regular meetings with the registered manager to discuss resident and staff matters and the environment. They also arranged for external compliance audits to be carried out; for example health and safety audits. However, the quality assurance processes in place were not consistently effective at ensuring the actions required to implement improvements were taken in a timely way. The provider had identified that the service required more care staff, but action had not been taken quickly enough to ensure adequate numbers of care staff were recruited. Sufficient interim measures were not implemented to ensure that this did not impact on the workload of existing staff. The provider had recognised that this was not sustainable and a recruitment drive was in progress, however sufficient staff had not yet been recruited.

The lack of care staff available in the home had resulted in the registered manager and other members of the management team covering shifts to provide direct support to people. This impacted upon their ability to have consistent managerial oversight of the service; there was inconsistent monitoring of some aspects of the service. Audits in place to check medicines stock levels had not been consistently completed. The findings of environmental audits had not been acted upon; environmental risk assessments were not in place for many areas of the home. The provider did not have a system in place to identify these shortfalls.

Recruitment processes were in need of strengthening. The provider did not have sufficient systems in place to identify that the service was not adhering to its recruitment policy and procedures. There was a lack of oversight of staff training; not all training had been refreshed and staff had not been provided with training in key areas such as mental capacity. Not all staff with responsibility for administering medicines had been assessed for their competency. The provider had not ensured that all staff were provided with appropriate, timely training.

The provider carried out regular surveys of the views of people living in the home, their relatives and staff. However there had been a delay in the responses of the most recent survey being analysed and forwarded to the provider by the registered manager; this delayed feedback on their responses being provided to people. The survey had been completed in November 2016; the registered manager explained that they had monitored the responses as they were received but had not had opportunity to respond to people's feedback. There had been a lack of prompt provider oversight and action in response to people's views of the service.

People said that the registered manager was approachable and they had confidence in their ability to manage the home. People, their relatives and staff consistently told us said that the registered manager was visible in the home and available to listen to their views. One person's relative said "I can speak to [Registered Manager] about anything, they are open and very supportive of [Name]". We observed that the registered manager had an open door policy and was accessible to staff and people living in the home. We saw people regularly go to the registered manager's office when there were things they wanted to talk about; the registered manager clearly knew the people who lived in the home very well. The registered manager demonstrated an understanding of their responsibilities for the way in which the home was run on

a day-to-day basis and for the quality of care provided for people in the home. We found systems were in place to ensure that legally notifiable incidents were appropriately reported to the local authority safeguarding team and Care Quality Commission (CQC) as required.

Staff understood their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. They were aware of the vision and values of the service and told us "The care we provide is person centred, we respect people's individuality, treat them with dignity and promote their independence". Staff were confident in the manager's leadership and found them to be approachable and friendly. They told us that they felt able to ask for support, advice and guidance about all aspects of their work. One member of staff said "The manager creates a very homely atmosphere and they are very good at empowering staff" and another said "The manager is really supportive, their door is always open and they are really accessible."

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role, such as safeguarding people. Staff were aware of the whistleblowing policy and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run. The content of staff meeting minutes demonstrated a positive, open culture, with discussions about staffing, residents' needs and training.