

The Oaklea Trust

Yealand Drive (Adult Care Home)

Inspection report

The Oaklea Trust
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Yealand Drive (Adult Care Home) is a care home providing accommodation and personal care to up to 5 adults who have a learning disability. The home is in a residential area of Ulverston in south Cumbria. People have their own bedrooms which are on the ground and first floors of the home. There are suitable shared facilities including toilets and bathrooms, a large sitting room, dining room and kitchen. At the time of our inspection there were 5 people living in the home.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People had a fulfilling and meaningful everyday life because staff focused on their strengths and promoted what they could do. People were supported to gain skills and independence. Where appropriate, people were supported to move to live with greater independence in the community.

People were supported by staff to pursue their interests in the home and in the community. People told us they enjoyed a variety of activities in the local community. One person told us they had enjoyed a visit to the cinema to watch a film of their choice. People also told us about concerts they had enjoyed. Activities were tailored around people's choices and preferences.

Staff supported people to identify and achieve their aspirations and goals. People were active members of their community and staff valued people's achievements.

People had a choice about their living environment and were able to personalise their rooms. People told us they had been included in choosing the décor for communal areas of the home. People lived in a safe, clean, and well-furnished environment that met their sensory and physical needs.

Staff supported people to access routine and specialist health care services to ensure their health and wellbeing. People were supported with their medicines in a way that promoted their independence and achieved the best possible health outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff supported people to make decisions following best practice in decision-making.

Right Care:

People received kind and compassionate care from staff who knew them well. Staff protected and respected people's privacy and dignity. They understood and responded to people's individual needs.

People were safe and protected from abuse. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough appropriately skilled staff to meet people's needs and to keep them safe. People liked the staff who supported them. People enjoyed laughing and joking with the staff on duty.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds and gestures could interact comfortably with staff because staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and abilities. They gave clear guidance for staff on how to support individuals. This promoted people's wellbeing and enjoyment of life.

Right culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. They knew people well and were responsive, supporting them to live a quality life of their choosing.

People and those important to them were involved in planning their care. Staff knew how to give people choices about their lives and support and respected the decisions they made.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 13 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The rating for the service had not been reviewed since our last rated inspection in November 2017. We undertook a focused inspection to seek assurance people continued to receive safe, high-quality care. We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Yealand Drive (Adult Care Home)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Yealand Drive (Adult Care Home), (Yealand Drive), is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Yealand Drive is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 30 June 2023 and ended on 9 July 2023. We visited the service on 30 June 2023. We arranged to return to the service on 9 July 2023 to speak to the registered manager and to look at additional records.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived in the home who could share their views with us. We observed how staff interacted with people. We also spoke with the registered manager and 3 members of the care team. We looked around the accommodation.

We reviewed a range of records. This included 3 people's care records and medication records. We also looked at records relating to the safety and management of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from harm because staff understood how to protect them from abuse. The service worked well with other agencies to do so. People told us they felt safe. One person said, "I'm safe." We saw people were confident approaching staff for reassurance and support.
- Staff knew people well. They said they would be able to tell by a person's mood and behaviour if they felt scared or unsafe. Staff were trained in how to identify and report abuse and knew how to apply it. They told us they would report any concerns to a manager in the service or to the local safeguarding authority.
- Staff told us they would not tolerate any form of abuse. They said, if they had any concerns regarding a person's safety, they would act immediately to protect the person and would report their concerns. One staff member said, "I'd report any concerns immediately. There is always a manager on call who we can speak to."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff gave people as much choice and control as possible over their daily lives and the activities they followed.
- Staff understood when people needed structure and routine to support their wellbeing. They followed people's care plans and created an atmosphere which enhanced people's mood. People looked relaxed and content.
- Staff managed the safety of the living environment and equipment in it well through checks and actions to minimise risk. They ensured people were safe in the home.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- People were well cared for because the numbers and skills of staff matched the needs of people using the service. Staffing levels were arranged to allow people choices about their daily lives. Some people liked to go out into the local community. Staffing levels supported this, so people could go out when they wanted.
- Staff were trained in how to support people and knew people well. People enjoyed spending time with the staff.
- Staff recruitment and induction training processes promoted safety. Staff induction included spending time in the service getting to know people, their individual needs and how they liked to be supported. Staff knew how to communicate effectively with people.
- The provider had safe systems to recruit new staff. They carried out checks on new staff to ensure they were suitable to work in a care service. New staff had to provide evidence of their good character and were checked against records held by the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received the support they needed to take their medicines safely and as their doctors had prescribed.
- Staff had been trained to manage medicines safely. They reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people about their medicines.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager supported visiting in and outside of the home.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The provider investigated any incidents and shared lessons learned.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People experienced good outcomes because the registered manager and staff put people's needs and wishes at the heart of everything they did.
- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The registered manager was visible in the service, approachable and took a genuine interest in what people and staff had to say.
- People knew the registered manager and were confident approaching them. One person told the registered manager, "I like you."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the duty of candour. They were aware of the need to be open and honest when incidents occurred where the duty of candour applied.

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

- People received high quality care which promoted a good quality of life because the registered manager had the skills, knowledge and experience to perform their role and had effective oversight of the service.
- Governance processes were effective and helped to keep people safe, protect people's rights and provide good quality care and support.
- The registered manager understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were included in developing the service and made choices about their support, lives and goals.
- The registered manager and staff consistently gave people choices about their lives and acted in response to their feedback.

- People had been included in choosing the décor and furnishings for their own rooms and chose the décor for the communal sitting room.
- People made suggestions for activities they wanted to engage in, and staff worked with them to arrange these.
- The registered manager and staff were committed to the continuous improvement of the service. They monitored the quality of the service and identified how it could be further improved to ensure people experienced positive outcomes.

Working in partnership with others

- People received the support they needed from agencies outside of the home because the provider and staff worked cooperatively with other services. The registered manager contacted appropriate services to ensure people received the support they needed.