The Oaklea Trust

Walby Hill (Adult Care Home)

Inspection report

The Oaklea Trust
4 Walby Hill, Rothbury
Morpeth
Northumberland
NE65 7NT

Tel: 01669620737
Website: www.oakleatrust.co.uk

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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

The inspection took place on 17 and 23 December 2015 and was announced. We gave the provider notice because people and staff were often out in the local community and we wanted to make sure that they would be available.

Walby Hill (Adult Care Home) provides care and support for people who have learning disabilities. There were seven people living at the service at the time of the inspection. The number of people the provider was registered to accommodate was being reviewed at the time of the inspection. We last inspected the service in April 2014 and found they were meeting all the regulations we inspected.

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.

We discovered some concerns with the condition of the premises. We noticed that the first floor windows had not been fitted with window restrictors. In addition, a wardrobe which was located at the top of the stairs had not been secured to the wall to prevent any accidents or incidents. A risk assessment had not been undertaken to assess these risks.

All providers of health and social care have to comply with the Code of Practice for health and social care on the prevention and control of infections, and related guidance. We found that criterion one of this code, which requires the provider to have systems to manage and monitor the prevention and control of infection was not being fully met.

Staff told us that they had to walk through the kitchen with soiled washing to access the laundry. This risk had not been assessed. There was no designated sluice facility or guidelines in place to ensure that staff followed correct procedures regarding the cleaning and disinfection of continence equipment to ensure that it was adequately cleaned.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff told us that they had not seen anything that had concerned them. We found minor concerns with medicines management.

We spoke with one staff member who had been recruited in 2014. They told us that the correct recruitment procedures had been followed including a Disclosure and Barring Service check (DBS) and references. We found however, that the DBS had been obtained after the staff member had started work. The manager told us that the staff member had always shadowed an experienced member of staff and did not work alone. A risk assessment had not been completed to assess this risk or document the actions that had been put in place.

Following our inspection, the provider wrote to us and stated that an on line DBS adult first check had been obtained prior to the staff member starting work. A DBS adult first check will confirm if an applicant is on the barred list for working with adults; it is not a substitute for a full DBS certificate. The provider explained that two new people had moved into the service at short notice after the care home where they previously lived had closed. The provider stated that new staff had to be recruited in a timely manner to ensure people's needs could be met.

There were sufficient staff on duty at the time of the inspection. Staff received appropriate training and support to enable them to care for people effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements. Documented evidence however, was not always available to demonstrate that staff were following the principles of the Mental Capacity Act 2005.

People were provided with support to meet their nutrition and hydration needs. Support was provided with patience and kindness. We observed positive interactions between people and staff. Staff promoted people's privacy and dignity.

People were supported to access the local community and maintain their hobbies and interests. A complaints procedure was in place. No one raised any concerns about the service and no formal complaints had been received.

We found shortfalls in relation to infection control, some aspects of storage and recording of medicines, assessments of mental capacity mental capacity and individual care plans. Audits were not carried out to monitor these areas to ensure people received safe and effective care.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment, need for consent and good governance. You can see what action we told the provider to take at the back of this report.

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

Not all aspects of the service were safe

There were concerns with certain aspects of the premises where risks had not been fully assessed. Best practice guidelines relating to infection control were not always followed. We found minor concerns with medicines management.

People told us they felt safe. There were safeguarding procedures in place. The manager stated that safe recruitment procedures were followed. However, one check had been received after the staff member had started work. This risk had not been assessed. The provider informed us that an on line DBS adult first check had been obtained and they had to shadow an experienced member of staff until their full DBS check was received.

People and staff told us there were enough staff to meet people's needs. This was confirmed by our own observations.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective.

Documented evidence was not always available to demonstrate that staff were following the principles of the Mental Capacity Act 2005.

People were supported to access healthcare services such as the GP, speech and language therapist and consultants.

Staff told us adequate training was provided. They felt well supported and supervision and appraisal arrangements were in place.

People were happy with the meals provided. They were involved in the preparation of meals.

Is the service caring?

Good

The service was caring.

People informed us that staff were caring.

All of the interactions we saw between people and staff were positive. We saw staff spoke with people respectfully.

People had keys to their bedrooms which promoted their privacy.

People told us that they were involved in their care. One to one meetings were held to discuss their care and support.

Is the service responsive?

Good

The service was responsive.

People were supported to maintain their hobbies and interests. They were actively involved in the local community.

Care files documented people's goals and achievements and their likes and dislikes.

There was a complaints procedure in place. Feedback systems were in place to obtain people's views.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well led.

We found shortfalls regarding certain areas of the premises, infection control, medicines management, mental capacity and care plans. Audits were not carried out to monitor many of these areas and ensure people received safe and effective care.

Staff informed us that morale was good and they enjoyed working at the service.

Walby Hill (Adult Care Home)

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.

The inspection was carried out by one inspector. We visited the service on 17 and 23 December 2015. The provider was given 48 hours' notice because the care home was small and people were often out during the day and we needed to be sure that someone would be in.

Due to the small number of people living at the home, we have chosen not to give many examples of people's care and support to ensure that individuals are not identified within the report. In addition most staff and people were out in the local community on both days of our inspection.

We spoke with all seven people who lived at the home. We talked with the provider, registered manager and three support workers on the days of our inspection. We examined two people's care files in depth and looked at examples of care and support from another two people. We also checked records relating to staff and the management of the service.

We consulted with a Northumberland local authority safeguarding officer and a local authority contracts officer. We conferred with a care manager, speech and language therapist and infection control practitioner from the local NHS Trust.

Requires Improvement

Is the service safe?

Our findings

We spent time looking around the premises. We noticed that the first floor windows in areas in use by people receiving a service did not have window restrictors fitted. Serious injuries and fatalities have occurred when people have fallen from or through windows in health and social care premises. There was a wardrobe at the top of the stairs. This had not been secured to the wall and was a health and safety risk. The manager and provider told us that these issues would be addressed immediately.

All providers of health and social care have to comply with the Code of Practice for health and social care on the prevention and control of infections, and related guidance. We found that criterion one of this code, which requires the provider to have systems to manage and monitor the prevention and control of infection was not being fully met.

Staff told us that they had to walk through the kitchen with people's washing to access the laundry. This was an infection control risk and had not been risk assessed. Staff were not using the nationally recognised colour coded cleaning system. Colour coding of cleaning materials and equipment helps ensure that these items are not used in multiple areas, therefore reducing the risk of cross-infection.

Staff did not have access to dissolvable laundry bags which help limit the spread of infection. These laundry bags are placed directly into the washing machine and therefore reduce the handling of soiled washing. One person used a commode. However, there were no designated sluice facilities and staff manually cleaned the equipment. There were no guidelines in place to ensure that staff followed best practice to ensure that the commode was adequately cleaned. The manager told us that there was currently no infection control champion. This meant there was no designated staff member in place to oversee infection control procedures at the home.

We checked the bathroom facilities. We noticed there were no liquid hand soap or paper towels in the first floor bathroom. This meant that staff did not have access to suitable handwashing facilities. Alcohol hand gel was not available. Fabric towels were stored in the bathroom for people to use following their bath. This was an infection control risk since bacteria could be transferred onto the stored towels whilst people were using the bathroom. There was mould around the bath and the wooden plinth at the base of the bath was damaged. This damage meant that this facility could not easily be cleaned.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Following our inspection, the provider wrote to us and stated that the landlord was going to fit a new first floor bathroom before 5 April 2016. We also conferred with an infection control practitioner from the local NHS Trust. She told us that the home had appointed an infection control lead who had attended a recent infection control meeting held by the Trust.

All people who lived at the home were able to mobilise independently. A special bath seat had been fitted to

the bath to assist people to get in and out. This had been serviced and checked in line with legal requirements.

We asked everyone if they felt safe. Everyone either nodded or said "yes." There were safeguarding policies and procedures in place. Staff told us that they had not witnessed anything which had concerned them.

People and staff did not raise any concerns about staffing levels. At least three staff supported people through the day. The manager said that staffing levels were flexible to meet the needs of people who used the service. She said that more staff would be available if activities were planned. A sleep in member of staff was available at night and would be woken if assistance was required. We saw that staff supported individuals in a calm unhurried manner. Staff told us and records confirmed that there were outings and activities because there were sufficient staff to accompany people.

We checked medicines management. Medicines were stored in a cupboard in the dining room. Staff did not record the temperature in this cupboard to ensure that a safe temperature was maintained to ensure the efficacy of medicines. The manager told us that this would be addressed.

We looked at everybody's medicines administration records. We saw that medicines were generally recorded appropriately. We noted however, that not all handwritten entries were double signed to ensure the accuracy of the transcription.

We spoke with one member of staff who had been employed in 2014. She told us that the correct recruitment procedures had been carried out which included a Disclosure and Barring Service check (DBS) and references. She said, "I had to go through the whole kit and caboodle." These checks helped ensure that staff were suitable to work with vulnerable people.

The manager told us that recruitment records were held at their head office however, they had details of this staff member's DBS check. We noticed that the staff member had started working at the home before their DBS had been obtained. The manager said that this member of staff had always shadowed experienced staff until their DBS had been obtained. There was no risk assessment in place however, to document this risk or the actions which had been put in place until all the appropriate checks had been obtained.

Following our inspection, the provider wrote to us and stated that on line DBS adult first checks had been obtained. A DBS adult first check will confirm if an applicant is on the barred list for working with adults; it is not a substitute for a full DBS certificate. The provider explained that two new people had moved into the service at short notice after the care home where they previously lived had closed. The provider stated that new staff had to be recruited in a timely manner to ensure people's needs could be met. He stated, "They were not allowed to lone work until their full DBS has been dispatched and verified by HR. In practice they did not lone work until they had completed their induction training and passed their probation."

Requires Improvement

Is the service effective?

Our findings

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 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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager told us that she had completed DoLS applications and sent them to the local authority to authorise in line with legal requirements.

We could not see any evidence of mental capacity assessments and best interest decisions for specific decisions in relation to people's care and support. We noted that certain cupboards and fridges had been locked because of one person's condition. Staff had moved another person's wardrobe out of their room because of their behaviour. There was no evidence of any mental capacity assessments or best interest decisions to record how these decisions were reached. In addition, there was no evidence that mental capacity assessments had been carried out for certain financial decisions.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Need for consent.

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. One member of staff said that more face to face training would be appreciated since they did not always enjoy e-learning.

We saw that staff had completed training in health and safety and to meet the needs of people who lived at the service. We read that specialist behavioural management training had been carried out and some staff had completed the 'Care Homes and Nutritional Training' (CHANT) which was provided by the local NHS Trust's dietetics service.

Staff told us that they felt well supported. We noted that regular staff supervision sessions were held and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements

Many of the staff had worked at the home for a considerable number of years. This experience contributed to the skill with which they carried out their duties.

We checked whether people's nutritional needs were met. People told us that they enjoyed the meals. A group discussion was held each week to decide what people would like to eat. The manager told us that healthy options were encouraged. People took it in turn to prepare and cook the meals.

People told us and records confirmed that staff supported them to access healthcare services. We read that people saw the GP, speech and language therapist, consultants and the behaviour and intervention team.

Good

Is the service caring?

Our findings

We spoke with all people who told us that the staff were caring. One person said, "The staff nice." Other comments included, "Never nasty" and "Never shout." We spoke with a care manager from the local NHS Trust. She said, "Everybody looks happy, the staff are caring."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. One staff member said, "I love working here and making sure that everyone is happy." Staff were knowledgeable about people's personal care needs. They could describe the care needed for individuals. They explained that people had different needs and they were able to provide support in various ways.

We saw that staff communicated effectively and people reacted positively to all interactions. One person complained of having a sore neck. A staff member went over and said, "Would you like to have a nice bath to help your neck." The person agreed and told us afterwards that this had helped. Staff explained that one person worked at a local shop. Staff excitedly exclaimed "How much?" when this person said that they had made over £20 in tips.

We heard another staff member ask if a person wanted their cardigan. The person told the staff member how much they liked the singer Cher and showed us a photograph of the singer on their wall. The staff member said that they would have to look out for a Cher t-shirt for them to wear. The individual appeared very excited about this.

The manager asked people whether it was alright for the inspector to look inside their rooms. The manager said, "I always think it's important to let them show you their rooms, as they are their rooms." People had keys to their bed rooms to promote their privacy.

Staff treated people with dignity and respect. They spoke with people in a respectful manner. We heard a staff member remind a person not to go into another individual's room without being invited since it was "her personal space."

People told us that they were involved in decisions about their care and the service. We read a completed questionnaire which stated, "Who makes decisions about your life?" A person had recorded, "Me." We read that the person had also answered "Yes, yes, yes" to the question "Do staff listen to you, help you and talk to you?"

"Natter chatter" meetings used to be held, however, these were discontinued since most people preferred one to one meetings which were held to review their care and support.

Good

Is the service responsive?

Our findings

People told us that staff were responsive to their needs. One person said, "They help me." We spoke with a care manager from the local NHS Trust. She told us that staff contacted her if there were any concerns. She also stated that staff supported people to access the local community.

People had a care file which documented their likes, dislikes, goals and achievements. Staff were very knowledgeable about people's needs. We noted however, that care files did not always document how people's care and support should be provided.

The manager kept a file to demonstrate how they provided a responsive service. Examples, together with documented evidence were available. We read that one person's mobility had deteriorated. Staff arranged for an occupational therapist to assess the individual. The person was offered a downstairs bedroom so that the stairs were avoided. In addition, new specialist boots were obtained from the Orthotics department. Orthotics is a branch of medicines that deals with the provision and use of correct devices such as shoes and splints. The manager had documented, "[Name of person] will have safer mobility lessening risk of trips and falls."

We read that another person had lost weight. Staff kept a food diary and referred the person to the GP and speech and language therapist. Medical tests were carried out and no concerns were identified.

A meeting had been arranged regarding one person's behaviour. Staff at the home, day centre staff, the individual's care manager and staff from the behaviour and intervention team attended. We read that the manager had recorded, "It was established that [name of person] could benefit from more structure to his day, knowing what activities were taking place and at what time. We read this person's care file and noted that an activities planner was in place which documented all planned activities such as going to the day centre and visits to the gym.

Two people had moved from another care home which had closed. Both said that they were very happy at Walby Hill. Staff had worked hard to ensure that there was a smooth transition from their previous home to Walby Hill. One person said, "I love being here."

We noted that annual health checks had been carried out following government recommendations. In addition, each person had a 'Hospital passport.' These contained details of people's communication needs, together with medical and personal information. This document can then be taken to the hospital or the GP to make sure that all professionals are aware of the individual's needs.

'Easy health' information was available. Pictures and easy read words were used to describe a number of medical procedures and investigations for example, cervical smear tests and blood tests. The manager said, "We used this to explain what was involved [during a cervical smear test]."

A wide variety of activities were observed. People were involved in the local community and supported to

maintain their hobbies and interests. These included, personal shopping, swimming, cycling and going to the gym. One person told us, "I do knitting, sewing and I do making things and I do music – singing. I go to church on a Saturday" and "It's more pleasure here, we get out."
On the days of our inspection, people had visited the local café whilst another person had been swimming and to a local day centre.

Housekeeping skills were encouraged. People were supported to do their laundry, clean their rooms and cook. These skills are important because they help to encourage independence. One person told us, "I do my own washing."

There was a complaints procedure in place. No complaints had been received. None of the people with whom we spoke said they had any complaints or concerns. One person stated that they wanted to go back to live in Berwick upon Tweed. Unfortunately a plan for the person to move to Berwick had been implemented but had not been successful.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post. She had worked at the home for 16 years as a support worker. When the previous registered manager left, she took over as manager in August 2015 and became registered in October 2015. She had completed a level three vocational qualification in promoting independence and was in the process of completing her level 5 in leadership and management.

Staff and people spoke positively about her. One person said "[Name of manager] is good." A staff member said, "She's taken the home, above and beyond. It's amazing what she has done." Other comments included, "She's been so supportive," "She's been so thoughtful" and "It's [name of manager] first management job and she's done so well."

We had concerns however about certain areas of the service, for example infection control. The manager told us that infection control audits were not carried out.

We noted that care plans did not fully document people's care and support. Staff told us one person exhibited behaviour which could be considered challenging. However, there was little information to instruct staff what action they should take during these episodes. The manager said they were working with the behaviour and intervention team to support the person. We also saw that this person's hospital passport had not been fully completed.

We noted that another person had a care plan in relation to a skin condition. Although their goals and achievements were included for example about going on holiday, it was difficult to gain an overview of what support was required. Mental capacity assessments and best interests decisions were not recorded in the care plans we viewed.

The manager told us that care plan audits were not in place and therefore not completed. She said however, that she carried out informal monitoring of care plans.

We looked at medicines management and found minor concerns with certain aspects of medicines management. The manager told us that medicines audits were not completed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

The manager told us that the regional manager carried out an annual check of all aspects of the service. She said the regional manager had visited the week prior to our inspection, but unfortunately there had been an issue with their laptop and the completed audit was not available to view.

Staff meetings were carried out. All staff told us that they felt involved in the service and felt able to raise issues at these meetings. We read the minutes from the last meeting which was held in October 2015. Training, Christmas preparations, health and safety and updates about individuals who used the service

were discussed.

The manager told us that the provider organised registered manager meetings for managers across their services. She told us, "These are good, they're informative and we use them to share information."

All staff informed us that they loved their jobs and morale was good at the home. One staff member said, "I absolutely love it here – there's such a lovely team." They said that staff turnover was minimal with some staff having worked at the home for over 20 years. One staff member said, "That says it all." Staff explained that when they had worked at the service for 10 years they received a thank you letter, flowers and chocolates and an additional day's holiday.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent A system to ensure the principles of the Mental Capacity Act 2005 were followed and documented was not fully in place. Regulation 11 (1)(3).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not always provided in a safe way for people because: Risk assessments to ensure the premises were safe had not been fully undertaken. Risks associated with the prevention and control of infection had not been fully addressed. Regulation 12 (1)(2)(a)(b)(d)(h).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system to assess and monitor risks relating to the health, safety and welfare of people and others was not fully in place. Regulation 17 (1)(2)(b)(c)(i)(ii)(f).