

Thera East Anglia Oaklands

Inspection report

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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 is a residential care home which provides personal care via a short break service to people with a learning disability. Up to two people can stay overnight at the service at the same time. At the time of the inspection two people were staying at the service and nine people were using the service on a regular basis. At the time of our inspection all the people using the service were young adults. The service also provides a non-regulated day service for people who use the short break service on the same site.

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 co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were supported by a committed management team who had a good overview of the service provided. Formal quality monitoring systems were in place. However, these did not always appear to recognise the specific nature and potential risks inherent within a respite service. We have made a recommendation about the governance systems in the home.

People were supported to stay safe. Risks were identified and responded to. There was a system in place to report any incidents, including safeguarding concerns, which were analysed for any themes or trends. People's staffing requirements were assessed individually and met. People were supported by enough staff who knew them well. The environment was clean and good infection control procedures were followed.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement. As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-

centred way, in line with positive behaviour support principles.

People were supported by staff who understood the importance of utilising positive behavioural support and this was used in line with best practice guidance. Staff also worked with health and social care professionals to ensure the support provided met people's needs. People had access to the foods they liked, and staff encouraged them to choose healthy options. Staff were supported to provide good support through effective training and induction to the service. The environment had been adapted to meet the needs of the people using the service, this included the provision of a sensory room and garden activities. 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.

The provider had a clear vision which emphasised that people with a learning disability could, and should, be in control of their own lives. Staff demonstrated these values in their interactions with people. People were presented positively, and staff focused on people's strengths and abilities. People benefited from a detailed assessment and admission process which helped to capture their wishes and feelings. People were supported in a manner which recognised their right to privacy and space.

The support provided was individual to the needs and preferences of the people using the service. The importance of consistency in people's every day routines was understood and supported. People were supported by staff who had got to know them before they used the service, staff viewed people in a person centred and holistic manner. People's interests were understood, and they were engaged to participate in these. Staff communicated with people's families as required. A complaints process was in place and the registered manager understood their responsibilities in relation to this.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was inclusive of people, relatives, and staff. Opportunities to have a say on the service provided were available. Staff enjoyed working in the service and morale was good. The registered manager was open and honest. Systems were in place to support learning and development of the service.

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

Rating at last inspection

This service was registered with us October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings.

Oaklands

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 Care Act 2014.

Inspection team

The inspection at Oaklands was carried out by one inspector.

Three inspectors and an assistant inspector visited the Thera group offices in Grantham to review the quality monitoring processes in place to support each provider under the Thera group umbrella. We gave the group one week's notice of this part of the inspection which took place on 16th September 2019. We used some of the information this inspection team gathered to help us inspect and rate Oaklands.

Service and service type

Oaklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. We used the information the provider sent us in the provider information return.

This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

The people using the service were not able to provide us with verbal feedback on the support provided. We observed the support provided to them and staff interactions. We spoke with five members of staff including the registered manager, the team co-ordinator, a senior support worker, and two support workers.

We reviewed a range of records. This included two people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional records relating to the running of the service. We spoke with two relatives and one health professional.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff used positive behaviour support principles to support people in the least restrictive way. A health professional told us they felt staff worked hard to ensure any restrictive practices were the last resort and necessary.
- There were systems in place to report safeguarding concerns. These were reviewed and analysed by the provider.
- There had been no safeguarding incidents since the service opened. One staff member told us how they felt comfortable to follow up any safeguarding concerns they might have with the management team so they could be confident they had been addressed.

Assessing risk, safety monitoring and management

- Risks had been assessed and responded to in collaboration with people and other relevant parties. One relative told us, "I've got no anxieties when [Name] goes there."
- Most risks from the environment had been assessed and actions taken in response. We found whilst water temperatures in the service were being monitored there was no risk assessment in relation to water safety and legionella. Following our inspection visit the registered manager provided us with a copy of a water safety risk assessment they had implemented following our visit.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were adapted according to the needs of the people using the service at the time.
- The management team ensured the staff supporting people were familiar and consistent.

Using medicines safely

- At the time of our inspection no one required support with medicines. The provider had a medicines policy in place.
- There was enough storage in place for medicines should this be required. The registered manager had a good understanding of how to support people with their medicines if this was required. Staff had received training in medicine support and their competency to do so was checked.

Preventing and controlling infection

- The environment was clean and tidy. A cleaning schedule was in place, we observed correct infection control procedures being followed during our inspection.

Learning lessons when things go wrong

- A system was in place to learn from incidents or accidents that occurred in the service. Incidents were reported to the provider who would analyse these for any trends or issues.
- The staff team at the service worked together to discuss the support provided to people and what worked well. This was shared amongst staff and incorporated in to people's support plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff carried out holistic assessments of people's needs and choices. These had been carried out with the person, their relatives, and other professionals supporting them. This helped ensure assessments were in line with best practice. A health professional said, "I think they have got a very contemporary vision of learning disability that very much values the person. It's very modern good practice and they do care."
- Best practice guidance through the use of positive behavioural support was put in place when required. Staff had a good understanding of how to put this approach in to practice.

Staff support: induction, training, skills and experience

- Staff received training in a range of areas. Training in specific health conditions, such as epilepsy, was available to staff when needed. Relatives and the health professional we spoke with told us staff were competent. A health professional said, "I've never doubted the competency and values of the staff."
- The training provided was a mixture of face to face and paper-based training. The registered manager told us, and staff confirmed, team meetings offered an opportunity for staff to discuss and support their learning. Staff spoke positively of the training provided.
- New staff received a detailed induction. Two staff who were new to the service told us the induction process was thorough and supportive. Both commented on the supportive nature of the staff team.

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

- Staff discussed with people their likes and dislikes. They then made sure the food people liked was available to them when they came to stay. We saw prior to one person's arrival staff getting food the person liked ready for when they arrived.
- Staff understood the importance of supporting people to eat healthily where possible. We saw there was fruit on offer that staff would offer as a healthy snack.

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

- Staff worked with other health and social care professionals to understand and meet the needs of people using the service.
- There was a detailed admission process in place which involved staff visiting the person in other social care settings to help them understand their needs in more detail prior to using the service. A relative told us, "[Registered manager] really sat down with me and talked through things, a couple of times actually."
- People had an emergency grab sheet in place which contained information that other healthcare professionals might need to know, for example in the event of an emergency hospital admission.

Adapting service, design, decoration to meet people's needs.

- The registered manager and provider had thought carefully about the design and decoration of the building to ensure it met the needs of the people using it. The environment was homely and comfortable, without being overly stimulating.
- The building had a dedicated sensory room and additional activity equipment in the garden which we saw was particularly popular during our inspection.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, 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.

- Support plans referenced people's abilities to make decisions regarding certain areas although there were no MCA assessments and best interest decisions. We noted however due to the nature of the service provided there was no impact from this. The registered manager and team co-ordinator had a good understanding of the MCA and when certain situations might require more formal MCA assessments and best interest decisions.
- There were systems in place to identify when a DoLS application might be required. Most people using the service only stayed for a few nights at a time.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- The provider had a clear vision which emphasised that people with a learning disability could, and should, be in control of their own lives. A staff member told us, "[Thera Trust], all their values are great, it comes through down to the support worker." A health professional told us, "I very much pick up on they are advocating service user's rights."
- Staff displayed this approach in the way they supported people using the service. For example, staff spoke positively about people, their achievements, and strengths. The registered manager and team co-ordinator were careful regarding how information on people's past needs and difficulties was shared to not unconsciously bias how staff might view or work with the person.
- Staff were enthusiastic about their role, the service, and the people they supported. One staff member told us, "The respite [provided by the service] is nice because I know it's giving the family a break and it gives them [people using the service] something to look forward to as well."

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

- There was a clear admission process which helped ensure people's views and feelings were sought. Most people using the service were not able to communicate verbally. Staff made sure they got to know people well prior to using the service so they could support the person's decision making and provide support the way the person wanted.
- During the day to day support we observed staff respectfully offering one person different choices on what they wanted to do and respecting their wishes when they declined to participate in certain activities.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful that people using the service required one to one support which could be intrusive. We observed staff were careful to provide the support people required whilst ensuring they had space and privacy.
- People's care plans contained information on what the person could do themselves and how staff could support them. Staff demonstrated a good understanding of how to support people's independence and the importance of this. One staff member said, "Taking someone's independence away is not at all what [the service] is about." The registered manager told us they wanted to develop and strengthen how the service helped people achieve their goals and independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support that was individual to their needs and preferences. There was a detailed admission process in place that helped ensure staff got to know people and their preferences in advance of them using the service. Prior to using the service, the registered manager visited the person in a range of settings the person was familiar and comfortable in. This included places such as the person's day service, college, or home.
- The service provided was a short stay service, where people went from their home or day service to stay overnight at the service. Staff understood the importance of ensuring consistency for people. Alongside the person's care plan was a detailed time table for each person about what they did at home for example to help staff ensure the person's routine was the same.
- Staff told us they were supported to get to know the person prior to them using the service. They said no one using the service was ever supported by a staff member they hadn't met previously. One staff member told us, "I think that's important. I know if that was me in that situation and someone I didn't know came and picked me up I'd be a bit like...who are you?" This helped ensure the support was provided by staff who knew the person well, including their needs and preference. Staff displayed a good holistic knowledge of people using the service.
- Relatives told us there were positive relationships and ongoing communication which helped ensure the service met the needs of those using it. One relative said, "[It] seems like they've built a house around the people rather than the other way around."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed. Staff supported people with their preferred communication aids.
- Information, such as the service's statement of purpose and service contract, was presented in an easy read format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff had assessed people's individual interests and people had care plans in place to support them to participate in these. For example, we saw staff had carefully set up activities for one person which they

particularly loved. We saw this activity was available to the person throughout the day should they wish to engage in it.

- Staff were also mindful of each person's individual circumstances when using the service. For some people, they accessed the service partly for activity support. Others used the service following a day spent at another day support service, staff recognised that in this case people might benefit from quieter activities, so they could relax after a busy day out.
- Staff communicated closely with people's families as required. Each person had a communication book which went with the person to and from home or their other services.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. The service had only received one complaint since it had been registered. The registered manager had taken reasonable and appropriate actions in response.

End of life care and support

- At the time of the inspection no one using the service required end of life care and support. As the service was a short break service the registered manager told us they felt it was unlikely they would provide this type of care. They told us end of life training was available to staff and should the service provide this type of support in the future they would put in place appropriate end of life care and support plans.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well run. The registered manager and staff had clear systems in place to support the running of the service. However, some of the systems in place had been generated at a local service level rather than as a formal policy or procedure at provider level.
- Whilst there was no negative impact on people using the service we found the provider's systems and policies did not always recognise the specific nature and risks inherent within a respite service. For example, there was no clear robust procedure to check any changes to people's support who were coming in and out of the respite service.
- The registered manager did not carry out any audits themselves. The provider had carried out two audits for the service since it had been open. The last audit was done in August 2019, however we noted some areas such as medicines, and finances had only been audited annually. Identified actions had been incorporated in to an action plan however there was no detail to show what actions had been taken in response and how these were kept under review.

We recommend the provider review their policies, procedures, and systems to ensure they recognise and fully support the specific nature of the short-term respite service.

- Whilst some actions to strengthen quality monitoring systems were required there was a good level of informal oversight by the service's management team and the provider. There were regular meetings with the provider to review the service via regular project meetings. Everyone we spoke with told us the service was of good quality. One relative said, "Everything is above standard."

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.

- The provider had a clear vision and values that put people with a learning disability at the heart of what they did. For example, the provider had a membership strategy which meant that supported people, their family and staff members became a member of the organisation. Once a member they would be able to vote on strategic issues and have a say about how the provider was run. The registered manager told us one of the executive directors had life experience of a learning disability and would visit the service to speak with staff and the people using it.
- The same inclusive and empowering approach was applied to the staff team. The provider had an

Employee Consultative Council who met quarterly. A staff member told us a member of staff from the service would attend these meetings to take forward issues and discuss changes to the service. They said, "The company has always been about everybody, everybody is involved."

- The person-centred and inclusive ethos was demonstrated by staff during our inspection. Staff were able to tell us about the provider's vision and were committed to improving the quality of people's lives. One staff member said, "To see when [people using the service] are happy like that and to be a little bit a part of that, it's really quite rewarding."
- The registered manager had engaged with the local community within its remit as a respite service. For example, they worked with and sought feedback from the community when the service was initially opened.

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 registered manager was open and honest with us throughout the inspection. There was good communication in place with people, relatives, and professionals.
- We looked at the provider's systems to deal with complaints and incidents. These were robust and evidenced the provider was aware of their responsibilities under duty of candour.

Continuous learning and improving care; Working in partnership with others

- The provider had systems in place to support continuous learning and development.
- Staff worked with a range of people to ensure they reviewed and developed the service to meet the needs of people using it.