Surrey and Borders Partnership NHS Foundation Trust

Oakwood

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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

Oakwood is a home which provides care and support for up to seven people who have a learning disability, such as autism, or epilepsy or a sensory impairment. The home is divided into shared and independent living. At the time of our visit there were seven people living at the home. Four people lived in the shared area and three people lived in their own flats within the home.

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 and associated Regulations about how the service is run. The registered manager was not present during our inspection and we were assisted by the Trust service manager and other staff.

Quality assurance procedures were in place and audits were undertaken by both the staff and the provider. However, not all feedback received by staff was acted on promptly. For example, the personalisation of people's rooms.

Staff understood the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to ensure decisions were made for people in the least restrictive way. However where there were restrictions in place staff had not always followed legal requirements to make sure this was done in the person's best interests. We found that mental capacity assessments had not always been carried out for people for specific decisions.

Although staff worked in a confident and independent way they were not always provided with training specific to the needs of people. For example, training in autism.

We saw staff had good relationships with people. It was evident staff knew people well and were knowledgeable in relation to their individual likes and dislikes. When people wished time on their own staff respected this. For example, when someone spent time in the sensory room.

People were safe living at Oakwood as staff carried out appropriate checks to make sure that any risks of harm were identified and managed. For example, when someone needed equipment to assist them with walking.

Staff knew how to safeguard people from abuse. They were able to tell us what they would do in such an event. We saw information for people around safeguarding displayed in a way they could access. In the event of an emergency and people needed to be evacuated from the home staff had guidance to follow. People would be moved to another of the Trust homes should the home need to be evacuated. Staff were up to date with fire training and carried out fire drills.

There were enough staff deployed in the home. Where people required two to one, or one to one care we

saw this happen. We did not see anyone having to wait to be assisted by staff and there were always enough staff on hand to support people when they needed it.

People received their medicines in a safe way. People were involved in choosing the food they ate and some were encouraged to be independent by doing their own cooking. People had access to information on how to make a complaint should they wish to.

Appropriate checks were carried out to help ensure only suitable staff worked in the home. Staff were involved in running the home as they had the opportunity to meet together to discuss all aspects of the home. Staff met regularly with their line manager to discuss their individual work.

Professional involvement was sought by staff when appropriate in order to maintain good health for people. Activities were planned in an individualised, meaningful way for people. Activities took place both inside and outside of the home.

During the inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the 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?

Good

The service was safe.

People's medicines were managed safely.

Risk assessments were in place for people which identified potential risks for them.

There were enough staff to meet people's needs.

The provider had carried out appropriate checks on staff employed in the home.

Staff knew what to do in the event they suspected abuse was taking place.

People would continue to be cared for should there be an emergency or the home had to be evacuated.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Where people's liberty was restricted or they were unable to make decisions for themselves, staff had not always followed legal guidance.

Staff had not always received appropriate training related to the needs of people.

Staff were given the opportunity to meet with their line manager regularly.

People were involved in decisions about their meals.

People had involvement from external healthcare professionals as well as staff to support them to remain healthy.

Is the service caring?

Good

The service was caring.

Staff showed respect to people in a way that upheld their dignity.

People were encouraged to be independent and supported by staff in a caring way.

People were enabled to make their own decisions on a daily basis.

Relatives and visitors were able to visit Oakwood at any time.

Is the service responsive?

Good

The service was responsive

Relatives felt staff responded well to people's needs.

People were involved in developing their care plans and information contained in care records was person-centred and individualised.

People were able to go out and take part in activities that interested them.

Information about how to make a complaint was available for people and their relatives.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff carried out quality assurance checks to ensure the home was meeting the needs of people. However feedback from people and actions identified through audits were not always followed up on.

The home had a registered manager and staff knew of their responsibilities in relation to the requirements of CQC.

Staff felt supported by the registered manager and they were involved in the running of the home.

People and relatives were encouraged to give feedback on the care that was being provided.

Oakwood

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 was an unannounced inspection that took place on the 26 February 2016. The inspection was carried out by two inspectors.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We had not asked the provider to complete a Provider Information Return (PIR) on this occasion. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we carried out this inspection sooner than we planned.

As most people who lived at Oakwood were unable to tell us about their experiences because of their communication needs, we observed the care and support being provided and talked to relatives and other people involved following the inspection.

As part of the inspection we spoke with one person, two staff, the Trust service manager and the deputy manager. We also spoke with three relatives and one health and social care professional to gain their feedback as to the care that people received.

We looked at a range of records about people's care and how the home was managed. For example, we looked at three care plans, medication administration records, risk assessments, accident and incident records, complaints records and internal and external audits that had been completed. We also looked at two staff recruitment files.

This was the first time Oakwood had been inspected by the CQC as it had registered with us recently.

Good

Is the service safe?

Our findings

Relatives were confident their family members were safe at the home. One relative told us, "I feel he is very safe, because of the security no one can go wandering in that shouldn't be there."

People received their medicines in a safe way because staff followed good medicines management procedures. We saw each person's Medicines Administration Record (MAR) contained a photograph to identify the person. The MARs were completed in full with no gaps and information relating to the individual, such as allergies, was complete. Stock control of medicines was carried out routinely to ensure all medicines were accounted for and medicines were stored neatly with expiry dates written on them.

If people were in pain, staff followed guidance in relation to medicines they could be given. PRN (as required) protocols were in place for people that required them. Staff had taken people's capacity into account when producing documentation around these protocols as most people living at Oakwood would not be able to tell staff whether they were in pain or not. Where people suffered from epilepsy, records were kept of seizures they had and guidance was available for staff on which medicines could be given in this situation.

There were a sufficient number of staff on duty each day to meet the needs of people. People required either two to one, or one to one care from staff and we saw that this was provided. Staffing levels varied from day to day depending on people's activities and the registered manager monitored staffing to check there were at a safe level. A sample of four weeks' worth of records showed staffing requirements were met each day.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Accidents and incidents were logged and action taken to help prevent reoccurrence. Information relating to any accidents or incidents was completed by staff and signed off by the registered manager. Completed forms contained detail of the incident together with the action taken by staff and staff had considered steps to avoid further incidents. Analysis of these incidents was undertaken by staff at Trust headquarters to identify trends or patterns.

Staff had identified potential risks for people and produced guidance for staff on how to mitigate these risks. For example, one person had difficulty getting out of an armchair and as a result a recliner chair which could be raised at the back had been purchased for them. Other risks identified related to people going outside of the home or using a walking aid.

Staff understood the different types of abuse and what they should do if they suspected any abuse was taking place. Staff knew about the role of the local authority in relation to safeguarding and knew where to find the policy which contained guidance and relevant telephone numbers. Staff told us they felt confident

that if they had any concerns these would be addressed by the registered manager. Where safeguarding concerns had been raised, these had been handled appropriately and reported to the relevant agencies.

People's care and support would not be interrupted in the event of an emergency. Guidelines were in place for staff in the event of an unforeseen emergency and there was a contingency plan in place in the event the home had to close for a period of time. Each person had an individual personal evacuation plan which detailed their needs should they need to evacuate the building. Fire tests were carried out regularly and a fire safety audit completed three-monthly.

Requires Improvement

Is the service effective?

Our findings

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. DoLS applications had not always been completed appropriately. For example, people had locked cupboards and drawers in their room, but DoLS applications did not include this. Staff told us locks had been fitted as one person may take or destroy other people's belongings as well as their own. However, staff had not considered the least restrictive option to reduce the impact of these locked cupboards on other people.

Where people may not be able to make or understand certain decisions for themselves staff did not always follow the requirements of the Mental Capacity Act (MCA) 2005 and DoLS. Capacity assessments had not always been undertaken for individual decisions. For example, we read some decisions around constant supervision had been made and DoLS applications submitted, but there was no record of a mental capacity assessment or best interest meeting to show how this decision had been made.

The lack of following legal requirements in relation to consent was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the training provided by the Trust was good. They said it was relevant to their role and gave them the confidence they needed to carry out their job in a competent manner. Staff were provided with training in a variety of topics which included first aid, health and safety, mental capacity assessment and safeguarding. One member of staff told us they had undertaken additional training. For example, 'rapport' training which taught them ways in which to build relationships with people who could not speak. Another member of staff said, "The training is good – we are encouraged to do training."

Staff had the opportunity to meet with their line manager regularly on a one to one basis. This gave them the opportunity to talk about any aspects of their work as well as aspirations or professional development. Staff confirmed they had supervisions and appraisals.

People were offered choice by staff in what they wished to eat and were involved in choosing the food and cooking it. This was done either by showing people visual choices or being guided by the person whether or not they indicated they wished something. Staff considered different ways of introducing healthier options. For example, a blender had been purchased so staff could make smoothies for one person who was unable to eat hard fruit. One person told us they liked the food.

Staff identified risks to people in their eating and drinking and took appropriate action. For example, where people were at risk of choking staff had referred them to the Speech and Language team for an assessment. One person had received an assessment the day prior to our inspection. The information had been relayed to staff immediately as staff on duty during the morning shift were able to describe to us the changes required in this person's food.

People communicated with staff in different ways and staff responded appropriately. People used a mixture of sign language or verbal or body language to express their needs. Staff responded to people in a way they would understand. For example, by showing them something or giving them a visual choice of options.

People received effective care. Staff told us how one person living in the home would not go out. This was something they had not done in their previous home either. With staff support and encouragement this person was now able to go out for short periods of time and during the morning of the inspection this person had gone out with staff.

Each person had a health plan in place which detailed the various health care professionals involved in their care for example, the GP, optician, dentist, district nurse or dietician. People were referred to health care professionals when appropriate. For example, staff organised for one person to have an x-ray when they had a swollen foot. A healthcare professional told us staff made referrals to them appropriately and followed guidance when they gave it.

Good

Is the service caring?

Our findings

One person told us that staff were nice to them. A relative told us, "We are very impressed with the way he is cared for. The staff are amazingly supportive." Another relative said, "The staff are wonderful. They're very kind." A third relative told us, "Very happy. It's the best place he's been. I'm really quite happy with his care." A healthcare professional said they had always seen staff supporting people in the way they would have expected (in a good way).

We observed staff providing kind, caring attention to people throughout our inspection. People were responded to in an appropriate and polite manner. Staff were attentive to people and continually offered people choices. Staff sat at people's level to engage in conversation with them and showed an interest in what people were doing. For example, one person had a soft toy and staff regularly mentioned the toy and talked to the person about it.

People were emotionally supported and staff ensured people remained in contact with people close to them. For example, one person had lost touch with their family. Their keyworker had taken the time to establish contact with them and this person now saw their family on a regular basis.

People's individuality was recognised by staff. Staff were able to describe people to us in a very detailed way and knew people well. This was not just clinically, but by describing their personal histories, why they were living at Oakwood and specific detail about them. For example, one member of staff told us one person had a sensitive side of their face and they would ensure they shaved this person in a particular way, so not to distress them. One relative told us staff treated their family member as a grown up and understood the little things they liked. For example, staff took their family member out each weekend to buy their favourite drink.

People could make their own decisions. After lunch one person took themselves into the sensory room. Earlier in the day staff asked this person if they would like to go out, but they indicated they wished to remain indoors listening to their music. Staff respected this person's decisions.

People were treated with respect and dignity. We heard staff use people's preferred name as stated in their care plans and address people with politeness and in a friendly manner. One member of staff said, "I treat them as I want to be treated."

People were supported and assisted to be independent and help around the home. For example, one person developed their own menu and with staff support cooked their own meals. People who lived in the flats were able to eat meals in their own kitchenette areas. People did their own washing when they could or helped with household chores.

Relatives were able to visit when they wanted and were made to feel welcome. Relatives told us there was good communication between them and the staff at Oakwood. One relative who was unable to visit the home told us how staff brought their family member to them.

Good

Is the service responsive?

Our findings

Relatives were happy with the activities provided for people. A relative told us, "Staff are always trying to find new things that he will like."

Activities were organised on an individualised and meaningful basis. For example, one person wished to go on holiday and this had been arranged for them. Other people enjoyed going out for lunch, drives or to the shops. During the morning we met one person on their way out to have lunch with staff. Another person liked to listen to their music and spend time in the sensory room. Due to the layout of the home, this person was enabled to listen to their music without impacting on other people. There was an art and crafts room in the home in which people had access to a wide range of items. One person had spent time during the morning cutting pictures out of magazines which they told us they had enjoyed. Another person enjoyed gardening and a small garden had been created for them outside of their flat. Two people liked trains and staff had taken them to a local historical railway.

Care plans reflected what care people needed. Care plans were well written and person-centred. They included a wide range of information about a person to help ensure staff knew what care a person required. We saw information in the care records included a past history, their mobility, social and personal requirements and their likes and dislikes. There was guidance for staff on how people communicated and specific information for people recorded should they need to go to hospital. Throughout the care plan there were photographs of people participating in the task that was being described. For example, a picture of them brushing their teeth, or helping around the home. This meant care records were written in a way that the individual person could understand.

Where possible, people had been involved in developing their own care plan. This was evident from some of the detailed information. For example, one care record included which singer a person liked and which television programmes they enjoyed. A relative told us they were very involved and worked together with the staff around their family member's care needs.

When people's needs changed, staff responded to this. For example, one person had recently gone through a challenging period. Their relative told us, "The staff pulled out all the stops to help them and made sure they supported him." As a result this person had got through their difficulties.

People could raise a concern or make a complaint. There was a complaint policy available in the home. No formal complaints had been received since the home opened. One person told us that if they were fed up they would speak to staff. There was a compliments book available in which we read, 'thank you very much for looking after my son'.

Requires Improvement

Is the service well-led?

Our findings

Action had not always been taken in response to quality assurance audits. For example, we found the environment in the home clinical. People's rooms were all painted the same colour and contained little personalisation. We noted that the January 2016 Trust audit had also highlighted this. We spoke with staff about this who told us it was a slow process to build up people's trust so new items could be placed in their rooms. One member of staff said over a period of three months they had worked closely with one person individualising their room, only for them (the person) to destroy it all in one day. This meant starting over again.

Despite this, more immediate action could have been taken to individualise people's rooms. For example by consulting families about people's preferences, introducing different colours to rooms or painting stencils on walls. The Statement of Purpose for the home stated, 'the rooms are homely and tastefully decorated. People are encouraged to personalise their bedroom'. An action plan produced in February 2016 stated, 'the biggest action is to make the environment more personal to people and more homely'.

The home was quality assured to check that a good quality of care was being provided. The registered manager carried out a number of checks as well as monthly health and safety and environmental checks. For example, in relation to infection control, water temperatures, medicines and fire checks. Actions from these audits were addressed. For example, a fire door release was broken and this had been fixed.

The lack of following up on actions identified during quality assurance processes was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt supported by the registered manager. One member of staff said she, "Helps in every way, is open minded, encouraging and supportive." Another staff member told us, "They've been fantastic with me. I can't fault them with the support I've had."

Relatives gave positive feedback about the management of the home. One told us, "She (the registered manager) manages the home well. She is always very open and keeps me informed." Another said, "The (registered) manager has made a concerted effort to ensure he has a consistent staff team which is so important to him."

People were involved in the home. Regular house meetings were held and people were encouraged to express their views. Discussions included food, outings, activities and general updates.

Staff had a good understanding of their responsibilities. We found in the absence of the registered manager staff were knowledgeable and able to answer our questions and assist us in the inspection. Staff worked well together and had a good rapport with each other. One staff member told us, "We help each other. We all have different skills."

The registered manager followed the requirements of registration. We had reviewed documentation prior to

this inspection. Registered bodies are required to notify us of specific incidents relating to the home. We found that when relevant notifications had been sent to us appropriately. For example, in the event of accidents or incidents resulting in an injury.

Staff were involved in the decisions about the home. Regular staff meetings were held and we saw there was a good staff attendance at these. Staff told us they felt comfortable during these meetings to voice any suggestions or concerns they had. Discussions included training and staffing as well as general information/updates from the Trust.

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 Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not ensured legal requirements were always followed in relation to consent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had not ensured prompt response to people's feedback or actions identified in audits.