

Community Care Solutions Limited

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 

Overall summary

Oaklands is registered to provide accommodation and support for up to seven people with learning disabilities and complex needs. On the day of our visit, there were seven people living in the home.

Our inspection took place on 19 November 2014. At the last inspection in December 2013, the provider was meeting the regulations we looked at.

The service has a registered manager. 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.

People and staff told us they felt safe. There were systems in place to protect people from the risk of harm and through our discussions with staff, we found that staff knew how to recognise abuse.

Some people who used the service did not have the ability to make decisions about aspects of their care and

Summary of findings

support. Staff understood the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff were knowledgeable about how to meet people's needs and how people preferred to be supported. From the four care plans we looked at, we saw that people had their health needs met by trained staff who understood people's likes and dislikes.

Staff told us they received lots of training which helped them to deliver safe and effective care to people which met their assessed needs.

We found that the provider ensured staff had been safely recruited and appropriately trained. There was enough qualified and experienced staff on duty to meet people's needs.

People told us that they were able to make choices about what they did on a daily basis; about what they ate and about how their care was provided.

Staff had access to specific information on people's ability to communicate, which allowed them to understand what people's expressions and gestures meant and how they should respond to provide good quality care.

Staff were seen to treat people with respect and preserve their dignity at all times. We saw staff knocking on people's doors and waiting for an answer before they entered. They were attentive to people's needs and aware of possible triggers for people who had behaviour that may challenge others.

There was a complaints procedure in place and staff and people knew who to speak to if they wanted to raise a concern. There were effective systems in place for responding to complaints.

The registered manager monitored all safeguardings, incidents and accidents and told us that they learnt from incidents and concerns.

A variety of audits were in place to assess the quality of the service that was provided and were used in conjunction with involving people who used the service, their relatives, and health care professionals.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were clear about the process to follow if they had any concerns in relation to people's safety and welfare.

Staff had the right skills and knowledge to keep people safe from harm.

Recruitment procedures were in place and sufficient staff were available to keep people safe. Staff rotas were organised to ensure people received support to meet their needs.

Medication systems and processes were safe and supported staff to keep people safe and free from harm.

Good



Is the service effective?

The service was effective.

There were clear plans and guidelines in place to ensure that staff met people's assessed care needs.

People were supported to be independent and were enabled to attend activities of their choice, based upon their preferences.

People were supported to decide how their care was provided.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

Good



Is the service caring?

The service was caring.

Staff showed respect towards people and valued what they had to say.

People made choices about how they wanted to be supported and staff listened to what they had to say.

Staff supported people's rights to privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People had their needs assessed and reviewed on a regular basis. Care records showed how they wanted to be supported.

People received care when they needed it because the provider made appropriate referrals to other health care professionals when appropriate.

People were approached by the manager for their views on the service.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service had a good and stable management team in place.

The registered provider had effective systems for monitoring the quality of the service to ensure people received the support they needed to meet their care needs.

There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

Oaklands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 November 2014 and was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We received the completed document prior to our visit and reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We checked the information we held about the service and the provider. We saw that no recent concerns had been

raised and that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with the people who used the service during individual tasks and activities and how people were supported during their breakfast and lunch.

We spoke with four people who used the service and four members of staff. After our inspection we also spoke with two health professionals to gain additional information in respect of the way in which care was delivered to people.

We looked at four people's care records to see if their records were accurate and up to date. We spoke with the registered manager about the recruitment process and reviewed further records relating to the management of the service, including quality audits.

Is the service safe?

Our findings

We spoke with people who used the service and asked them how they let staff know if they were worried or unhappy about the care they received and did not feel safe at Oaklands. One person said, "I would tell the staff and they would help me." Another person told us, "I could tell anyone if I was not happy and it would be dealt with." This meant that people felt safe and secure within the home environment.

Two people told us that they felt safe living at Oaklands. One person said, "The staff are great, they keep me safe." Another told us, "I always feel safe here." When we asked another person if they felt safe with staff, they smiled and nodded their head in acknowledgement. The staff we spoke with all told us that they felt people living at the home were safe because of the care they received and because of the support mechanisms in place for them.

We spoke to four members of staff who all told us that they had received training and regular updates in how to safeguard people from abuse. One member of staff said, "I would have no doubts at all about reporting something if I had to. I would go straight to the manager or the local authority if I needed to. We have to protect people." Through our discussions we found that staff were able to tell us how they would respond to allegations or incidents of abuse and they knew the lines of reporting in the organisation. We saw that the safeguarding policy and procedures containing contact details for the local authority were easily accessible for staff. This showed that the provider had taken reasonable steps to identify abuse and prevent this from happening within the home.

Risks to people's safety had been assessed. These included risks associated with malnutrition, behavioural challenges and falls. Staff told us that it was important to have robust risk assessments for people because it helped to keep them safe, both within the home and in the wider community. Where actions were needed to keep people safe, we saw that these had been taken. During our visit we saw a person who used the service displaying behaviours that challenge others. We found that staff supported the person appropriately in line with their care plan, which detailed ways of reducing triggers for behaviour. This meant that staff knew how to respond to incidents when they arose so that people were kept safe.

We saw that where incidents regarding behaviour that challenged others occurred in the home, these were clearly documented by staff. They were checked by the manager who assessed if any investigation was required. When people exhibited behaviour which might challenge there were risk assessments and plans in place which detailed what might trigger the person's behaviour, how the person may display their anxiety and how staff should respond to this. The provider kept a record of the person's behaviour so they could identify any common triggers or if other health care professionals should be involved. This enabled staff to have information which helped them to support the person to safely minimise the risks to others.

Any learning from incidents and accidents was discussed at team meetings and shared with staff through the communication book and staff supervisions. This meant incidents were responded to appropriately and that the registered manager supported people with behaviour that challenged to keep themselves, staff and others safe.

Staff told us that they felt confident that they could raise concerns about people's safety with the manager and deputy manager and they would be acted upon. We saw that people who used the service had access to information in a variety of formats which met their communication needs about how to raise concerns.

During our visit we saw that there were enough staff to promptly respond to people's needs and spend time sitting with people and encourage them to take part in things they enjoyed. Staff told us that people were supported by enough staff to ensure each person had 'one to one' support in line with their care plans. Staff told us that the numbers of staff on duty ensured that people received safe and effective care.

The number of staff on duty for each shift were clearly detailed on the rota. Staff reported that mornings could be busy, but manageable. Our observations confirmed that there was sufficient numbers of staff on duty, with appropriate skills to meet the needs of people, based upon their dependency levels. This was also confirmed to us by the two healthcare professionals we spoke with who had regular involvement with people who lived at Oaklands. The registered manager confirmed that additional staff would be provided when necessary, for example if a person's needs changed. We saw that the registered

Is the service safe?

manager was included within the numbers of staff on duty so that she was always aware of people's needs and could monitor for any changes, whilst providing on-going support for staff.

We spoke with two staff that had been recently recruited to work at Oaklands. We discussed the recruitment process with them and the registered manager. We established that the provider obtained all relevant information and carried out all appropriate checks before a staff member started work. A member of staff told us that when they started at the service, they were not allowed to work until their Disclosing and Barring Services (DBS) check had been received by the provider. The provider was therefore able to demonstrate that they followed safe recruitment practices.

People told us that they got their medication on time and we observed that staff were aware of particular medicines

which required time specific administration. We found that medication arrangements were safe. We observed staff administering medication and this was carried out correctly. Medicines were checked daily to ensure staff were administering people's medicines safely.

Staff told us that they had been trained in the safe handling, administration and disposal of medicines. We found that medicines were stored safely and securely, and records showed staff were administering medicines to people as prescribed. The service had taken action to address any issues they had identified, for example where a medication error had occurred and worked to ensure safe systems and processes were in place. There were suitable arrangements for medication which required chilled storage in order to remain effective; records showed that medicines were stored at the appropriate temperatures.

Is the service effective?

Our findings

One member of staff told us that when they first started their employment at the service they did not know sign language or how to communicate effectively with people who lived with a learning disability. They went on to tell us that they had been supported by the manager to learn the sign language required to communicate with people. We observed that staff used these skills to good effect with people. Staff were able to tell us how they communicated with people and about the different methods available including pictorial information. Therefore we found that staff were able to communicate with people effectively and found that they had learnt these skills as part of the training they had received.

Staff told us that as well as talking to people and their relatives about the care and support they wanted, they had on-going training in how to meet these needs. We found that people experienced a good quality of life because staff members had the skills and knowledge to meet their assessed needs. We spoke with staff who all told us that the training offered by the service was really useful in ensuring that they were equipped with the skills and knowledge necessary to provide care for the people they supported. Staff members and the registered manager told us they had completed a range of training that ensured they were able to carry out their roles and responsibilities. We also saw that there was a significant amount of learning resources available for staff to use to enhance the training they had received; for example in respect of person centred planning and autism. Training had therefore been provided to meet the specific needs of people who used the service.

We spoke to care staff who all told us that they felt well supported by the manager and team leaders. One member of staff told us, "Oh yes, I feel really supported." Another member of staff told us, "I have no worries; I can say what I need to." We saw that staff received supervisions and an appraisal each year. Where appropriate, action was taken in supervisions to address performance issues either through disciplinary action or performance monitoring if required.

Staff were able to explain how they made decisions in line with the Mental Capacity Act (MCA) 2005. They had a good understanding of the MCA and described how they supported people to make decisions that were in their best interests and ensured their safety. We saw examples of where people's capacity to manage their own finances had

been assessed and found that appropriate documentation was in place. Staff told us they had completed training on the MCA and DoLS and were able to tell us the action they would take if a person's capacity to make decisions changed, or if they suspected this.

The registered manager told us that they were following the MCA for people who lacked capacity to make a decision. For example, the provider had made an application under the MCA Deprivation of Liberty Safeguards (DoLS) for one person as they considered that their liberty may have been restricted. The provider was found to be not depriving this person of their liberty and their actions showed they understood their responsibilities under DoLS arrangements.

People told us that they were regularly offered food and drinks and that if they were hungry that they could always get extra snacks in between meal times. Staff told us they understood that that it was important to ensure that people received adequate nutritional intake. We saw that people were supported to eat snacks if they wanted them, although staff told us they would always ensure that people were supported to maintain a healthy dietary intake.

We observed how people were supported at lunch time. Everybody could choose to sit with other people to promote their social interaction or to eat on their own. The food was hot and staff told us that they worked hard to ensure that it was nutritionally balanced. We were told and saw that menus were planned in advance over a four week period. The staff told us that a different meal was available for people every day. People were supported to choose their choice of meal with staff and we were told by staff that if a person did not want what was on offer, that a range of alternatives were available. We saw evidence during our inspection that one person had changed their mind about what they wanted and found that staff reacted positively to this and ensured that an alternative meal of the person's choice was provided.

People had nutritional assessments to identify what food and drink they needed to keep them well and told us that staff always asked them what they liked to eat. We saw that staff monitored people's weight on a regular basis and that care plans were updated when their nutritional needs changed in order to maintain an oversight of people's

Is the service effective?

individual weights. Nutritional guidance was sought and followed by the staff from the relevant healthcare professionals in response to significant changes in people's weight.

People told us that their care and support was managed well by staff when they accessed other services, such as the local hospital, optician or dentist. One person said, "I always get help when I have an appointment." Staff told us that they supported people to attend required appointments when needed and were swift to act when people's care needs changed. We saw that arrangements had been made for one person to be reviewed by a health care professional when their needs had changed, in order

to ensure they remained well. Guidance about the person's needs was accessible in their care records so that staff had the information they needed to provide care which met the person's changed needs.

We saw that people had access to healthcare services and that care plans and health action plans contained contact details for professionals such as the dietician, chiropodist and GP. People received on-going support from healthcare professionals in line with their needs and continuity of care because staff were guided within the records about how to meet people's care needs when their needs changed. It was evident that staff shared the information with each other and relevant professionals to ensure people's needs were met.

Is the service caring?

Our findings

People who lived at the home told us that they felt that members of staff were very caring. One person said, “I love the staff here, they are all lovely.” Another person told us, “They are like my family, I love them all. They help to look after me.” We observed that people were involved in the planning of their care; one person told us that they met with their key worker to talk about their care and what they wanted to achieve over the forthcoming weeks. They told us that this made them feel involved in their care and as though staff listened to them. We found that a record was kept of this discussion and saw that any changes were incorporated into support plans; this confirmed that people were enabled to be involved in the planning of their care. People told us that staff responded swiftly to their needs when they changed and always made sure that care was person centred, according to their needs.

There was a relaxed atmosphere in the home and staff prompted and supported people’s social interactions. We observed that people engaged in friendly conversation with staff and saw that several people laughed and joked with staff throughout the day. One person hugged a member of staff when they helped her and another took the hands of staff to gain comfort from them.

We saw that support was provided in a kind, calm and relaxed way and that people were at ease in the presence of staff. Our observations demonstrated that staff had really positive relationships with the people they supported. The demeanour of the people, who were being supported, was seen to be open and trusting of the staff.

Care staff we spoke with told us they were happy in their roles and worked hard to ensure that people received the

care they needed. One said, “We work really hard as a team, we are close knit and are here for the people.” Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care.

Staff we spoke with told us they enjoyed supporting the people at Oaklands and had become accustomed to their likes and dislikes and knew their interests. We saw that staff encouraged people to take part in their interests; for example we saw that one person enjoyed music and was being supported to attend a tribute evening next year. Many of the staff had worked at the home for several years which enabled people to build meaningful and caring relationships with the staff. One member of staff said, “We really are one big happy family, I love working here.”

People who used the service and staff told us that they were supported to express their views of the service at regular meetings and told us that they always felt listened to. We found that pictorial communication aids were available to help people express themselves. We noted that the provider had taken action to improve the meals and provide alternative activities for people in response to the views they had expressed at these meetings.

We spoke with two staff about how they ensured people’s privacy and dignity was respected. Both had a clear understanding of the role they played to make sure this was respected. One member of staff explained how they knocked on people’s doors before entering their bedrooms and always administered medication in a private area. We observed this happening in practice. We found that the service had clear policies in place for staff to access, regarding respecting people and treating them with dignity.

Is the service responsive?

Our findings

When we asked people if the care they received from staff met their needs, one person told us, “Staff know me really well and can tell if I am not well.” They went on to say that they got the right care to meet their needs and that they felt staff knew them very well. Another person said, “Staff help me a lot.” Through our discussions we found that they meant that staff understood them and what they liked to participate in and how they liked their care to be given. We discussed this person’s care needs with them and found that these corresponded with those documented in their care records.

We spoke with people about the staff that supported them and their ability to undertake their roles effectively. One person said, “The staff are excellent. They all know what I need to help me.” Another person told us, “All the staff are really good at their jobs.” We found that people received care and support from staff which took account of their wishes and preferences, and was delivered by staff that understood what people wanted.

People told us that they had been asked about their individual preferences and interests and whether they were happy living in the home or whether any improvements could be made to the delivery of care. They said that staff ensured they were content with the care they received and whether their needs were met appropriately through regular meetings with them and general conversations which took place. People said they were also involved in the planning of their care so that the care they received was based upon their preferences.

We spoke with staff about the needs and preferences of the people they provided care and support to. What staff told us was confirmed by the information within the care records and meant staff had the information and knowledge to be able to care for people in their preferred way. We found that people’s needs were assessed with their interests at heart, and where appropriate involved relatives or advocates to ensure that care was really individualised. It was evident that support and care was planned and delivered in line with people’s individual care plans and their specific requirements.

People told us that they were supported by staff to have their needs assessed and their choices met. We asked one person how staff were able to do this and we were told that

staff took time to talk with them about what they wanted and what their individual needs were. We spoke with three staff and the registered manager about the people they were supporting during our inspection. It was evident that they understood people’s needs well; they were all able to tell us about people’s specific care needs’ for example one member of staff was able to explain to us about the daily routine one person had and how important this was for them. People were supported by staff who knew their preferences and how they wanted their care to be provided.

Staff told us that pre admission assessments of people’s needs had been carried prior to people being admitted to the service. On admission we also found that people or their relatives were asked their views about how they wanted their support to be provided. It was evident from the individual content of the care records that people and their relatives were involved in the assessments. This ensured that they were enabled to express their views about how they wanted their care to be provided.

Staff told us that people’s needs were reviewed and changes were reflected in their care records. This meant that they were supported to be aware of any changes in how people needed to be supported. When staff had concerns about a person’s condition, staff told us that they would monitor them. Records confirmed that people’s needs were regularly reviewed by staff to identify if people were being supported in the best way and if their current care plans needed to be reviewed. For example, we saw that people’s nutritional intake had been monitored when concerns about their health had been raised. People received care which met their individual needs because staff worked to ensure that accurate records were maintained.

Information was obtained about people’s health conditions, allergies and their level of independence was assessed so that suitable care could be delivered. The registered manager told us that this ensured that the home could meet their needs. Within people’s care plans it was recorded how they wanted their care and treatment to be provided and during our conversations with staff it was evident that they had a good awareness of people’s needs; staff were able to explain people’s specific preferences and interests which enabled them to provide care which reflected people’s choices and wishes. Care plans were

Is the service responsive?

specific to people as individuals and provided staff with information on how to manage people's individual needs. We saw that the care plans were reviewed on a regular basis and updated as and when people's needs changed.

We observed that staff routinely responded to people's wishes as required. This included going for a walk when people asked and supporting someone to eat when they said they wanted some lunch. Another person was going to town to do some shopping and staff supported them to do this. This meant that the provider had systems in place to protect people from the risk of social isolation and the staff responded to people's expressed choices and preferences.

People told us that staff supported them to raise concerns if they had any and we found information in people's rooms that explained how they could complain and who they could talk to.

People we spoke with were aware of the formal complaints procedure in the home and told us they would tell a member of staff if they had anything to complain about. We saw there was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to complaints. At the time of our inspection people told us they had nothing they needed to complain about.

The complaints log showed that complaints were responded to appropriately and in a timely manner. It was evident that action was taken to address issues raised and to learn lessons so that the level of service could be improved. For example, we found that staff were reminded of people's specific needs at staff meetings and the feedback suggested this had improved matters for the people.

Is the service well-led?

Our findings

People we spoke with were positive about the staff, the management and the way in which the home was run. Some of the people we spoke with told us that the registered manager was “Really good.” Others said that all staff were, “Really kind, just excellent.” One person told us, “I have no concerns at all about the home.” Another person said they were consulted about any changes within the home before they took place.

We found that there was positive leadership in place at the service which encouraged an open and inclusive culture for staff to work in and meant that staff were aware of their roles and responsibilities. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive about the leadership in place, describing to us how the service had improved. We found staff to be motivated, caring and trained to an appropriate standard, to meet the needs of people using the service.

People who used the service, their representatives and health and social care professionals were asked for their views about the quality of the service provision. The registered manager told us that an annual questionnaire was sent out by the provider and staff told us they supported people to complete their questionnaire when required. We saw from a recent satisfaction questionnaire that relatives of people who used the service had expressed their satisfaction with the support provided and the quality of leadership at the home.

The registered manager told us that there were regular meetings held between staff and people living in the home. These were used to discuss activities, raise concerns and any issues people may have. One person told us that holidays and day trips were discussed during these meetings, along with food and any complaints or concerns. Staff told us that the results of safeguarding investigations and complaints were fed back to them at staff meetings. They felt this was a useful learning tool for them. We looked at the processes in place for responding to incidents, accidents, whistleblowing and complaints and saw that the provider analysed this information. It was evident that this was used for discussion within team meetings and individual staff supervision so that lessons could be learned.

We saw that incidents were recorded, monitored and investigated appropriately and action was taken to reduce the risk of further incidents. It was clear that the care staff were aware of all accidents and incidents that occurred and had assured themselves that no further action needed

to be taken. We found that all possible action had been taken to ensure people had medical attention if needed and to protect people from recurrence of a similar nature.

Staff understood the management structure within the home and felt that this worked for the benefit of people. People and staff confirmed that the registered manager had an “Open Door” policy and staff said they felt the manager was really approachable. Staff told us they were encouraged to express their views which included discussing additional support required to meet some people’s specific needs. One staff member said, “I have no worries about what I say, I know I will be listened to.”

We found that the registered manager was proactive in monitoring people’s needs and the quality of service provision and responded in a timely manner when these areas required additional input. It was evident that the registered manager and staff understood key challenges that they faced. Staff told us that it was important that they considered how the service needed to be developed in order to meet people’s care needs and to continue improving. The manager told us that they wanted to provide good quality care and through our discussions, it was evident that all staff were working to improve the service provided and to make the people who lived at the home as happy and comfortable as possible. Staff were positive about the running of the service and understood the manager’s aim.

The registered manager told us that frequent audits had been completed in areas such as infection prevention and control, medicines administration, health and safety, fire safety and environmental audits. They told us these were important as part of making sure that the service given to people was of good quality. We saw that maintenance records confirmed that health and safety checks were carried out regularly to identify any areas for improvement. Where improvements were required, we saw that actions had been identified and completed. This demonstrated that the provider worked hard to identify areas that they could improve upon so that they could drive forward service improvement for the benefit of the people who lived at Oaklands.