

The Camden Society

West Oxfordshire Supported Living

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected West Oxfordshire Supported Living on the 28 January and 23 February 2015. This service works from an office in Witney and provides personal care and support for people with learning disabilities who live in their own homes in the north Oxfordshire area.

The previous inspection of this service was carried out in May 2014. In May the service was found in breach of five regulations in relation to care and welfare, staffing, supporting workers, records, management and quality

assurance of the service. We asked the provider to send us an action plan detailing how they planned to make the necessary improvements. This was an unannounced inspection to see whether these improvements had been made, but also to do a full inspection in order to provide the service with an overall rating.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People who used the service were safe as the service had a clear understanding of the risk associated with people's needs as well as activities people chose to do. The service had sufficient numbers of suitably qualified staff, who had a good understanding of safeguarding and their responsibilities to report suspected abuse. Medicines were administered safely with safe arrangements for storage and recording of medicines.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and had received training in this area. The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff were supported through ongoing meetings and individual one to one supervisions to reflect on their practice and develop their skills. Staff received mandatory training as well as training specific to people's needs. For example, staff had received training on Autistic Spectrum Disorder and Epilepsy.

People's relatives and professionals described the care people received as outstanding. Staff were caring and

showed a genuine warmth and commitment to the people they supported. People felt they mattered to staff and were involved in every aspect of their lives. Staff regularly went above and beyond to ensure people were supported effectively. Where communication could have been a barrier for people the service found ways to ensure the people could communicate in a way that suited them.

People's needs were assessed and staff understood these needs and responded appropriately when people's needs changed. People's interests and preferences were documented and they were encouraged to pursue activities and areas of interest. Social inclusion was an important priority for people and the staff who supported them.

The registered manager had a clear vision for the service that was shared by the staff team. This vision was about complete inclusion and involvement of people and staff in shaping their lives and the service. This vision was being embedded within staff practice and evidenced through people's care records.

Leadership of the service at all levels was open and transparent and supported a positive culture committed to supporting people with learning disabilities.

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?

Good



The service was safe.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Arrangements for medicines were in place to ensure they were administered safely and stored appropriately by staff.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures and the service had an effective procedure in place to ensure people were safe.

Is the service effective?

Good



The service was effective.

People were supported by staff who were well trained and supported. Staff received appropriate supervision, appraisals and training.

Staff had a good understanding of the Mental Capacity Act 2005 and their responsibilities under this Act to ensure people made their own choices. When people didn't have the capacity to make decisions, the correct process was followed to ensure decisions were in people's best interests.

People were supported to access appropriate healthcare routinely or when their needs changed.

Is the service caring?

Outstanding



The service was caring.

People were supported by caring staff who went above and beyond their role to meet people's needs and make them feel comfortable.

People were involved in their care planning and were informed about the service and options available to them.

People benefited from a culture that held maintaining and improving people's independence as a key feature of the service.

Is the service responsive?

Good



The service was responsive.

People told us the service was responsive. Staff identified people's changing needs and involved other professionals where required.

When people's needs changed the service responded. People knew who to talk to if they had any concerns and felt there would be a quick and positive response.

People were supported to access regular activities of interest but also plan activities on a larger scale such as holidays.

Summary of findings

Is the service well-led?

Good



The service was well led.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Staff spoke positively about the team and the leadership. They described the registered manager and other senior staff as being supportive and approachable.

The leadership throughout the service created a culture of openness that made people feel included and well supported.

West Oxfordshire Supported Living

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 checked whether the provider was 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 the 28 January and 23 February 2015 it was unannounced. The inspection team consisted of an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of the inspection there were 26 people being supported by the service. Before the inspection we asked the provider to complete 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 reviewed the

information we held about the service. This included notifications about important events which the service is required to send us by law. We also received feedback from five health and social care professionals who regularly visited people being supported by the service. These professionals included two social workers, a psychologist and a care manager. This was to obtain their views on the quality of the service provided to people and how the home was being managed.

We visited two households and we spoke with the six people who were using the service and four people's relatives. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a means of understanding the experiences of people who could not speak with us verbally. We spoke with eight care staff, two service coordinators, the registered manager and a regional director. We reviewed six people's care files, records relating to staff supervision, training, and the general management of the home. We also reviewed quality audits that had been carried out by the registered manager and senior management team.

Is the service safe?

Our findings

At the last inspection in May 2014, we required the provider to take action to make improvements with regard to medicines. Medicines were not managed safely and published guidance was not being followed. The quantity of medicines in stock was not always recorded by staff on the medication records. Care plans were not in place to inform staff when 'as required' medicines should be given.

At this inspection in January 2015 we found action had been taken. People's medicines were stored safely in their own rooms. There was also a well organised information folder with detailed information in relation to the planned support each person required with regard to their medicines. New systems had been implemented to ensure that stock levels of all medicines could be monitored. We saw this system being used effectively and staff had a good understanding of it. When medicine errors occurred, swift action was taken and staff were re-trained to reduce the risk of future incidents. Medicine records were checked regularly to ensure people were receiving their medicines and staff were recording it accurately.

People we spoke with felt safe. Comments included, "Yes, I do feel safe, the staff are brilliant". Another person told us, "Very safe". We observed two people in each of the households we visited engaging with a member of staff with whom they clearly felt safe. One relative told us, "people couldn't be safer, good staff, nice homes". Professionals told us they felt people were safe. One professional told us, "People couldn't be safer, the staff are very thorough".

Support plans identified how staff should manage risks to people's health and welfare in a way which supported people's freedom. For example one person who wished to walk to the shops by himself had a risk assessment in place with clear guidance to staff. People also had clear risk assessments in place for accessing and being in the community, slips and trips and bathing and showering. Risk assessments documented key points for staff to consider and were reviewed regularly or in the event of an incident occurring. Staff were able to speak with us about the risk to people they supported in line with the guidance we had seen. Support plans also instructed staff to refer to the risk assessment to ensure documented risks were read and understood.

People and staff benefited from environmental risk assessments that identified environmental hazards. There were also emergency plans in place in the event of incidents that may impact on the service's ability to deliver people's planned care. People were supported to raise any maintenance issues with their landlords as soon as possible if a maintenance issue compromised their safety and well-being and equipment was regularly serviced and properly maintained.

Incidents and accidents were recorded. Records clearly documented when incidents and accidents had occurred and what action was taken following the event. For example we saw an incident recorded which involved a confrontation between two service users. We saw that de-escalation procedures were put in place to support staff to manage further incidents. We did note there were two incidents that did not detail what action had been taken as a result of an incident. We mentioned these to the registered manager who confirmed action had been taken at the time and took immediate steps to update the records.

Staff had knowledge of types of abuse and signs of possible abuse, which included neglect and their responsibility to report any concerns promptly. Staff members told us they would document concerns and report them to the registered manager. Staff told us they had received safeguarding training and were aware of the local authority safeguarding team and its role. We also looked at safeguarding notifications made by the registered manager. The provider had worked with the local authority safeguarding team to ensure people were protected from abuse.

We looked at the arrangements for safeguarding people's money. We saw that where a person was unable to manage their own finances due to a lack of understanding, appropriate arrangements were in place for staff to manage them safely. All money spent on behalf of people was recorded, receipts were obtained and audits conducted. The system protected people effectively from the risk of financial abuse.

People were receiving care from adequate numbers of competent and skilled care staff. Each household had sufficient numbers of care staff on duty to meet people's needs and also facilitate daily activities. If people's needs changed, arrangements were put in place to ensure there was the appropriate mix of skill and experience to meet

Is the service safe?

people's changing needs. For example one person had become ill, this persons planned staff was amended to ensure it contained the people with his they were most familiar.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of

interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

At the last inspection in May 2014, we required the provider to take action to make improvements with regard to supporting workers. The registered person did not have suitable arrangements in place to ensure care staff were appropriately supported by receiving appropriate training and appraisal.

At this inspection in January 2015 we found that action had been taken. Staff files documented that staff received regular supervision and annual appraisals. Staff told us they received regular supervision and adequate training. Comments included, “I was surprised to see that it was identified as a problem at the last inspection, supervision has always been good for me”, “Supervision is regular and extremely useful” and “Yes I always feel very well supported by the managers. We have enough training. I have regular supervision and appraisals.” We saw, through staff’s supervision with their line manager, that they were supported to reflect on their practice, identify areas for improvement and set themselves clear goals. Line managers encouraged care staff to develop professionally and asked if they wished to show an ‘interest in advancement’. We saw that one person had been promoted to a coordinator role through this process.

New staff were given a six month induction, which involved all mandatory training. New staff also had regular meetings with their line manager through their induction period to support their understanding of the role and organisation. The induction period involved shadowing shifts with a specific focus on making sure people’s own communication needs were fully understood before staff worked alone with them.

People we spoke with felt the service was effective, as care staff were skilled enough to meet their needs. One person told us, “Yes my carers are brilliant, they understand me”. One person’s relative told us, “The staff are very good at what they do, very professional”. Comments from professionals included, “The staff appear really well trained, they know what they are doing” and “Care staff are excellent, eager to learn and understand. You feel your advice is taken seriously”.

People’s needs were assessed when they entered the service. This assessment was used to develop care plans and health action plans that were personalised and

contained clear and concise information regarding people’s support and health needs. Records showed referrals to dentists, psychologists, and speech and language therapists had been made for specialist advice. One person said, “If I am not well staff help me to sort it out and make an appointment to see someone.” This showed that people had received appropriate healthcare support. The service also had a nominated oral health champion within their staff team who offered advice and guidance around supporting people with their oral hygiene.

Where people required support with behaviours that may be challenging, the service accessed support from psychologists to develop personalised support plans. One professional told us, “I was amazed by how committed the whole service was to supporting this person, a meeting was arranged and the whole staff team turned up. They all contributed and the person is doing extremely well”.

People told us they were asked before receiving support to ensure they consented. One person told us, “They are very good like that, they respect my decision”. Staff we spoke with were also clear they would not assume something was ok to do without asking. One staff member told us, “I wouldn’t dream of doing something to someone without asking, it’s not in my nature”. We observed a number of occasions where staff sought consent before offering support to people. One person did not want to have people in his room; we saw the staff respecting this.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and had received training in this area. The MCA provides a legal framework to assess people’s capacity to make certain decisions, at a certain time. One person, who was assessed to lack capacity to make choices regarding their diet, was supported through a best interest meeting to limit certain foods. The best interest meeting involved the person’s family and a dietician.

The registered manager had identified the need to improve their work in relation to supporting people to have a balanced diet that promoted healthy eating. We saw one person having a ready meal prepared for them with frozen vegetables. This was what was detailed on the person’s chosen menu for that week, along with a range of healthy cooked meals. We also observed that one person had made fishcakes themselves and they had been used for the meal that evening. One person wanted to lose weight, the

Is the service effective?

service had involved a dietician and the person had an easy read healthy eating plan. The registered manager told us, “We could do more in this area and have begun to discuss this in meetings”.



Is the service caring?

Our findings

People told us the service was caring. One person told us, “They [staff] feel like family, very caring”. Another person said, “They are good at caring”. A relative told us, “Staff are magic, the service have been incredibly caring”. One health professional told us, “The care from staff is outstanding”. These comments supported our observations. In one household we saw one person visibly delighted to see their member of staff. This relationship was also captured through a number of photos of positive experiences this person had had with their staff team. Another person, who had complex needs in relation to forming relationships, was supported calmly and with genuine warmth. This person did not want to speak with us when the staff member knocked on their door. Instead the staff member asked if they would like them to take their plate from lunch. Through this caring interaction the person gradually felt able to speak with us. They told us, “they care for me well, I like them [staff]”. We found that people’s environments were well cared for and felt very personalised and homely. One environment we visited had incorporated each person’s personal belongs of interest into the main living area. These were kept well organised and tidy. Staff told us, “if people see we take care of their belonging, then they themselves feel cared for”.

Staff demonstrated a caring approach. Comments included “When you love your job, you make good relationships and people feel confident enough to tell you how they feel and what would help them most.”, “People come first, I never clock watch, I go home when the people I support have finished what they are doing, we are here for them” and “It’s rewarding to know we are enhancing peoples quality of life, empowering them to do bigger and better things”. Our observations supported these comments. Staff showed care and compassion when communicating with people in person and on the phone. When in people homes people’s privacy and dignity was respected. Staff knocked on doors and checked with people before entering their personal spaces.

People being supported were given a set amount of support time. We were made aware of several occasions where staff went above and beyond the call of duty, we were told of many occasions where care staff used their own time to facilitate plans that meant a lot to people. For example, one staff member told when people went on

holiday they gave up their own time to make sure they could go shopping for everything they needed. On another occasion staff gave up their own time to support a person to learn to swim. This staff member spent their own time looking for a swimming instructor and introducing them to the person so they felt comfortable. On another occasion we heard how a staff member gave up their own time which meant a person could visit their relative’s grave which meant a lot to them.

People told us they were fully involved in their care planning. Comments included, “Yes, I sit down with staff and think about my plan”, “Yes, I have the plan”. Support plans we reviewed were personalised and involved people and their relatives. The service used regular informal chats called ‘talk time’ to review these plans weekly and set weekly tasks. These plans were reviewed by care coordinators to ensure that people’s wishes were being respected by staff. Care coordinators followed up where people’s wishes had not been carried out, to understand any potential barriers to ensuring people’s involvement shaped the support they received. The registered manager told us, “I think we are a more listening organisation as a result of these spaces”.

The service had a visible person-centred culture and strived to help people to express their views so staff could understand things from their points of view. Staff and management were fully committed to this approach and found innovative ways to make it a reality for each person using the service. People were supported through personalised methods to ensure they could communicate. For example one person was beginning to isolate themselves from some staff due to their behaviour. The staff team developed a colour coding method each day within the person’s diary, to identify the mood the person was in. This allowed staff to review their own approach to adapt to how the person was feeling and not become a trigger themselves. One member of staff told us, “It is much easier to work with them now and get to a point of knowing what they want without them getting frustrated”.

The staff team identified that a group of people they supported, made regular requests to meet up with other friends who were supported by the service. Staff facilitated this wish which became formalised into what people who used the service called “the Campden club”. This became open to everyone supported by the service and each person was given a role within the club. People we spoke



Is the service caring?

with about the club spoke very enthusiastically about it. One person told us, "It's run entirely by us, staff help us out when we ask for it, but it's our club". Staff told us, "It's great to see how involved people want to be, it's nice. They do their own things and we take a back seat". At the time of our inspection the club had decided to have their next meeting over a meal at the local club. Staff had been invited so were going to attend in their own time. One staff member told us, "It's my time off, but it's nice they want us there, I want to show my support".

Each person's support plans detailed repeatedly the importance of people maintaining their independence where possible. Staff we spoke with reinforced this approach and professionals also confirmed that people were encouraged to lead active and independent lives. One health professional told us, "It's clear from the moment you hear from the service, their focus is ensuring the person is leading the process and doing as much as they can for themselves".

The service worked closely with people and their wider support teams to identify and use assistive technology to promote independence and maintain a safe environment. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish, or had great difficulty accomplishing. One person's support plan clearly documented the importance of independence to the person. This person expressed a wish to continue going into the community alone despite the increased risk of falls. We saw a detailed support plan that enabled this person to maintain their independence in this area of their life with the use of a pendent alarm. Another person arrived at the service with relatives who did not consider them able to do much for themselves. Staff supported this person over a period of time to gradually enable them to go to town by themselves using public transport. We were told by one staff member this person's self-esteem and confidence had, "grown beyond belief".

Is the service responsive?

Our findings

At the last inspection in May 2014, we required the provider to take action to make improvements with regard to care and welfare. People were not always protected against the risks of receiving care or treatment that was inappropriate or unsafe as care plans did not always document their up to date needs. It was also found that people were not always involved in the planning of their support.

At this inspection in February 2015 action had been taken to ensure that care and welfare was meeting the required standard. People's support plans contained detailed and comprehensive information for staff to follow in order to meet people's needs. We reviewed a range of files for people with epilepsy, mobility issues and people who presented behaviours that may challenge. For each of these people there were clear assessments in place that were used to develop clear and concise support plans for staff to follow. Staff we spoke with about these people had a very good understanding of their needs.

People told us the service was responsive as care staff understood their needs. Comments included, "Yes, my staff know exactly what my needs are". One person's relative told us, "the staff respond very efficiently to people's needs and their questions". Health professionals told us they felt staff understood people's needs. One health professional told us, "Staff really understand people, they make sure of it". Another health professional told us, "The staff knowledge of people's needs is very impressive". People also felt their choices were respected, one person told us, "My support worker is very good they give me choices".

Choice and control were key themes within the service and this was embedded through the systems and staff approach. People were supported creatively to be able to make choices for themselves. For example, one person did not want as much face to face support as they were assessed to require in order to meet their needs. The service worked with the local learning disability team to reduce the level of support, whilst keeping the person safe. Day to day discussions with people as well as more formal review meetings documented people choices and identified areas that people could maintain as much control as possible. One person asked to change their support team due to a preference for certain carers, this change was made for them.

People's wishes and preferences were recorded within their support files along with detailed information about themselves and their personal histories. This information was used to identify activities of interest for people. Each person was supported to develop a weekly plan that involved a number of social groups and activities of their choice. This plan was recorded in people's support files. Support was planned around people's preferences and where possible would be flexible if people were to change their mind. One person told us, "I don't feel any different to anybody else, I say what I feel like doing and staff support me to do it, if I change my mind, they don't mind". One person's relative told us, "my son is very active, I like that he gets involved with the reality of life and not just the same old clubs".

The service worked with other professionals to ensure people's additional or changing needs were supported. For example, people who required support with their mobility were supported by an occupational therapist to ensure they had the equipment they required.

We were told of a recent decline in one person's health. We were told that staff had identified that one person 'was not their usual self' through reviewing their appearance daily. Staff sought professional advice regarding this person's health that they continued to question. One staff member told us, "We knew that despite what doctors were saying that this person wasn't right". The staff's resilience led to further tests that identified significant health concerns. This person was found to have a serious health concern. This person at the time of our inspection had been supported back to health. The registered manager told us, "If staff hadn't shown such an understanding and desire, I don't think this person would still be alive".

The service had a complaints policy and information regarding complaints was given to people when they started receiving the service. Every person said they knew how to make a complaint if it was necessary to do so. One person told us, "I don't feel I need to complain but would know how to". Communication with people and their relatives was recorded to ensure open and clear communication. This meant the service took action to prevent complaints arising. We saw that one person raised regular concerns regarding their housemate. The service responded with a supportive strategy to ensure this person felt heard whilst at the same time trying to improve the situation. The issues that had been identified had come

Is the service responsive?

from the way in which this person had originally entered the service prior to the current management team. The

registered manager and care coordinator had identified the key issues that led to the concerns being raised and confirmed that the procedure for placing people had been changed to prevent similar incidents arising in the future.

Is the service well-led?

Our findings

At the last inspection in May 2014, we required the provider to take action to make improvements with regard to assessing and monitoring the quality and safety of the service. The registered person had not protected service users against the risks of inappropriate or unsafe care and treatment by means of the effective operation of systems designed to regularly assess and monitor the quality of services provided.

At this inspection in January 2015 we found that action had been taken to ensure standards improved. The registered manager had been in post for a year and spent two days a week at the service and was supported by a group of care coordinators who each had managerial responsibilities. The registered manager and care coordinators monitored the quality of the support being provided to ensure that it was safe, effective, caring and responsive. This was achieved through a regular internal quality assurance process which consisted of monthly health and safety checks that support workers carried out with service users and monthly house checks conducted by local managers. These were monitored by the service manager to identify themes or recurring issues.

The service also conducted a quarterly quality assurance audit that had been designed in line with the five key questions regarding if the service is safe, effective, caring, responsive, and well led. This audit identified what the service was doing well and what needed to improve. The audit identified a clear action plan that made staff responsible for the completion of those actions. For example, the audit we reviewed from December 2014 had identified that monthly house checks were not being completed consistently. The same audit also identified that 'not all people's care plans were meaningful and identifying dreams and wishes'. Appropriate action was taken to resolve these issues. The registered manager was responsible for sending quarterly audit reports to senior managers regarding the progress of the service. The registered manager ensured that a copy of this was sent to all staff at the same time, to support their vision of inclusion and awareness of staff. The manager told us, "I have nothing to hide we keep things open and transparent, staff have a right to know about things that may affect them".

An annual project plan was developed that incorporated ideas from staff and service users as well as organisational requirements. Staff and service user annual surveys also helped to contribute towards this plan to improve service delivery.

Staff we spoke with felt the service was well led. One staff member told us, "The manager has been outstanding since she came in, she has listened and followed through on the things she says she will do". Another member of staff told us, "The manager is outstanding. She supports us to reflect on our work, and gives us lots of opportunities to develop our skills". One person's relative told us, "The manager is hardworking and keen to resolve issues with all professionals involved in an effective manner".

Professionals all told us that the service was well led. One professional told us, "The service has very strong leadership all the way through, the manager is committed and the coordinators do a fantastic job". Another professional told us, "The service has a strong leader in their manager, I have seen dedication to fairness, and supporting others to make decisions and support them to have their voice heard".

We spoke with the registered manager about their vision for the service. She spoke about "complete inclusion and involvement of staff and people that use the service". This vision was shared by the staff we spoke with and was also supported by our observations and what people were telling us. Each conversation with a person was being used as a means of shaping their support plan or improving the service. Staff through supervision mentioned the challenge in completing their weekly tasks; this led to a review of the role of care coordinators to identify changes that could be made to support them. This work was on going at the time of our inspection. We also saw that action was taken when staff raised concerns about people they supported. One staff member in their supervision raised concerns regarding one person's increased anxiety. A referral was made the same day to the psychologist for advice and support.

At team meetings the staff team were encouraged to think about the five key questions the care quality commission ask with regard to is the service safe, effective, caring, responsive and well led. This was to ensure the staff team could have ownership in the areas of the service that were important to people but also to develop their awareness of the overall service.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.