

Oakleaf Care (Hartwell) Limited







Weston Favell Houses

Inspection report

3 Martins Court
Church Way
Weston Favell
Northampton
Tel: 01604 864466
Website: www.oakleafcare.com

Date of inspection visit: 23 July 2015
Date of publication: 19/08/2015

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

This unannounced inspection took place on 23 July 2015. The service provides support for up to 5 people with acquired brain injuries. At the time of the inspection there were 4 people using the service.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People said that they felt safe in the house. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Summary of findings

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in the house and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decision about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people living in the house were confident that issues would be addressed and that any concerns they had would be listened to.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run.

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.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training to

ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review.

People were supported by a range of relevant health care professionals to ensure they received the support that they needed.

Good



Is the service caring?

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened too and their views acted upon.

Staff promoted peoples independence in a supportive and collaborative way.

Good



Is the service responsive?

This service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs

Good



Summary of findings

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the house, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



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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 23 July 2015 and was unannounced and was undertaken by two inspectors.

Before the inspection we contacted health and social care commissioners who place and monitor the care of people living in the service. We also reviewed the information we

held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with six members of care staff including a senior manager and the registered manager. We also looked at records and charts relating to four people, and three staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

People's assessed needs were safely met by experienced staff. When concerns had been identified about people's safety such as mobility they had been assessed by a relevant professional who had recommended equipment to keep people safe when they were walking.

There was enough staff to keep people safe and to meet their needs. People said that there were enough staff that understood their needs and provided the support they needed. For example one person said that they had been supported by staff that knew them well to attend appointments and this made them feel safe. There were a

number of events and activities planned during the day of our inspection and additional staff had been arranged so that people could attend events that were important to them such as travelling to join in with a family event.

Staff were mindful of the need to ensure that the premises were kept appropriately maintained to keep people safe. There was a system in place for ensuring that the front door was secure to minimise the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement. Closed-circuit television (CCTV) was in use in parts of the service and in the grounds and notices informing people about this were prominently displayed. This had been installed in line with CQC guidelines. There was a system in place to ensure the safety of the premises as regular fire safety checks were in place.

There was a system in place to manage risks to people using the service. People's needs were regularly reviewed so that risks were identified and acted upon. People's risk management plans had been updated when changes had occurred. Staff were aware of the risk assessments and the part they played in keeping people safe whilst encouraging people's independence.

There were appropriate arrangements in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines. Staff explained to people what the medicines were for and people told us that they received their medicine when they needed it. There were arrangements in place so that homily remedies such as paracetamol could be given when people requested it.

Is the service effective?

Our findings

People received support from staff that had received the training they needed to do their job. One new member of staff said that they had received a good induction to the service which had included a three day 'company induction' followed by training in brain injury awareness which is relevant to the people living at the home and builds the skills and competencies of staff. They said "The induction was really good and it helped me to understand how I can best support the people that live here." Staff had also received 'enhanced behaviour training' to equip them with the understanding and skills to manage behaviours that may occur when people became unsettled. Staff were able to demonstrate a good understanding of each person in the service and talked confidently as to what approach they needed to take with each individual.

People benefited from receiving support from staff that were skilled and experienced. All the staff had undergone training that would enable them to support people effectively such as equality and diversity and moving and handling. There was a plan in place for on-going training so that staff's knowledge could be regularly refreshed.

The manager was in the process of formalising the arrangements for the remainder of the staff's supervision and appraisal. Staff told us that the manager was always available if they had wanted to discuss an issue or training opportunity. The manager worked alongside staff on a regular basis so that frequent informal supervision took place.

Systems were in place to assess people's ability to make informed decisions. Staff ensured that the support provided was in people's best interests. Staff followed the provider's protocols when assessing people for their mental capacity to make decisions for themselves. All of the people we spoke with at the house had the capacity to make decisions for themselves.

People were involved in decisions about the way their support was delivered. One person said that they had provided consent to register with a local GP. People also told us that they had contributed towards the reviews of their care plans and had their own signed copy to refer to.

People were supported to maintain their health. People's nutritional needs had been assessed and advice had been sought from a dietitian about healthy eating and regarding health promotion such as meal planning and lifestyle choices. People's weights were regularly monitored to ensure that people remained within a healthy range. One person said that they had started to walk a little bit more each day and they were pleased that they had achieved this and had lost some weight as well. People were involved in managing their own health care for example; one person had required their intake of fluids to be maintained at a certain amount. We noted that they had been encouraged to monitor and record their own intake of fluids so that they would be able to continue to do this when they went home.

People had a balanced diet. Each of the people living at the house had different levels of independence when planning, shopping and cooking their meals. Staff told us that they were available within the kitchen area to support people if they needed any help. People had chosen a preferred time to use the kitchen to make their evening meal.

People received timely referrals to health care professionals if there were any concerns or advice required. Referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. We noted that some people were receiving specialist support from professionals that would continue to provide this in the future when people went back to live in their own home.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People had their own rooms and staff were respectful of people's wishes when asking if they could enter their rooms. Staff were mindful that some people needed to have time alone either in the house; the garden or in their bedrooms and they respected this. Staff treated people respectfully and with good humour in communal areas of the house and garden.

People received their support from staff that were caring, friendly and respectful. Staff and people had worked together to really personalise their environment to make them feel at home and comfortable. People's rooms and the house they were living in were decorated with items that were important to them and reflected their chosen interests. We saw evidence of this in the house, with items of personal value on display, such as photographs and other personal belongings that were important to people and reflected their interests

People's individuality was respected by staff and we saw staff having discussions with people about their interests and what was important to them. Staff and people were

sharing jokes and we saw people were treated with kindness and compassion. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. People said "The staff here are great; they really listen to me and help me to get better."

People were encouraged to express their views and to make choices. There was information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important 'goals' that people wanted to achieve. For example one person had been able to go to a concert which had been arranged by and accompanied by staff. There was an advocacy service available should people required independent advice with day to day decisions.

Visitors were made to feel welcome and could visit at any time. Staff worked really hard to introduce people's relatives to the service. For example arrangements had been made for one person's children to visit and a nearby park had been suggested by staff so they could enjoy a more relaxed and private environment before their first visit to the house.

Is the service responsive?

Our findings

Staff actively worked with people to ensure that they had an understanding of all of their needs so that staff could be assured that they could meet people's requirements. Before people came to live at the house, staff completed an in-depth assessment of all their needs so that a plan of support could be put in place, for example to enable any equipment to be in place before the person came to live at the house. The assessment had also included any individual hobbies and past interests or preferences in how their support was to be given. We spoke with one person that had recently come to live at the house and they were pleased to tell us that staff had made arrangements for them to carry out their favourite pastime at an external venue and they were looking forward to this because it was very important to them.

People had been involved in planning their support. People's care and support needs were accurately recorded and their views of how they wished to be cared for were known. Their care and treatment was planned and delivered in line with their individual preferences and choices. People said that they had been able to talk to staff

about what was important to them. For example one person had wanted to increase their social contact with other people and they now had the opportunity to attend a regular meeting with others which they really enjoyed.

People were involved in the review of their support. People told us that staff asked them what their goals were for the future and had incorporated this into the activities and care plans. One person also said "The staff here have really helped me, this is the best I have ever been and I now am able to do lots of things that I wanted to do."

People were happy with the care and support they received however they knew how to raise a complaint if they needed to do so. They said that all staff were approachable and that they felt able to raise any concerns they had.

Information on how to raise concerns was displayed on a notice board and the manager said that records were maintained of any complaints that had been raised and this detailed the action taken to resolve concerns. One person said "I don't have any complaints, but if I did I would speak to staff and they would sort it out for me." We noted that there were no on-going complaints during our inspection.

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. One member of staff said “All the managers are really approachable and friendly.” People benefited from receiving care from an experienced staff team that was well led by the manager who in turn was supported by their managers. The manager demonstrated an awareness of their responsibilities of the day-to-day as well as long term basis in the management of the service.

Staff were supported by a manager that had the knowledge and experience to motivate them to do a good job. Staff said the manager was approachable and very supportive. They said the manager and other senior members of the management team were always available if they needed advice or guidance and often visited the house. Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run.

People’s care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

There were arrangements in place to consistently monitor the quality of the service that people received for example regular audits had been carried out by the manager and by the provider. These audits included an analysis of satisfaction surveys, staff training and health and safety requirements. The results of a recent satisfaction survey indicated that overall people, their friends and family members thought the service was very good. The provider had taken note of comments made for example following comments about the lack of visiting space at weekends they had increased the provision of outdoor seats and were looking at other ways to address this issue in the near future.