

Action for Care Limited

Oaklands

Inspection report

59b Leeming Lane
Leeming Bar
Northallerton
North Yorkshire
DL7 9RR

Tel: 01677988010
Website: www.action4care.org

Date of inspection visit:
27 November 2019

Date of publication:
10 January 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oaklands is a residential care home providing personal care to people with a learning disability and/or autism. Oaklands accommodates up to eight people in one adapted building. At the time of this inspection, eight people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were happy and felt safe. Staff had an excellent understanding of people's care and support needs. Support was provided by a consistent team of staff who had developed positive, caring relationships with people. Staff understood the importance of understanding people's abilities and working with them to achieve positive outcomes.

People were treated with dignity and respect and their independence was promoted. Staff spent time getting to know people, their relatives and their life history. Activities and outings into the community were led by people.

People were looked after by staff who had the skills and knowledge to carry out their roles. Management encouraged staff to continuously develop their skills. Staff communicated effectively with relevant professionals to ensure people received healthcare support they required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Choices people made were respected.

Systems were in place to continuously monitor the service. People and relatives' views were listened to and respected. The service was responsive to people's needs and the support provided had improved their well-being and independence.

People and staff spoke positively of the management team. The service was well-run by an experienced registered manager. The registered manager attended regular forums and events to build relationships and share best practice. The service had good links with the local community and other professionals to promote and improve people's health.

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

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led finding below.

Oaklands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with one person who used the service and one relative. We spoke with five members of staff, which included care staff and the registered manager.

We viewed a range of documents and records. This included two people's care records and two medication records. We looked at two staff recruitment and induction files, two staff training and supervision files and a selection of records used to monitor the quality and safety of the service.

Not all people living at Oaklands were able to verbally communicate. 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.

After the inspection

We spoke with another three relatives to ask their views on the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. A relative said, "I have no doubt what so ever that [person's name] is safe here. I can tell from their body language and their relationships with staff that they feel safe and secure."
- Systems and processes were in place to ensure any safeguarding concerns were appropriately recorded and responded to.
- People were kept safe by staff who were familiar with them and any non-verbal prompts they may use to express concerns. They been trained to identify and respond to safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments guided staff on how to safely meet people's needs whilst promoting positive risk taking. This information had been regularly reviewed and was updated when required.
- The environment and any equipment had been assessed for safety.
- Accidents and incidents were closely monitored to identify any patterns or trends. Action had been taken to contact relevant professionals when concerns were found.

Staffing and recruitment

- Safe recruitment processes were in place. All appropriate pre-employment checks had been completed before employment commenced.
- There was enough staff on duty to provide the support people needed. Staffing levels were adjusted to accommodate activities and outings.
- Staff and relatives confirmed there were enough staff. Comments from relatives included, "I have no concerns about staffing. There is always plenty of staff around."

Using medicines safely

- People received their medicines as prescribed; medicines were stored, administered and recorded safely.
- Staff had received appropriate medicines training and had their competency in this area assessed.

Preventing and controlling infection

- Good infection control practices were in place and followed. Easy read guidance was in place to support people to achieve good hygiene.
- The service was clean and tidy throughout. Some paintwork was worn; plans were in place for this to be addressed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them moving to the service. Consideration was given to all aspects of people's lives and goals and how this could be supported. A relative told us, "Nothing is ever a barrier. Staffs' attitude is that anything can be achieved with the right support."
- Best practice was implemented and followed to ensure high quality care was provided. Positive behaviour support plans were in place and strategies were followed by staff.
- Staff continuously assessed people's needs and choices. Good communication between staff, people and their relatives ensured these needs and choices were met.

Staff support: induction, training, skills and experience

- People were supported by skilled and competent staff. Staff received extensive training and had support from management to ensure they had the required skills and followed best practice guidance.
- New staff received an induction. This ensured they were familiar with the provider's policies and procedures, the environment and people they would be supporting.
- Staff received appropriate support from the management team. One staff member said, "I get enough support. I know I can go to my line manager with any problems at all."

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

- People were supported to ensure they ate and drank enough. Relevant professionals had been contacted when concerns were found, and professional guidance was followed.
- People were provided with a variety of meals and refreshments throughout the day. People were able to eat out in the community if they wished.
- People had been encouraged to participate in the weekly shopping. Technology was used so people could select what items they wanted.

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

- People received consistent, effective and timely care.
- Staff worked with other professionals to ensure people attended regular appointments to maintain their health; staff followed the guidance they provided.
- Information was recorded and ready to be shared with other agencies if people needed to access other services, such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate applications to lawfully deprive people of their liberty.
- Where people lacked mental capacity to make particular decisions, appropriate processes had been followed to ensure any decisions were made in the person's best interests.

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

- The service was adapted to meet people's needs. Easy read signage was in place to promote independence.
- People were able to decorate their rooms as they wished, and they had access to ample outdoor space.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were compassionate, kind and caring.
- There was a clear person-centred culture. Staff knew people well and were creative in the way they included people in activities. Staff had taken the opportunity to take people on holiday, taking into consideration their care and support needs.
- Staff were motivated to achieve the very best outcomes for people. A staff member told us, "We have a really good team here. We all want the best possible lives for people and we all work hard to ensure people are able to achieve their goals."
- Staff took the time to build positive relationships with people and their families. A relative told us, "I feel like Oaklands are my family too. I am made to feel very welcome and couldn't really ask for anything more."

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

- Staff were well-skilled in helping people to express their views and preferences and make choices about their care. Staff used a variety of tools to communicate with each person according to their needs. This included verbal and non-verbal ways of communicating.
- Staff did not rush people to complete tasks or make decisions. They had ample time to spend with people to meet their individual needs.
- People lived according to their wishes and values; they had access to advocacy support if needed and were supported to make decisions.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff showed genuine concern for people; they were keen to ensure people's rights were upheld and they were not discriminated against.
- People's privacy and dignity was respected. We observed staff knocking on people's bedroom doors and discreetly asking people before supporting them with personal care.
- Staff understood and respected when people wished to spend time alone. They were familiar with signs people would display if this was what they wanted.
- Staff told us the importance of encouraging people's independence and gave examples of how they did this with tasks such as personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were supported in line with their wishes and preferences, and staff were knowledgeable about people's personal routines.
- Care plans contained detailed information about people's interests and personal preferences. These had been regularly reviewed and updated when changes occurred.
- Staff identified and responded to people's change in needs in a timely manner to ensure they were getting the support they needed.
- People took control of their lives with support from staff. Staff treated people as individuals and staff respected decisions and choices they made.

Meeting people's communication needs

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

- Staff were aware of people's communication needs. Communication care plans were in place.
- The provider and registered manager were aware of the AIS.
- People's preferred method of communication was used.

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

- People were encouraged and supported to be an active part of the community.
- Activities were planned to increase social interaction. People were encouraged pursue their hobbies and interests. One person had a love of animals and trips to zoo attractions had been arranged.
- Where people expressed an interest in particular activities, staff worked collaboratively to overcome any obstacles to ensure this could be achieved. A relative said, "[Person's name] is out and about every day. They never wanted to go out before they moved here. They have such a good quality of life."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint if they wanted to. The provider displayed information about how to do this in a format people could read and/or understand.
- Staffs' knowledge of people meant they were familiar with body language people may display if they were unhappy.

End of life care and support

- People's end of life wishes had been discussed with people and their relatives.
- Clear and detailed end of life plans were in place which took into account people's spiritual and cultural needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive.
- People's views were listened to and acted upon. They were regularly asked to provide feedback on the service provided and timely action was taken to address any concerns.
- Staff were encouraged to share their views and contribute to decisions about changes within the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Systems were in place to ensure the quality of the service provided was monitored. Clear action plans were in place when shortfalls were found. Timely action was taken to address any issues.
- Senior management often visited and monitored the service to ensure standards were maintained.
- The registered manager was aware of their role and responsibilities and kept up-to-date with best practice. They had sent information to CQC as required, about incidents which had occurred at the service.
- The registered manager worked to develop their team so that staff at all levels understood their roles and responsibilities. Regular meetings took place to ensure all staff understood their job description and what was expected of them.
- The registered managers understood their responsibilities to act in an open and transparent way by being honest with people when any incidents occurred.

Working in partnership with others

- Staff had good relationships with professionals and worked with them collaboratively to implement good practice guidance.
- The registered manager recognised the importance of community involvement and the positive impact this has on people. They provided information on events in the local community and encouraged people to attend.