

Priory Education Services Limited

Oxen Barn

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

Oxen Barn provides accommodation for up to six males between the ages of 18-65 with learning disabilities and autism. This home comprises of individual self-contained accommodation, with en suite bedrooms, bathroom, lounge, dining room, kitchen and a large garden. The home is situated in the Longmeanygate area of Leyland in Lancashire and is in a quiet semi-rural area. People are placed from various local authorities due to the specialism of the service.

This inspection took place over four days, the 6, 7, 9 & 13 October 2015 and was unannounced.

The home had appointed a registered manager since our last inspection. 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.

The last inspection of the service took place on 17, 24 March and 24 April 2015. During that inspection we identified a number of serious concerns and found the service was in breach of regulations in relation to need for

Summary of findings

consent, staffing, safe care and treatment and good governance. As a result we placed the home in special measures and told the provider significant improvements must be made, to protect the safety and wellbeing of people who used the service.

We found during this comprehensive inspection this provider had demonstrated improvements since our last inspection. We have judged it is no longer rated as inadequate for any of the five key questions. Therefore Oxen Barn will no longer be in special measures.

During this inspection we found the provider and registered manager had taken action to address our serious concerns and significant improvements had been made across the service which meant the home was taken out of special measures. There were no breaches of regulation found during the inspection.

The one person we spoke with told us they felt safe receiving care at the service. Relatives we spoke with also had no concerns with the safety of their loved ones. However there were still some concerns reported to us by families regarding the consistency of staff and the continued use of agency staff at the home. We did see that five new starters were due to begin work at the service shortly after our inspection. We also saw evidence to show that the same agency staff were used whenever possible to keep staffing as consistent and familiar as possible.

We saw staffing levels to be suitable on both the days we spent at the home. On the first day, there was one agency member of staff working at the home, however they had worked at the home previously and were aware of the needs of the person they were working with.

We spoke with staff about their understanding of safeguarding procedures. Staff we spoke with were knowledgeable about how to recognise different types of abuse. They were also aware of how to report potential safeguarding issues both internally and to external agencies such as the local authority and Care Quality Commission (CQC). A record of any safeguarding concerns had been retained within the home, so that a clear audit trail was available to show details of the incident, reporting procedures, action taken following the event and the outcome of the investigation.

We looked at the systems in place for managing people's medicines. This included talking to staff responsible for

administering medicines, looking at training records, recent audits the service had undertaken and by looking at people's medication administration records (MARS). We found a few minor issues which had been highlighted within the home's own internal audits. These related to open dates for medicines not being recorded and use of prescribed shower creams not recorded when used.

During our inspection we toured the premises, viewing all communal areas of the home and four people's private accommodation. We found the home was warm, friendly and comfortable. We found parts of the home had been redecorated and some major improvements had been made since our last inspection.

We spoke with five care staff who told us they had an annual appraisal, if they had been at the service long enough, and regular supervision meetings with their manager. We spoke with three care staff who had been at the home during our last inspection and they told us that support for staff had improved greatly since that time.

The registered manager was aware of the requirements of the MCA and associated DoLS procedures. Policies were in place in relation to the DoLS and the MCA. People's rights were protected, in accordance with the MCA.

We saw good evidence that regular, appropriate training took place. We were sent a training matrix after our inspection which showed that all the key areas of training were covered as well as more bespoke training so staff had the required knowledge to care for people. We also saw evidence of training within staff files and when speaking to staff they confirmed that the training offered by the home was of a good quality and it gave them the tools they needed to do their job effectively.

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them or family needed additional support in that area. We saw that one person used advocacy services via an independent mental capacity advocate (IMCA).

We saw that communication with relatives had improved since our last inspection as this had been an area of concern for some families. We saw evidence within care plans that reviews were attended by relatives. We also

Summary of findings

saw several examples of newsletter that had been set up since our last visit that kept families informed of developments to the service. When talking with relatives they confirmed that communication had improved.

We looked in detail at people's care plans and associated documents, including risk assessments. As with other areas care planning had been seen as an issue during our previous inspection. We could see that all care plans had been extensively reviewed and updated over the six month period since our last inspection at the home. However there were still a few issues remaining, which the service were aware of as they had highlighted issues via their own quality assurance and auditing processes. The size of the files meant that it was difficult to navigate information quickly. We received a few comments from staff in relation to the amount of information in care plans and that some of the information was no longer needed within them. We also saw that some of the information with care plans was generic across different people's files which meant that information was not always personal to the individual.

Feedback from external professionals, including the various local authorities who funded people at the service, was positive. They all stated that they had seen big improvements in the service and that communication was much better.

We saw good evidence that social and learning activities took place, both within the home and externally.

There was a registered manager at the service at the time of our inspection who had worked at the service for approximately four months. There was also a newly appointed deputy manager employed at the home. Relatives we spoke with told us they found the management and staff at the home to be approachable and helpful.

We could see that a number of audits and quality assurance systems were in place. These included regular unannounced internal inspections by the groups own compliance inspector. These inspections focused on the areas highlighted at the last CQC inspection and reported on progress made in each area identified. The latest report which had taken place approximately one month prior to our visit showed that improvements had been made in all the areas highlighted.

Staff spoke positively about the new management structure in place; however there were a few issues raised regarding particular members of staff and how some staff were spoken to. Some staff told us that they were still unsure if issues raised were being dealt with effectively however all the staff we spoke with told us there had been big improvements in this area.

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 not always safe.

The one person we spoke with told us they felt safe receiving care at the service. Relatives we spoke with also had no concerns with the safety of their loved ones. However there were still some concerns reported to us by families regarding the consistency of staff and the continued use of agency staff at the home. We did see that five new starters were due to begin work at the service shortly after our inspection. We also saw evidence to show that the same agency staff were used whenever possible to keep staffing as consistent and familiar as possible.

We spoke with staff about their understanding of safeguarding procedures. Staff we spoke with were knowledgeable about how to recognise different types of abuse. They were also aware of how to report potential safeguarding issues both internally and to external agencies such as the local authority and Care Quality Commission (CQC).

We looked at the systems in place for managing people's medicines. This included talking to staff responsible for administering medicines, looking at training records, recent audits the service had undertaken and by looking at people's medication administration records (MARS). We found a few minor issues which had been highlighted within the homes own internal audits. These related to open dates for medicines not being recorded and use of prescribed shower creams not recorded when use

Requires improvement



Is the service effective?

The service was not always effective.

We found the home was warm, friendly and comfortable. We found parts of the home had been redecorated and some major improvements had been made since our last inspection.

The registered manager was aware of the requirements of the MCA and associated DoLS procedures. Policies were in place in relation to the DoLS and the MCA. People's rights were protected, in accordance with the MCA.

Staff were inducted, supervised and appraised. The majority of the staff we spoke with felt they were supported although some staff cited issues with how they were supported by senior care staff.

Requires improvement



Is the service caring?

The service was caring.

When speaking with staff they were all very knowledgeable about the people they cared for and we saw positive interactions throughout the inspection.

Good



Summary of findings

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them or family needed additional support in that area. We saw that one person used advocacy services via an independent mental capacity advocate (IMCA).

Communication with families was good.. We saw evidence within care plans that reviews were attended by relatives and other systems of communication had been set up.

Is the service responsive?

The service was not always responsive.

Improvements had been made to people's care plans since our last inspection. However people's care plans were very large and information within them was, in places, generic across different people's files which meant that information was not always personal to the individual.

We saw good evidence that activities both within the home and externally were taking place.

Feedback from external professionals, including the various local authorities who funded people at the service, was generally positive.

Requires improvement



Is the service well-led?

The service was not always well-led.

Since our previous inspection there had been a registered manager appointed, a new deputy manager and area manager, all of whom were spoken about positively.

We could see that a number of audits and quality assurance systems were in place. These included regular unannounced internal inspections by the groups own compliance inspector. These inspections focused on the areas highlighted at the last CQC inspection and reported on progress made in each area identified. The latest report which had taken place approximately one month prior to our visit showed that improvements had been made in all the areas highlighted.

Staff spoke positively about the new management structure in place; however there were a few issues raised regarding particular members of staff and how some staff were spoken to. Some staff told us that they were still unsure if issues raised were being dealt with effectively however all the staff we spoke with told us there had been big improvements in this area.

Requires improvement



Oxen Barn

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.

At the last comprehensive inspection in March and April 2015 this service was rated as inadequate overall and was placed into special measures in line with our guidance. This comprehensive inspection was to follow up on those findings to see if there had been improvement.

This inspection took place over four days, the 6, 7, 9 & 13 October 2015 and was unannounced.

During the first day of the inspection the lead inspector was accompanied by the inspection manager for central Lancashire, who was a Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) lead within the Care Quality Commission, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The second date was attended by the lead inspector. The final two dates were spent talking to staff via the telephone and prior to formal feedback to the service which happened at the home.

Prior to the inspection we gathered information from a number of sources. This included notifications we had received from the provider about significant events that had occurred at the service. We had attended several Local Authority led quality improvements meetings (QIP) following on from our last inspection in March and April 2015, at which progress from the provider and visiting professionals was fed back. The last of these meetings had taken place shortly prior to our inspection and good progress had been reported from all those in attendance. Prior to our last inspection a number of safeguarding referrals had been received alongside complaints from families of people living at the home, we had been notified of only one safeguarding referral and had received no complaints from family members since our last inspection had been published.

We spoke with a number of people about the service during our inspection. This included four family members, one person using the service, ten members of staff including the area manager, registered manager and deputy manager. Only one person at the service was able to verbally communicate with us so the expert by experience spent time observing staff interaction with people throughout the first day of the inspection.

We spent time looking at records, which included five people's care records, five staff files, training records, training records and records relating to the management of the home which included audits for the service.

Is the service safe?

Our findings

During our last inspection on 17 & 24 March & 24 April 2015 we found that the requirements of the regulations had not been met in some areas. Staffing levels were not always in place to meet the assessed needs of the people in the service which was evident when medicines were being administered. We also found that medicines management processes needed to be further embedded and appropriate training needed to be given to staff with a responsibility for administering medicines. We made recommendations about both these areas.

During this inspection we found significant improvements had been made in this area.

The one person we were able to speak with told us they felt safe receiving care at the service. Relatives we spoke with also had no concerns with the safety of their loved ones. Their comments included, “My son is happy, it is the best place he has been in” and “Yes, we know he is safe. The staff are really nice and the family is happy with the placement.”

There were still some concerns reported to us by families regarding the consistency of staff and the continued use of agency staff at the home. One relative told us, “I would like to see more stability and continuity with the staff” another relative said, “There has been an improvement in the consistency of the key staff but some staff need more experience” and another told us, “Staffing still needs improving.” The registered manager told us that they had experienced some recruitment issues with staff leaving and new appointments not starting or deciding the work was not for them. We did see that five new starters were due to begin work at the service shortly after our inspection. We also saw evidence to show that the same agency staff were used whenever possible to keep staffing as consistent and familiar as possible.

We saw staffing levels to be suitable on both the days we spent at the home. On the first day there was one agency member of staff working at the home, however they had worked at the home previously and were aware of the needs of the person they were working with. One member of staff had rung in sick who was due in later in the day. We discussed how short notice absences were filled with the registered manager and were told that staff working that

day would be asked first if they wished to work a double shift, then bank staff would be contacted, then other services in the group would be contacted and then agency staff would be approached as a last resort.

We spoke with staff about staffing levels and the consistency of staffing teams as they had raised this as an issue during our previous inspection. The comments we received were positive. One member of staff told us, “Core teams have made a difference, we have really been pulling together as a team and you can see the results with the lads.” Another member of staff said, “We are still a few staff down, we are always fully staffed but we do still use agency. Agency staff we use are usually very good though and the same people come back.”

We spoke with staff about their understanding of safeguarding procedures. Staff we spoke with were knowledgeable about how to recognise different types of abuse. They were also aware of how to report potential safeguarding issues both internally and to external agencies such as the local authority and Care Quality Commission (CQC). A record of any safeguarding concerns had been retained within the home, so that a clear audit trail was available to show details of the incident, reporting procedures, action taken following the event and the outcome of the investigation. Analysis took place of all safeguarding issues, as well as all accidents and incidents, to ensure that any patterns of behaviour or issues were captured. This in turn informed support plans to ensure people’s safety was maintained to as high a level as possible. Notifications sent to the CQC tallied with those sent into the local authority which was evidence that reporting mechanisms were successfully in place. At our previous inspection there had been a high level of safeguarding issues reported, since then there had only been a few safeguarding issues which had all been closed down by the local authority.

We saw that specific safeguarding audits took place at the home as well as safeguarding processes and procedures being covered within other service reviews. We saw the results of the latest safeguarding audit that had been undertaken in July 2015. The audit checked a number of areas and identified issues around the continued use of agency staff and accessing safer recruitment training. Reporting processes, internal leads and external contacts were identified as being clear and robust which correlated with the evidence we found during our inspection.

Is the service safe?

There was a suitable whistle-blowing procedure in place and staff we spoke with were aware of it and its purpose. There had been no whistle-blowing incidents received by the CQC since our previous inspection at the home at the time of our visit, however we did receive information from a whistle blower shortly after our visit. This related to issues about the running of the service, competence of staff and the use of agency staff. We raised these issues with the registered manager at the home and the area manager. We were sent a comprehensive response a few days later by the area manager regarding the issues raised.

We looked at the systems in place for managing people's medicines. This included talking to staff responsible for administering medicines, looking at training records, recent audits the service had undertaken and by looking at people's medication administration records (MARS). We found a few minor issues which had been highlighted within the home's own internal audits. These related to open dates for medicines not being recorded and use of prescribed shower creams not recorded when used. There had been one medicines error reported to the local authority safeguarding team and the CQC shortly prior to our inspection. The home had admitted to the error and followed the protocol expected. No harm had been experienced to the person in question as a result of the error.

Staff we spoke with were knowledgeable about the medicines people took and we saw evidence that appropriate training had taken place. This was an area during our last inspection where improvements needed to take place. We saw that improvements had been made to a number of areas, such as two staff being in situ when booking new medicines in, locked cabinets in all people's rooms where this was not seen as an injury risk, weekly audits of medicines and additional training. We were shown the routine for two of the people at the home by the senior support worker on the first day of the inspection, who was knowledgeable about people's needs and preferences when receiving their medicine. Suitable recording processes were in place and the MARS we looked at for the two people in question were fully completed with no errors.

We were given copies of all the recent medicines audits undertaken by the home. These were seen to be comprehensive and covered a number of areas such as; documentation and policy, storage, prescriptions, MARS, controlled drugs, ordering and disposal and training. As previously stated there were a few minor issues highlighted however this showed that audits were effective. Any issues highlighted were acted upon and as a result the number of medicines errors had significantly reduced since our previous inspection.

Is the service effective?

Our findings

During our last inspection on 17 & 24 March & 24 April 2015 we found that the requirements of the regulations had not been met in some areas. Principles of the Mental Capacity Act 2005 (MCA) had not been embedded into practice and we found some concerns over how people's valid consent had been obtained. We also found that staff were not inducted, supervised or appraised with any consistency. Some staff felt they were not supported to carry out their role effectively. These failings amounted to a breach of Regulation 11 (valid Consent) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of our findings this domain was rated as Inadequate. The provider submitted an action plan to inform us how they would meet the requirements of the regulations.

During this inspection we found significant improvements had been made in this area.

Relatives we spoke with were very complimentary about the staff team. One relative told us, "I have confidence in the staff now", another relative said, "My son gets on with all the staff" and another relative told us, "It is more than just a job for the staff, they keep my son busy and interested". The one person we were able to converse with told us that he was happy with the staff that provided care and support to him.

During our inspection we toured the premises, viewing all communal areas of the home and four people's private accommodation. We found the home was warm, friendly and comfortable. We found parts of the home had been redecorated and some major improvements had been made since our last inspection. This included both kitchens being fully refurbished to a high specification. This had been done with the needs of the people using them in mind and in consultation with people's families and other professionals such as the occupational therapy service. For example the ceiling in one of the kitchens was made of a material that reduced glare as one person at the home had issues with their vision so lighting was an issue for them.

A lot of work had been done externally to the enclosed gardens at the rear of the building and further plans were in place which were shown to us. Since our last inspection a trampoline had been bought and was used regularly by people. As well as future plans being in place for the

garden, such as sensory areas and areas for growing vegetables, there were development plans in place for the main building as well as a currently unused external building. The main building was now home for six people instead of the seven people who lived at Oxen Barn during our previous inspection. This meant there was scope to extend one person's room and we were told that the plans to do this would be discussed at the organisations next management team meeting. Plans were also seen and discussed for an external unused building which was to be turned into a training facility, office and recreational space for people. Again this had been thoughtfully planned to consider the needs of the people in the home with different access and egress points in place. This project was with the local district council awaiting their approval at the time of our inspection.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The MCA is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was aware of the requirements of the MCA and associated DoLS procedures. Policies were in place in relation to the DoLS and the MCA. People's rights were protected, in accordance with the MCA. Staff we spoke with were knowledgeable about both MCA and DoLS and how requirements were put into place on a daily basis whilst supporting people. We saw that the majority of staff had received MCA and DoLS training and that this had been completed within the last few months prior to our inspection.

We found that where specific decisions needed to be made in respect of people's care and treatment comprehensive records had been made of the decision to be made and whether the person had the mental capacity to make that particular decision. Where it had been deemed not so then a full record had been made of the subsequent best interest decision. These records gave clear rationale for the relevant decision and actions, recording who had led the discussion. All people involved including family and professionals were also recorded. This process ensured

Is the service effective?

people rights were protected in line with legislation. The capacity tests had been regularly reviewed to ensure they remained current. We did find one record however where the review had been completed by simply signing the initial capacity test from 2012 and just adding the latest date. This was not a relevant review and the test should have been completed again and recorded. We pointed this out to the manager who informed us it had been an oversight and would ensure this did not happen again.

We did find that on many of the records the questions asked or decisions which need to be made were generic and not person centred. An example of this was in respect of one question and capacity test which was on each of the files we looked at. The question asked was 'Does (named person) have the capacity to make the decision regarding where he lives?' This question was relevant to people who lived at Oxen Barn. However one person had the same record and capacity test of their file and they did not live at Oxen Barn. We spoke to the manager about this who informed us that they were working on making the records more person centred.

We examined the records in respect of people who had their liberty restricted and authorised by way of a DoLS authorisation. We saw that records in relation to applications to the Local Authority had been completed correctly and within appropriate timescales. Where conditions had been associated with the authorisation we saw that these had been reflected within the care plan for the relevant person. As an example one person had, as one of the conditions of the authorisation that should have all incidents of inappropriate behaviour fully recorded and investigated, and that records should be kept of all off site activities. We saw comprehensive records for this person in respect of both conditions. These included the nature of the incident, full investigations and lessons learned to reduce future incidents of a similar nature. Another person had as a condition that staff should be trained in how to give this person insulin in order to assist in allowing this person to have overnight stays. Whilst this was now in progress we did note that previous DoLS authorisations for this person had not mentioned this.

We spoke with a speech and language therapist (SALT) and occupational therapist (OT) employed by Priory Education Services. They talked about the different communication methods used by the home such as communication strips and objects of reference and showed us how these worked.

They told us that staff's understanding of communication aids was getting better but that issues could still arise if high levels of agency staff were used. They told us that good progress had been made with the people at the home and the home 'appeared much more organised'. They also told us that there was a good range of programmes in place to meet people's sensory needs and that all six people had a sensory checklist in place that had been done in consultation with families, staff, SALT and OT.

We spoke with five care staff who told us they had an annual appraisal, if they had been at the service long enough, and regular supervision meetings with their manager. We spoke with three care staff who had been at the home during our last inspection and they told us that support for staff had improved greatly since that time. However there were a few comments made to us regarding some of the relationships between care staff and senior care staff. We discussed these issues with the registered manager and area manager who were aware of a few issues and plans were in place to discuss these issues with the staff in question.

The staff files we looked at all contained evidence that formal supervisions were taking place. The notes we saw contained good details regarding people's performance, any issues they had, changes to people's needs they were supporting and training and development. None of the supervision notes we saw had a future date set. When we asked about this we were told that dates were set a few weeks in advance to ensure dates matched with rotas. There were a few minor issues found within the staff files we looked at, namely one person's file where the member of staff had their probationary period extended by three months. This date had now passed and there was nothing on file to state if the probationary period had been extended again or satisfactorily signed off. The registered manager told us this would be dealt with. We did see letters on other people's files to stating that probationary periods had been completed.

Training was another area we looked at and saw good evidence that regular, appropriate training took place. We were sent a training matrix after our inspection which showed that all the key areas of training were covered as well as more bespoke training so staff had the required knowledge to care for people, such as training for administering insulin. We also saw evidence of training

Is the service effective?

within staff files and when speaking to staff they confirmed that the training offered by the home was of a good quality and it gave them the tools they needed to do their job effectively.

Is the service caring?

Our findings

During our inspection we observed good interaction between the care staff and people who lived at Oxen Barn. Relatives we spoke with spoke well of the staff and told us they treated their loved ones with dignity and respect. One relative told us, “Staff are very patient; I think most of them see it as a vocation rather than just a job.” Another relative said, “Kindness and dignity (by staff) is not an issue, this is the best place my son has been in.”

When speaking with staff they were all very knowledgeable about the people they cared for and we saw positive interactions throughout the inspection. This included both day to day interactions, such as at lunchtime, and when undertaking specific 1-1 sessions with people such as art and crafts activities or when going through routines via people’s preferred communication tools such as Picture Exchange Communication Systems (PECS) boards. Staff we spoke with told us that there had been improvements in a number of areas since our last inspection and that they had no issues with the attitude of other staff members or how they cared for people at the home. One member of staff told us, “The current staff team are really good, that includes the agency staff we are using at the moment. If there are concerns about agency staff we report it to management and it gets dealt with. I have no problems with anyone here at the moment and how they talk to the lads or anything like that.” Another member of staff told us, “I have seen the progression over the last six months and the difference this has made to each of the six lads here. People are doing a lot more activities and we are managing to incorporate a lot more into people’s routines and getting them involved in more. This in turn has meant that staff are more upbeat and feel more motivated, it’s better all round.”

We saw that advocacy services were available for people to access if they did not have relatives or friends to act as a voice for them or family needed additional support in that area. We saw that one person used advocacy services via an independent mental capacity advocate (IMCA). IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions, such as making

decisions about where they live and about medical treatment options. This had been a long standing arrangement and advice had been sought from the local authority to ensure the person’s best interests were met consistently.

Even though five of the six people living at Oxen Barn were not able to verbally communicate effectively we saw evidence that people were as involved in their daily routine’s as much as possible. We saw that people were able to make choices, such as when to get up and when and what they wanted to eat. This was done by using various forms of communication techniques such as PECS boards, objects of reference and for one person a proxy talker had just begun to be used which was proving successful. We were informed that the proxy talker had been used with that person whilst they were in full time education however it had not continued to be used after his transition into adult’s services. The reasons for this were unclear but the reintroduction of this technology, which had been done in consultation with the individual’s family, was proving positive in giving them more of a voice in how their care was planned and delivered.

We also saw that communication with relatives had improved since our last inspection as this had been an area of concern for some families. We saw evidence within care plans that reviews were attended by relatives. We also saw several examples of newsletters that had been set up since our last visit that kept families informed of developments to the service. When talking with relatives they confirmed that communication had improved, one relative told us, “There is a genuine open door policy and we can visit whenever we want to. The new manager is very proactive and the news letters are a good innovation. If we ever want to set up a more formal meeting we can do so and it usually happens pretty quickly.”

Confidentiality was not cited as an issue when speaking with relatives or staff. We saw that up to date policies and procedures were in place including confidentiality, privacy and dignity and staff we spoke with were aware of them and how to access them. Staff we spoke with were knowledgeable regarding these issues.

Is the service responsive?

Our findings

During our last inspection on 17 & 24 March & 24 April 2015 we found that the requirements of the regulations had not been met in some areas. Information within care plans was not up to date, incomplete and not signed and dated appropriately. These failings amounted to a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of our findings this domain was rated as Inadequate. The provider submitted an action plan to inform us how they would meet the requirements of the regulations.

During this inspection we found significant improvements had been made in this area.

Relatives we spoke with said they knew how to make formal complaints to the service and were also able to raise informal issues with managers and staff at the service. At our previous inspection even though people told us they knew how to raise issues they told us they did not feel that issues raised, formal or otherwise, were listened to or acted upon. Relatives told us that this situation had now improved and we received positive comments regarding how issues were responded to. One relative told us, "We work in partnership more with Oxen Barn now, we have confidence that we are listened to and concerns are dealt with." This statement was mirrored by other relatives we spoke with. Since our last inspection there had been minimal contact with the CQC by relatives of people at the home which was in stark contrast to our previous inspection. This, along with the communication strategies we saw, evidenced that good progress had been made in repairing relationships between the service and families.

We looked in detail at people's care plans and associated documents, including risk assessments. As with other areas care planning had been seen as an issue during our previous inspection. We could see that all care plans had been extensively reviewed and updated over the six month period since our last inspection at the home. Care plans were seen to be up to date, contained all the relevant information and were available for staff to access. One example of improvement was the introduction of one page profiles and 'good day, bad day' profiles which had been developed, which meant that new staff and visiting professionals could quickly read the main needs, likes and dislikes of people.

However, there were still a few issues remaining, which the service were aware of as they had highlighted issues via their own quality assurance and auditing processes. We were told that a lot of work had gone into gathering the relevant information to inform care plans but they now needed to be reviewed, slimmed down and made more user friendly as they were very large files. The size of the files meant that it was difficult to navigate information quickly. We received a few comments from staff in relation to the amount of information in care plans and that some of the information was no longer needed within them.

We also saw that some of the information with care plans was generic across different people's files which meant that information was not always personal to the individual. We saw various examples of this across different parts of people's care plans including identifying the development or support need, within the aims and objectives and the support and intervention sections. We discussed this with the deputy manager of the service who told us that the next stage in developing people's care plans was to make them more personal to each individual and also to attempt to involve people more in the development of their care plans. We saw evidence that improved methods of communication with people at the home were being used, such as the proxy talker that had been successfully introduced for one person. This meant that people would have more of a voice in how their care and support was provided.

There were also parts of care plans that did not evidence the involvement of other stakeholders and families; we were told that this was not always because this had not happened but that it had not been recorded as being done. When talking with families it was evident that they felt they were more involved in all elements of their loved ones care, including care planning so this was not seen as an issue.

Detailed risk assessments and risk management plans were in place. These covered areas, such as people's health and medical care, finances, communication, behaviour, environmental and for specific activities for each individual. There was a section entitled, 'Controls' that explained the measures put in place for each identified risk. There was also a section for reviews and another called 'risk assessment awareness' that staff signed to show they had

Is the service responsive?

read and were aware of each risk assessment. Only the registered manager had signed the risk assessments we looked at so this was an area that needed to be addressed as part of the update process.

Feedback from external professionals, including the various local authorities who funded people at the service, was generally positive. They all stated that they had seen big improvements in the service and that communication was much better.

We saw good evidence that activities both within the home and externally were taking place. We were given several examples when talking to families such as; cycling, swimming, bowling, walking, equine care and eating out. Also on-site activities such as; trampolining, art and craft, sensory play, food preparation, and sensory soft play. Specific visits were mentioned to Knowlsley Safari Park, the sea life centre at Blackpool and a recent activities holiday in the Lake District.

We also saw very positive progress in relation to one person who had not wanted to leave their room for a number of months. This person also struggled to tolerate wearing clothes. They had managed to get fully dressed, take several trips out on one of the mini buses and stop off at various places en-route so staff could get them a drink. This had been done after many months of planning with the person, showing them the route and reassuring them what would happen. Another person was taken to the recycling plant once per week as they enjoyed throwing and hearing the bottles smash. All these activities were planned and risk assessed and were personalised to each individual taking part. One relative we spoke with told us, "The boys' worlds are being opened up."

Is the service well-led?

Our findings

During our last inspection on 17 & 24 March & 24 April 2015 we found that the requirements of the regulations had not been met in some areas. There were no effective processes in place to make sure that the quality of the service was assessed and monitored to ensure people received safe and appropriate care and there was a lack of communication across the service. These failings amounted to a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of our findings this domain was rated as Inadequate. The provider submitted an action plan to inform us how they would meet the requirements of the regulations.

During this inspection we found significant improvements had been made in this area.

There was a registered manager at the service at the time of our inspection who had worked at the service for approximately four months. There was also a newly appointed deputy manager employed at the home. Relatives we spoke with told us they found the management and staff at the home to be approachable and helpful. Management at the service had been cited as an issue during our last inspection and it was obvious from talking to relatives, staff and other professional that this area had greatly improved. One relative we spoke with told us, "The manager has a vision, he is dynamic, approachable with a 'can do' approach, we have confidence in him." Another relative said, "The new manager is great, you can see the difference he has made in the short space of time he has been here, also I know staff feel valued now, they have a voice which they didn't have before."

One of the major sources of criticism regarding how the home was run at our last inspection was staff working at the service who felt they did not get the necessary support or guidance they required. Again there was seen to be a big improvement in this area. One member of staff we spoke with said, "Since last time (the last inspection) there has been a lot of changes. It's been really well-led. We now work in core-teams which works well in my opinion. Paul (registered manager) is doing a good job and Trevor (deputy manager) looks to have good experience and had already come up with some really good suggestions." Another member of staff said, "I have seen and continue to

see a lot of improvements which is giving me a sense of achievement, nobody does this work for the money so it's important that you see it (improvement)." There were a few issues raised regarding particular members of staff and how some staff were spoken to. We fed this back to the registered manager who was aware of some issues and we were told this would be addressed.

Staff told us they received informal support and guidance when needed alongside formal training and supervision. They also told us that they felt they could approach management with issues they had. Some staff told us that they were still not 100% certain that issues were being addressed as quickly as they would have liked but they went on to confirm that improvements had been made in this area and that management were better at dealing with how staff were managed in general. On further discussion with the management of the service these concerns related to issues or incidents where it was not possible to share the outcomes of discussions with the wider staff team due to confidentiality reasons however we saw that appropriate actions had been taken.

Since our previous inspection there had been a registered manager appointed, a new deputy manager and area manager, all of whom were spoken about positively. As well as changes to the core management team there had been a number of staff changes at the home and this was seen to be needed by relatives and staff we spoke with. We were told that these changes had been managed well and had resulted in improvements to the service in all areas.

We could see that a number of audits and quality assurance systems were in place. These included regular unannounced internal inspections by the groups own compliance inspector. These inspections focused on the areas highlighted at the last CQC inspection and reported on progress made in each area identified. We had been sent the outcomes of these reports prior to our own inspection as part of the homes communication strategy with external professionals that also included commissioners of the service. The latest report which had taken place approximately one month prior to our visit showed that improvements had been made in all the areas highlighted. It also stated that a number of systems and areas needed to be embedded to sustain the improvement and make further improvements.

We saw a number of other audits including; medication, safeguarding, infection control, training and

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environmental. All were seen to be thorough and all resulted in action plans being set with reasonable time frames for completing the actions as well as identifying those responsible for achieving them.

We saw that staff meetings and handovers took place and observed a staff handover during the first day of our inspection which was seen to be thorough. Staff were able to contribute and ask questions as necessary. Relatives we spoke with said they had individual meetings with the service but rarely had the opportunity to meet with other families. We asked the registered manager about this and he told us that this had been attempted previously but not everyone had wanted to partake but if relatives wanted to do this then they would arrange it for them.

Oxen Barn had been part of a Local Authority Quality Improvement Process (QIP) for approximately six months

prior to our inspection as a result of the number of safeguarding incidents and the inadequate rating awarded by CQC. At this meeting the home had presented their improvement plans to commissioners of the service as well as other professionals from the local authority, health and CQC. The service was represented by the registered manager and senior management from the organisation and was cooperative and proactive in dealing with the issues discussed. Progress was seen at each meeting and information was shared in-between meetings as necessary.

Since our last inspection Oxen Barn had reduced the number of registered beds from seven to six and appointed a new registered manager. CQC had received the necessary paperwork in both instances.