Oakfield (Easton Maudit) Limited

Oakfield at Yardley Hastings

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 5 May and 8 May 2017.

Oakfield at Yardley Hastings is registered to provide personal care in a supported living setting and accommodation and personal care for up to 10 people with learning disabilities, autistic spectrum disorder and physical disabilities. On the day of inspection, there were 4 people in receipt of personal care and support from the supported living service and 5 people in receipt of accommodation and personal care.

There was a registered manager in post at the time of our 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.

Arrangements in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support required strengthening. Not all staff had been trained in mental capacity and some staff had not been provided with refresher training in key areas such as safeguarding. Staff received a thorough induction into the home and did not work with people on their own until they understood the care needs of each person.

People felt safe in the home and relatives said that they had confidence in the ability of staff to keep people safe. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from staff that were unsuitable to work at the service.

Care records contained individual risk assessments and risk management plans to protect people from identified risks and help to keep them safe but also enabled positive risk taking. They provided information to staff about actions to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were written in a person centred approach and detailed how people wished to be supported and people were involved in making decisions about their care. People were supported to develop life and social skills and gain as much independence as possible, using individually created activity programmes. The support for this was provided by a staff group, who shared a strong person centred ethos.

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. Staff provided people with appropriate support to meet their nutritional needs and people were able to choose the food and drink they wanted.

People were fully involved in decisions about their care and support needs and this had a positive impact on their ability to be as independent as possible. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information in the most appropriate way to enable them to make informed decisions and encouraged people to make their own choices.

Staff had good relationships with the people who lived at the service and people told us that staff were caring and respectful. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that issues would be addressed and that any concerns they had would be listened to. There was a stable management team and effective systems in place to assess the quality of service provided.

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.

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

Risk assessments were in place and were reviewed and managed in a way which enabled people to safely pursue their independence and receive safe support.

Safe recruitment practices were in place and staffing levels ensured that people's care and 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.

Is the service effective?

Requires Improvement

Staff training had not been updated as required in some areas and there was a risk that staff would not have sufficient knowledge and skills to provide care to people appropriately.

Staff had not received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); there was a risk that staff would not have sufficient understanding of the requirements of the MCA (2005).

People were actively involved in decisions about their care and support needs and how they spent their day.

Staff had access to regular support and supervision.

People received the support they required to ensure that their nutritional needs were met.

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good

The service was caring.

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

There were positive interactions between people living at the home and staff.

Staff had a good understanding of people's needs and preferences.

Staff promoted people's independence to ensure people were as involved as much as possible in the running of the service.

Is the service responsive?

Good

The service was responsive.

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 physical and mental well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they were active in the management of the service.

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

There was a well-articulated vision and a positive culture of person centred care and support that was understood and put into practice on a day to day basis by staff.

Oakfield at Yardley Hastings

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 5 May and 8 May 2017. The inspection was unannounced and was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection.

We reviewed the information we held about the service and contacted the local authority who commission services from the provider.

During this inspection we visited the service and spoke with two people who lived there and spoke with one person's relatives. We also looked at three people's care records and related documentation about the support people required. In total we spoke with six members of staff, including the registered manager, deputy manager, support staff and kitchen staff. We looked at four records in relation to staff recruitment, as well as records related to staff training and the quality monitoring of the service. We also made observations about the service and the way that care was provided.

Good

Is the service safe?

Our findings

People were supported in a way that maintained their safety and they told us that they felt safe. One person said "I like it here, [deputy manager] and the staff make sure I'm ok." People's relatives were confident that their family member was supported in a safe way; one person's relative said, "All the staff are willing to learn how to do things properly and can't do enough for [Name]." We observed that people in the home were happy and comfortable with the staff supporting them and that people interacted freely with one another.

People were safeguarded against the risk of being cared for by unsuitable staff. People were actively involved in the recruitment of staff and were supported to be involved in the interview process. One member of staff told us, "I was interviewed by [Name] and they had the final say on my employment." Recruitment files contained evidence that criminal record checks were carried out and satisfactory employment references were obtained before staff were allowed to work in the service.

There were enough staff to keep people safe and enable people to take part in activities and staff had a good knowledge of the needs of the people they were supporting. Staffing allocation was directed by the needs of the people living in the service, this was demonstrated as the staffing levels had increased as new people had been admitted. Staffing rotas clearly showed who was working with which people, there was a clear shift leader and the care manager was available to provide additional support if needed.

Safeguarding policies and procedures were in place and were accessible to staff. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. One member of staff said, "I would report it to the manager, or I would ring the safeguarding team at the council."

People's medicines were safely managed. We observed staff giving medicines; we saw that they were patient and offered each person the support they needed. One person was being supported to take increased responsibility for administering their own medicines; the appropriate risk assessments and checks were in place to facilitate this. Staff had received training and had their competency assessed prior to taking on the responsibility of medicines administration. The medicines policy covered receipt, storage, administration and disposal of medicines.

Staff demonstrated an understanding of the actions that they should take to mitigate the risks to people and the need to adapt the level of support they provided depending on the person's needs and circumstances. For example a member of staff described how one person required the support of two staff when out in the community. They explained that their knowledge of the person and close observation meant that they were able to manage the risks before they escalated. Risk assessments were in place and provided staff with current, detailed information about how to support people to take part in the activities they enjoyed in a safe way and covered all aspects of their lives. For example people had risk assessments covering their finances, mobility and behaviour.

People lived in an environment that was safe. There were environmental risk assessments in place and a list

of emergency contact numbers was available to staff. Contingency plans were in place in case the home needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Requires Improvement

Is the service effective?

Our findings

People could not be assured that they would receive care and support from staff that had received all the appropriate training to enable them to work effectively in their role. The management team were aware that staff training needed strengthening and were focussing on this area; staff had been issued with the required training to be completed. Records showed that staff were working through this training, however some key areas had not yet been completed. For example refresher safeguarding training was ongoing for a number of staff. There was a risk that staff would not have the skills and knowledge required to ensure that people were protected from abuse. Staff had received regular training in other areas such as moving and handling, health and safety, and food hygiene.

Staff had not consistently received training in Mental Capacity; there was a risk that staff would not have an appropriate understanding of the requirements of the Mental Capacity Act 2005 (MCA 2005), resulting in support being provided that was not in people's best interest.

The MCA 2005 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection we saw that people were asked to give consent for their care and support and staff followed the principles of the MCA 2005. The registered manager and staff we spoke to were aware of their responsibilities under the MCA and DoLS codes of practice and care plans contained assessments of people's capacity to make decisions. Appropriate plans of care were in place to ensure that people's care and support needs were met in the least restrictive way.

All the staff we spoke with told us they received induction training when starting work with the service which had prepared them to undertake the duties required for their role. This included mandatory courses such as fire safety and non-abusive psychological and physical intervention. This training teaches staff the skills to support people to manage their behaviour. They also had time to read through care plans and risk assessments and shadow more experienced staff in order to get to know the people they were supporting. One member of staff said, "The induction was brilliant; we covered policies and procedures, safeguarding, first aid. All my questions were answered, everyone has all the time in the world for you, there was plenty of shadowing and I was never just left to get on with it."

Staff received effective supervision from senior staff. The staff we spoke with told us that their supervisions were regular and worthwhile. They were able to discuss their role within the team and set objectives for progress. One member of staff said, "We have regular supervision and are generally really well supported by [deputy manager]."

People were supported and encouraged to maintain a healthy and balanced diet. Staff supported people to do their personal food shopping and were available to help people prepare food in their flats. The main meal was provided by the central kitchen and people had the option of eating within their flat or in the communal dining area. Staff encouraged people to help prepare the main meal to increase their independence and enable them to learn new skills. People were able to choose the food on the menu for the main meal; kitchen staff told us that they asked people what they would like on the menu on a monthly basis.

People were supported to access healthcare services. The staff we spoke with confirmed that they monitored people's health needs and supported people to access healthcare when needed. We saw that people had information within their files that detailed their medical needs and a record of support they had been given.

Good

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with the staff. One person said, "The staff are good, very nice." The relative of a person who had recently moved into the service said, "The staff couldn't be more friendly and accommodating, the staff are already [Name's] friends." During our inspection we saw that staff interacted with people in a warm and caring manner. Visitors, such as relatives were encouraged and made welcome. People's relatives told us that they were made to feel comfortable when they visited; one person's relative said, "We feel very comfortable and can visit whenever we want."

People were treated with dignity and respect; they were relaxed and comfortable in the presence of staff and clearly felt at ease in their presence. Staff were able to tell us about each person, for example their likes and dislikes, their past life and family and the activities that they enjoyed. They were able to describe how this knowledge impacted on the support they provided to individuals; particularly at times when they may be upset or anxious.

People or their representative were involved in planning how their care and support would be provided. The staff we spoke with told us they thought that care plans were individualised and expressed who each person was because they were involved in their own care. We saw that people were involved in formal reviews of their care as well as staff undertaking regular checks on care plans and risk assessments to ensure that information was current. People in receipt of the supported living service were provided with tenancy agreements in an accessible format and a care and support agreement in easy read and pictorial format. During our inspection we saw that people were offered choice and control over all aspects of their care.

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 they wanted to achieve. People had person centred plans that they had been supported to devise and these contained information about people's goals and aspirations for the future.

People were supported to be as independent as possible. All the staff we spoke with were positive about encouraging and improving people's independence and were proud of the progress people had made since coming to live at the service. The design of the service was focussed on promoting people's independence. During the inspection we saw that assistive technology was being installed to enable people to access the areas of the service they needed to independently. People had information in an accessible format on how to access advocacy services should they need to (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives). At the time of this inspection no one was receiving support from an advocate however, staff knew how to access advocacy services on behalf of people.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, in a private area so they would not be overheard. People told us and we observed that staff were respectful of their personal space and that when people wished to spend time alone this was respected. We saw people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their flats after knocking and being

invited to enter.

Good

Is the service responsive?

Our findings

People's needs were assessed before receiving care from the service. The deputy manager used information from previous care providers, the person and their family as well as face to face meetings to decide if the service was an appropriate placement for the person. People had the opportunity to spend as much as time as they needed at the service before deciding whether to move there permanently and the staff used this time to learn about the person's preferences and needs. The service had undertaken significant adaptations in one person's flat to ensure that it was suitable for their needs before they moved in. Their relative told us, "Anything that needed doing they have done it, we've been kept informed and they are very keen to make sure things are right."

Care and treatment was planned and delivered in line with people's individual preferences, choices and needs and they were fully involved in the process. People's care plans were up to date and covered all areas of their support needs; including their personal care needs and routines, health needs and behaviours. One person's relative told us that they had noticed that since they had advised staff of their family member's preferred way to be supported with eating they had consistently been supported in this way. Some people had been supported to create pictorial person centred plans in their preferred format; these provided information about their likes, dislikes and plans for the future; one person had decided to display their plan as a poster in their flat.

The overall emphasis of people's care plans was how staff could support them to achieve a lifestyle of maximum independence and move on to more independent living. One member of staff said, "We need to adapt to different people's personalities, backgrounds, experiences and abilities to help them to achieve their goals." Risk assessments and care plans were linked together and cross referenced to give a full picture of people's needs, and detailed daily support records reflected that people were being supported in the way recorded in their care plan.

Each person had an individual programme of activity sessions that they had been supported to devise. Staff encouraged people to do the activities that they chose and were knowledgeable about people's preferences and choices. We observed staff supporting people to engage in activities in an enthusiastic and positive way. Activities were combined to provide people with a therapeutic mix that met both their support and leisure needs.

We saw evidence that staff encouraged people to develop their life skills and independence and there were specific times set aside for individuals to do this. Within the service people were supported to cook meals, do their own shopping and keep their flats clean and tidy. One person had progressed to doing their own washing up in their flat since living at the service. There was also an emphasis on supporting people to access activities in the local community; for example people were supported to attend college, access voluntary work and join community groups such as choirs and arts and crafts groups.

There was a complaints policy and procedure in place and people knew how to raise a complaint should they wish to. One relative told us that although they had not needed to make a complaint, they knew who to

speak to if they were unhappy with any aspect of the service and felt confident that the manager would respond to any complaints correctly. We reviewed the complaints log and no complaints had been made since the service had opened.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a deputy manager in the day to day management of the home. People had confidence in the management team and people's relatives and staff commented on their competence and ability to ensure that the service was providing positive outcomes for people. One person said, "[deputy manager] does a lot to help me." Another person's relative said, "We can't praise [deputy manager] enough; everything we've said is listened to and taken on board." Staff said that the management team were approachable and they had confidence in their ability to manage the service. One member of staff said "[deputy manager] is the manager I've always hoped to have; always approachable, always listens to us and always positive; I feel very lucky to work here."

The registered manager demonstrated an awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided for people in the home. They had not needed to notify CQC of any incidents but were aware of the requirement to do so. The management team had clearly defined areas of responsibility and the registered manager provided the care manager with regular, ongoing support. Staff we spoke with were aware of key policies such as safeguarding and whistleblowing, and were able to explain the process that they would follow if they needed to raise concerns outside of the company.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people in the best way possible. There was an open, inclusive culture in the service that emphasised continuous improvement and supporting people towards independence. One person's relative said, "We just love the ethos and feel of the service." A member of staff told us, "There is such an open mindedness about what we can support people to achieve; it's so refreshing."

There were arrangements in place to gather the views of people that lived in the service via regular meetings. During the meetings there was opportunities to discuss the environment, communal menus, activities and holidays that people wanted to go on. Staff were working to arrange these activities and plans were in place for people to go on holiday.

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; including any suggestions for improvements. We saw staff meeting minutes that demonstrated a positive culture, with discussions about the best way to deliver person centred care, activity planning, supervisions and staffing. The provider had a plan in place to carry out annual surveys of people, relatives and staff. The first of these was planned for the near future as the service would have been operating for a year.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out by the provider and management team. The registered manager carried out a regular weekly check of the service; looking at the environment and talking to people and staff. The deputy manager audited areas such as medicines, people's finances and health and safety. The provider also undertook regular visits to the service which were recorded. We saw that action plans were

implemented as a result of these audits and visits.