

# Community Homes of Intensive Care and Education Limited

# Ocknell Park

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Ocknell Park is a residential care home providing accommodation and personal care and support for up to 12 adults who have learning disabilities or autistic spectrum disorder. The accommodation is spread over two floors. There were 10 people living in the home at the time of our inspection.

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

Relatives and staff felt the service was safe. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. Sufficient staff were deployed to meet people's needs.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff received support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

Individual and environmental risks relating to people's health and welfare had been identified and assessed to reduce those risks.

People were provided with sufficient food and drink to meet their dietary needs. People had access to health professionals when required and were supported to maintain their health and well-being.

The provider's quality assurance system helped the management team implement improvements that would benefit people.

There were appropriate management arrangements in place. We received positive feedback from professionals about the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 16 November 2017).

Why we inspected

The inspection was prompted in part due to concerns raised by staff due to management changes and low morale amongst staff. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm in relation to the concerns raised. Please see the safe, effective and well led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions of caring and responsive. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Ocknell Park

## 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

The inspection was undertaken by two inspectors.

#### Service and service type

Ocknell Park is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke

with four relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care and support staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit the service.

# 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

- Relatives we spoke with felt their family members were safe living at the service. One relative told us, "I believe the service to be safe". Another relative told us, "He feels safe".
- Staff had the knowledge and confidence to identify and act on safeguarding concerns. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction.
- Staff we spoke with told us if they had any concerns, they would report them to their manager, and if no action was taken would take it higher up. One staff member told us, "I have had training in safeguarding adults. It is a really important part of ensuring the vulnerable people we support at Ocknell are protected from any harm, abuse and neglect".
- People benefitted from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations

Staffing and recruitment

- It was hard for relatives to give feedback on staffing due to the current pandemic. Which meant when they had visited it had been mostly in the garden. However, one relative told us, "I think there have been periods of staff shortages." As well as, "There has however been a high turnover of staff in the recent past".
- Staff we spoke with felt they had enough staff to cover shifts. One staff member told us, "The home I work for does struggle with attaining staff due to its location however the calibre of staff is good. The staff are caring, compassionate, respectful and there are some who go above and beyond to help the home by working lots of overtime and supporting the home last minute, they can be extremely flexible". Another staff member said, "The location mostly as this makes it really difficult to recruit. Due to this there are staff who burn themselves out and staff work additional hours to ensure the home is fully supported. This is also something that cannot be helped. The service users love their home and changing that would be detrimental to them and their families. It is amazing that there are brilliant staff who put the needs of the home before themselves and they should always be commended for that".
- Rotas showed there were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. We reviewed the staff rota for the day of the inspection and saw this matched the assessed needs and observed people received the level of support required.
- The provider had continued to follow safe recruitment and selection processes to make sure staff were safe and suitable to work with people.

- We looked at the files for three staff including those most recently recruited. The staff files included evidence that pre-employment checks had been carried out, including employment histories, written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity.

#### Assessing risk, safety monitoring and management

- People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Professionals we spoke with felt the service managed risks well. One professional told us, "Home is very good in managing risk and safety. What impresses me is their approach in the management of risk and safety – they are able to take the necessary action to promote risk management and safety but consider the service users and seek to meet their wishes whilst not compromising risk and safety".
- Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person. One staff member told us, "The staff team are more vigilant of risks that occur in particular protecting to keep the environment clean and encourage personal care".
- The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment were safe to use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

#### Using medicines safely

- Medicines were safely administered by staff who knew people well. There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. We observed good practice during medicines observation, including the promotion of someone's dignity by closing the door and using a blind whilst administering topical medicine.
- The service had recently changed their medicine system. One professional told us, "Ocknell Park has only recently moved over to ourselves for the provision of medication, they have been with ourselves since March 2021. Our perception is such that they can deliver effective care. This trait was observed during a training session conducted by one of our pharmacists recently. We believe that they have a good understanding of the processes of medicines administration".
- Staff had received training and been assessed as competent to administer medicines. One staff member told us, "The home has recently changed pharmacy and have new MAR sheets with colour codes and more information in the medication room. This is much easier for anyone, staff have had more training and feel more confident in giving medication. There are pictures and everything is clearly presented in the home which makes supporting people with medication much easier".
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

#### Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. However, during the inspection we observed one staff member with painted nails which is an infection control risk and not in line with current infection control guidance from Public Health England and government guidance relating to COVID-19. We raised our concerns with the management who took immediate action to ensure staff were aware of the risks.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

# 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 requires improvement. At this inspection this key question has now improved to good.

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 received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and person centred and provided staff with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care and daily living activities.

Support: induction, training, skills and experience

- Relatives and professionals thought staff were knowledgeable in their role. One relative told us, "Staff generally seem to understand their roles". A professional told us, "I have been very impressed with the staff and their expertise in managing service users with complex needs. They are creative in coming up with ways of enhancing the service user's quality of life whilst maintaining their wellbeing and safety".
- Staff we spoke with were pleased with the training provided. One staff member told us, "I am lucky to have worked in the company for many years. I feel that training has definitely adapted over the years especially with the current pandemic moving to online is really useful". Another staff member said, "A lot of the training is online now due to the pandemic. It is exceptional that the company have facilitated this as staff are not missing out on the training that is needed". However, one staff member said they missed attending face to face training.
- Staff felt the induction when they started had improved. One staff member told us, "The home have two inductions now- the company format and one that is particular to Ocknell park and the people supported there. It allows staff to learn about personal care and communication a lot sooner".
- Staff were supported by formal and informal supervisions. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "I feel supported 100% of the time". Records showed supervisions were on track with the providers policy. However, further work was needed to improve appraisals, and plans were already in place for implementing improvements.

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

- People were supported to enjoy a varied and balanced diet, sufficient for their needs. One professional told us, "I have seen the chef making lunch and note that the meals are healthy and freshly cooked. They

support residents to attend health appointments and offer activities such as walking and attending a gym".

- Care plans contained information about specific food preferences and were suitably detailed about the support people required with their nutritional needs.
- Pictorial menus were in use and include a secondary choice of meals.

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

- People were supported to maintain their health and emotional wellbeing. Assessments of people's health needs had been completed which identified any specific health conditions One relative told us, "I am generally informed when he has a doctors or dentist appointment. I am always quickly informed if he has been taken to hospital. They have made big efforts to address certain medical issues in recent times".
- Professionals we spoke with felt the service supported people well with their healthcare needs One professional told us, "Staff take interest in residents health & wellbeing, including preventative measures when possible". Another professional said, "Very effective in terms of communication with pharmacy and surgery. Usually lots of query emails are sent by themselves and good outcomes are achieved".

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

- People's bedrooms were personalised. Whilst being shown around the home the staff member asked people's permission prior to us seeing their bedroom. One professional told us, "I believe they deliver a good quality service and seek to make the residents a home from home whilst dealing with some challenging and complex needs".

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- One relative told us, "The Service does seem to take into account my brother's mental abilities and does seek his consent. However, when he refuses for example with teeth cleaning, I think they need to be more tenacious". A professional told us, "The home is aware of needs around capacity and consent. They acted as appointee for my patient whilst he was in their care".
- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. One staff member said, "This is written in care plans but also in general. Staff knock before entering, ask permission of the residents, encourage service user meetings and ensure they have access to make decisions surrounding the care they receive".
- Staff worked within the principles of the MCA. Appropriate assessments had been completed and best

interest decisions, involving relevant people, had been made when required.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had only been in post a short time. Before they were recruited the service had been through some changes in management. One relative told us, "The staff are very good, welcoming and caring. The senior management has been turbulent in the last 6 months - and it shows". Another relative said, "I found the care has varied with various managers. The manager before [registered managers name] was very caring. When he decided to leave there has been so many changes. New manager making a big effort to do things they want to do". Another relative told us, "Changes in managers did lead to a period of suboptimal contact. This has now been rectified to my satisfaction. I have the possibility to contact the manager directly and their response time is good".
- When the registered manager started, they had made changes at the service which had caused some upset with some staff members and we received some concerns before the inspection. All the staff we spoke with felt supported except one staff member. Staff spoke positively about the new manager. One staff member told us, "The manager has been very supportive towards me in my role. The manager is eager to have excellent relationships with all her team, she is appreciative of them and rewards them as regularly as she can. She really values their experience and she is keen to develop newer staff". Another staff member said, "I get on very well with my manager".
- Most of the staff we spoke with felt staff morale had improved and that changes made by the new manager were positive. One staff member told us, "The morale over the start of the year was low but this has improved greatly. Some staff shine with confidence and there is a much happier and more enthused atmosphere in the home. This has been due to difficult changes, but they have been necessary to improve the home. I am proud to work with every person on the staff list, they are all working collectively, and this is important as there noticeably is more of a difference in the service users too". Another staff member said, "Staff morale used to be really bad but has improved drastically and is all positive".
- There were a number of systems and processes in place for monitoring the quality of care. These included medicines, mealtimes, and managers tour of the home. Where issues were identified remedial action was taken. Records showed improvements had been made.
- External audits were also in place to review the service's progress and help drive improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- Relatives we spoke with were happy with the service. One relative told us, "All over feeling it does seem to be getting to a better level. It feels better. Had a nice welcome when we visited, staff have been so kind". Another relative told us, "The Service does provide good quality care". Another relative said, "I find the staff try hard to deliver a good service. They are generally kind and professional, and I have unrestricted contact/ access to my brother, all positive. I think there's been a high turnover of staff recently and I feel this needs to calm down".
- Professionals we spoke with were happy with the service. One professional told us, "Staff seem genuinely interested in the residents and their wellbeing".
- Staff we spoke with were positive at working at the service and were very passionate about the people they support. One staff member told us, "The people we support are incredible and the relationships built are brilliant too. I enjoy seeing progression, little things such as a service user conquering their fear of travelling in cars by being supported with little steps to go out in the car (building up to go and see their family - which will be a massive achievement)". Another staff member said, "I enjoy making a difference to the service users and being a positive part of their lives".
- The service had won a provider award in 2020 for the South Region which was, 'Made a difference During COVID award'. This award celebrates significant contributions made to improving the health and wellbeing of service users. Especially during the current pandemic.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives felt communication was improving. One relative told us, "We did have a newsletter, which was great, never had one of those before, good, lots of information and photos of staff".
- The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. The results from the latest survey in September 2020 showed that people and their families were happy with the service. One relative told us, "I have complained or questioned certain situations in the past. These issues have been dealt with to my satisfaction".
- A staff survey from September 2020 showed some staff felt morale was low amongst staff due to changes in management. The provider told us they are looking to gather feedback again soon to see if there are any improvements since the new management has been in place.
- We saw evidence of regular team meetings with information being shared with staff about how and to whom to raise concerns with. One staff member told us, "Team meetings are monthly. I find them very useful.. my first couple of meetings were quiet but now it's an open forum where people express their feelings and opinions". Another staff member said, "They are completed monthly. It is difficult to attend due to travel if scheduled on a day off however the home have always been able to accommodate this by offering technology to assist staff so they can still be involved. Due to this, I haven't missed a meeting. They have been useful, and it has been really nice to see individual progression as well as the homes progression since the new manager has been in post".
- Staff felt supported in their role. One staff member told us, "I feel supported. When you feel valued and respected in your role is when you feel supported the most". Another staff member said, "The staff team is very positive and is a joy to work with".

Working in partnership with others

- Professionals we spoke with felt the service worked in partnership with them to achieve good outcomes for people. One professional told us, "They do work in partnership with me. We meet regularly to review the placement but outside of those reviews they will contact me to discuss a patient with regards to a change in presentation, safeguarding and risk management. I think that the service overall is very good and despite the distance they always work collaboratively with me to deliver the best service to the resident.

Communication is their strength".

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

- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.□