Woodfield Homes

Oakleigh House

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

Summary of findings

Overall summary

This unannounced inspection took place on 6 July 2017. It was our first inspection of this service under the current registered provider. A different registered provider used to operate the service.

Oakleigh House is a care home for up to five people that specialises in the care and support of people with mental health conditions. There were no vacancies when we inspected.

The service had a registered manager, which 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.

We found the service to not be consistently well-led. Quality auditing processes had not identified some records omissions and inaccuracies, including for medicines and staff records. Two records had been altered to indicate meetings took place more recently than was the case. A required staff reference had not been acquired. This did not help to ensure service-delivery risks were minimised.

People told us they liked living at the service and that it supported them well. Community health and social care professionals praised the service's abilities to help people to develop. The service liaised very well with community healthcare professionals in support of people's health and welfare needs.

The service was effective at improving people's quality of life. There was emphasis on encouraging people to talk about any concerns, to keep occupied, and to focus on developing independent living skills. There was also good emphasis on supporting people with health and nutritional needs.

Consistent staffing, the small size of the service and its involving approach helped to foster a strong 'family atmosphere.' People were involved in making decisions about their care, and their independence was promoted whilst maintaining good care and support where needed. People were listened to, which helped improve the service and their experience of it.

The registered manager ensured a positive and empowering culture was in place for people using the service and staff. There was good liaison with other agencies in support of this and for improving care practices.

People's privacy was respected and promoted. They were supported to maintain contact with friends and family where wanted.

People were protected by risk management and safeguarding approaches at the service. There were enough experienced staff working who were well-trained and gained skills relevant to people's needs. People received their medicines as prescribed.

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 were protected by risk management and safeguarding approaches at the service. There were enough experienced staff working.

Attention was paid to cleanliness and infection control, and the safety of the premises.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. There was emphasis on encouraging people to talk about any concerns, to keep occupied, and to focus on developing independent living skills. The service liaised very well with community healthcare professionals in support of people's health and welfare needs. There were consequently many examples of how people's quality of life had improved from using the service.

There was good emphasis on supporting people with nutritional needs. Staff were well-trained and gained skills relevant to people's needs. Consent to care was sought in line with relevant legislation and guidance.

Is the service caring?

Good

The service was caring. Consistent staffing, the small size of the service and its involving approach helped to foster a strong 'family atmosphere.' People were involved in making decisions about their care, and their independence was promoted whilst maintaining good care and support where needed.

People's privacy was respected and promoted. They were supported to maintain contact with friends and family where wanted.

Is the service responsive?

Good

The service was responsive. People were listened to, which helped improve the service and their experience of it.

People were provided with individualised care that they helped to plan and review. This included through meaningful occupation within the service and the community.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. Quality auditing processes had not identified some records omissions and inaccuracies, or that a required staff reference had not been acquired. This did not help to ensure service-delivery risks were minimised.

The registered manager ensured a positive and empowering culture was in place for people using the service and staff. There was good liaison with other agencies in support of this and for improving care practices.

Oakleigh House

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 6 July 2017. The inspection was carried out by one inspector, and was unannounced.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider. This included the Provider Information Return (PIR), a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people using the service, two care staff, and the registered manager. We also gained the views of five community professionals who knew the service. This was by meeting two of these people during the inspection, and via phone calls and emails for the others.

We looked at three care plans for people using the service along with other records about people's care and treatment including medicines records and care delivery records. We also looked at the personnel files of two staff members and records about the management of the service such as staff rotas and accident records. We then requested further specific information about the management of the service from the registered manager following our visit.

Good

Is the service safe?

Our findings

People told us the service was safe. One person said that staff came along with them in the community for safety reasons, which they appreciated. People had no concerns about how the service helped them with their medicines. "They always remember," one person said.

Medicines the service looked after on behalf of people were securely stored. The service was making sure people's medicines were sufficiently stocked so as not to run out. Medicine administration records (MAR) had all been signed as prescribed, usually by both staff working. Our checks of medicines stock against records identified no concerns with accounting for medicines. This indicated people received their medicines as prescribed.

There was good information on what each person's medicines were for and what side-effects they may incur, and there was a general procedure for as-needed (PRN) medicines. However, there was no individualised guidance on people's specific PRN medicines, to help clarify circumstances when the person might be offered them and what the maximum amount was before seeking GP advice. The registered manager wrote individualised guidelines during our visit.

People told us enough staff worked at the service. One person said, "There's always staff to go out." Staffing rosters showed that two staff always worked during the day and one at night. A third staff member worked Wednesday mornings to assist with a regular group trip to the cinema, and a second on Friday nights to support people with chosen activities that night.

The service had appropriate safeguarding procedures in place. Guidance on how to report safeguarding concerns was displayed in the entrance hall of the premises. People told us they were not mistreated. One person said, "If I get annoyed, they (staff) help me." Another person told us, "They cope with my anger." This helped assure us staff treated people well even during occasions when someone's behaviour challenged them. Staff could tell us examples of abuse and knew what to do should they suspect abuse was occurring.

The service paid attention to people's safety. There were no obvious safety hazards during our visit. Accident records were maintained but accidents were infrequent. Where one person had fallen this year, appropriate medical advice was sought in a timely manner. Staff and the registered manager could explain the actions taken to minimise the risk of reoccurrence, for example, in avoiding wearing socks in bed that might cause the person to slip when using the toilet at night. People's care plans included what to do and who to contact should a person's state of mind present significant risks to themselves or others. There were also individualised risk assessments that were kept under review, for example, to help prevent falls, malnutrition, pressure ulcers and choking.

There were professional checks of the premises and equipment. This included for electrical appliances and fire extinguishers, plus a fire safety risk assessment from which we could see some required action had been addressed. There were also regular in-house fire safety checks and a monthly fire safety inspection. One person confirmed that occasional fire drills took place.

The service was clean and tidy from the start of our visit. People had no cleanliness concerns. Comments included, "The cleanliness is very good" and "There's a good standard of hygiene." One person explained that staff helped them with cleanliness by reminding them of small things such as washing their hands. Staff had access to personal protective equipment for supporting people with personal care where needed. The service was recently rated by the local food standards agency as five-star for kitchen and food hygiene, the highest rating possible. This all assured us of appropriate measures to prevent and control infection at the service.

One person told us of new furniture in the lounge. The registered manager explained that all armchairs had been replaced with upholstered chairs that incorporated pressure-relieving cushions. This helped address a risk relating to one person's skin integrity.

People told us that things got fixed quickly and we saw this occurring. One person pointed out that window-handle was wobbly, which they subsequently reported to the registered manager. We saw arrangements being made for it to be fixed.

Good

Is the service effective?

Our findings

Everyone we spoke with described the service in positive terms. One person said, "They're really good, they've helped me and I think I'm doing really well. It's a fantastic place." Another person told us, "It's very good here; there's lots of good carers."

Community healthcare professionals praised the service. One told us their client had progressed well and so were no longer displaying symptoms of their mental health condition. They emphasised that the service had supported the person with skills development and was helping them to stay occupied.

The registered manager told us that the consistent approach of the small staff team, and the development of specific 'championing' roles such as for dementia and nutrition, helped people using the service to develop. There was emphasis on encouraging people to talk about any concerns, to keep occupied, and to focus on developing independent living skills in support of potentially moving to independent living. People using the service and staff confirmed that these things occurred. For example, staff told us that one person had been reluctant to move in, in part due to their mental health condition, but they were now much more stable and settled. The person themselves told us of being happy in the service and of feeling well-supported.

One person explained a fear they used to have, but with support from staff and the registered manager, they now handled this better. They attributed this to everyone at the service being "trustworthy" and that everyone was treated well. Records confirmed their progress with the specific issue.

Staff told us of supporting one person to undertake specific strengthening exercises advised by a physiotherapist. Records and feedback showed that equipment to enable the person to be more independent was acquired via a community occupational therapist. Adaptations to the premises were also made, such as a device to hold the person's door open but release should the fire alarm activate. The support and equipment enabled the person to become more confident and capable at manoeuvring themselves around the service, and less reliant on staff support.

Staff and the registered manager told us of one person becoming much more stable during their time using the service, and so their skin condition had improved in conjunction with community dermatologist support and the development of self-care skills. There were now plans, following a recent review meeting, for staff to monitor how well the person was undertaking independent living tasks whilst no longer prompting the person. This was in pursuit of the person living independently.

The registered manager told us that the staffing consistency helped any changes in people's behaviour to be more easily noticed. For example, where one person was using the toilet more, staff supported them to provide a urine sample to their GP surgery in case of a urine infection. This helped to prevent health deterioration and the risk of falling. Another person became much more settled after being supported to attend hearing tests and have ear wax removed. They were subsequently able to communicate much better with staff and so no longer expressed frustration. Records confirmed these matters.

Records and feedback showed us that the service liaised extensively with community healthcare professionals in support of people's well-being. One person told us of the GP being "just down the road." They added that staff provided support to attend whenever needed, and so appointments were never missed. It was evident that emergency support was acquired where needed. Records also showed that people were supported to attend routine checks for eyesight, teeth and hearing.

People praised the food provided at the service. Comments included, "Good food" and "The food's very nice." A number of people particularly mentioned pasta, and we saw an appetising home-cooked pasta dish being provided at lunch. Some people also told us that there were snacks and drinks available, and that "you just help yourself." People also told us of being asked what they wanted to eat, and being involved in menu-planning for the weekly shop. One person added, "They do their best to get food I like, but if not, I go out for it."

The service helped people to maintain and develop good physical health. One person said, "They emphasise fruit and veg." Some people told us of regularly attending a local gym, and of going swimming. Staff said they attended too, and got involved as role models or as a shared activity. Staff told us of recent nutrition training which had benefitted how they supported people to maintain healthy diets. For example, whilst people liked take-aways and these occurred at least once a week, there was now an emphasis on providing salads with their fish and chips. There was a nutrition folder with guidance on prompting healthy eating, and staff meeting records showed discussion around healthy eating. Records showed that people had lost or gained weight in line with care plan goals, and that dietitian input had been gained where beneficial. Records showed that most staff had attended a 12-week intensive nutritional training course in support of people's nutritional needs.

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 so that they can 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). We found the service was working within the principles of the MCA.

People told us the service was not restrictive. One person said, "I'm not stopped from doing anything." Another person told us, "They're patient with me and they get the balance right." Staff respected their decisions but tried to encourage them to make choices that were more empowering. A third person explained, "They support me to do what I want to do, but they do give advice." They added that staff listened if they refused support or advice. This allowed people to make informed decisions about their lives.

Staff told us of gaining consent, listening to people's choices but encouraging them where needed. For example, if someone did not come to take their prescribed medicines, staff would encourage them to do so but would ultimately the medicines to the person. The staff approach was in line with the principles of the MCA as consent to care was being sought but staff tried to encourage people in their best interests where the person made what could be seen as an unwise decision.

We noted that the front door was not locked and so people could leave when they wanted, but it was alarmed to inform staff should anyone needing support in the community leave. People's files showed they

had signed consent for aspects of care and treatment.

Staff told us of receiving good support to undertake their care roles. This included supervision meetings in which developmental targets were set. The registered manager told us they aimed at monthly formal staff supervision meetings which included for review of the staff member's knowledge of one policy per session. Whilst records showed these did not always take place to that frequency in practice, the small size of the service and the hands-on approach of the registered manager enabled effective informal staff support and guidance. We also saw evidence of annual appraisal meetings for staff members, to review achievements in the past year and set long-term goals for the future.

Records showed that new staff undertook three days of induction on care and safety principles, and shadowed an experienced staff member before being allowed to work alone. Most staff had a qualification in care such as a National Vocational Qualification (NVQ). There was ongoing work to attain higher qualifications. Staff told us of an additional refresher training course held earlier in the year that covered a range of care topics, and specific refresher training on medicines from the service's contracted pharmacy. They also spoke of acquiring training based on people's specific needs, such as for dementia and palliative care. The dementia training had resulted in, for example, better communication with the person who had those needs, or as the staff member said, "Saying it the way they understand."

Good

Is the service caring?

Our findings

People told us the service was caring. Staff were described as, "Friendly", "Very kind" and "Approachable." One person said, "Staff treat everyone nicely." Another person told us, "Staff are easy to get on with."

People told us there was continuity of staffing. "There's familiar staff," one person said. The service provided the same weekly staff shift pattern wherever possible. Most staff had been working at the service for a number of years. This level of continuity helped positive and trusting relations to develop. As the registered manager put it, "We live like a family," explaining that people using the service were encouraged to support each other too. Examples of this were provided such as with a new person going with an established person to voluntary work and generally providing them with good support.

A staff member said one person needing end-of-life care had chosen to stay in the service rather than move to a hospice due to the strong and trusting relations they had with staff and the familiar environment. The service therefore liaised with community palliative care teams to ensure the person's needs were still met in their final months, for example, in providing thickened drinks and food they wanted to eat whilst avoiding choking risks. We received positive feedback from a member of that team about how the person's wishes had been respected and their needs met. They noted the familiar staff helped the person receive good end-of-life care.

The service supported people to be more independent. People told us of being supported to develop skills. One person described the service as "really practical" and explained all the help they got to develop skills such as cooking and cleaning. They told us they "never used to" do these things but they now understood the benefits. They added that staff still helped where needed, such as with managing the duvet cover. Staff told us of how they motivated people to develop independence, centred around suggesting meaningful goals that the skills could help the person achieve.

Equipment was in place to assist with independence. A fold-up ramp had been acquired in support of enabling one person to enter and exit the garden. A staff member told us this was the second such ramp, as the person did not feel safe with the first one acquired. Their door had a fire-release device by which to hold the door open ordinarily and enable them easy access, but which would release and close the door if the fire alarm went off. The staircase had bannisters on either side, which helped one person at greater risk of falls to use the stairs safely.

People told us they could have visitors if they wanted. "It's very open," one person explained. They also said that they could use the house phone if they needed to, although many people had their own mobile phones. One person explained, "You have to ask, but they've never refused me." Staff added that some people spoke with family and friends via video-chat.

People told us they had keys to their room and the house if they wanted them. They showed us they could also lock their rooms from the inside if they wanted privacy. One person told us they did not want a key. They added, "No-one barges in." Most people confirmed that staff always knocked before asking to come in,

which we saw occurring.

The registered manager told us the service had signed up to the national, 'Dignity in care' initiative, and was upholding the ten good practice steps which demonstrated compassion and respect for service user. There was a 'Dignity Champion' who promoted the ten dignity good practice values. We saw reminders about treating people well both in the entrance hall and in the office. Staff told us ways in which they showed respect to people, such as by closing doors and providing towels to cover people during personal care, and by encouraging people to do as much as they could for themselves.

Some people told us they could ask to see their care plans and that their requests would be granted. They told us they were involved in care planning, which records confirmed. The level of involvement depended on the person's willingness and abilities. Care files showed some people writing their comments on what they wanted from the placement and how they were progressing.

People told us of having choices in the service but within the context of self-development. For example, one person said, "I decide when to go to bed" but explained that staff reminded them to get up at 9:00 which they were happy with.

People's religious views and cultural needs were identified so that support could be provided where required. Records placed emphasis on encouraging people to attend religious meetings and festivals if they wanted. One person confirmed this had occurred but told us they had decided that they did not want the support. Records showed that they were provided with occasional reminders should they change their mind.

Good

Is the service responsive?

Our findings

The registered manager told us that a key aspect of the service was providing people with the opportunity for engagement and interaction with staff and others, both in and outside of the care setting. People confirmed that staff provided good support. One person said, "I can talk to staff anytime, and they know me very well." Feedback and records demonstrated that this approach was helping people to improve their quality of life. For example, a community professional told us the service provided good individualised care and ensured people were supported to access to a wide range of preferred activities in the community.

The registered manager told us that they operated a keyworking system for people, to help ensure an individualised approach. The system ensured each person was specifically supported by a named staff member who oversaw their wider development in addition to their day-to-day care. One person told us, "I get on well with my keyworker; they help me address some of my issues." They told us the service was using the Recovery Star program in the support being provided. They explained that this collaborative approach looked at where the person was now and areas to work on. They felt this was a supportive approach.

People said the service helped support them to be occupied. For example, some people spoke of creative writing the service encouraged them with. Everyone spoke of support for developing independent living skills. Some people told us of enjoying the barbeque at the weekend in celebration of one person's Birthday. The registered manager told us of how one person at the service was being encouraged to support another person there through their experiences of self-development and some shared interests.

Some people showed us sections of the garden where they had planted a variety of different plants. Each person had a specific plot. People had predominantly chosen to grow vegetables, but each person's plot was unique to them. The plants looked well-attended to, and people confirmed they and staff made sure there was sufficient watering. People gave good feedback about this initiative, such as, "I enjoy it."

Some people told us of gaining local voluntary work through the service. People also received staff support where needed to attend community facilities such as the cinema, the gym, and dance classes. Two people told us that whilst they were supported to go out regularly, they wanted support with a broader range of activities. The registered manager explained that this would occur in due course, depending on people's progress.

Two people had moved into the service this year. Records and staff feedback showed their needs and abilities were assessed in advance of placements being offered. They visited the service in advance of making a decision to move in, and their placement was kept under review.

Everyone had care plans in place, to formalise the support they would be provided with. These were backed by assessments of risk and dependency, plus people's lifestyle choices and preferences. People's progress was monitored by monthly reviews of their care plus similar reviews of their goals. There was evidence of their involvement in these processes. These reviews were up-to-date for three of four people we checked on, but had not been updated for over two months in one of the new people's cases. We brought that to the

registered manager's attention.

One person told us they took minutes for the monthly residents' meeting. Topics covered included meals, activities and the house. One person told us, "We all get a say" and that the meeting had resulted in plans for a group outing to the coast. They felt that the service listened to their views and took action. Another person said the meeting "makes some difference; they take views on board." Meeting minutes also showed us people could use them to raise concerns about how the service operated.

People told us they could raise concerns or complaints with staff or the registered manager. Comments included, "If I was unhappy, I would complain to staff." No-one had an example of doing this, but everyone thought they would be taken seriously.

The service's comments and complaints procedure was displayed in the entrance hall of the premises along with a suggestions box. The registered manager told us they had rebranded the complaints form as a suggestion form, to help empower people to provide feedback and hence improve the service where people felt it was needed.

Requires Improvement

Is the service well-led?

Our findings

We found the service to not be consistently well-led. This was because records relating to people's care and the management of the service were not always consistently accurate and complete. One staff member's supervision record date and the date of an in-service care review had been altered to indicate they occurred more recently than meeting records indicated. Most of the induction record for a new staff member had not been signed off as completed. Their letter offering employment referred to the induction starting before they applied for work, and incorrectly stated that written references had already been acquired. Staffing rosters omitted the name of the staff member working one night.

The latest delivery of a controlled drug had not been signed into the controlled drugs book or any other record, which did not complete a robust audit trail. There was also a duplicate entry error on the previous day's daily record count of one medicine, which resulted in the stock count being one administration too low. The registered manager corrected these matters promptly. Some risk assessments in people's files were score-based to deduce the level of risk, but addition of the scores was inaccurate. The inconsistent standard of record-keeping did not help demonstrate a robust audit trail in support of high quality care at the service and identifying service-delivery risks.

Recruitment files showed prompt checks of identity documents and criminal record (DBS) checks. However, for the only new staff member working at the service, written references did not cover a recent care employment which would have been a good source of checking the applicant's suitability. The registered manager explained that verbal reference checks had occurred, but these had not been recorded. There was also no record of exploring reasons for a gap in the applicant's employment history. Following our visit, we emailed the registered manager to ask for evidence of acquiring the relevant written reference. At the time of drafting this report, we had been told that a new reference request had been made but not yet responded to.

These matters had not been identified through the service's quality auditing processes. The registered manager informed us after the visit of ways in which they would audit records in greater detail, to eradicate these inconsistences.

Records of the contracted pharmacist's audit from earlier in the year found appropriate medicines standards in place. There was an extensive health and safety audit and monthly documented checks from which there was some evidence of taking action to improve safety. People's views had been audited by extensive surveys that mainly praised the service but which included occasional suggestions for improvement. A report showed the provider analysed the collective responses for trends, to address any service shortfalls.

The registered manager had many years' experience in managing care services including at this service, and knew people well. Community professionals described the service as well-managed, many citing people's progress and stability in support of that. One pointed out that the service did not give up when people had setbacks. Another noted the registered manager's professionalism and respectfulness in demanding

circumstances.

The registered manager told us of working in partnership with community health and social care professionals. The service demonstrated capability at acquiring such support where needed for individuals. Through building up good relationships, the registered manager told us, for example, the local GP would offer phone support even if an appointment was not available.

The registered manager ensured a positive and empowering culture was in place for people using the service and staff. People using the service praised their approach as helpful and supportive. Staff told us of supportive management, and of some staff members' greater responsibilities in the service such as for supervising less experienced colleagues and being champions in particular matters such as epilepsy or dignity. We were informed the registered manager would tell staff anything that needed improving but in an appropriate way in line with it being for the benefit of people using the service. We saw records of monthly staff meetings which all staff attended. These mainly showed how the service was developing and reiterated standards expected of staff. There was appropriate focus on providing people with a quality service. Staff meeting records also reminded staff of how to whistle-blow.

The registered manager told us of recent staff training on maths and English language skills that she also undertook as a role model. Whilst staff developed as a result of this, the online test did not provide most staff with enough time to pass the course, which hindered staff morale. The registered manager explained that she had therefore met with the course provider to explain the concerns. It was evident that the registered manager was willing to challenge so as to achieve better outcomes for people using the service and staff. As she explained, "If staff are not happy, residents are not happy."