

Oakleaf Care (Hartwell) Limited






Weston Favell Houses

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?		Good	

Overall summary

This unannounced inspection took place on 23 July 2015. The service provides support for up to 5 people with acquired brain injuries. At the time of the inspection there were 4 people using the service.

There is a registered manager in post. 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.

People said that they felt safe in the house. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Summary of findings

Staffing levels ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible.

Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their support. People participated in a range of activities both in the house and in the community and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

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.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff had good relationships with the people who lived at the house. Staff and people living in the house were confident that issues would be addressed and that any concerns they had would be listened to. Staff were aware of the importance of managing complaints promptly and in line with the provider's policy.

The registered manager was visible and accessible and staff and people had confidence in the way the service was run.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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

Risk assessments were in place and were continually reviewed and managed in a way which enabled people to be as independent as possible and receive safe support.

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

Good



Is the service effective?

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review.

People were supported by a range of relevant health care professionals to ensure they received the support that they needed.

Good



Is the service caring?

The service was caring.

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

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and people felt that they had been listened to and their views acted upon.

Staff promoted people's independence in a supportive and collaborative way.

Good



Is the service responsive?

This service was responsive.

Pre admission assessments were carried out to ensure the service was able to meet people's needs

Good



Summary of findings

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 well-being.

People using the service and their relatives knew how to raise a concern or make a complaint.

There was a transparent complaints system in place and complaints were responded to appropriately.

Is the service well-led?

This service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions completed in a timely manner.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance. They monitored the quality and culture of the service and responded swiftly to any concerns or areas for improvement.

People living in the house, their relatives and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



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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 23 July 2015 and was unannounced and was undertaken by two inspectors.

We contacted health and social care commissioners who place and monitor the care of people living in the service. We also reviewed the information we held about the

service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven members of care staff including a senior manager and the registered manager. We looked at records relating to four people and three staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment. This was because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The provider's safeguarding policy set out the responsibility of staff to report abuse and explained the procedures they needed to follow. Staff understood their responsibilities and what they needed to do to raise their concerns with the right

person if they suspected or witnessed ill treatment or poor practice. The provider had submitted safeguarding referrals where necessary.

There were appropriate recruitment practices in place. This meant that people were safeguarded against the risk of being cared for by unsuitable staff because staff were checked for criminal convictions and satisfactory employment references were obtained before they started work.

There was enough staff to keep people safe and to meet their needs. People said that there were enough staff that understood their needs and provided the support they needed. We observed staff working with individuals throughout the day enabling people to access the activity that had been planned with them such as preparing an evening meal.

There was a system in place to manage risks to people using the service. People's needs were regularly reviewed

so that risks were identified and acted upon. People's risk management plans had been updated when changes had occurred. Staff were aware of the risk assessments and the part they played in keeping people safe whilst encouraging people's independence. For example where a risk had been identified around not accessing sufficient food to maintain a nutritional diet whilst on a home visit a plan was put in place so that one person prepared food to take with them to share with the family.

People told us that they felt safe. There was a system in place for ensuring that the front door was secure to minimise the likelihood of uninvited visitors entering the premises without staff knowledge or people's agreement. Closed-circuit television (CCTV) was in use in parts of the service and in the grounds and notices informing people about this were prominently displayed. This had been installed in line with CQC guidelines. Regular fire safety checks were in place.

There were appropriate arrangements in place for the management of medicines. Staff had received training in the safe administration, storage and disposal of medicines. Staff explained to people what the medicines were for and people told us that they received their medicine when they needed it. There were arrangements in place so that homily remedies such as paracetamol could be given when people requested it. One person told us that they wanted their medicines reviewed and that the Manager had arranged for this to happen.

Is the service effective?

Our findings

People received support from staff that had received the training they needed to do their job. One new member of staff said that they had received a good induction to the service. The induction had included a three day 'company induction' followed by training in brain injury awareness which is relevant to the people living at the home and builds the skills and competencies of staff. They said "The induction was really good and it helped me to understand how I can best support the people that live here." Staff had also received 'enhanced behaviour training' to equip them with the understanding and skills to manage behaviours that may occur when people became unsettled.

Staff were able to demonstrate a good understanding of each person in the service and talked confidently as to what approach they needed to take with each individual.

People's assessed needs were safely met by experienced staff, for example support was sought from a physiotherapist to help manage the risk of falls and a plan was put in place to mitigate the risk.

People received support from staff that had the skills and experience to meet their needs. The staff training program was focused on ensuring they understood people's needs and how to safely meet these. All staff had completed the training they needed and there were regular updated training available to help refresh and enhance their learning.

Staff were confident in the manager and were happy with the level of support and supervision they received. They told us that the manager was always available to discuss any issues with them and that they felt able to highlight their own further training needs. We saw that the manager was in the process of confirming future supervision dates with staff and that they worked alongside staff on a regular basis. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship.

People were involved in decisions about the way their support was delivered. Their care was regularly reviewed and people were fully involved in this process. They told us that they felt listened to and enabled to contribute to any changes that were needed to the way in which they were cared for.

Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. At the time of our inspection all the people living in the home had the capacity to consent and make decisions about their care.

There was an advocacy service available should people require independent support with day to day decisions.

People had different levels of independence when planning, shopping and cooking their meals. Their nutritional needs and associated health needs had been assessed and staff worked with them on an individual basis to offer the specific support and guidance that they needed. We observed meals being prepared by individuals at tea time; staff enabled people to cook for themselves and offered support when needed. People said that they had worked with each other to learn a new dish to cook.

Where indicated dietitians were involved in promoting healthy eating options and offered support with meal planning and lifestyle choices. People's weights were regularly monitored to ensure that people remained within a healthy range.

People received timely referrals to health care professionals if there were any concerns or advice required. Referrals to specialists had also been made to ensure that people received specialist treatment and advice when they needed it. A professional commented "I am really confident in the staff, they will contact me if they are unsure or have any concerns about a person".

Is the service caring?

Our findings

People received their support from staff that was caring, friendly and respectful. Staff and people had worked together to really personalise their environment to make them feel at home and comfortable. We saw items of personal value on display, such as photographs and other personal belongings that were important to people and reflected their interests

People's dignity and right to privacy was promoted and respected by staff that treated people respectfully and with good humour. People had their own rooms and staff were respectful of their wishes when asking if they could enter their rooms. Staff were mindful that some people needed to have time alone either in the house; the garden or in their bedrooms and they respected this.

People's individuality was respected by staff and we saw staff having discussions with people about their interests and what was important to them. Staff and people were

sharing jokes and we saw people were treated with kindness and compassion. It was clear from the interactions we witnessed that the staff knew people very well and were able to respond to people when they were unhappy or anxious. People said that staff were understanding, down to earth and relaxed.

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 people wanted to achieve. For example, one person had been encouraged and enabled to return to a pastime they had enjoyed prior to their brain injury and was being supported to attend a local music group.

Visitors were made to feel welcome and could visit at any time. People spoke about their families visiting and being involved with their care plans. One person commented that this felt like "A home from home."

Is the service responsive?

Our findings

People were supported to make informed decisions about whether to come and live in the home and staff worked closely with them to ensure that they fully understood their needs and goals. This enabled the person to make their choice of home and also enabled the staff group to ensure that they had the appropriate skills, competencies and equipment to meet the person's needs in the way they preferred.

The information gathered through the assessment process was used to develop personalised care plans and people told us that they were actively involved in agreeing how their care and support was delivered. Care plans reflected these agreements and staff had a clear and in depth understanding of each person's individual needs and abilities. We saw that care and support was planned and delivered in line with their individual preferences and choices.

The assessment and care planning process also considered people's hobbies and past along with their goals were for the future. We saw that this had been incorporated into

individual care plans and people told us that staff helped support them to maintain past interests or to develop new ones. People had been enabled to continue to access activities in the community which they had enjoyed such as visiting car boot sales and attending a local gym.

One person told us that they had been able to attend college and attain a qualification which could potentially help them with their goal of returning to work. They had also wanted to be able to offer their support to other people in a social group and this had now been successfully achieved.

People were involved in regular reviews of their care and support needs and care and activity plans were modified to reflect changes and progress made.

People were happy with the care and support they received however they knew how to raise a complaint if they needed to do so. They said that all staff were approachable and that they felt able to raise any concerns they had. Information on how to raise concerns was displayed on a notice board and the manager said that records were maintained of any complaints that had been raised and this detailed the action taken to resolve concerns.

Is the service well-led?

Our findings

Ensuring people received person centred and individually focused care was at the heart of how the home was run. Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that care was provided to the best level possible. They were provided with up to date guidance, policies and felt supported in their role. They were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly.

They said the manager and other senior members of the management team were always available if they needed advice or guidance and often visited the house. 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. One staff member said “I am encouraged to develop my skills to progress in my career.”

The manager demonstrated an awareness of their responsibilities for the way the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the

manager and the staff group to be caring and respectful and were confident to raise any concerns or suggestions for improvement with them. One person who used the service said “Wonderful manager”.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff who were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality. Staff spoke of their roles as being enablers supporting people to reach their full potential.

There were arrangements in place to consistently monitor the quality of the service that people received for example, regular audits had been carried out by the manager and by the provider. The results of a recent satisfaction survey indicated that overall people, their friends and family members thought the service was very good. The provider sought to use this feedback to continually improve the service and we saw that they made changes as a result. For example following comments about the lack of visiting space at weekends they had increased the provision of outdoor seats and were looking at other ways to address this issue in the near future.