

Exalon Care Limited

The Oaks

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 ●

Summary of findings

Overall summary

This inspection took place on 9 January 2018. The provider of is registered to provide accommodation for personal care for a maximum of 10 people who have a learning disability. There were eight people living at the home on the day of our visit. The service was rated as Good at our last inspection in October 2015. The overall rating has remained good following this inspection.

All people we spoke with felt safe in their home and when the staff were with them in case they needed some guidance or assistance with their care needs. Staff knew who to report to if they felt a person was at risk of potential abuse and were confident that any reported incidents would be addressed by the registered manager.

People told us they were encouraged to monitor and manage potential risks and what they felt able to do and were comfortable with. Staff knew how to encouraged people to learn and try new things safely. There were enough staff when people needed them and people medicines were administered and recorded when they had received them.

Staff were knowledgeable about people they supported and were confident in their roles and responsibilities. Staff told us they received regular training and supervisions that helped them provide care to people they supported.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in making decisions about their care and their consent was appropriately obtained by staff when caring for them. People who could not make decisions for themselves were supported to have a decision made about their care and support which was in their best interest.

Care plans detailed what support people needed and provide guidance for care staff on how best to meet the care people wished to receive. People were supported to make their meals or staff prepared them where needed. People were involved in planning their meals which included their favourite choices. Healthcare appointments were arranged for people and care staff went with them.

People told liked the staff and told us their care needs were supported well. People were encouraged to be in control of their decisions and choices. Staff respected people's dignity and privacy. People spoke with us about the registered manager being accessible and provided examples of when the registered manager had listened to them.

Everyone we spoke with felt the management team were available to talk with and would listen and act of any feedback provided on the service. The management team had kept their knowledge current with support from the provider and external professionals. The staffing team felt the provider and management team led by example and that they regularly checked on the quality of the care that people received and

continually looked to improve these.

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 remained Good.	Good ●
Is the service effective? The service remained Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

The Oaks

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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection site visit took place on 9 January 2018 and was unannounced. It included observations, speaking with people and staff and reviewing records. The inspection was carried out by one inspector and an expert by experience who had experience of a learning disability services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with three people who used the service, four care staff, two deputy managers and the registered manager. We looked at two records about people's care, minutes from staff and people's meetings, complaint and compliments file, incident forms and quality audits that the registered manager and provider had completed.

Is the service safe?

Our findings

At the inspection on 15 September 2015 we rated the service good within the safe question. At this inspection we found the service had remained good.

People were supported to remain safe and were supported by staff to remain free from the risk of potential abuse. People told us staff helped keep them safe and people felt secure in their home and could raise any concerns they may have.

Along with their training staff we spoke with were clear about reporting potential abuse and understood what safeguarding people from abuse meant. The registered manager had referred potential safeguarding matters to the local authority and sent statutory notifications to us. People's individual protected characteristics had been identified and included in plans for staff to support the person.

People had been involved in talking about their safety and managing their risks with staff. Where a risk had been identified an assessment had been completed and detailed actions needed to minimise the risk. Staff knew how to support each person without placing unnecessary restrictions on their choices. The risks covered all areas of care from activities to people being supported with how to use public transport and road safety.

Staff had clear guidance and had received training so they were able to support people who could become upset which may lead to them or others getting harmed. This included a range of techniques that were individual to each person, such as distraction and calming advice. Where medicines were used to assist people with anxiety, guidelines were clear about how and when they should be used and if the person was able to recognise and request this medicine. Where a person had been involved in an incident it had been recorded so the registered manager could review and look for patterns, triggers and how staff had managed the situation. For example, an unplanned change to a person's daily routine.

People told us they knew the staff that supported them and pictures of staff working that day were displayed in the home. People told us it was important to them to know who would be in the home that day. People were supported by enough staff to meet their needs and included one to one support where needed. The staff had been organised on a rota to ensure there were enough staff on duty. During our inspection we saw that staff were able to respond to people's requests, to take people out or spend time talking or supporting people.

People told us they were supported with their medicines and one person told us, "I can ask for medicines", as they were able to recognise when they needed them. Where people had medicine as needed the staff had clear guidelines in place to follow and that people were able to request these from staff. Each person had a record of when their medicines were required and when they had been administered. Staff understood the medicine policy and had received training, which had been checked regularly by management to ensure they remained competent to administer medicines. Staff we spoke with told us that in supervisions and team meetings they covered various policies and procedures which included safeguarding and fire safety.

One person told us how they were involved with staff to complete food temperature records and had also helped to record these. One person had completed a first aid course and were the home's representative for first aid. Staff also had access to these policies and people's Personal Emergency Evacuation Plans (PEEPs) if they had needed to refer to them. A PEEP is an individual escape plan for people who may not be able to reach a place of safety unaided in an emergency.

People told us they helped keep their home clean and were involved in daily household cleaning and laundry. People were encouraged with personal care and maintaining good hand hygiene, which we saw staff supporting people before a meal. Staff involved in food preparation and staff had received food hygiene training. The provider had a lead member of staff to audit the home to check the cleanliness and help reduce the risk of infection. Staff followed the infection prevention and control procedures including the use of personal protective equipment (PPE).

Is the service effective?

Our findings

At the inspection on 15 September 2015 we rated the service good within the safe question. At this inspection we found the service had remained good.

People had been involved in planning their support to achieve the outcomes they wanted and had chosen one or two members of staff to work with them to do this. Staff confirmed that each month a review with the person took place to make changes to the care planning. The care plans detailed any potential areas to review and showed how a person's views influenced the care planning.

We saw people were supported by staff who knew and understood their individual needs. Staff were able to support people to remain relaxed and comfortable in their home and recognised when a person may need some individual time.

Staff told us about the training they had and how it reflected the needs of people living at home, such as developing techniques that re-directed people from potentially upsetting situations. Staff told us that to maintain their skills and knowledge their training was regularly updated with a variety of training such as work booklets and face to face courses. All staff had regular supervision and observations which they told us were useful in receiving and sharing areas for improvement or what had worked well.

People were involved in planning their meals for the week ahead and told us how much they wanted to be involved in the preparation of each meal. Lunchtimes were more of an individual choice on the day with a more structured plan for the evening meal. People were supported to make healthy choices, promoting people's own likes and dislikes.

People were involved in and knew about other services they needed so they could monitor and maintain their health. People were supported to attend appointments, for example annual health checks. The registered manager told us how they promoted other services such as occupational therapy and dieticians in support of people's changing or ongoing needs. People saw their doctor as needed and were accompanied by staff. People were supported by local health professionals and the homes staff to ensure they received care that was current or supporting better practice. Examples resulted in people having improved sleep patterns and how best to maintain fluids to reduce health risks.

People told us about their bedrooms and how these had been decorated and furnished with the choices and preferences. The communal areas were clean and free from clutter and the gardens outside were easily accessed and used by people. The home had recently made changes to the outside space which had resulted in people choosing to spend time outside, which had enhanced their daily living experiences. People had freedom to use the communal areas or have time alone in their rooms.

People made 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 had agreed to their care and support and these were recorded in their care plans and showed the involvement of the person wishes and needs. Where a person had been assessed as needing help or support to make a decision in their best interest this had been recorded to show who had been involved and the decision made.

All staff we spoke with understood the MCA and that all people have the right to make their own decisions. Staff knew they were not able to make decision for a person and would not do something against their wishes.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person.

Is the service caring?

Our findings

At the inspection on 15 September 2015 we rated the service good within the safe question. At this inspection we found the service had remained good.

People we spoke with told us about how they found living at the home. One person told us, "I am happy". People told us how the staff were attentive to them. One person told us, "It was very welcoming when I first came here very supportive". People were comfortable with staff who responded with fondness and spoke about things they were interested in. The atmosphere in the communal areas varied from quiet and calm to lively with staff and people enjoying their time together. People also spent much of their time out of their home enjoying life in their local area.

People were supported where needed with the use of pictorial reminders, photos, objects to refer to or using Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff told us for example showing a person a towel would indicate a bath or a certain bag or shoes would mean the option of going out. Staff were able to tell about people in the home and had a good knowledge of their history and current circumstances. Staff we spoke with told us they all worked well together so people received care that met their needs and how they enjoyed supporting people in the home. One person told us, "You [staff name] supported me didn't you", during a difficult time. When staff started their shift they were greeted with smiles and hugs from people.

People were able to discuss and direct staff in support of their day to day needs or choices, for example popping out to the shop or spending time in the home with staff. People told us how they involved their families in their lives as they were important to them. Care plans showed that family views and opinion had been considered around the person overall care and support. People we spoke with told us they continued to visit their family members whenever they chose to. We saw a number of visits had been planned so people would go and see their family. People's families also visited the home and were welcomed by the registered manager and staff.

People told us about how staff helped maintain their independence within in the home. One person told us, "I am going to set the tables after. I am going to do it all by myself". People were supported in making their own choices to maintain their independence such as going out on their own. Staff empowered people to make their own decisions and often refer a question to people so they were absolutely sure about a decision or choice they were making and may offer an alternative way of clarity. This was done without taking away the person's dignity. Staff offered encouragement and guidance when needed and told us people's independence and level of guidance and support varied each day.

People received care and support from staff who respected their privacy and people we spoke with felt the level of privacy was good. People were able to spend time on their own in their bedrooms, had chosen to have their own bedroom keys and staff were seen to knock or ask before entering a room. Staff were sure to gain the person consent before entering and we saw staff were discreet when discussing people's personal care needs. Staff and the registered manager were aware of the need to maintain confidentiality and store

information securely.

Is the service responsive?

Our findings

At the inspection on 15 September 2015 we rated the service good within the safe question. At this inspection we found the service had remained good.

Two people told us about their 'key workers' and how they talked to them at monthly meetings about their care and if they wanted something adding. The 'key worker' was a named member of staff who worked closely with a person to ensure they got the care they wanted. One person told us about their positive relationship with their key worker and said they enjoyed spending time with them. People told us they would be happy to discuss any changes with staff at any time. Where people had agreed, their families had been involved in or consulted about the care.

People were supported to attend annual health checks or reviews with consultants by staff. Staff told us they were able to provide information at this appointment and follow up with any changes to a person's care. Staff we spoke with knew the type and level of care and support each person needed. They understood people's health condition and what this meant for them. For example, if a person had certain conditions such as autism, they knew how the person would react to certain situations or requests which supported the person effectively. Staff also felt they recognised any changes in people's day to day health needs, for example, infections or illness.

We looked at two people's care records which had been updated regularly or when a change had been required. The records showed people's choices and decisions about any that was working well or any change they wanted for the coming month. For example, any changes to hobbies or activities. Staff we spoke with felt people's care records were accurate and reflected the person's care. Staff told us that information was shared in a variety of ways such as the shifts changes, communication books and the homes diary.

We also saw that people made use of the garden and had things to do in the home such as cleaning and listening to music and chatting with staff. The registered manager told us people used the garden area, "As a place of peace", which helped manage their anxiety. People told us about their hobbies and what they enjoyed doing when out of the home. Two people told us about the clubs they went to and one person said, "I like my drama". Each person had individual social lives and interest and were supported by staff where needed. People had planned their week, however staff were flexible to change if a person wanted to do something different.

The provider had a formal complaints process in place which gave people the names and numbers of who to contact and the steps that would be taken to respond and address any concerns. This was available in an easy read pictorial format to assist people with making a complaint. People we spoke told us that they were happy with their care and support and they would tell their staff or the registered manager if they were unhappy about something. We saw that people confidently came to talk to the registered manager about their concerns or immediate worries they had. The registered manager responded with suggestions or guidance.

Is the service well-led?

Our findings

At the inspection on 15 September 2015 we rated the service good within the safe question. At this inspection we found the service had remained good.

There was 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 and associated Regulations about how the service is run.

The registered person is required under the law to display their most recent rating made by the Care Quality Commission at the location and on their web site. We saw the rating on the web site but this was not conspicuously displayed within the home. However a copy of the last report was available in a box alongside other information in the entrance hall. This was brought to the attention of the manager and the provider and the rating was displayed before we left.

This was a breach of Regulation 20 A (3) Requirement as to display performance assessments of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Any action we take in response to the breach will be published on our website separately.

People were supported by a consistent staff team and involved with the service they received. People had been asked for their views to share their views on the week ahead. This included activities, meal planning and if there any updates about the home, ask questions or raise ideas. People were involved in their local community and held parties at the home where these open to friends and neighbours.

The registered manager had developed partnerships with external stakeholders to support their goal to improve quality outcomes and services for people. This had worked well for people as those partnerships had been successful in people remaining safe and secure in their home. The agencies involved were the police and local hospital. The registered manager was also working closely with the local authority to offer employment to people living with mental health or a learning disability.

Staff told us the management team were approachable and that they were listened to, both on a daily basis and with more formalised setting such as staff meetings. One care staff said, "We pride ourselves on providing individual packages of care even though everyone lives together". The registered manager felt support with a staffing team and told us, "Very proud of staff team we have got". One care staff said, "Service user wants are listened to".

The registered manager felt supported by the provider and kept their knowledge current. They had access to resources and advice through the provider's internal system. The registered manager told us they used these to discuss what was working well and could be shared or if they were aware of any changes. The registered manager attended the local learning disability partnership board and provider forum.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the service and which the service is required by law to tell us about. This meant we were able to monitor how the service managed these events and would be able to take any action where necessary.

The service had a range of different measures in place to assess and monitor the quality and safety of all aspects of home life. Audits were completed on medicines, infection control, health and safety, care planning documentation and overall quality of care audit. Where shortfalls were identified as a result of the audits an action plan with timescales was put in place to ensure the improvements were made.

The registered manager submitted a variety of reports to the provider for review so the provider was aware of how the service was performing. Accidents and incidents were reported on, analysed and investigated to ensure that lessons were learnt, acted upon and that risks were reduced or eliminated where possible. This has led to a reduced number of hospital visits as changes to a person care had been identified. The registered manager attended the provider's management meetings and this again enabled them to share information and to learn from other registered managers in relation to the providers other services and their registered managers' experiences.