

Oakleaf Care (Hartwell) Limited

The Cotswolds

Inspection report

178 Cotswold Avenue
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Tel: 01604864466

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23 November 2017
27 November 2017

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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

The Cotswolds is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Cotswolds accommodates 29 people in one adapted building. At the time of our inspection there were 29 people living at the home. Staff provide long term nursing and personal care for people with acquired brain injuries; some of the people supported by the service have complex physical needs.

At the last inspection, on the 5 and 6 November 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive safe care. Staff understood their responsibilities to keep people safe from harm. Safeguarding procedures were in place and staff understood their duty to report potential risks to people's safety.

People received their medicines as prescribed and risk assessments were in place to manage risks within people's lives. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staffing levels ensured that people's care and support needs were safely met and safe recruitment processes were in place.

Staff induction training and on-going training was provided to ensure that staff had the skills, knowledge and support they needed to perform their roles. Staff were well supported by the registered manager and senior team, and had regular one to one supervisions.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care.

People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences. Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff supported people to access healthcare professionals to meet their medical needs, and encouraged them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The provider had systems in place to monitor the quality of the service as and when it developed and had a process in place which ensured people could raise any complaints or concerns.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Cotswolds

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 second comprehensive inspection took place on the 21, 23 and 27 November 2017. The first day of the inspection was unannounced; we carried out an announced visit on the second day and completed the inspection with a telephone call to a relative of a person who lives at the service on 27 November.

The inspection was undertaken by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience for this inspection had experience of co-ordinating care services for their relative.

Prior to the inspection the registered manager had completed a Provider Information Return [PIR]. This is 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We 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. We also reviewed information sent to us by other agencies, including the local authority and clinical commissioning group, who commission services from the provider. We also contacted Healthwatch; an independent consumer champion for people who use health and social care services.

During our inspection we spoke with five people who used the service and five people's relatives. We also spoke with eleven members of staff including care support workers, team leaders, clinical nursing staff, therapy staff, catering staff and the registered manager. We looked at four records relating to people's care needs and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training and supervision information for staff, staffing rotas and arrangements for managing complaints.

Is the service safe?

Our findings

People using the service continued to feel safe with the support they were receiving. One person said, "Safe for me is having a routine. I like my routine and that makes me feel safe. Staff help me with that, they listen and understand what I say, and that is also what makes me feel safe." All the staff we spoke with were aware of safeguarding procedures and understood their responsibility to protect people from harm. One member of staff said, "I would report any safeguarding to the manager or senior manager and the safeguarding authority would have to be notified." People had risk management plans in place to mitigate the risks in different areas of their lives. These included; their mental health and wellbeing, behaviour and the impact of physical illness. We saw that assessments were completed in a way which promoted people's choices and independence.

There were enough staff to support people safely. One person told us, "There is enough staff and they are all good to me, they help if I call them." Staff said they felt there were sufficient staff to meet people's needs and contingency plans were in place to manage unplanned absences. The registered manager told us, "We have an on call system, so we never use agency for qualified nursing staff." We observed sufficient numbers of staff on shift to support people and rotas showed that staffing was consistent. We saw that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service.

The service safely supported people with the administration of medicines. Qualified nursing staff administered people's medicines. We observed staff administering people's medicines and saw that they were patient, explained what they were doing and offered each person the support they needed. Regular audits took place to make sure that medicine stock was accurate, and safe systems were in place to ensure that people received their medicines as prescribed. The registered manager had recently begun completing their own review of medicines audits to ensure they were robust and addressed the areas required.

People were protected from risks to their health and well-being by the prevention and control of infection. Staff told us that they had been trained in infection control and food hygiene and understood how to work in a hygienic way. One member of staff said, "We use gloves and aprons, wash our hands and never share personal equipment between people." An environmental cleaning schedule was in place and regular audits were completed that included the environment and staff practice, legionella and water checks. We saw that where areas required attention, actions were put into place and records confirmed this.

All staff understood their responsibilities to record and investigate any accidents and incidents that may occur. Therapy staff monitored people's falls and regularly reviewed people's falls and moving and handling care plans. Staff described how they analysed the circumstances of each fall and looked for patterns such as the time of day or area of the home where the fall had occurred. Action plans were then implemented to minimise the risk of people experiencing further falls.

Is the service effective?

Our findings

People's care needs were assessed to identify the support they required. Each person received an assessment of their needs before the service agreed to provide their support. The initial assessment included the person's social and medical history as well as their current physical and mental health needs. The information gathered was used to produce a plan of care that was reviewed and updated as staff got to know the person.

Staff had a good knowledge and understanding of the needs of the people they were supporting. One person's relative said, "There is always someone around to monitor [name of person's] condition, they are trained to notice changes and that is something we could not do. Staff around him constantly observe and they report any changes to us immediately." Staff received training, supervision and appraisal to enable them to confidently and competently support people with a wide range of needs. One member of qualified nursing staff said, "The induction and training is brilliant, we did a two week brain injury induction course, I've also been put forward for end of life training and dysphagia training." (Dysphagia is the medical term for swallowing difficulties). A member of support staff said "I've been on assertiveness training, we also have in house rolling training, we can put ourselves forward, or if the manager thinks you need particular training they put you forward."

People were supported to maintain a healthy and balanced diet. Staff followed the advice of health care professionals when supporting people with eating and drinking. Where people received their nutrition via percutaneous endoscopic gastroscopy (PEG) assisted feeding, staff followed the advice of appropriate health professionals. One person's relative told us "My [family member] was discharged to the home from hospital, he was really weak and on a PEG feed, he put on two stone in a few months." Staff received training in the care of PEG tubes and the procedures and protocols to be followed to ensure safe administration of food and fluid.

People were supported to access a wide variety of health and social care services. Staff had a good knowledge of other services available to people, including multi-disciplinary health services, acquired brain injury support, and end of life support services. People also had access to a team of internal multidisciplinary professionals. People told us that they had been supported to access different services when needed. One person said, "I do see other specialists, I go to the other site to talk to a psychologist; that helps me with my depression."

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. One person said, "I go to the dentist, last time I went was in January." We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People's diverse needs were met by the adaptation, design and decoration of premises. One person told us, "I like my room, it's big and I can use my wheelchair, there is a hoist as well." One person invited us to see their room, they were proud of the room and the belongings they had in their; they told us that their family and staff help them to decorate the room.

People were encouraged to make decisions about their care and their day to day routines and preferences. One member of staff said, "We spend a lot of time listening to people and working with them to achieve the outcomes they want." People who lack mental capacity to consent to arrangements for necessary care and treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA 2005). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had a good understanding of people's rights regarding choice, and appropriate assessments were carried out with people.

Is the service caring?

Our findings

Staff treated people with kindness, respect and compassion. People told us that they had positive relationships with staff, one person said, "I like my staff, they are very helpful. I trust them totally, especially [name of staff] who is my keyworker." Another person's relative said, "The staff are very caring, they are like friends to [name of person], we are very happy." The service had recognised when people required extra support from staff to support their emotional well-being and had provided one to one support. One person's relative said "They [management team] recognised that [name of person] wasn't happy, the extra support has helped the staff to get to know [name of person] and build relationships with them." We observed staff engaging in a warm and caring manner with people, people were relaxed in the company of staff and clearly felt comfortable in their presence.

People's choices in relation to their daily routines and activities were listened to and respected by staff. One person's relative said, "They include [name of person] and support them to make choices." We observed interactions between staff and people and saw that people were given the time they needed to express themselves and guide staff in supporting them in the way they chose.

The privacy and dignity of each person was respected by all staff. The people we spoke with confirmed that their privacy was respected by staff. Staff understood the importance of confidentiality, one member of staff said, "I never talk about work outside of the home, people deserve respect and if we talked about them with people who didn't need to know, we would be letting them down." We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner.

People were supported to be as independent as they were able to be; staff encouraged each person to achieve as much as they could by themselves. Therapy staff visited the home regularly to support people to maintain their independence and provide guidance to staff on how to work with people to maintain their abilities.

Is the service responsive?

Our findings

Care plans were person centred and comprehensive, identifying people's background, preferences, communication and support needs. Staff told us each plan was tailored to provide staff with the information they needed to address any identified areas of need and to support and maintain each person's strengths. One staff member said, "We spend a lot of time with people, to improve their situation. For example, when [person's name] first came to live here they spent a lot of time in bed, we encouraged them to get up and now they go to the shops and join in the activities; they seem much more positive." People and their relatives were continuously involved in the assessment and planning of their care through regular review meetings. Throughout our inspection we observed that staff supported people in accordance with their care plans.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, where people had sight impairment, the service had accessed support from the Royal National Institute of Blind People (RNIB).

People knew how to make a complaint if they needed to and were confident that their concerns would be listened to and acted upon as required. One person's relative said, "Regarding any concerns I would always speak to [registered manager], they are very approachable and always there. I could also speak to nursing staff, who are very much on board with health issues." People said that when they had raised concerns, these had been handled appropriately and they had been happy with the outcome. We saw that there was a clear complaints policy and procedure in place and that complaints were logged and monitored.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The registered manager and staff were committed to providing good end of life care to people. The service had recently completed the Gold Standards Framework (GSF) foundation level training programme. This programme supports services to improve the confidence of staff in caring for those nearing the end of life. The service had received positive feedback from the GSF assessor, who said, "The evidence seen clearly shows that the team have embraced GSF foundation level, they recognise the importance of on-going learning and development. The case study clearly shows how the team develop relationships with the residents and those important to them, and the care is clearly person centred."

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was aware of the responsibility to submit notifications and other required information.

The service had a clear vision and values, that all staff were committed to working together to achieve. One member of staff said, "We work with people to get them to do as much as they can." The registered manager was supported by a senior management team and had a good awareness of all aspects of the running of the service. Staff told us, "[Registered manager's name] is available to provide support and is very responsive." Another member of staff said "We see the senior managers, they're very friendly and good with the people who live here as well; they spend time with them."

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. We saw that the atmosphere within the service was positive and friendly. Regular team meetings took place, which covered a range of subjects. We saw minutes of meetings held, and these reflected an open and transparent culture with discussions about documentation, staff roles and training, people's care needs and activity sessions. Staff told us that they felt able and confident to speak in staff meetings and that they felt they were listened to.

The people using the service and their relatives were able to feedback on quality. We saw that quality questionnaires were completed by people, which enabled them to provide their view of the service they received. We saw that feedback was positive. People felt able to speak to the registered manager and members of the senior management team about their experiences of the service. One person's relative said, "They [management team] are very opening to listening to your worries and are very good at supporting families." People were able to attend regular meetings. We saw minutes of meetings where there was the opportunity to discuss any issues or complaints, the sessions available, food and activities. We saw that at each meeting the actions from the last meeting were followed up and people's feedback gathered.

Quality assurance systems were in place to help drive improvements and ensure sustainability. These included a number of internal checks and audits as well as a provider audits, undertaken by members of the wider management team. These helped to highlight areas where the service was performing well and the areas which required development. Audits took place to monitor key areas of the service, and actions were implemented when any errors or faults were found.

The service worked in partnership with other agencies in an open honest and transparent way. Safeguarding alerts were raised with the local authority when required and the service had provided information as requested to support investigations. The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating as required.

