Downing (Pirbright Road) Limited

Tall 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 11 November 2016 and was unannounced. Tall Oaks provides residential care and accommodation for up to six people with learning disabilities, autistic spectrum disorder, physical disabilities or sensory impairment. At the time of our inspection five people were living in the home.

The home had been previously inspected on 21July 2015 and two breaches of the regulations had been found. At this inspection we aimed to see what work had been completed to ensure the quality and safety of the service had improved. The provider had told us that their action plans assumed they would complete all the actions required to meet the regulations by October 2015. During our inspection on 11 November 2016 we found that all the recommended actions had been completed.

We saw the home was a two-storey building, with wide corridors, clutter free rooms and a lift wide enough to accommodate a wheelchair. Ramps provided wheelchair access to the house from the front and to the garden at the rear.

The service had 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 were protected from the risk of abuse because staff were provided with relevant training to enable them to recognise and act upon a report or suspicion of abuse. Risks that people might experience had been assessed and action taken to minimise those risks, while enabling people to live active and fulfilling lives. Staff understood how to provide care that respected people's rights.

Systems were in place to make sure people received their medicines safely. Arrangements were in place for the recording of medicines received into the home and for their storage, administration and disposal.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. There were sufficient numbers of suitable staff to meet people's needs and people received their medicines as prescribed.

Staff had a good understanding of the Mental Capacity Act 2005 and we saw people's consent was sought routinely. People were supported to make their own decisions wherever possible, and staff took steps to support people to do this. Where people were unable to make a decision, there was a best interest decision recorded within their support plan. We saw the person concerned and relevant people had been involved in making best interest decisions. This meant people were given the opportunity to participate in the decision making process. The service had effectively implemented the Deprivation of Liberty Safeguards (DoLS) as required.

Staff members understood their roles and responsibilities and were supported by the registered manager to continuously maintain and develop their skills and knowledge. People enjoyed a varied healthy diet and their physical and mental health needs were well catered for.

There were sufficient numbers of staff to meet people's needs and to keep them safe. Staff received training to ensure they had the necessary knowledge and skills to provide effective care and support. The service employed a small team of permanent staff who were knowledgeable about people's preferences and behaviours.

Care plans contained records of people's preferences including their personal likes and dislikes. This helped staff to provide care and support in a way that suited each person's individual preferences.

People were supported to be as independent as they wanted to be. People helped with daily living tasks such as meal preparation and cleaning. People were supported to meet their relatives and friends, access the community and participate in social or leisure activities on a regular basis.

The atmosphere in the home was welcoming and there was a respectful interaction between staff and people who used the service. People's relatives were encouraged to be involved in developing people's support plans and to visit the home at any time.

The registered manager was seen as a good leader, both by staff and people using the service. The manager was trusted and had instilled a strong sense of commitment in staff by motivating, encouraging and supporting them in making continuous efforts to meet people's needs.

A complaints procedure was in place, enabling people and their relatives to raise their concerns at any time. People said they were confident that their concerns would be handled appropriately and efficiently.

People, their relatives and staff all commented on how approachable and supportive the provider's management team were. They said they could approach any of the managers for help or advice whenever needed.

We found the provider had failed to notify us about the outcome of Deprivation of Liberty Safeguards (DoLS) application.

The provider had a quality assurance system to check their policies and procedures were effective and to identify any areas for improvement.

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 kept safe from abuse. The registered manager and staff understood their responsibilities and knew how to report any concerns.

Risks to people were assessed and appropriate steps taken to minimise any possible harm to people without restricting their independence.

People were supported to manage their medicines in a safe way and staff were aware of safe infection control procedures.

People were supported by a staff team who had been safely recruited.

Is the service effective?

Good

The service was effective.

People were supported effectively by staff who were trained and skilled to meet people's health and support needs.

The provider acted in line with current legislation regarding people's mental capacity to consent to decisions about their care or treatment.

People had access to healthcare professionals to make sure they received appropriate care and treatment.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People who use the service and their relatives said the staff were caring and treated them with dignity and respect.

People were supported to maintain important relationships and

be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning. Care plans reflected each individual's personal needs and preferences.

People were able to take part in activities that they enjoyed and which were important to them.

People and their relatives knew how to make a complaint if they were unhappy.

Is the service well-led?

Good

The service was well-led.

The provider failed to notify us about the outcomes of Deprivation of Liberty Safeguards (DoLS) applications.

Staff and people spoke highly of the registered manager and the way they ran the home.

The quality of the service was monitored and there were systems in place to make necessary improvements.

Tall 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.

This inspection took place on 11 November 2016 and was unannounced. It was carried out by one inspector.

Before the inspection, the provider 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. We looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection we spoke with three people who were using the service. We also talked to three friends and relatives of people who use the service. We spoke with the registered manager, the deputy manager, three care staff members and maintenance staff. We observed how staff supported people to help us understand their experience of living at the home.

We reviewed care plans for four people, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

People told us that they felt safe living at the home. They told us that if they had any concerns, they would speak to staff or the registered manager. One person admitted, "I feel safe. They are good, they know me really well". Another person said, "I feel very safe here. They are very nice".

People were protected from the risks associated with their care because these risks had been identified and managed appropriately. Risk assessments were complete with the aim of keeping people safe whilst supporting people to be as independent as possible. People's individual risk assessments were incorporated into care plans. These gave staff detailed information about how to support people in a way that minimised risk to the individual and others. Identified areas of risk depended on the individual and included areas such as the use of cutlery, swimming, using hairdryer, making a hot drink, and choking.

People were protected from all forms of abuse and were kept safe by staff who had received training and fully understood their responsibilities in regard to safeguarding. Staff were knowledgeable about signs of abuse and what would constitute a safeguarding concern. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation if necessary. A member of staff told us, "I would report it to my senior supervisor and to my manager. If they didn't take any action, I would go to the area manager. If nothing has been done, I would take it higher to the Care Quality Commission (CQC)". Staff were able to identify if an individual was distressed or unhappy by observing the person's body language and behaviour. For example, staff told us how they read one person's body language and took relevant action before the person became distressed and attempted to harm themselves.

A thorough recruitment policy and procedure were in place. Recruitment records demonstrated that staff had been recruited safely. Records included application forms (comprising employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

We noted agency staff were employed to cover shifts at times. We were told that as long as it was possible, the same agency staff worked at the home to provide consistency of care. This was recorded clearly on the rota. The service had received confirmation from the agency that the staff provided were fit and safe to work in the home. The agency staff attended this same training as regular staff members in order to meet people's needs safely and effectively.

There were sufficient numbers of staff to meet people's needs and to keep them safe. The service employed a small team of permanent staff who were knowledgeable about people's preferences and behaviours. The manager was on-call to provide further advice or support to staff at night if needed. Relatives confirmed there were always enough staff to meet people's needs. The provider ensured additional staffing was available whenever required, for example when people were going on holiday or day trips.

During our visit we saw staff administering people's medicines in a patient and relaxed manner, whilst also following safe procedures. We saw that medicines were stored securely in a locked trolley and kept at appropriate temperatures. We looked at the medicine administration records (MAR) for four people, and found that these had been completed correctly, with no unexplained gaps. Protocols were in place for people to receive medicines that had been prescribed on the 'as and when needed' basis (PRN) and homely remedies. Staff understood and followed these protocols. Medicines administration training was provided to staff as well as regular checks on their competency and knowledge.

People were protected from the spread of an infection. Staff ensured the kitchen remained clean and free from potential cross infection. They adhered to food safety standards and ensured the food was prepared safely. They wore appropriate protective clothing, food was kept at appropriate temperatures and other staff had limited access to the kitchen.

Staff followed the colour coding system for their cleaning equipment. Colour coded cleaning is the process of designating colours to cleaning equipment in certain areas of a venue, reducing the spread of germs across areas and increasing hygiene throughout a service. As a result, the spread of a potential infection was reduced, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Staff wore protective plastic gloves and aprons when delivering personal care to reduce the risks of cross contamination. We observed that staff washed their hands and used hand cleansing products before performing various tasks.

The service took appropriate action to reduce potential risks relating to Legionella induced diseases. Staff reported any maintenance requirements and these were resolved in a timely manner. The maintenance staff told us, "Everything is reported and repaired straight away. For example, we replaced one of the washing machines as the old one was at the risk of causing fire".

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of the PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely leave the building unaided during an emergency.

The provider and the registered manager had produced a business continuity plan which covered many possibilities, for instance, bad weather conditions or events of a flu epidemic or pandemic. The business continuity plan prepared the service for running smoothly through possible events that could affect the well-being of people.

Good

Is the service effective?

Our findings

At our previous comprehensive inspection in July 2015 we had identified a breach in Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People had been deprived of their liberty for the purpose of receiving care without lawful authority.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this 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.

At this inspection in November 2016 we found the provider had taken action to implement the required improvements. Staff had been trained in the Mental Capacity Act (MCA) 2005 and received updated training. The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have the mental capacity could have decisions made on their behalf and in their best interests legally. This helped ensure people's rights and interests were protected. Where people lacked the capacity to understand certain decisions, best interest meetings were held to make decisions on their behalf to keep them safe. For example, some people were restrained by the use of bedrails or wheelchair lap belts. One person had been prescribed PRN medicine to protect them if other actions to reduce their anxieties were not effective. The restrictions people experienced had been assessed to ensure they were the least restrictive option to promote their safety, and were sent for authorisation by an appropriate body. We saw the evidence that DoLS applications had been followed up by consultation with the local DoLS team and were in the process of being authorised.

People received effective care and support from staff who were well trained and supported by the provider. Staff knew people very well and understood their needs and preferences. One person told us, "They are really well trained". One person's relative commented on staff's skills, "They all seem to be competent". Another person's relative said, "They are very knowledgeable. [Name] requires a specialist type of training. They are very able".

People were supported by staff who had been appropriately trained. Training was up-to-date and support workers received further training specific to the needs of people they supported. These included wheelchair safety, manual handling, epilepsy and first aid. Staff told us they were provided with further opportunities for training. Staff members also stated they were actively encouraged by the management to complete the mandatory and specialised training. A member of staff told us, "They always book us for training if we request it".

New members of staff completed induction which covered the provider's policies and procedures as well as the mandatory training. The process also required new staff to work with their more experienced colleagues to gain knowledge and understanding of their role. Staff told us that they were allocated to work independently only after the manager had assessed them as competent and they themselves felt confident to do the job. Staff informed us that they were provided with full information about the people they would support prior to meeting them. This ensured that staff had the appropriate knowledge and skills to carry out their role effectively. The staff induction incorporated the new Care Certificate. The Care Certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care.

Staff received regular supervision (1 -1 meeting with their manager) and six monthly meetings to discuss their development. Supervision focused on staff members' training needs and gave them feedback on how well they performed. It also identified areas for improvement. Staff told us that the supervision was helpful. They were given an opportunity to discuss any personal or work issues that affected them, and they felt supported with a flexible response from the management. A member of staff told us, "You get a feedback at your supervision and I find it useful. Sometimes you think you do everything right but when you have a senior assessing you, they may identify areas where you are lacking skills or knowledge".

Menus offered a variety of meals to choose from and provided a well-balanced diet for people. There was evidence that preparing the menus involved feedback from people who used the service regarding their nutritional preferences. Once a week people were supported by staff to choose their menu using Makaton and pictures. Input from a dietician and a speech and language therapist was also taken into consideration as a key factor in nutrition planning. There were pictorial menus in use to help people make choices.

People were offered assistance and opportunities to see health professionals if necessary. People's health needs were identified and effectively assessed. Liaison with health professionals, such as a speech and language therapist (SALT) or a physiotherapist indicated that staff sought and followed appropriate guidance to support people's health needs. Detailed records of health and well-being appointments, health referrals and the outcomes were attached to people's care plans. Staff always accompanied and stayed with people if they were admitted to hospital.

People were provided with any specialist equipment needed to meet their changing needs in order to keep them as safe, comfortable and independent as possible. People had large bedrooms with en-suite facilities, including showers. They had access to a large safe communal garden.

Good

Is the service caring?

Our findings

People and their relatives told us the management and staff were caring and polite. One person complimented staff and the management on their attitude, "They are good. They know me really well and they treat me nicely". Another person praised the service saying, "It is a really warm place. It's a nice atmosphere to live in".

People's privacy and dignity were respected. Staff understood what privacy and dignity meant in relation to supporting people. For example, we saw staff and management respecting people's privacy by knocking on doors to people's private space. A member of staff told us, "Before I enter, I always knock so they know about my presence. I talk to them, I ask them if they want it to be done that way or another way. I explain things to them". Staff excused themselves when they needed to leave the room and explained why they had to go and when they would be back. People were addressed by their preferred names and were acknowledged as individuals. Staff were alert to changes in people's well-being and responded quickly to people's needs. For example, when people started to become anxious, they received prompt support from staff.

Staff told us they had time to interact with people in a peaceful, relaxed manner. A member of staff said, "We do have time to sit with them and talk to them. I have time to read stories for them. It is more important than anything else to have time to talk to them". Staff told us that this had a calming effect on people. For example, when one person was starting to display signs of distress, staff were able to calm them down by dedicating time to that person. Reading stories distracted the person's attention and prevented them from causing self-injuries.

Each person had an assigned key worker. A key worker is a member of staff that works with and in agreement with the person who uses the service and acts on behalf of that person. The key worker has a responsibility to ensure that the person has maximum control over various aspects of their life.

People were supported to be independent and enabled to develop their skills. People were provided with assistance to do the shopping, cooking, and laundry. People were also supported to help keep their home clean, for example by washing up and clearing the table. People were encouraged to make choices and decisions about their care. Choices included the ways in which people wished to spend their day, where they wanted to go, what time they wanted to go to bed and get up.

People told us they were involved in the planning of their care and could voice their views on how that care should be delivered. People were able to give feedback on their care face-to-face or during service users' meetings. One person told us, "We do have regular meetings. They are really good because you can say things you want to happen in the house". As a result, people had come up with day trips to their favourite places, which were later organised by the registered manager.

People and their relatives confirmed they were involved in preparing their care plans. One person told us, "Staff helped me to read my care plan". A relative said, "I'm consulted about care plans. I get to see them

and I can comment on anything".

People were involved in the recruitment process. Staff assessed candidates' demeanour together with people during the interview period, and people were included in the interview panel. The registered manager confirmed that people's and staff's views on candidates affected the final decision about the employment of new staff.

People's rooms were personalised and reflected their individual interests and taste. The walls of the communal areas were decorated with photographs of people. People had chosen which pictures were to be displayed.

We saw that records containing people's personal information were kept in the main office which was locked and no authorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People had a full assessment of their needs before they moved in to the service. They, their families, social workers and other services had been involved in the assessment process. Care plans were reviewed every month by the key worker and a full formal review was held once a year or earlier if necessary.

People had very detailed care plans which meant that staff were able to offer very individualised care. Staff developed knowledge of people's needs and were able to talk about how they supported the individuals. Care plans clearly described the person, their tastes, their preferences, and how they wanted to be supported. They contained records of people's daily living routines and activity preferences and described their personal likes and dislikes. For example, one care plan highlighted that person enjoyed going to the cinema and church but did not like a certain type of food. People confirmed information written in their care plans and told us they visited their preferred places and were offered their favourite food.

When people moved between services, for example whilst attending hospital, the registered manager made sure that they received consistent individual care. In such cases people were accompanied by staff and had their 'hospital passports' at hand. These 'hospital passports' contained all the relevant information required by health professionals, including people's methods of communication, their preferences and nutritional needs.

Relatives confirmed that they had been involved in the planning of people's care when appropriate to ensure it was individualised to the person's needs. One person's relative told us, "I'm consulted about care plans. I get to see them and I can comment on anything". People's relatives told us that staff and the management team kept them up to date with people's health needs and any issues affecting their well-being. Relatives also told us that they were involved in the ongoing reviews of people's needs to help ensure that the support strategies in place were appropriate and most effective. One relative told us, "We have annual reviews with the service to which we can contribute".

There were many opportunities for social interaction within the home. For example, we were told about an annual barbecue that took place each summer and Christmas parties that people's families had attended. Relatives and friends of people who used the service were encouraged to visit them at any time and on any day if people wished so. The service had a dedicated mini bus and a driver. As a result, staff were able to support people to go home and spend time with their families or to bring people's relatives to the service. One person told us, "I feel happy. I see my mum every other week".

People's activity plans had been developed to meet the needs, preferences and abilities of the individual. One of the relatives pointed out, "They don't leave them to watch the telly. They take them out to do things". Activities included going for walks, trips into town, car and bus journeys, pet therapy, pub lunches, swimming and other leisure activities. Within the home people could assist staff with daily living tasks which helped people maintain their independence. These activities included cooking, housekeeping, tidying their rooms and doing their laundry. People told us they enjoyed theme nights organised by the service. On such occasions they could dress up as members of different nations and participate in such events as a Mexican

night, Indian night or Brazilian night.

People were provided with any specialist equipment needed to meet their changing needs in order to keep them as safe, comfortable and independent as possible. People had large bedrooms with en-suite facilities, including showers. People's rooms contained personal belongings such as pictures, paintings and toys, which made the rooms look more homely. People were free to use any of the communal areas or to return to their rooms if they wanted some time in privacy. People had access to a large safe communal garden.

People knew how to complain. They told us they had not complained as there had been nothing to complain about. One person assured us, "I am happy here. I haven't had a reason to complain but I know that [the registered manager] would listen to me if I had a problem." One person's relative told us, "I've never had to complain". The provider had a complaints procedure in place that was accessible to people. The information the provider sent us and the records we looked at showed that the provider had not had any complaints in the last 12 months.

Good

Is the service well-led?

Our findings

At our previous comprehensive inspection in July 2015 we had identified a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.People were not protected from potential harm, because records were not maintained accurately or completely to reflect the care or treatment each person required.

At this inspection in November 2016 we found the provider made the required improvements. Decisions made in relation to people's care and support were accurately recorded. Risk assessments were comprehensive, up-to-date and were regularly reviewed by the registered manager. The process of mental capacity assessment was appropriately documented.

Statutory notifications had not always been sent by the provider to the CQC. A statutory notification is information regarding specific incidents that have occurred and is required by law to be shared with the commission. During this inspection we found the provider had failed to notify us about the outcome of one Deprivation of Liberty Safeguards (DoLS) application. However, apart from that, there had been no other incidents within the last year about which the provider had been obliged to notify us. With the exception mentioned above, the service has got history of notifying us about any incidents taking place at the service. For example, in the past the service had notified us about events that interrupted the functioning of the service or about accidents resulting in injuries.

People, their relatives and staff told us the provider and the registered manager were approachable and were extremely supportive of people in the home and the staff. One person complimented the manager saying, "She is lovely". A member of staff told us, "She has really helped me to develop myself". Another member of staff told us, "[The registered manager] is very approachable. She gives us every opportunity to develop." One person's relative praised the manager, "I think [the registered manager] is brilliant. Very good in communicating with us, training staff and taking account for the running of the service". The relative also gave an example of how the registered manager had recently acted as an advocate for the person. They told us, "[The registered manager] gave up their bank holiday to advocate for [person]".

The registered manager had a good knowledge of all people living at the home. They were familiar with each person's individual needs. We spoke with the deputy manager and they were also very knowledgeable about people and the staff team they supported. They both had a clear understanding of their roles. Staff told us they had explicitly defined roles and responsibilities and worked as part of a team.

The service worked in partnership with other agencies. They had good links with the local health and social care professionals. More specialist support and advice was also sought from relevant professionals when needed. This helped to ensure people's health and well-being needs were met.

Innovation was recognised, encouraged and implemented in order to drive a high quality service. The service has recently introduced the use of care phones. Staff could enter any health care related information into specially adapted smartphones. The registered manager told us that this allowed staff to record

important information about a person's well-being if they did not have a computer or a pen and paper at hand. As the registered manager could access the information entered into the care phone in real time with their notebook, they could monitor the running of the service even while being far away from the service.

The provider's quality monitoring systems were effective in identifying areas that required improvement. There was a clear and practical audit system which meant the provider had an overview of all aspects of the service delivery. The audits were used to address any shortfalls and plan improvements to the service. As a result of the audits, the service had identified the need for end-of-life planning and Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms. At the time of the inspection these forms were in the process of being completed by the registered manager.

Regular meetings kept staff up to date and ensured that staff followed the provider's values and vision and applied them in practice. Staff told us the meetings were useful and enabled staff to contribute to the service development and improvement by sharing their ideas. Staff also stated that they were encouraged to raise their concerns if they had encountered any difficulties. In such cases the registered manager worked with them to find solutions. A member of staff remarked, "Our team meetings are very informal. I can speak about things I want to bring up myself. You can get the message across or correct discrepancies". Another member of staff told us, "We can suggest changes in the care plans. We raised the issue on one occasion and the person was referred to a physio and their care plan was accordingly amended".