

# Community Links (Northern) Ltd

## Oakwood Hall

### 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

Oakwood Hall 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.

Oakwood Hall is a purpose built residential service which provides support for people with complex mental health needs who are often excluded from other services. Placements are for five years, with the aim of supporting people to live back in the community. Oakwood Hall can accommodate up to 12 people, which includes one respite bed. At the time of our inspection there were 10 people living at the home and one person using respite.

This comprehensive inspection took place on 20 and 23 March 2018. At our previous inspection in December 2016 we rated the service as 'Requires Improvement' overall. This was because of environmental safety concerns that had not been identified through governance systems. At this inspection we found the required improvements had been made.

There was a registered manager in place. 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 told us they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. Risks to people had been assessed and plans put in place to keep risks to a minimum. Lessons were learnt from complaints, safeguarding and incidents to prevent reoccurrence in the future.

There were appropriate systems in place to make sure that people were supported to take medicines safely and as prescribed.

There were sufficient numbers of skilled staff on duty to make sure people's needs were met. Recruitment procedures ensured that staff were of suitable character and background to work with vulnerable people.

Staff were provided with a comprehensive training programme as well as supervisions with a manager, to support them in their roles. Staff were led by an open and accessible management team.

The manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were 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 told us that staff were caring and that their privacy and dignity were respected. People were encouraged to become more independent to support them to return to live in the community.

Care plans provided comprehensive information and showed that individual preferences were taken into account. People's needs were regularly reviewed and where appropriate, changes were made to the support they received.

People were supported to maintain their health and had access to health services if needed. The service worked well with other professionals to support people's rehabilitation.

There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified. People had opportunities to make comments about the service and how it could be improved.

The registered manager had good oversight of the service and there was an open, honest culture.

## 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.

There was safe management of medicines which protected people against the associated risks.

Staff used safeguarding procedures in order to protect people from harm. Accidents and incidents were monitored and action taken, where lessons were learnt.

Risks to people had been assessed and plans put in place to keep risks to a minimum.

There were sufficient numbers of staff to meet people's needs. Recruitment procedures made sure that staff were of suitable character and background.

The environment was clean and well maintained.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the knowledge and skills necessary to carry out their roles effectively.

Staff understood the requirements of the Mental Capacity Act 2005. Relevant legislative requirements were followed where people's freedom of movement was restricted.

People were supported to maintain good health and could access relevant services such as a doctor or other professionals as needed.

The service worked with other professionals to provide effective outcomes for people.

People had access to sufficient amounts of freshly cooked food and drink.

### Is the service caring?

Good ●

The service was caring.

People told us that they were looked after by caring staff.

People were treated with dignity and respect whilst being supported with personal care.

People were supported to work towards achieving goals which promoted their independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care which was responsive to their needs. Support plans were up to date, regularly reviewed and reflected people's current needs and preferences.

People were involved in making decisions about their care and treatment.

People knew how to make a complaint or compliment about the service.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager had a clear vision for the service.

There was a positive, enthusiastic, caring culture at the service.

There were robust systems in place to look at the quality of the service and action was taken where shortfalls were identified.

There were opportunities for people to feed back their views about the service.

# Oakwood Hall

## **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 20 and 23 March 2018 and was unannounced on the first day. The second day of inspection was announced. The inspection was carried out by one adult social care inspector.

Before the inspection we sought feedback from Leeds City Council and Healthwatch. We reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is legally required to send us as part of their registration with the CQC.

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.

During this inspection we looked around the premises, spent time with people in their rooms, with their permission, and in communal areas. We looked at records which related to people's individual care. We looked at three people's care planning documentation, medicines records and other records associated with running a care service. This included four recruitment records, the staff rota, notifications and records of meetings.

We spoke with four people who received a service. We met with the operational manager and spoke with two team leaders and four staff, consisting of registered mental health nurses and mental health support workers. We also spoke with the organisation's director of diversity and human resources. Because the registered manager was unavailable during the inspection we spoke with them over the phone after our

visit.



## Our findings

At our last inspection in December 2016 we found the provider required improvement to become safe. This was because there was no evidence that window glazing was toughened to make it safe, and the window restrictors were not suitable. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3). After the inspection the provider submitted an action plan to which showed they had taken immediate action to make the service safe.

At this inspection, we found improvements had been made and the environment was safe. Safety glass had been installed in windows in communal areas and appropriate window opening restrictions were in place. There were twice weekly ground checks and monthly bedroom health and safety checks. These included any actions needed, such as replacement blinds for one room, which we saw had been completed.

The fire alarm system was regularly tested to make sure it operated effectively and there were up to date inspection reports for areas such as electrical wiring and gas safety. Records showed that any repairs needed to the environment or equipment were carried out promptly. There were environmental risk assessments in place to help ensure the health and safety of people who used the service, staff and visitors.

The service followed infection control guidance. People and relatives we spoke with raised no concerns about the cleanliness of the service. We observed domestic staff cleaning throughout the day. Personal protective equipment (PPE), such as gloves and aprons was available for staff if needed. All parts of the building were visibly clean and there were no unpleasant odours.

There were up to date risk assessments in people's care plans. This detailed any risks to the person's well-being and gave guidance on how to promote safety, including any remedial actions. Risk assessments were updated frequently. Planning meetings took place between staff on Monday and Friday each week. These meetings were used to discuss the progress of people who used the service and fed into care plan and risk assessment updates.

The service learnt from incidents and took action to keep people safe. Accidents and incidents were well recorded and any serious concerns had been passed on to the appropriate authorities. The registered manager maintained an overview of incidents in order to identify any trends. For example, an increase in anti-social behaviour and verbal abuse was noted. Actions included further training for staff, discussions with people who used the service and the introduction of a diversity board in the reception area. The provider completed an incident trend analysis for the year 2017 to 2018 which gave a more detailed

summary of incidents and any conclusions.

The provider discussed any serious incidents at their clinical governance board (CGB). The operational manager told us the CGB held serious untoward incident reviews or discussed specific incidents. The board looked at lessons learnt, training, risk assessments, boundaries and guidance. The aim was to prevent a future occurrence and learn lessons. For example, a recent unexpected death had been discussed to consider if anything could have been done differently, although there was no fault attached the service.

Throughout the inspection we observed there were sufficient members of staff to attend to people, keep them safe and meet their needs. There was a core team of permanent staff who knew people well. The provider only occasionally made use of agency staff to cover absence. A member of staff told us, "We have a full complement of staff now. We can go out more and go on holidays".

A team leader told us there were always a minimum of two staff in the building and a registered mental nurse was on shift 24 hours a day. The rota confirmed this. Managers, including team leaders were supernumerary and assisted with care and support where required. The operational manager told us the provider was committed to diversity and equality and the organisation was in the Inclusive top 50 UK employers.

Staff had received training in keeping people safe, and they told us they were confident about identifying and responding to any concerns about people's safety or well-being. Staff confirmed they were aware of the safeguarding and whistleblowing process. There were up to date safeguarding policies and procedures in place which detailed the action to be taken where abuse or harm was suspected.

Recruitment records included a copy of a completed application form and the interview notes. References were sought prior to employment and checks were carried out on each applicant's suitability. The provider required a minimum of two professional references. A criminal background check was provided by the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about criminal records. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work in care services. The provider had considered the information provided on the DBS and had a risk assessment in place where required.

We looked at the arrangements for the management of medicines. A team leader told us that one aim of the service was to work with people towards them self-medicating. However, some people had their medicines administered and this was always carried out by a qualified mental health nurse.

Systems were in place to ensure that medicines had been ordered, received, stored, and administered appropriately. Medicines were securely stored in a locked treatment room which was kept at a suitable temperature.

Individual medicine support plans were in place for each person, which demonstrated a person-centred approach. These records contained a description of the person's medicines, including a picture, dosage instructions, any special instructions, administration times and possible side effects.

There was clear guidance in place for the use of 'as required' medicines for each person. This assisted staff by providing instructions on when these medicines, such as pain relief tablets, might need to be administered. Where people had taken an 'as required' medicine, a reason had been recorded. This meant the use of 'as required' medicine could be monitored and reviewed as necessary. A team leader explained that at each medicine audit they looked at the use of 'as required' medicines to identify any trends or

changes.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. A controlled drugs record was maintained, which showed that the stock balances were counted and checked regularly.

Medicines administration records (MARs) were in place. A MAR is a document showing the medicines a person had been prescribed and when they had been administered. The MARs we viewed showed staff recorded when people received their medicines, and there were no unexplained gaps.



## Our findings

People told us they thought staff were well trained and are able to meet their needs. One person said, "Staff are alright. I'll give them 99 out of 100. And another person told us, "Staff are good". The staff we spoke with were positive about the team and told us there was good teamwork. One staff member commented, "There's a mix of old and new staff. It's good because new staff can challenge ways of working and introduce new ideas".

Staff got the training and support they needed to work effectively and promote their own professional development. One member of staff told us, "Most training is beneficial. We get specific training, such as 'engagement'". There was a comprehensive training programme in place, which included service specific training such as the Mental Health Act and conflict management. Other training, which the provider considered essential, included mental capacity, infection control and first aid. The registered manager maintained an overview spreadsheet which showed when training was due for renewal, so they could make sure staff training was kept up to date.

New staff completed a thorough induction process. This included shadowing other staff and attending care certificate training sessions. The care certificate is a set of national standards for staff that work in the care sector. New staff were given a six month induction pack when they started. They were also linked with a staff 'buddy' who supported them while they got to know the service. This showed there was a structured and planned approach to induction.

Staff had a monthly supervision meeting with the registered manager or a team leader. Supervisions included a review of work, as well as discussions on key areas such as care practice and training. Actions were agreed and reviewed at subsequent meetings. Team leaders also had occasional clinical group supervision with their peers from other services. All staff had a yearly personal development review, which considered what had gone well or needed to be different. Teamwork, attitude and diversity were also discussed and a personal training and development plan was agreed.

The registered manager encouraged reflective practice. Supervisions were used as opportunities to reflect on situations and consider what had been successful or what could be learnt.

People were provided with main meals and were able to make their own snacks and drinks. Occasionally people helped with cooking a meal together. We spoke with the chef who demonstrated a good understanding of people's specific dietary requirements. The chef maintained a list of each person's

nutritional needs and preferences. For example, if a person was diabetic or required soft food. There was a 'suggestion' board outside the kitchen where people could write down ideas for meals. The chef told us they planned a weekly menu which included these suggestions. They explained, "I also encourage people to look at the menu and let me know if they want something else".

People were generally complementary about the food offered. One person said, "The chef is good" and another person told us, "Food is ok". People were able to feedback their views about the food directly to the cook or could discuss as a group at community meetings.

We observed some of the lunchtime meal. People and staff sat together around one large wooden table which provided a sociable experience. A team leader explained that this was encouraged and it was a good environment for catching up with people and talking about their day.

Care plans contained up to date information about people's nutritional needs. This included any risks as well as details about preferences and any cultural requirements. For those people at nutritional risk, a professionally recognised assessment tool was used to monitor weight loss and prompt appropriate action.

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 in care homes 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.

The registered manager and staff were trained in the use of the MCA and DoLS procedures and demonstrated a good understanding. DoLS referrals had been made as required where people were restricted in their movements. The registered manager told us there was difficulty in getting DoLS reviewed and re-authorised in a timely manner. This was because of local authority delays. Records showed that requests for review had been submitted as required. Where needed, up to date assessments of capacity were evident in people's care records. These demonstrated why people did not have capacity to make a particular decision and that a decision would need to be made in their 'best interest'.

Some people who had previously been detained under Section, had been allowed into the community under a Community Treatment Order (CTO). A CTO is a legal restriction which sets out a list of expectations for living in community. Where a CTO was in place records contained details of the person's legal background and rights. There was a good explanation of what it meant for the person.

As well as having a full assessment prior to admission, more specific assessments were completed in relation to people's health needs. These included assessments regarding skin integrity, drug and alcohol use and mental health.

People had access to health services such as a doctor, optician and dentist. The service worked in partnership with other professional agencies to make sure there was a joined up approach to promoting health and well-being. For example, the local district nurse team worked with the service to support people as required. Care plans contained comprehensive information about how people's health needs were to be met by the service.

People were supported with their mental health. Care plans contained detailed information about people's mental health needs and how they were to be met. For example, there was guidance on how to identify if an individual was becoming unwell, including triggers and warning signs. This meant staff could act promptly to support people. The service worked closely with the local mental health team and forensic services provided support with offenders.

The provider promoted good health within the service. For example, we noted there was material on display in the main entrance area about reducing the risk of harm from drug and alcohol use. There was also information about other local services which could offer advice and support.

The premises were well maintained and the environment was suitable for the people who were accommodated there.



## Our findings

People told us it was a caring service. Comments included, "I couldn't have asked for more" and "Staff help with whatever is on your mind". A team leader told us, "Staff are kind and caring. They go above and beyond. I'm proud of the staff team".

On both days we visited, there was a calm and relaxed atmosphere at the service. People were able to do what they wanted and made use of communal space in groups, alone, or with members of staff. One person liked this and said, "It's quiet. I sit by myself and have time to think and reflect". The staff we spoke with were well informed about each person's character and background which had helped them to build trusted relationships. This was confirmed by one person who said, "Staff are friendly and find time to have a chat".

We saw that people's requests for assistance were responded to promptly. Staff talked with people respectfully and openly, in a way that could be understood. There was occasional humorous banter between people and staff, which showed they were relaxed in each other's company. We noted each person had an engagement support plan. This provided person-centred information and gave staff a better understanding of each person and how to build a relationship. There was useful information about communication and understanding behaviours, with an emphasis on people's involvement.

People were able to spend time in private if they wished. Each person had their own room and staff were observed to knock and wait to be invited, before entering. Some people chose to spend time on their own in an area of the service and this was respected by staff and other people.

The main aim of the service was to support people in regaining their independence. One person told us about their progress at the service, during an interesting presentation they gave to the inspector. They explained, "I wasn't in a nice place. I have learnt to self-medicate. I have people skills and communication. Respect. Staff have helped me. Life is really good now." They added, "I wouldn't have been able to do this (a presentation) a year ago!"

The provider had taken steps to promote diversity and equality within the service. There was a display in the entrance hall with information on local cultural resources, such as the Leeds Jewish representative council. There was also information about black mental health, sexuality accessible information and translation services. A diversity statement had been written with the involvement of people who used the service.

The organisation's director of diversity and human resources showed us a diversity impact assessment

which considered issues of equality and diversity within the service. One of the ways in which the provider had made improvements was through the introduction of a 'Happy to translate' toolkit, which assisted in overcoming language barriers.



## Our findings

Prior to admission, people were assessed to make sure the service was able to meet their needs. From the assessment information a support plan was developed which showed how the service would meet their needs.

Support plans were comprehensive, up to date and reviewed regularly to make sure any changes in people's needs were identified. Information was updated after review, where required, and more frequently if necessary. Records provided an overview of what people had achieved so far, not just their current situation. This allowed people and staff to monitor progress towards independence.

Areas covered in support plans included mental well-being, health, medicines, and communication. Information was specific to each person's needs and preferences. The service had recently introduced a new approach to supporting people, called Psychologically Informed Environment (PIE). A PIE service ensures their overall approach and day to day routines have been consciously designed to take into account people's psychological and emotional needs. For example, considering how the environment, noise and activity in the service can impact on a person.

The main aim of the service was to rehabilitate people to live back in the community. Support plans focussed on supporting people to regain independence and included short term and long term goals to help people achieve this. Each person also had a moving on plan which included longer term personal goals they wanted to achieve to help them live in the community. These were reviewed regularly with the person to check progress and update if needed.

There was evidence in records that people had been involved in and consented to their support plan. Formal reviews took place every six months for people in residence and 12 months for those who received respite. Keyworkers also met with people each week, to check how they were getting on. A team leader told us people were invited to reviews and they used a projector to make sure any records could be clearly seen. We noted the resident guide also contained information about support plans, with a guide to what was included and an explanation.

Most people could go into the community independently and we observed people coming and going throughout the day. One person told us, "I go out every day. Sometimes I go to the pub or have lunch". Another person confirmed, "I usually go out in the morning and back in afternoon". People were encouraged to think about what they would like to achieve in developing their interests. For example, one person was

exploring getting onto a football team.

There was communal space in the service, for people to meet up or spend time alone. One area had a small kitchenette and a pool table, which we saw people use. The registered manager talked about some of the activities which had taken place, such as laughter workshops, music groups and recording a CD. However, one person we spoke with felt there could be more organised activities at the service and the registered manager was exploring this. One idea taking shape was the building of a green gym in the garden which volunteers were helping with.

Procedures were in place with regard to complaints and compliments. A leaflet had been given to people and this contained clear guidance on how to complain. Several options were given for how complaints could be made. These included by email or text, in writing or verbally. Complaints were acknowledged in writing, confirming the action the complainant would like to happen. After investigation, a written response was provided, which detailed the conclusions and actions taken.

People told us they knew how to make a complaint if needed. One person explained, "If I have a complaint I go to one of the managers. [Registered manager name] is very helpful and cooperative". Some people could have difficulty expressing unhappiness about something. Because staff knew people well, they were able to identify, through behaviour and body language, if there was a problem and then take steps to address the matter.

The service was limited to a five year placement with the aim of rehabilitating people into the community. As such, the service did not routinely support people at the end of their lives. The provider had good links with local services and agencies, should support be required in this area.



## Our findings

At our last inspection in December 2016 we found the provider required improvement to become well-led. This was because governance systems had not identified parts of the environment which were unsafe. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Part 3). After the inspection the provider submitted an action plan to which showed they had taken immediate action to make improvements.

At this inspection, we found improvements had been made and the provider was no longer in breach.

The registered manager and provider carried out a number of quality assurance checks and audits to monitor and improve standards at the service. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations.

The last audit of service provision was carried out in February 2018. This was comprehensive and considered all aspects of the service. Where improvements were required there were recommendations and actions to be completed. Progress was reviewed by the registered manager and operational manager. A 'CQC quality and compliance' report was produced in January 2018 and this reviewed progress since the last inspection, to make sure all aspects of the service were operating in line with Regulations.

In addition to service-wide audits, the registered manager carried out checks on specific areas of practice, such as medicines, infection control and risk management. Audits showed that action was taken to make improvements. For example, a recent medicines audit identified that medicines should be disposed to a pharmacist, rather than through clinical waste.

People who used the service were happy with the management of the service. One person told us, "She is very helpful and cooperative". Staff members were also positive about management. Comments included, "[Name] is a good manager. Very honest" and "Our manager is approachable and flexible. It's a good organisation. Treats staff well".

We spoke with the registered manager after the inspection. They had been at the service for 16 years. They were enthusiastic about their role and demonstrated a commitment to the service. They had a clear understanding of the requirements of the Regulations and how the service should be run.

The registered manager told us, "There is so much scope to be innovative and try new things". My passion is involving the people we support. I want to take the service to the next level. Communicate more with people about how they can influence the service. Be led by the people".

They talked about the values of the service and explained, "There is a clear and transparent culture here. In my role I can look strategically at development, but believe I need to be on the floor with staff as well. We have a strong team and there is good staff retention". The registered manager had a positive working relationship with the provider. They told us, "I know the Chief Executive well. They worked on the floor here this week, which is something they do regularly. The operational manager visits frequently. He has a lot of experience and good clinical knowledge".

The operational manager was responsible for residential services and was the safeguarding clinical governance lead. They talked about some of the priorities for the coming year; "Diversity is the organisational theme this year. For the year ahead we would like to work more with people who have complex needs. We would like to provide specialist support, for example, with dual diagnosis. People often have to access a number of different services rather than one 'umbrella' service".

People and staff were asked for their views about the service and action was taken where improvements were required. We saw a 'You Said, We Did' poster in reception which showed what had been introduced as a result of feedback. This included moving the respite room downstairs and getting some chickens for the garden.

We saw feedback surveys had been sent to staff and people who used the service over the last year. A mobile phone app was used for feedback, which the regional manager told us had been more effective. In addition people were invited to weekly resident meetings where they could discuss what they wanted. As a way of understanding people's experience at the service, entrance and exit questionnaires were used when people started and ended their placement. This information was reviewed and used to consider if any improvements were needed.