Halton Borough Council

Oakmeadow Community Support Centre

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

We carried out an unannounced inspection of the service on 29 December 2015 and undertook a second announced visit on 5 January 2016. The last inspection took place on 17 April 2014 during which we found there were no breaches in the regulations.

Oakmeadow is a two storey community Support Centre located close to Widnes Town Centre. It offers a range of services for adults of all ages requiring accommodation in the reablement Intermediate Care Unit. It also provides Intermediate Care, Day Care and carers break day care. The residential intermediate care unit is equipped to accommodate up to 19 people and provides short term rehabilitation to maximise the independence of people and enable them to return to living in their own home in the community. The service comprises care, therapy (occupational therapy and physiotherapy) and nursing and social work intervention that all are based in the same building. For the purpose of regulation the day care facilities are not regulated or inspected by the Care Quality Commission. This inspection focused on the reablement services provided at Oakmeadow.

The service has a new manager who is awaiting registration with the Care Quality Commission (CQC). 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.

Although only recently in post for this role the manager has been a principal manager within Halton reablement services for a number of years and demonstrated clear understanding of the staff and service provision. They were knowledgeable and inspired confidence in the staff team. They had a proactive approach to developing a positive culture in the service.

Staff were recruited in safe way and full employment checks were completed before they started work in the service. There were sufficient staff on duty to meet the range of care, support and treatment needs of people who used the service. Staff were well trained. They also had supervision and support systems in place to ensure their practice was monitored and they were able to develop skills and knowledge. We saw that staff had competed safeguarding training and wherever possible knew what to do to keep people safe from abuse or harm. There were policies and procedures available for additional information and guidance.

People praised the staff for their kindness and were happy with the care and support they received. We saw staff engaged positively with people, encouraging and supporting their independence. Staff had a good knowledge and understanding of people's needs and worked well together as a team.

The environment was safe, equipment was checked and maintained and risk assessments were carried out to ensure all equipment was safe to use. There was evidence throughout the inspection that all efforts were made to support people's safe mobility and wherever possible prevent falls.

People were supported to maintain links with the community and participate in meaningful activities that interested them and met their individual needs.

Staff had a good knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) legislation, and whether these needed to be considered for people who lived at the service. Documentation on people's care plans showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. Changes to the law regarding the DoLS were understood and appropriate referrals had been made to the relevant local authority department to make sure people's legal rights were protected.

We found that people's health care and nutritional needs were met. There were choices for meals and fluids and dietetic advice was obtained when required. We saw the lunchtime experience was relaxed with people joining each other in the dining room for a social chat whilst others choose to eat their meal in their room.

We observed the culture of the service was one of openness and sound values based on putting the people who used the service at the centre of the services they provided. There was a quality monitoring system to enable checks of the services provided to people and to ensure people were able to express their views so that any improvements identified could be addressed.

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 received their medicines as prescribed. There were arrangements in place to audit medicines management and support people to self-administer where possible.

There were sufficient staff on duty to meet people's assessed needs and they were recruited in a safe way to include all checks were carried out prior to them starting work.

Staff had completed safeguarding training and demonstrated their knowledge of how to keep people safe and escalate any concerns.

Is the service effective?

Good

The service was effective.

The manager made sure that any restrictions placed on people's liberty were authorised by the relevant people. Staff gained people's consent in all aspects of daily life and where people were unable to do this, decisions about their care and treatment were carried out in their best interests.

Staff were supervised by management and provided with training opportunities to ensure they developed the skills and knowledge required to support people in their care.

Is the service caring?

Good

The service was caring.

We observed staff promoted people's privacy, dignity, choice and independence. They spoke with people in a respectful way, were professional but also displayed friendly interaction with them.

Staff had developed positive and caring relationships with the people they supported.

People and their representatives were fully involved in discussions about their care treatment and support.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed on admission and they had plans of care developed to guide staff in how to meet their needs. However we also saw that information in care plans was sometimes difficult to access and would benefit from having all need to know details at the front of the file to ensure consistency.

People's individual goals were discussed and agreed on admission and reviewed prior to discharge. Reablement programmes were in place and followed to support people to achieve their personal goals.

There were systems in place to ensure people had a smooth transition when they moved between services. Multi-disciplinary discharge planning meetings ensured relevant people had up to date information about people's needs and changes in their condition.

Is the service well-led?

Good

The service was well-led.

There was a well-defined structure of the organisation and tiers of management. Staff were aware of their roles and responsibilities.

There were systems in place to monitor the quality of the service. Accidents and incidents were monitored and trends were analysed to minimise the risk and any reoccurrence.

People told us the manager was supportive and approachable.

Oakmeadow Community Support Centre

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 30 December 2015 and 5 January 2016.The first day of the inspection was unannounced however we advised the manager that we would return on the second date. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we had about the service including previous inspection reports, action plans and notifications the provider had sent to us. A notification is information about important events which the provider is required to tell us by law. We also spoke with the contract monitoring team from the local authority.

We introduced ourselves to all the people who were present in the home and had lengthier conversations with six of the people who lived in the home and four visiting relatives. We observed care and support people received in the shared area of the home. We spoke with the divisional manager, principal manager, deputy manager, six care workers and kitchen staff. We also spoke with a visiting health care professional.

We spent time observing people in various areas of the service including the dining room and lounge areas. We were shown around the premises and with people's consent, saw their bedrooms and bathrooms.

We looked at care plans and associated records for four people and medicine records for three people. We reviewed other records including the provider's internal checks and audits, training records, staff rotas, an organisational chart, records of meetings and staff supervisions and three staff recruitment records.

Good

Is the service safe?

Our findings

People told us they felt safe and comfortable at Oakmeadow. Comments included "The staff check my alarm call button to make sure it works and also check the equipment in my room to see everything is safe and comfortable for me to use" and "We are quite happy with everything here. He (relative staying at Oakmeadow) knows he is safe here and staff are helping him to get better. The building is secure and staff are always around to help".

Detailed policies were in place in relation to abuse and whistleblowing procedures. Records showed the staff had received training in safeguarding adults and this was regularly updated, so that they were kept up to date with any changes in legislation and good practice guidelines. This helped to ensure staff were confident to follow local and national safeguarding procedures, so that people in their care were always protected.

All the staff we spoke with had a good understanding of the correct reporting procedure. The staff we spoke with said they this had helped them to develop their underpinning knowledge of abuse. Staff were able to tell us about the provider's whistleblowing policy and how to use it and they were confident that any reports of abuse would be acted upon appropriately. Staff were aware of their responsibilities; they were able to describe to us the different types of abuse and what might indicate that abuse was taking place. We saw records which showed us that staff were trained in safeguarding as part of their essential training and that there was a detailed safeguarding policy in place which guided staff on any action that needed to be taken. The manager was very clear about when to report concerns and the processes to be followed to inform the local authority, police and CQC.

We saw robust recruitment and selection processes were in place. We looked at the files for three staff and found that appropriate checks were undertaken before they commenced work. The staff files included evidence that pre-employment checks had been made including written references, satisfactory Disclosure and Barring Service clearance (DBS), health screening and evidence of their identity had also been obtained.

Most people who were staying at Oakmeadow felt there were adequate numbers of staff to meet their needs. During our inspection we saw there were sufficient staff to support people in the different areas of the home. A member of staff was always present in the communal areas. We noted call bells were answered quickly and people did not have to wait long periods of time for assistance to be provided. Staff were very pleasant and were visible to people who used the service at all times. When we spoke with people, they told us they never generally had to wait for assistance. One person said, "If you need support they come as quickly as they can." Another person said "I rang my call bell for ages one day before someone came. It turned out that the system was faulty". The manager gave assurance they would take note of people's comments about delays with staff respond to call bells and monitor the response times. During our second visit the manager told us that the call system had been checked for efficiency and we saw that the call system engineers were working on site to service the alarm call system. Staff we spoke with told us that the call system was usually effective and there was generally enough staff on duty to meet people's needs. They said that in an emergency, agency staff were called in to cover staff shortages, due to holidays or illness.

The manager told us that staff recruitment was ongoing. Three recruitment records viewed showed that staff were only employed after a robust interview had taken place and appropriate checks had been carried out to include disclosure and barring service (DBS) and two references had been received.

The service had policies and procedures which covered how to safeguard vulnerable people from abuse and how to 'whistle blow' if necessary. We saw safeguarding training was considered essential by the registered provider and records showed that all staff had completed this course. Staff were able to describe the different types of abuse, the signs and symptoms of abuse and how they would manage these situations in order to keep people safe.

Risk assessments were completed for people who used the service. These included: moving and handling, falls, malnutrition, medicines, skin integrity and the risk of pressure damage and use of bedrails. We reviewed the assessments for three of the people identified as being at risk and saw they held detailed information on preventative measures and monitoring and escalation procedures. Risk assessments for people identified as being at risk of falling detailed whether specialist equipment such as sensor cushions or mats had been provided.

People told us that they received support to take their medicines and they received the medicines when they needed them. One person told us that they were learning to dispense their own medicines in preparation for going home and another person told us they administered their own medicines. Staff told us and records showed that a full risk assessment was carried out when people were admitted to the service to check if people were able to self- medicate. Systems were in place that ensured staff consistently managed medicines in a safe way. Only staff who had received medicines training were allowed to support people with their medicines. Records confirmed that designated staff had received up to date medicines training which gave them the knowledge and skills to ensure they administered people's medicines safely. Records showed that competency checks and medicines audits were carried out each week.

We observed a staff member administering lunchtime medicines. They engaged well with people and asked their consent before administering medicines. We checked the medicines being administered against people's records which confirmed that they were receiving their medicines as prescribed by their GP. Medicines were stored appropriately and there was a controlled drugs cupboard and a fridge for medicines that required more specialised storage arrangements. We saw that a local GP visited the home daily and updated prescriptions as required.

We found the environment safe and secure at the time of our visit. Environmental risk assessments and fire safety records for the premises were in place to support people's safety. The fire alarm records showed regular testing of alarm and emergency lighting systems were in place and certificates confirmed that routine servicing and inspection of equipment was being carried out. Plans for responding to any emergencies or untoward events were in place to reduce the risks to people.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the cause, time and place of accidents and incidents was undertaken to identify patterns and trends in order to take action to reduce the risk of any further occurrences.

Good

Is the service effective?

Our findings

People who used the service told us that they were happy with the care, support and treatment they received. Comments included "I am so pleased with the services provided. The staff know what they are doing and are helping me to get myself back home" and "I am looked after by people who know exactly what I need to get myself better and able to care for myself again".

Relatives we spoke with told us, "We are happy he is here and we can see the improvement in him already" and "They have everything in place to support people and help them to regain their independence".

We found people's health and social care needs were met by a group of staff who worked with people in the reablement unit to include care and support staff physiotherapists, occupational therapists, social workers, admission and discharge planning co-ordinators, catering staff and domestic workers. This meant that an effective team were available to facilitate people's treatment programmes, provide holistic care and support a practical discharge plan.

Prior to admission initial assessments were completed by social workers who made the decision if the reablement service would be suitable for each individual. On admission assessments were completed by care and therapy staff and individual rehabilitation programmes were developed. Plans of care were formulated to meet assessed need and to decide whether specific equipment or referrals to other health professionals were required. Records showed that people were supported to attend GP and outpatient appointments and maintain contact with any health and social care professionals already involved with their care and treatment.

We found people's nutritional needs were met. The assessment on admission identified whether people had any issues which would affect their nutritional intake. For example, whether there were concerns with loss of appetite, swallowing difficulties and whether any special diet was required. Information about people's dietary needs were passed to the kitchen staff. We looked at menus and spoke to the cook on duty. The menus were varied and choices were always available. The cook was able to demonstrate her knowledge of people's dietary needs and identified people who needed special diets or swallowing difficulties. Staff told us they checked the day before to see what choice people wanted for their meals at lunch and tea time and provided alternatives if required.

People's weights were monitored on admission and at regular intervals during their stay at the service. People who had experienced sustained weight loss or were at risk of malnutrition and dehydration were placed on a food and fluid intake monitoring charts.

We observed the lunchtime experience in the upper dining room was relaxed and had a social atmosphere although only five of the people staying at Oakmeadow were having their meals in the dining room. People told us the food was good, plentiful with lots of choice. Staff told us that other people had chosen to eat their meals in their rooms or go out with family and friends. We saw that the service provided a smaller dining area on the lower floor which was used at breakfast time. There were also rehabilitation breakfast

areas where people, when assessed as suitable, could help themselves to drinks.

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 refuse care and treatment when this is in their best interests and legally authorised under MCA. The authorisation procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS).

None of the people who currently used the service required support to make decisions as they all had been assessed as having the capacity to consent to their care and support. Records showed that staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff members we spoke with were clear about the rights afforded to people by this legislation and identified what procedure would need to be followed if there was a service user who lacked the mental capacity to maintain their own safety.

When people needed support to make specific decisions, we saw that 'best interest' meetings were held which involved all the relevant people and representatives in the person's life.

We saw that staff received regular training and support to be effective in their role. We saw there was an on-going programme of training applicable to the needs of people who used the service. This included training in mental health awareness. Staff were supported to undertake vocational qualifications. Regular supervision and competency checks were undertaken by the manager to ensure that staff maintained a high standard of care delivery.

People told us that the staff asked for their consent before they provided any care or treatment. We saw people were asked for their consent and the staff acted in accordance with their wishes. For example one person wished to use a commode instead of using the toilet and staff assisted with this request.

We found Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been competed appropriately, were original documents and were clearly noted on the care file.

The building had wheelchair access to all outside areas. There was a range of communal rooms inside the building and bedroom areas were equipped to suit the needs of each individual who resided at the service to ensure their independence was maximised.

Good

Is the service caring?

Our findings

People told us that staff were kind and caring and assisted them to improve their independence and maximise their life skills. Comments included "They (staff) cannot do enough for you. I could have sat here and felt sorry for myself but they have given me hope for my future" and "What a great bunch they are. They are always happy and have a smile on their face; they treat me with great dignity and respect- lovely people".

Relatives spoken with told us that staff were helpful and did all they could to provide a caring environment. Comments included "We did not want to see him in a care home but we had no option as we could not look after him at home. Well we were pleasantly surprised at the way the staff have been with him. They are always helpful and kind and he is much better now. They have helped him to help himself and we are sure he will be going home soon thanks to them" and "Staff encourage us to visit and make us very welcome. They involve us in discussions and talk with us about future plans".

Staff told us that they believed that people should always be treated with dignity as it was a basic human right, not just an option. They said that the services provided by the reablement team were compassionate and person centred. They told us that dignity and privacy was always discussed in team meetings and staff had received dignity training to promote people's dignity in the service and support staff with positive approaches.

Staff spoken with had a good understanding about promoting people's choice, dignity and respect and why this was important. For example, staff told us that by offering people choices f meals, clothes to wear, and activities available, helped them to maintain their self-resect and independence. One person who used the service told us that they could rely on the staff to treat them well and knew that their individual care needs were addressed in a private and confidential manner. We saw that staff were respectful when talking to people and spoke discretely to people when discussing their personal care needs.

We observed positive interactions between staff and the people they supported. All people who used the service were admitted for a short stay reablement and support. In discussion with staff it was clear they had a good understanding of people's needs. One staff member told us "We have time to get to know the people who stay here and get to know their needs. They get to know us and trust us and we build up a very caring relationship.

Admission and discharge meetings were held on a regular basis and the minutes of these meetings showed that people were provided with information and explanation about the services provided and how their individual needs could be met. Records showed that people were consulted about topics such as their care; independence; staff attitude; information they received; concerns, dignity and respect.

Good

Is the service responsive?

Our findings

People who used the service told us that they received personalised care and felt it was focused on their individual needs. They said that they confident that they could raise any issues or areas of concern with staff and knew that staff would deal with it right away. Comments included, "I am very satisfied with the care and treatment I am receiving. The staff have done everything to make my life better. Since I have been here I have learned how to switch the TV on myself, use my mobile phone and feed myself. I was not able to do these things before I came here. Staff have used innovative ideas to make me more independent and assist me to get back home"; "My whole experience has been good. I came here from hospital and staff are helping me to achieve my goal to get home again" and "The care staff and therapists work with me and encourage me to become more independent, I am a lot better now thanks to them. They ask me if everything is OK and if I feel something is not quite right for me we discuss it and it gets sorted".

The care files of people who used the service showed that an assessment of their needs was completed by therapy and care staff on admission; this included risk assessments. The assessment was completed in a person centred way with the full involvement of the person, their relatives and any other person who may be involved in their care. The admission process included a discussion with the person to ensure they understood the reason for the admission and their and their family's expectations of the outcomes of the reablement programme. Staff told us that the reablement service supported peoples progress towards self-reliance, where people set goals and agree outcomes. Records showed that each person was supported to complete personal goals on admission and these were reviewed prior to discharge. Examples of these were "I want to become more independent and be able to care for myself when I go home", "I want to be able to walk better and be safe on my own" and "I want to gain strength and look after myself".

Plans of care and reablement programmes were produced from assessments. The templates for the care plans were generic and personalised with specific information. We found these provided clear detail about people's preferences and how they wished their care to be provided to them. For example in one person's care plan it stated "I wish to self -medicate" another stated "I wish to have my meals in my room". Other plans stated people's preferences re assistance with personal hygiene, times to get up and go to bed. Records stated what people were able to do for themselves and the level of support people needed with all activities of daily life. Staff told us that they had read individual care plans prior to people being given support. They said they were also given updated information about people's needs in handover meeting. We noted that care files were bulky and held lots of information from various therapy staff, district nurses and GPs. Staff told us that sometimes it was difficult to find the relevant information quickly as the files were so full. We discussed this with the manager who told us that she had identified the overload of information and was in the process of implementing a system in which each file would be split into two separate files; one would identify care and support needs and the other would hold all other details to include therapy, nursing and GP interventions. Despite the bulkiness of the care files it was clear that staff knew people's individual needs well.

People had reviews of care undertaken in multi-disciplinary meetings. These were held daily to discuss the care, treatment and discharge planning arrangements of people who used the service. This enabled a range

of health and social care professionals to review people's needs, plan care and treatment in an integrated way and manage transition between services and agencies involved with the package of care. Care staff told us that the meetings worked well. Records showed that discharge planning commenced from admission to the service and involved home assessment visits to ensure the person could manage everyday activities and to check if any adjustments to the home environment or equipment was needed.

We saw the service used an electronic system which enabled information to be shared amongst health professionals in different agencies when the person provided consent to this. This system meant that other health professionals involved would be able to access the information when planning care and treatment. Therapy and care staff provided information for a discharge record when people went home or moved to another service. This provided an up to date account of the person's progress with their reablement programme, changes of note to their conditions and to their medicines.

We did not observe any activities being held during our visit however staff told us that they provided activities and engaged with people about what activities they wanted to participate in. People told us that they enjoyed exercise classes with the psychotherapists twice weekly and bingo, reminiscence and quizzes were held on a regular basis. Staff told us that because people were staying at Oakmeadow for short stay periods it was difficult to provide an activity programme to suit people's individual needs. They said they asked people at breakfast time what they wanted to do and activities were arranged around their wishes. Staff also described the importance of supporting friendships and socialising during a person's stay which we saw evidence of during our visit.

People we spoke with said they felt confident they could raise concerns and that these would be taken seriously and resolved. There was a complaints policy and procedure and staff told us that any complaints received would be dealt with by the manager and the registered provider's quality and performance team.

Good

Is the service well-led?

Our findings

People told us they thought the service was well managed. One person said "I think the service is managed well. All the staff come together to assist us to get back on our feet. This has to be carefully managed so they all know what they need to do and when to do it. It has worked very well for me" and "The service managers are all good at what they do, that is why this is a good service".

Staff told us they felt supported and told us they knew their line management structure and were provided with clear guidance about their roles and responsibilities.

The service had a well-defined organisational structure. This consisted of a Divisional Manager, a Principal Manager and two deputy managers. There was a senior management team and staff comprised of therapists, social work staff, care workers and support services.

We spoke with the manager and staff team about the culture of the organisation and discussed the vision, values and ethos of the service. These focused on putting people first, working together, ensuring the care was person centred with individuals being at the centre of their own care. In discussion with staff and in records written about people we saw these values working in practice.

The service was well organised which enabled staff to respond to people's needs in a proactive and planned way. Throughout our inspection visit we observed staff working well as a team, providing care in an organised, calm and caring manner.

People told us the manager was very approachable and was very visible around the service. Staff said the manager had an open door policy and we evidenced this many times during our visit. Staff meetings were held on a regular basis. Minutes of meetings viewed from April 2015 to December 2015 showed that meetings were held monthly and included discussions around terms of reference for integrated team meetings, staff rotas, competencies, supervision, care certificate, safeguarding, complaints and documentation.

We saw records to show that the manager had held discussions with the divisional manager to discuss the development pf the service. As a consequence some changes to the day to day running of the service had been made to include a review of staffing rotas and the appointment of a second deputy manager.

We looked at the quality monitoring programme. We found that a programme of reviews and audits were in place to include areas such as the environment, records, medicines and equipment. We saw that where shortfalls were identified these were addressed through effective action planning.

We reviewed feedback from recent surveys given to people who used the service and all the comments were positive. However the manager told us that it had been decided to send surveys to people who had used the service and had returned home. She told us that it had been agreed that people would be able to reflect on their stay and make constructive comments about their personal experiences and if anything could have

been done better.