

The Oaklea Trust

Garth Brow (Adult Care Home)

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 this inspection on 2 August 2018. The inspection was announced. We contacted the service on 31 July 2018 to give notice of our visit on 2 August 2018 because this is a small service and people who live there are often out during the day. We needed to be sure people would be available when we visited.

Garth Brow (Adult Care Home) is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home provides personal care and accommodation for up to six adults who have a learning disability and/or autism. At the time of our inspection there were five people living in the home.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People told us this was a good home and "a nice place to live."

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

The focus of the service was on providing care that centred on each individual and supported people's independence and rights. People were supported to follow a range of activities they enjoyed in the home and the local community.

People were safe living in the home. The staff knew how to identify and report abuse and hazards to people's safety had been identified and managed.

There were enough trained and skilled staff to provide people's support. The staff knew people well and treated them in a kind and caring way.

People received the support they needed to manage their medicines and to access health care services as they required. People were supported to maintain their physical and mental health.

Care was planned and provided to meet people's needs. Appropriate specialist services had been included in planning people's care.

People were provided with meals and drinks they enjoyed and given advice about making healthy eating choices.

People's rights were respected. 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 were supported to maintain relationships that were important to them.

The registered provider had a procedure for receiving and responding to complaints about the service. The staff in the home were confident to support people if they needed to complain about the service they received.

People were asked for their views and included in developing the service provided.

There was an experienced registered manager employed. People knew the registered manager and were confident approaching her as they needed. The registered manager was committed to providing a high quality service. The registered provider and registered manager monitored the service to check good standards were maintained.

The registered manager was aware of her responsibilities. She had informed us of significant incidents that had occurred in the home. This meant we could check appropriate actions had been taken.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Garth Brow (Adult Care Home)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 2 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that people would be in.

The inspection was carried out by one adult social care inspector.

There were five people living in the home when we carried out our inspection. We spoke with all five people who lived in the home, five members of the care team and the registered manager of the home.

During the inspection we looked at care records for three people and recruitment and training records for two staff. We also looked at records relating to how the registered manager and registered provider assessed the quality and safety of the service.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks for key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the PIR, before we visited the home. We also contacted local health and social care commissioning teams to gather their views of the service. We used the information we gathered to plan our inspection.

Is the service safe?

Our findings

People who lived in the home told us they felt safe there. People told us the staff gave them advice about remaining safe in the home and when they accessed activities in the local community. One person told us, "I'm safe." Another person said, "She [staff member] keeps me safe."

We observed the staff gave people clear guidance about maintaining their safety. They explained risks to people in appropriate language and ensured people understood how to remain safe.

Hazards to people's safety had been identified and managed. Risk assessments were in place identifying hazards and how the staff were to keep people safe. The risk assessments were used in a positive way, to identify and manage risks while supporting people to gain greater independence and skills.

All the staff we spoke with said people were safe living in the home. The staff knew how to identify and report abuse. They told us they would not tolerate any form of abuse and would report any concerns immediately. One staff member told us, "I've never seen anything that concerned me. I'd certainly report it if I thought anyone was at risk of abuse."

There were enough staff working in the home to meet people's needs and to support people to follow a range of activities of their choice. People told us there were enough staff to support them as they needed.

Safe systems were used when new staff were employed to ensure they were suitable to work in the home. Robust checks were carried out on new staff including their previous conduct in employment and Disclosure and Barring Service checks. The checks helped to ensure people were supported by staff who were suitable to work in a care service.

New staff members we spoke with said they completed training before working as a member of the staff team. They said they were also given time to spend with people who lived in the home and to get to know individuals and what was important to keep people safe.

People who lived in the home told us they received the support they needed in handling their medicines. One person told us, "She [staff member] helps me with my medicines." They told us the staff member gave them their medicines as by needed and "she [staff member] writes it down when I've had them [medicines]."

All the staff we spoke with told us new staff did not support people with taking their medicines until they had completed training to ensure they could support people safely.

We looked at medication records. Medicines given to people were clearly recorded. Checks were carried out on the records and medicines held in the home to ensure people received their medicines as they needed. Medicines were stored securely to prevent them being misused.

People could hold and manage their own medicines. This is good practice and promotes people's

independence. The staff gave guidance and support to ensure people handled and took their medicines safely. With people's agreement the staff also checked they were managing their medicines safely.

The premises and equipment were safe for people to use. Regular checks were carried out on the environment and equipment in the home to ensure they remained safe for people to live in.

All the staff told us they had completed training in how to carry out their roles safely. They told us they were confident they had the skills to maintain people's safety. Records we looked at showed staff had completed appropriate training including health and safety, infection control, food safety and fire safety. People were protected because staff had been trained in carrying out their roles safely.

Is the service effective?

Our findings

People told us they liked the staff who worked in the home and said they were "good at their jobs." We asked people if they thought the staff were well trained and they confirmed this. One person told us, "All the staff are good. I like them."

The focus of the service was to promote positive outcomes and a good quality of life for people. People were supported to be active members of their community including applying for and engaging in paid employment. One staff member told us, "People here have good lives."

Appropriate health and social care professionals had been included in assessing and planning people's care to ensure this was in line with best practice. People's care records included guidance from appropriate agencies to ensure their needs were met.

All the staff we spoke with told us they had been provided with a range of training to give them the skills and knowledge to provide people's support. One staff member said they received "fabulous training." Another staff member said, "I've done loads of training." Records we looked at showed staff had completed training relevant to their roles including training to meet people's needs. We saw the staff knew people well and were skilled at providing their support.

All the staff said they felt well supported by the registered manager of the home. One told us, "[Registered manager] tries really hard to support us."

The staff had regular meetings with the registered manager where their performance and development were discussed. The staff said they received the support they needed to provide a good service to people who lived in the home.

People told us they enjoyed the meals provided in the home. One person said, "I'm looking forward to dinner."

People were included in planning the menus for each week's meals and helped the staff to cook their meals. They were also encouraged to make their own lunches and drinks. The staff gave people advice about making healthy eating choices.

People told us they were supported to see their doctors and dentists as they needed. They were also supported to access specialist health care services. People received the support they needed to maintain their physical and mental health.

The environment was suitable to meet people's needs. People had their own rooms and there were enough bathrooms, toilets and communal areas for people to share. Two people had their own flats. This helped to promote their independence. People had been included in choosing the decoration for their own rooms and communal areas. The registered manager monitored how the building met people's needs and arranged for

improvements when people's needs changed. She had arranged for a ramp to be provided at the entrance to the building to improve access to the home.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The staff in the home and registered manager were knowledgeable about the MCA and DoLS. They supported people to make decisions about their care and respected the choices people made. Where the registered manager had identified an individual required restrictions on their liberty to maintain their safety they had applied to the local authority, as the supervisory body, for a DoLS. Where people were not able to make important decisions, these had been made in their best interests and following the principles of the MCA.

Is the service caring?

Our findings

People told us they liked the staff who worked in the home and said they were "kind" and "nice." One person told us, "The staff are kind and help me." Another person said the home was "a nice place to live."

We saw people were relaxed and confident around all the staff who were working in the home. The staff were attentive to people and spent time with them. This supported people's wellbeing.

All the staff team treated people with kindness and respect. One person told the registered manager, "I like you." The registered manager thanked the individual and told them, "I like you too."

All the staff we spoke with told us people were well cared for in the home. One staff member said, "All the staff here are lovely." We were also told, "This is a lovely home."

The staff knew people well and identified promptly if a person felt anxious. We saw they used their knowledge of people to provide appropriate reassurance to support people to manage their anxiety.

People's care records included guidance for the staff on how to support individuals if they felt anxious. We observed support was provided to people as directed in their individual care plans. People received prompt and appropriate support to manage any feelings of anxiety.

Throughout our inspection we observed the care staff asked for people's views about their care. People were given information and support to make choices about their care. The staff respected the choices people made.

People were supported to gain skills and greater independence. One person who had lived in the home had gained skills and confidence to move to more independent living.

The home had two self-contained flats that people who were more independent could use. This gave people greater independence within the supported environment provided in the home.

People's privacy and dignity were respected. The staff spoke to people in a respectful and friendly way and did not enter people's flats or rooms without their agreement.

The registered manager of the service knew how to contact local advocacy services. Advocates are people who are independent of the home who can support people to make important decisions or to share their views. People had been supported to become members of a local advocacy group and to attend meetings held for members.

Is the service responsive?

Our findings

People told us the service was responsive to their wishes. They said they made choices about their lives including the activities they followed in the home and the local community.

During our inspection we saw each person followed activities of their choice. Two people enjoyed activities in the community, one person attended work and two people engaged in activities in the home.

Each person had a personal record that showed the activities they had enjoyed. Three people showed us their records and told us about the activities they had followed. They told us they had chosen what activity they wanted to do and whether they wanted a staff member or another person who lived in the home to join them on the activity. People told us about activities they were planning such as holidays and attending concerts.

The support each person required was recorded in their individual support plan. People who lived in the home, and people who knew them well, had been included in developing their support plans. This ensured the plans accurately reflected the support people needed and the things that were important to them in their lives.

The support plans had been reviewed regularly to ensure they gave up-to-date guidance for the staff who worked in the home. One person had been supported to plan for and lead a meeting held to review their support.

People told us they were supported to see their families and friends as they wished. They told us their relatives could visit them in the home. People had also been supported to visit their families in their homes. People had been asked about the relationships that were important to them and supported to maintain them.

Each person had a detailed document that gave important information about them such as their support needs, preferences and how they communicated their wishes. The documents were in appropriate formats to be accessible to the individual. These would be taken by the individual if they attended or were admitted to hospital so the staff there had essential information about how to support them.

The registered provider had a procedure for receiving and responding to complaints about the service. This was available for people who lived in the home and was also on the registered provider's website. People who lived in the home told us they had no complaints about the support they received. They told us they would speak to a member of staff or to the registered manager if they had any concerns about their support. One person said, if they wished to raise a complaint, "I'd speak to [registered manager]."

The staff we spoke with said they would be confident supporting a person if they wished to raise a complaint

At the time we carried out our inspection there was no one in the home who required end of life care. People who lived in the home had been asked if they wished to discuss how they wanted to be supported at the end of their lives. This meant people had the opportunity to record how they wanted to be cared for and who they wanted to be included in decisions if they were reaching the end of their lives.

Is the service well-led?

Our findings

People told us this was "a good home" and "a nice place to live." One person said, "I like living here, it's good."

There was a registered manager employed. 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 said they knew and liked the registered manager. One person told us, "I like [registered manager], she helps me." We also heard another person tell the registered manager, "I like you."

The service was built around best practice in supporting people who have a learning disability or autism; including Registering the Right Support. This was a small home in a residential area and people were active members of their local community. People were included in developing the service provided. There were regular meetings where people met with a staff member to make decisions about their home. People had been supported to choose the decoration for their own rooms and communal areas and had also chosen items for their home. Two people told us about how they had been included in choosing a new fridge freezer. They said they had looked at different models on the internet and visited local retailers to compare brands before choosing the one they liked.

People had been consulted before changes were made to the building. The registered manager had identified that access to the property could be improved by having a ramp fitted to the entrance of the home. People who lived in the home had been asked for their views and had agreed a ramp would be useful and this had been provided.

People had also been included in planning meals, activities and celebrations such as their birthday celebrations and planning how they wished to celebrate Christmas.

The registered provider had asked people to complete quality questionnaires to share their views of the service. These were in a format accessible to people who used the service. People had been asked if they were happy in the home, if they liked the staff and if they were included in decisions about how the service was provided.

We saw people knew the registered manager and were confident approaching her. People told us they would speak to the registered manager if they had any concerns or if they wanted any changes to their support. One person told us they had been given the choice of moving to a larger room in home which had become vacant before our inspection. They said they were excited about moving into their new room and were happy the registered manager had given them the option of moving there.

All the staff we spoke with told us they felt well supported by the registered manager of the service. They told

us the registered manager was committed to providing a high quality service to people. We saw the registered manager and staff in the home carried out checks on the service to monitor that good standards were being maintained. Medication, care records and the safety of the environment were checked to ensure people received safe care that met their needs.

The registered provider had systems to monitor the quality of the service. These included visits by members of the management team to assess the service. People who lived in the home told us they knew some of the registered provider's senior managers. One person asked the registered manager, "Where is [chief executive] today?"

Registered providers of health and social care services are required by law to notify us of significant events that happen in their services such as allegations of abuse and authorisations to deprive people of their liberty. The registered manager ensured all notifications of significant events had been provided to us promptly. This meant we were able to check appropriate actions had been taken to keep people safe and to protect their rights.

The registered manager and staff in the home had worked with local health and social care agencies to ensure people continued to receive the support they required as their needs changed. Advice from health and social care professionals had been incorporated into individuals' care plans to ensure they continued to receive the support they required.