Cambian Autism Services Limited

Oakhurst Lodge

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This was an unannounced inspection which took place over two days on 15 and 17 October 2014. Oakhurst Lodge provides accommodation and care for up to eight young people of both sexes from 16 – 35 years of age with autistic spectrum disorder, associated learning disabilities and who might display behaviours which challenge.

Oakhurst Lodge has not had a registered manager since November 2013, although an application to appoint a registered manager has been submitted. 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 and associated Regulations about how the service is run.

The premises were of suitable design and layout to meet the needs of people using the service and keep them safe. However, we found that some internal areas required maintenance or repair to ensure they were places that could be enjoyed by each person using the service. This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summary of findings

Staff had not completed all of the training relevant to their role. For example, only two out of 30 staff listed had completed first aid training. No staff had completed training in nutrition. Despite being a specialist autism home, none of the staff we spoke with said they had any recent or detailed training in autism. This is a breach of the regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations.

We were told that the home was supported by a multi-disciplinary team (MDT) which included a psychologist, dietician, an occupational therapist and behavioural specialists. We found that the MDT was not often involved in people's care and we did not get a strong sense that the support of the young people was adequately underpinned by the skills and knowledge of the organisation's specialist practitioners. We felt therefore that this aspect of the support was not being fully effective.

Systems were in place to monitor the quality and safety of the service, but accidents and incidents were not always being monitored by the manager to ensure that any trends were identified.

People told us they felt safe and we saw that there were systems and processes in place to protect them from harm. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns to their management team.

People were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements to ensure staff were competent and confident in the use of suitable and acceptable physical interventions to reduce or manage behaviour that challenges and put people at risk.

Risks to people's safety were identified and managed effectively. Risk assessments were detailed and covered activities and health and safety issues both within the home and out in the community.

Safe recruitment practices were followed and appropriate checks had been undertaken which made sure that only suitable staff were employed to care for people in the home.

There were sufficient numbers of experienced staff to meet people's needs. We saw that staffing levels were adjusted to enable people to undertake activities of their choice or to attend college. Staffing levels were being reviewed to ensure that evening shifts had sufficient staff to respond to any incidents and to support the young people going out to a range of activities.

Medication was administered safely by staff who had been trained to do so. There were procedures in place to ensure the safe handling and storage of medicines.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained personalised information about how each person liked to be supported. Staff knew people well and appeared to have good relationships with people. The atmosphere was happy and relaxed.

The manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made where this was in their best interests.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People were provided with a choice of healthy food and drink which ensured that their nutritional needs were met.

People's physical health was monitored as required and people were supported to see healthcare professionals such as GP's, chiropodists, dentists and opticians.

People's preferences, likes and dislikes had been recorded and we saw that support was provided in accordance with people's wishes. People were supported via a range of communication techniques to be involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered.

Staff were kind and respectful and were aware of how they should respect people's dignity and privacy when providing care.

Summary of findings

People were involved in a range of activities both within the home and out in the community, although this was often not in a structured or planned way. People told us they enjoyed the activities, but would like the opportunity to do more.

The complaints procedure was on display in the home in a format that was accessible to people who used the service. Feedback from people was encouraged and acted upon wherever possible. We saw that complaints were investigated and responded to by the management team or the provider.

Staff told us that the home was well led and that the management team were supportive and approachable and that there was a culture of openness within the home which allowed them to suggest new ideas which were mostly acted upon. Staff were now receiving supervision and they told us they were satisfied with the support they received from the manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Improvements were needed before we could judge the service to be safe.

People were supported by sufficient numbers of suitably qualified, skilled and experienced staff. However some staff felt that there was a risk they might not always be able to provide an appropriate response to incidents of challenging behaviour to ensure that people were protected from harm.

Medication was administered safely by staff who had been trained to do so. There were procedures in place to ensure the safe handling and storage of medicines.

Staff knew how to recognise and respond to abuse. They had a clear understanding of the procedures in place to protect people from harm.

Risks to individuals had been identified as part of the support and care planning process and plans were in place to manage these.

Is the service effective?

Requires Improvement

Improvements were needed before we could judge the service to be effective.

Some parts of the home required maintenance or improvement to ensure that these were areas which could be enjoyed by people using the service.

The programme of training had not been fully effective at ensuring that staff had the skills and knowledge they required to help them to carry out their roles and responsibilities. For example, staff had not received training in autism and staff had not been receiving regular supervision to review their development and training needs.

Staff had a good understanding of the Mental Capacity Act 2005 and we found that the service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met and people had access to healthcare professionals when this was required.

Is the service caring?

Good

The service was caring.

People were happy with the care and support they received. It was clear from our observations that people were treated with dignity and respect and they were involved in making decisions about their care.

Is the service responsive?

Requires Improvement

Improvements were needed before we could judge the service to be responsive.

Summary of findings

Care plans contained appropriate information about people's needs, their choices and preferences, this ensured that staff had the guidance they needed to be able to deliver responsive care and give people the right support.

People told us they enjoyed the activities, but would like the opportunity to do more.

Complaints were responded to appropriately and people were given information on how to make a complaint. An advocate visited the service regularly who was able to support the young people to raise concerns or a complaint and act on their behalf when discussing this with the home.

Is the service well-led?

Requires Improvement

Improvements were needed before we could judge the service to be well led.

Oakhurst Lodge had not had a registered manager since November 2013, although an application from a manager, appointed in March 2014 to become registered had been submitted.

Accidents and incidents were not always being monitored by the manager to ensure that any trends were identified. The programme of checking the quality of the care was not being fully effective in driving improvements to ensure quality and safety in the home.

People, relatives, staff and healthcare professionals said the service was well led. There was an open culture at the home and staff told us that they were able to raise concerns or make comments and that action would be taken to address these.

Oakhurst Lodge

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 checked 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 was an unannounced inspection which took place over two days on 15 and 17 October 2014.

The inspection team consisted of an inspector and a specialist advisor who was a consultant clinical psychologist.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with the regional manager, the manager and deputy manager, six support staff, the activities coordinator, a learning disability nurse employed by the organisation and a member of the cleaning staff. We also reviewed the care records of three people and the records for four staff and other records relating the management of the service.

Due to people's varying individual communication abilities we were only able to speak about their experiences of the service with two people. However we also obtained views of five people's relatives and spent time observing the care and support they received.

Following the inspection we contacted four community health or social care professional to obtain their views on the home and the quality of care people received.

The last inspection of this service was in October 2013 when no concerns were found.

Requires Improvement

Is the service safe?

Our findings

The young people living at Oakhurst Lodge told us that they felt safe in the home. One young person told us that another person using the service used to come into their room and take things, but that they now had a lock and key for their door. They said this made them feel safer.

During the inspection we looked at how the home was staffed. Staff employed to work at the home included the manager who was supported by a deputy manager. Care was provided by a team of senior support workers and support workers. A cook was available four days a week and a full time activities coordinator had just started within the service. The maintenance and cleaning posts had been vacant for some time so these roles were being covered by either agency staff or by staff from the provider's other services nearby. There were also a number of vacancies for support staff, although there was a recruitment process was in place to address this.

The manager told us that staffing levels were based upon people's assessed needs. All of the young people were assessed as needing one to one support for periods within the home or higher staffing ratios when undertaking activities outside of the home. Day shifts were 12 hours long and started at 7.15am and ended at 7.15pm when the night staff came in. The basic staffing level during day shifts was eight support workers. Five support workers covered the evening and night shifts, although there would usually be one additional support worker available between 7.15pm and 9.30pm. We reviewed the rotas which confirmed that the home was staffed to at least these target levels and sometimes exceeded them.

Staffing levels were adjusted to enable people to undertake activities of their choice or to attend college. Records showed that where agency workers were used, these were generally the same ones and so they were familiar with the service and the needs of the young people. Most of the staff we spoke with told us that they felt staffing levels were adequate and safe as did the health care professionals that we spoke with. However, three staff felt that the staffing levels between 7.15pm and 9.30pm could be improved. This was to ensure that there were always enough staff to effectively manage any incidents which might occur without this detracting from the provision of support to other people who might want to complete their night-time routines. A social care professional told us staffing levels are adequate, but that an increase would enable the home to undertake "meaningful activities without the need for forward planning" and to "tailor activities to the individual". We spoke with the manager about this. They explained that the service was constantly reviewing its staffing levels and hoped to introduce more staff across a range of evening shifts to support the young people going out. They told us they were confident that the staffing levels in the evenings were safe and would allow staff to respond to incidents appropriately.

Records showed staff completed an application form and had a formal interview as part of their recruitment. The provider had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) before employing any new member of staff. We did note that in two of the staff records that we reviewed a full employment history had not been obtained. We spoke with the management team about this who agreed to obtain and check this information

Staff had completed online safeguarding training and we were told that the organisation was also arranging some face to face training. Staff had a good understanding of the signs of abuse and neglect and were aware of what to do if they suspected abuse was taking place. The organisation had appropriate policies and procedures which covered the safeguarding of both children and vulnerable adults. This ensured that staff had clear guidance about what they must do if they suspected a person was being abused. Information about how to protect themselves from abuse or bullying was available in an easy-read format for the young people who used the service.

Staff were informed about the provider's whistleblowing policy which was displayed on the staff room notice board. All of the staff we spoke with were clear that they could raise any concerns with the manager of the home, but were also aware of other organisations with which they could share concerns about poor practice or abuse.

Some of the young people within the service could at times express themselves through displaying behaviours which challenged. This could at times require staff to implement physical interventions to reduce the risk of harm to the person or to others. All of the staff we spoke with told us that they felt they were competent and confident in the use of suitable physical interventions to manage behaviour

Requires Improvement

Is the service safe?

which challenged. Detailed care plans were in place which contained both proactive and reactive strategies staff could employ to avoid the need for physical interventions or restraint.

Individual risk assessments had been completed for people who used the service and covered activities and associated health and safety issues both within the home and in the community. Staff were well informed about the risks to each young person and told us that the risk assessments provided them with the information they needed to manage the risks and protect the person from harm. Staff were able to share with us examples of positive risk taking. For example, we were told about young person who could display a repetitive behaviour which meant that they could suddenly freeze in one position, sometimes for periods of hours. Staff explained that the young person was supported to do the activities even though these might present some risks, as this meant the person was being enabled to do something they enjoyed and valued. One care worker told us, "The risk assessments are clear, they are more about enabling rather than restricting people". A social care professional told us, "The unit has a strong awareness of the importance of taking positive risks".

Each person had a personal emergency evacuation plan which detailed the assistance they would require for safe evacuation of the home. The provider also had a business continuity plan which set out the arrangements for dealing with foreseeable emergencies such as fire or damage to the home.

Medication was administered safely by staff who had been trained to do so. There were procedures in place to ensure the safe handling and administration of medication. Each medicines administration record (MAR) contained sufficient information to ensure the safe administration of medicines to people. We saw that there were clear protocols and guidance in place for the use of emergency or 'if required' medicines

Medicines were kept safely. No-one within the home self-administered their medications and so these were kept securely in a central treatment room which contained a number of secure medicines cabinets, a controlled drugs safe and a lockable medicines fridge. Medicines were stored at the correct temperature and daily temperature records were being maintained and were within the recommended ranges. The home had an appropriate Controlled Drugs (CD) safe. CD storage is more secure than general medicines storage due to the increased risks associated with these drugs. No CD's were held in the safe at the time of our visit which was confirmed by the CD register.

A medicines lead had been appointed and was receiving support and mentorship from the organisation's clinical staff. Regular audits were undertaken to ensure that people were receiving their medicines as required. We saw that one of these audits had recently identified the need for staff to have protected time for medicines administration to reduce the risk of errors. These had occurred as staff were often also providing 1:1 support of a young person whilst administering medicines. The manager said that allocation of tasks on each shift were being reviewed to ensure that staff were able to focus on the administration of medicines without this impacting on the support people using the service received.

Requires Improvement

Is the service effective?

Our findings

The young people who were able to tell us about their experience of living at Oakhurst Lodge were generally positive. However we found some internal areas required some maintenance or repair to ensure the environment did not have a negative impact on people living at the home. Many of the bedrooms were comfortably furnished and personalised with people's possessions. However, we found that in one lounge there were stains on the carpet and the curtains were ill-fitting. Another lounge, whilst furnished with comfortable sofas, was quite sparse and lacked items of interest to people. In the sensory room, a water bed had leaked leaving the floor stained and the room smelling musty. This had rendered the room unusable. In several bedrooms, we found that doors were missing off wardrobes. In one person's room the radiator had been removed and the cover was just leaning against the wall. A staff member told us, "This place needs decorating; it needs to be more homely". Another staff member said, "The home could do with some maintenance".

We found that the entrance hall and some of corridors outside people's room were affected by the a powerful and unpleasant odour. One person told us they were not happy with the way the home smelled. The provider had a programme of investment and development of the home planned. However, further action was needed to address the areas requiring immediate maintenance. This is a breach of the regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of the report.

Staff did not have all of the training relevant to their role. We asked staff if they received training appropriate to their role. Staff told us that training was mostly online and covered areas such as food safety and infection control. Face to face training was offered on how to manage actual or potential aggression (MAPA). A staff member told us this training had provided in depth guidance and had been really useful. Some staff told us that the online training was less effective and did not always equip them with the skills they needed to deal with the complexity of the needs of some of the people who used the service.

Whilst people and their relatives told us that the staff were skilled and knowledgeable, we found a number of areas where staff had not completed training relevant to their role. For example, only two out of 30 staff listed had completed first aid training. No staff had completed training in nutrition. Despite being a specialist autism home, none of the staff we spoke with said they had any recent or detailed training in autism. The management team were not aware of guidance from the National Institute for Health and Care Excellence (NICE) with regards to autism. This is a breach of the regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations. You can see what action we told the provider to take at the back of the full version of the report.

A number of staff told us that they felt additional training in autism and other subjects would be helpful and would assist them to understand in more detail why the young people presented with particular behaviours that could challenge. When we spoke with the manager about this, she was aware that training in autism was required and was trying to facilitate this with the provider.

We were told that the unit was supported by a multi-disciplinary team (MDT) consisting of assistant psychologists, speech and language therapists and occupational therapists who helped develop the placement and behaviour support plans and activities schedules for the young people. Staff told us however that for some time, the MDT had not been visiting the service frequently. Whilst people's care plans contained detailed behavioural support plans which included behaviour strategies and life-skills development strategies. Staff told us that they would benefit from additional involvement from the MDT to help them understand the behaviour demonstrated by the young people and the rationales underpinning the behaviour strategies and life-skills development strategies that were in place. A social care professional told us they observed that staff responded to residents in different ways, for example, in the style of approach and language used, and needed to be more consistent. We spoke with the provider about this. They explained there was a commitment within the organisation to rebuild a strong and effective MDT and that arrangements were in place to recruit psychologists, dieticians and behavioural specialists to further inform care plans and the skills and knowledge of the staff team.

Staff told us they felt well supported by the management team and we saw that most staff had received a recent supervision session which they felt had been positive. One

Is the service effective?

staff member said “Things have really changed as a result of issues I have raised in supervision”. Staff said that before their recent supervision sessions, they had not received formal supervision in almost a year and records we looked at confirmed this. Without regular supervisions there is a risk that staff will not receive the guidance they require develop their skills and knowledge.

We observed some very positive interactions. Staff displayed confidence in their interactions with the young people and seemed to have a good knowledge of their needs. A relative said, “They handle challenging behaviour well”. A social care professional told us, "The staff who have sat in on reviews have been knowledgeable about [the young person’s] needs”.

Where people were unable to give valid consent to their care and support, we found the home was acting in accordance with the requirements of the Mental Capacity Act (MCA) 2005. The Mental Capacity Act is a law that protects and supports people who do not have the ability to make decisions for themselves. We found that whilst not all staff had yet received training in the MCA, they were able to demonstrate an understanding of the key principles of the Act. We found detailed mental capacity assessments had been undertaken which were decision specific. Where people were deemed to lack capacity, appropriate consultation was being undertaken with relevant people such as GP’s and relatives to ensure that decisions were being made in the person’s best interests. A health care professional told us, “We have discussed the mental capacity act and I have found the staff involved had an understanding of this”.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. The manager had a good understanding of DoLS and knew the correct procedures to follow to ensure people’s rights were protected. There was one person living at the home who had a DoLS in place and a number of other applications were pending with the local authority. However, not all staff were clear about which young people were currently subject to a DoLS. This showed information about who was subject to a DoLS, and why, had not been effectively communicated to all staff involved in people’s care and support.

Arrangements were in place to ensure that the use of restraint was only used as a last resort and in order to protect people or others from the risk of harm. Guidance was given about how staff might try and calm a person, for example by directing them to a favourite place and thereby avoid the need for physical interventions or restraint. The plans gave detailed advice about both proactive and reactive strategies that staff could use to manage any incidents and staff were able to articulate how they would implement these plans. Staff told us they had appropriate training in the use of restraint which we saw was via a programme accredited by the British Institute for Learning Disabilities. A support worker told us, “Our training has been really useful and provided in depth guidance about the need to avoid the use of restraints”. A relative told us, “They [staff] make good use of other interventions to avoid the need for restraint”. If restraint was needed, we saw that staff completed incident forms. Staff told us that people were monitored for 72 hours after restraint so that any impact of the intervention on the person’s health could be assessed, although we were not able to see any records which confirmed this.

People were supported to have sufficient to eat and drink and maintain a balanced diet. Four days a week a cook prepared meals from a planned menu. The young people had been consulted about the menu and were able to influence the choice of meals prepared. The menu was displayed in a pictorial format which helped people to understand the choices available. When the cook was not on site, the young people cooked for themselves with support from the staff which was what happened on the day of our inspection. We saw that the young people were encouraged to express their preference about what they cooked and ate and were involved in preparing their meal which they appeared to be enjoying. One young person was being supported to explore and cook a range of foods in keeping with their cultural background.

One person had specific needs around their nutrition due to a risk of choking. We saw the guidance in the care plan was followed in practice at lunch. Their plan contained detailed guidance about the actions staff should take if they did choke. Specialist cutlery and plates were used to

Requires Improvement

Is the service effective?

assist people to be as independent as possible. Staff gave clear guidance to a person with a visual impairment, describing to them where the various elements of their meal were on their plate. One person required a pureed diet, each item had been pureed separately so that they were still able to taste the individual flavours. This person told us that they enjoyed the food available at the home.

People had access to local healthcare services and received on-going healthcare support from staff at Oakhurst Lodge. Staff were supported by a learning disability nurse employed by the provider. They visited the home on a monthly basis or as required to give advice and clinical support to the staff team. The service had made arrangements for each person to have a hospital passport. This documented important information such as how hospital staff might best communicate with the person or how they might show pain.

Each person had a medical file or 'health action plan' which contained details of their past medical history, allergies and any emergency protocols, and a list of their medications. We saw evidence that people were being supported to have dental and eye check-ups. However we did note that some people were not being weighed consistently and that overall, these plans were not a comprehensive record of the full range of services and support the person might need when accessing healthcare services. We saw that the manager had already identified that the health action plans were an area which needed further development.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at Oakhurst and confirmed they were well looked after. Relatives told us, "I am absolutely happy, [their relative] has a quality of life they would not have anywhere else…they are very stable, keener to be at Oakhurst Lodge now than at home which is how it should be". Another relative said, "The staff attitude is lovely, they are really caring, proactive at doing things and not giving in". A staff member told us, "I treat [the young people as I would like to be treated".

Most people living at Oakhurst Lodge were not able to tell us how caring the service was and so we spent time observing whether people were treated with kindness and compassion and their dignity and privacy respected. We observed interactions between staff and people which were relaxed and calm. Staff showed people kindness, patience and respect. Many of the people living at the home required one to one support from a staff member and we observed that this was managed in a sensitive and unobtrusive manner. People could move freely around the home and the gardens and could choose whether to spend time in their rooms or in the communal areas.

Each person had a detailed and descriptive plan of care. The care plans were written in an individual manner and contained information about what was important to the person. Staff told us, the support plans contained relevant information which ensured they knew and understood the care needs of each young person. One support worker said, "The plans are good, if we say we need more it is put in". Another staff member said, "The plans are specific and accurate and offer techniques that help us to build up relationships with the students". All of the staff we spoke to, including bank staff, displayed an in depth knowledge of the support needs and daily routines of each person which we saw helped them to deliver personalised care.

People living at Oakhurst Lodge communicated in a variety of ways. Widgits were used with good effect to aid communication and understanding for some of the young people who had limited verbal communication or were unable to read or write. Widgits are symbols which are used alongside the written word to aid communication. Staff told us how they also used other individualised communication techniques such as objects, signing, eye contact, facial expression, touch and gestures to encourage or assist people who did not communicate verbally to communicate their ideas or wishes. One support worker said, " I use facial expressions and a relaxed body manner when approaching people it's all about helping them to know you don't present a threat".

We saw that people were empowered to make decisions about their care and support. For example, we saw that one young person had identified the behavioural interventions they wanted staff to use to help them manage their emotions. A person told us that they were able to choose or change their key workers. A key worker is a member of staff who works closely with the person and their families to ensure they receive coordinated and effective care. We saw that people were also supported to make contributions to their placement reviews which helped to ensure they were involved in the development of their care and support needs.

People were supported to maintain their independence by being involved in completing tasks such as cooking and cleaning their rooms. A care worker said, "The students are encouraged to be independent, not because we can't be bothered, but because we know and believe they can do it". The young people had access to an advocate who visited the service once a fortnight and supported people to express their views in relation to their care and support.

Everyone we spoke with told us that their dignity and privacy was respected. Staff we spoke with understood what privacy and dignity meant within the context of the home and were able to give examples of how they maintained people's dignity by, for example, covering them if they left their rooms without first getting fully dressed. A support worker talked about the importance of making sure doors were shut when performing personal care but also about giving the young people space. They explained they tried to read the signs or observe body language which might mean the person wanted some time alone. They said, "It's their choice to ask me to leave, but we balance this with their safety". A social care professional told us, "There is strong evidence that [dignity and respect] is fundamental in the day to day running of the unit".

Requires Improvement

Is the service responsive?

Our findings

We received some mixed feedback about the effectiveness of communication with the home. Some relatives told us that they felt communication could be improved. For example, one parent told us, "Messages are not always passed on". Another parent told us they had not been informed when the service changed its aims and objectives. This view was also held by a healthcare professional who said "I am always informed of any serious incidents by phone or email, but I am not always told about other changes that are taking place". We spoke with the manager about this, who acknowledged that information about the changes taking place within the service could have been communicated more effectively and this was an area where the home could make improvements.

We saw that each person had an activities time table, but we found these were not clearly established plans and were not reliably followed. Staff told us that activities were based on people's choices and preferences rather than being set plans. However we were aware that some people preferred or benefitted from a more structured or predictable schedule of activities and we found that this was not always in place. One person told us that they had, "Lost the structure to their day" since the education staff were no longer employed at the service. A staff member said, "The activities timetable is not really working at the moment". The registered manager told us that a full time activities coordinator had recently been employed and they were also recruiting for a full time assistant to support them. They explained the activities staff would be working with the young people to develop meaningful and age appropriate schedules which might include tasks such as, shopping and cooking and seeking out opportunities for work experience or volunteering. They explained that an occupational therapist had been appointed and that the home had shared access to a further education tutor who would be supporting the young people to access programmes which had been developed for learners with severe or complex learning difficulties.

We looked at the activities people took part in. People were supported to take part in activities of their choice such as trips to the beach or bowling, whilst others attended college or went food shopping. Other activities offered included, rock climbing and horse riding. The young people were also supported to engage in other activities in their local community such as visiting local pubs and restaurants. We saw that a large trampoline had been purchased for the garden in response to requests from people using the service. Within the home, people took part in cooking, household tasks and crafts. Sometimes people chose not to take part in activities and might instead spend time in their rooms listening to music, in which case their choice was respected.

People told us they enjoyed the activities, but would like the opportunity to do more. For example, one person said, "I like to go to the shops, I go once a week, I would like to go out more often. A staff member told us, "The staff are fantastic but we need to get the young people out more". We saw that at times, staff undertook jobs or tasks that the residents might have been supported to do, such as cleaning up after meals and showing us around their home.

Each person had a detailed support plan which contained information about their preferred daily routines and about what aspects of their behaviour might mean. These plans had been developed with input from the person where able, their families and the health and social care professionals involved in their support. The care plans and placement records contained information about what was important to the person, for example, their likes and dislikes, how they communicated and phrases staff should use or not use when interacting with the person. A support worker told us how one person had recently had toothache, but was not able to verbalise this. They explained that through the use of specific communication techniques, they had been able to work out what was wrong and take action to address the problem. This meant that staff knew the needs and preferences of the people they were caring for and this enabled them to be responsive to their needs.

The home had effective arrangements in place to ensure that people were supported to have regular contact with their families and spend weekends at their family home or on holidays with their families. We saw staff regularly resolved a number of practical problems to support people to maintain family contact, and were committed to achieving this both in terms of their time and the resources that were needed to accomplish this.

Care reviews were held annually, or more frequently if necessary, and were an opportunity for the person and their relatives to make their views known about the care

Requires Improvement

Is the service responsive?

provided by the service. We were told that each person had a key worker who was responsible for keeping relatives or other important people updated about the young person's progress or any changes to their needs. The young people were supported to write, email, use web cams or telephone their families to share with them what activities they had taken part in.

The complaints procedures was on display within the home in a format that was accessible to people using the service. We saw that an advocate visited the service regularly who was able to support the young people to raise concerns or a complaint and act on their behalf when discussing this with the home. This helped to promote the rights of the individuals living at the home. We looked at the complaints log and found that the home had received eight complaints within the last year. Most of these had been resolved in line with the complaints policy, although a small number remained unresolved. However, we saw that the management team and the provider continued to be in regular contact with the complainants in an attempt to address their unresolved concerns and to achieve ways of improving the service received by the young people.

Requires Improvement

Is the service well-led?

Our findings

The service had not had a registered manager in place since November 2013. The current manager started at Oakhurst Lodge in March 2014 and was in the process of applying to the Care Quality Commission to be the registered manager. We saw they were also in the process of completing a nationally recognised qualification in the management and leadership of social care settings.

Relatives spoke positively about the manager. Comments included, "The home is well led" and "I am really impressed with the new manager, I like their approach, they reflect my view about how the care is managed, they understand about mental capacity, I feel much more comfortable".

Although systems were in place to monitor incidents and accidents, these were not regularly reviewed by the manager. We saw that forms were completed which looked at the triggers for the incident and the de-escalation techniques used. The incident forms showed that staff were following people's behavioural support plans and that actions to prevent or reduce reoccurrence were being considered. However we found that a number of incident forms had not been reviewed by a manager. We could not be assured that the management team had oversight of each incident and was therefore able to appropriately assess the impact of the event and post-incident responses for the young person and use this to enhance staff support and learning.

A review of records showed that governance systems were not being fully effective. For example, not all the actions identified in audits and provider visit reports were completed to improve the quality of the home. The July 2014 audit of premises had identified improvements to the fabric of the building, but these had not been addressed. Also, the home's provider report from July 2014 showed that incident reports needed to be reviewed by the manager and records of physical interventions were not maintained. A robust system of incident review and appropriate reporting was still not in place when we visited in October 2014.

People were offered opportunities to comment on the service they received and were supported to do this by the advocate linked to the home. People had suggested that a trampoline and swing for the garden be purchased as these would be beneficial to help relieve anxieties and frustrations. We noted that residents meetings were not currently taking place. These had stopped following the departure of the teaching staff in the summer and had not yet been reinstated. The provider information return (PIR) highlighted that the home planned to implement more resident meetings alongside one to one meetings to support them to offer feedback on the service.

Staff also felt able to make suggestions for improvements. One support worker said, "If there is ever an issue, you can come and share ideas, there is an open door policy". Another support worker said, "You can put forward their ideas in team meetings, 9/10- times they are acted upon, things get done". Team meetings were held on a regular basis. Issues discussed included staffing, the building and the need for new equipment. Staff told us team meetings were useful and that action was taken by the manager in response to issues raised.

It was clear from our discussions with the manager, the deputy manager and the regional manager, that they were all very familiar with the people who lived at Oakhurst Lodge. We observed that the management team had developed good relationships with each person which enabled them to be good role models to the staff team and promote the delivery of person centred care to the young people living in the home. within the home.

Alongside a change in management, the home and its staff team had recently undergone a period of change during which the aims and objectives of the home had changed. Staff told us this had led to a period of instability for them and the young people using the service. This was echoed by one of the young people who told us that they missed the structure to their day. However, we found that the manager had a vision for the future of the home. Their aim was to support the team to individualise and personalise the support being provided. They explained that it was their intention to implement an approach through which the young people were encouraged to do as much for themselves as possible, underpinned by the use of praise and positive reinforcement. This philosophy of care was in the home's statement of purpose. Staff understood and shared in this vision. One support worker told us, "The values of the service are the care, safety, security and independence of the residents". Staff told us that they felt

Requires Improvement

Is the service well-led?

things were now really improving. Their comments included, “We have turned a corner”, “Staffing levels have improved”, “Morale is good, we enjoy our job” and “Things are more settled and stable”.

Staff were positive about the leadership of the home. One member of staff told us, “[The manager] is very good, they have brought a lot to the home, they have a presence in the home”. They added, “The deputy manager is also brilliant and has a very positive effect on the home which is now more settled”. They explained the management were “Friendly, open and approachable”. Another support worker said, “The management are good, they have a presence, they call in to check staff are OK when they are not working”. We saw that the deputy manager worked nights once a fortnight to strengthen continuity of care and leadership across the whole staff team.

A health care professional told us, “The home in my view has always been managed well; I have never had any cause for concern”. A social care professional told us, “I feel that the unit is well led and managed. I have observed that the management has a genuine up to date knowledge and awareness of both the needs and difficulties faced by both staff and residents. It is not uncommon for the manager to request my input and they are receptive to feedback from my visits both positive and negative. The management has a genuine interest to consistently improve on all aspects of the unit”.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises 15.—(1) The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe or unsuitable premises, by means of (c) adequate maintenance and, where applicable, the proper— (i) operation of the premises, which are owned or occupied by the service. Regulation 15 (1) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff 23 - (1) - The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely and to an appropriate standard, including by— (a) receiving appropriate training, professional development, supervision and appraisal. Regulation 23 (1) (a)