

Voyage 1 Limited

Oakcroft

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

About the service

Oakcroft is a residential care home providing personal care for up to 4 people. The service provides support to people who live with learning disabilities and autistic people in 1 adapted building. At the time of our inspection there were 4 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Care was person-centred and promoted people's dignity, privacy and human rights.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensured people using the service lead confident, inclusive and empowered lives.

Support plans and risk assessments were person-centred, regularly reviewed and updated.

Staff had received training in safeguarding adults and knew how to identify and report abuse. There were enough staff to keep people safe.

Medicines administration records (MARs) confirmed people had received their medicines as prescribed.

Infection prevention and control was managed in line with the providers policy.

Relevant recruitment checks were conducted before staff started working at the home to make sure they were of good character and had the necessary skills.

Governance systems in place were effective at driving improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 October 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakcroft on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oakcroft

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Oakcroft is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. Oakcroft is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service. We spent time in shared spaces with the other 3 people who used the service, getting feedback and observing the quality of care and support they received. This helped us to understand the experiences of people who we were unable to effectively communicate with. We spoke with 3 people's relatives about their experience of the care provided. We spoke with 6 members of staff, including the registered manager, the operations manager, another member of the management team and 3 care workers. We reviewed a range of records. This included 4 people's care and medicines records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People's medicines were stored, administered, and disposed of safely. Staff received medicines training. The registered manager had arrangements in place to complete staff's medicine competency assessments to ensure their skills and knowledge remained up to date. During the inspection we observed good practice and staff demonstrated they had good knowledge of people's medicine related needs.
- Protocols for 'as required' medicines contained sufficient detail to guide staff when and how to administer these medicines safely.
- Temperature checks were carried out daily where medicines were stored. Temperatures were within the appropriate safe range for storing medicines.
- Some people were prescribed paraffin based topical creams that can under certain circumstances act as a fire accelerant. The provider had robust risk assessments in place to ensure all of the information needed to help mitigate this risk was available to staff.

Systems and processes to safeguard people from the risk of abuse

- People living in the home felt safe. One person told us, "The staff keep me safe. If someone in the home is agitated, the staff support us to move away to keep everyone safe."
- People's relatives felt confident their family member was safe. One relative told us, "They supervise [person's name] when needed. They do keep him safe." Another relative said, "Staff keep [person's name] safe by knowing him well."
- The provider had effective systems in place to safeguard people from abuse. Staff had a good understanding of what to do to safeguard people from harm. Staff were able to tell us who they would report abuse to and how to escalate concerns.
- Staff had confidence their concerns would be listened and responded to. One staff member told us, "The registered manager is approachable, she listens to any concerns." Records confirmed staff had safeguarding training, and this was repeated annually.
- The registered manager told us of their responsibility to liaise with the local authority if safeguarding concerns were raised, and documents demonstrated this occurred.

Assessing risk, safety monitoring and management

- People's risks were identified, and risk assessments were in place and reviewed in accordance with the provider's requirements. This included risk assessments for emotional support, accessing local amenities, and medicines management. This reduced the risk of avoidable harm.
- People were supported to develop their independence and to remain safe when for example, making their own drinks and supporting with cooking meals.

- The registered manager had been proactive in identifying when restrictions agreed to keep people safe might impact on the freedom of others. The registered manager showed us the work they were doing to ensure people would have a key fob to enter the kitchen whenever they required access and had further plans in place to enable people who might required the kitchen to be locked on occasions to have a key fob at times when they were able to use the kitchen safely.
- There were robust systems in place to manage the safety of the environment. For example, electric and gas safety certificates were in place. Overall, routine maintenance and servicing of equipment, such as firefighting and manual handling equipment had been completed and regular checks had taken place.
- The provider kept environmental risk assessments under review, this included safe maintenance of the tumble dryer and checks were in place to ensure fluff did not build up. We checked the tumble dryer on inspection and found the dust filter to be clean with no buildup of dust or fluff.

Staffing and recruitment

- Staffing levels were calculated according to people's needs. People, their relatives and staff felt there were enough staff. One person told us, "I have 1 staff member to support me all the time." One person's relative said, "[Person's name] has the correct support. Sometimes the home needs to use agency staff, which isn't ideal. Some agency staff have worked there for a while now, so that is better."
- We observed there were enough staff to support people safely and to ensure people's needs could be met and records confirmed this. This included staff support for participating in activities and outings. One staff member told us, "We are meeting our contracted hours to keep people safe."
- Recruitment policies and procedures were in place to ensure staff were recruited safely. All required checks were carried out to protect people from the employment of unsuitable staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was managed in line with current guidance.
- A person told us, "They can visit when they want. My Mum and Dad visit me." A relative told us, "There are no visiting times, I can visit when I want." The registered manager told us visitors were welcome.

Learning lessons when things go wrong

- There were formal procedures in place to record and investigate any incidents, accidents, or complaints. The registered manager demonstrated robust systems were in place and explained how this helped to identify trends across the service. The registered manager told us "One of the homes had a tumble dryer fire, so the organisation phoned all the managers to make sure that we were all following the correct procedures. They updated the training. There was also dysphasia training added to the induction, following a choking incident in another home."

- The registered manager and operations manager both described examples of when something had gone wrong and described what had been put in place to mitigate the risk of this happening again.
- There were systems in place which meant that incidents and accidents were reviewed by specialists within the organisation for example behavioural support specialists, which meant specialist advice could be provided, to improve outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the mental capacity act had been followed and best interest meetings had taken place where relevant.
- DoLS authorisations had been applied for where people required them, and conditions were being met where they were in place.
- Staff told us they always sought consent from people prior to supporting them with any aspect of their care and people confirmed this.
- Observations in communal areas of the home confirmed people were offered choices and staff respected these.
- The manager was able to talk confidently about the MCA and what it meant for people living at Oakcroft.

Assessing people's needs and choices delivering care in line with standards, guidance, and the law

- People's needs were assessed before they moved into the service. Once this information was gathered, it was used to develop people's support plans and risk assessments with the support of people and their relatives.
- Care plans provided information about how people wished to receive care and support. The care plans seen, were detailed, and provided staff with the person's life history. The care plans described people's needs in a range of areas including personal care, daily living activities, and emotional support.
- Care was planned and delivered in line with people's individual assessments, these were reviewed as per the providers policy.

Staff support: induction, training, skills, and experience

- Staff had received supervision 3 monthly in line with the providers policy. One staff member told us, "They assist me in my role. [Registered managers name] is very compassionate towards her staff members and wants everyone to do well." Another staff member told us, "The manager very much supports me in my role. It is good if I need to improve in an area, this is a good opportunity to tell me. It helps me make sure everything is moving in the right direction in a consistent way."
- Staff who had been in post for more than a few months told us they had an appraisal annually and records confirmed this.
 - There was an established staff team in place who had completed mandatory training such as medication training and competency assessment and basic life support.
- Staff had also attended training specific to people's needs, for example, understanding autism and awareness of mental health, dementia and learning disabilities, dysphagia, and oral health.

Supporting people to eat and drink enough to maintain a balanced diet

- We observed a mealtime and found this to be a positive experience for people. Staff joined people at the table and remained present during this time, in line with a person's support plan. The atmosphere was calm, and the pace relaxed. The menus were observed to offer a varied health diet.
- Staff members interacted well with people throughout. Drinks and choices of fruit were also offered. We observed 1 person requesting something different to eat. A staff member promptly complied with the request.
- When asked what the best thing was about living in the home, 1 person told us, "The food."
- Staff we spoke with told us how they supported people to be involved in their meal planning. Their comments included, "We have a sit down in the lounge with people and ask them what meals they would like during the week... If someone wanted something else, we would give them an alternative choice. We buy additional food especially for this."

Adapting service, design, decoration to meet people's needs

- One person proudly showed us their bedroom with posters on the wall relating to their favourite subject and bedding which matched the theme. When we noted there was no pillow on the bed, the person told us it was their preference not to use a pillow.
- A second person liked arts and crafts. We saw extensive, colourful artwork over their bedroom walls and a third person liked music and we saw posters of their favourite singers and bands, along with a vast collection of music cd's, including all their favourites.
- The home had recently had the kitchen, dining room, hall and lounge redecorated . The registered manager told us new flooring would be fitted in the hall by the end of the year.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us people were supported to access services to maintain and improve their health, and records confirmed this.
- A person's relative told us their family member sees health professional's when they need to. They told us, "The staff do take [person's name] to all his appointments and check-ups. They update me about each appointment."
- People's weight was regularly monitored. Weight charts were seen and recorded as per individual specifications, either weekly, fortnightly, or monthly.
- Any changes in people's health were recognised promptly and support was sought by external healthcare professionals when necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us staff were caring. One person told us, "The staff are kind." Relatives told us, "The staff are marvellous and go over the top to help," and, "The staff have been great with [person's name] and know him well."
- We observed staff interactions with people which showed they were treated with kindness, compassion, dignity, and respect. Staff knew people well, and understood their likes, dislikes, and preferences.
- The Equalities Act 2010 was designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion, and sexual orientation are met. The care planning process recorded information shared by people with regards to some of the protected characteristics, for example their marital status, disability, and religion and how these needs were to be met.
- Support plans demonstrated people were treated with respect and were able to make choices in a variety of ways to ensure their diverse needs were understood and met.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views. One person told us, "The staff talk to me about support plans. I can make changes to them relating to how I am feeling."
- People and their relatives were invited to meetings and attended when they could. Relatives told us, "We are invited. We've got a meeting coming up quite soon," and, "I attend all [person's name] reviews."
- A professional who was involved with the service told us how a person was supported by his keyworker to engage in a discussion and have their views heard and carried out. They told us the person felt very comfortable sharing their opinions and asked important questions which helped them to understand the situation, staff answered their questions honestly.

Respecting and promoting people's privacy, dignity, and independence

- People's right to privacy and confidentiality was respected. For example, we observed staff consistently knocking on doors before entering people's rooms. A staff member told us, "We are in their home, and we need to respect that. We knock on bedroom doors and wait for consent before entering." Another staff member told us, "We shut the door when supporting people with their personal care. If I need to stay and support the person, I ask them for their permission."
- Staff understood how to treat people with respect and were enthusiastic in supporting people to maintain their dignity and independence. A staff member told us, "We encourage people to dress themselves, giving guidance, prompts and reassurance."
- Staff told us how they supported people to be independent. A staff told us, "It is the little things that you

help them with, for example, making a cup of tea, which builds up their confidence. We take it step by step to ensure safety," and, "[Person's name] helps with loading and unloading the dishwasher. We encourage him to make his own bed."

- A professional told us when they visited staff were friendly and helpful and made sure they had privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care which met their needs. One person told us, "I can go out when I choose, we go for walks and lunch. We've been to the zoo and a crocodile sanctuary. I love animals." A person's relative told us, "[Person's name] will make a choice by pointing to things when the staff give him options."
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as personal care, daily living activities, personal hygiene, meal preparation, health, shopping, and dressing.
- Staff demonstrated a detailed knowledge of people as individuals. One staff member told us, "Giving people choices helps improve their independence, we must always give them choices."
- We observed people making choices throughout the inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had good knowledge about the AIS. The registered manager told us, "We have easy read information. Recently, we downloaded easy read covid vaccination information. We sat with people to discuss this, and we also asked family members to help." We saw information was provided in an accessible way for people. For example, meal choices were available as pictures, the complaints policy was in an accessible format using pictures.
- The hospital passport used pictures. The hospital passport is a document designed to give hospital staff helpful information about the person to help staff know how to support them and make them feel comfortable.
- We saw people being supported using their preferred method of communication and staff demonstrated an awareness and understanding of people's needs. We saw positive communication interactions between people and staff. Staff demonstrated their knowledge and skill to effectively communicate with people, using both verbal and non-verbal communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were provided with a range of activities, both within their home and externally. During the

inspection we observed people going out on both days.

- A relative told us, "[Person's name] does music movement, arts and crafts. They go out quite a bit. He loves animals, so do the others, they go to the zoo and different places. [Person's name] likes to sit in his armchair watching TV or listening to music, he is happy doing that." Another relative told us, "Arts and crafts. He loves going out, he loves animals so enjoys visiting the zoo. He loves shopping and gardening. There's not a lot he doesn't like. They do really nice things with him when they take him out. They go out at least once a week for the day or to special places. It is really a lovely home."
- A staff member told us about activities people do, they told us, "It depends on the person but arts and crafts, feeding the chickens, playing basketball or sticky darts in the garden, using the projector in the sensory room, listening to music and watching TV." Another staff member told us, "We go to crocodile world, zoo's, museums, activity centres, disco, cafés, pubs, for lunch out, for walks and shopping."
- The registered manager told us, "One of the neighbours has a farm and she invites the residents to feed the lambs during lambing season and have tea and cake. Neighbours give us vegetables they grow. We have built great relationships within the community. When we support people to go out, we are always being stopped by neighbours who want to talk to the people." During inspection we saw a large marrow which had been dropped off by 1 of the neighbours.

Improving care quality in response to complaints or concerns

- Complaints were managed appropriately in line with the providers policy and accessible policy. There had been 1 complaint in the last 12 months. A timeline and action log for the complaint was seen. The complaint had recently been resolved.
- Relatives told us they rarely had cause to complain. One relative told us, "The odd complaint about little things, they respond well."
- Staff we spoke with felt confident they could raise concerns with the registered manager, and they would be listened to.

End of life care and support - health escalation plans

- People living in the service were healthy. The registered manager told us they did not have end of life support plans; however, she was planning to put end of life support plans in place.
- The provider had a robust end of life policy in place which contained relevant information for the registered manager to follow.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The culture of the home was positive, and people lived in a homely, friendly environment where the staff and manager's values supported person centred care. Our observations indicated people were treated equally, with compassion and were listened to.
- People told us they were happy living at the home. One person told us, "I love living here. I have been to places that I like to go, a tank museum and the Zoo."
- People's relatives also praised the home. Relatives told us, "It's been superb since he has been at Oakcroft," and, "[Person's name] is so happy at Oakcroft. He would let us know if he wasn't."
- Staff were able to confidently describe to us each individual's preferences and support needs. One staff member told us, "On a daily basis, [person's name] needs to know in advance what is happening. If he knows what is happening, it helps him to process information and to have a good day."
- A professional told us the staff and management team were very proactive in their approaches and very driven to support people in a person centred way .
- The registered manager told us they ensure there is a positive culture in the home by working alongside staff, role modelling and having an open culture within the team.
- People received support which was centred around them and delivered to ensure they were enabled to maintain their skills and independence. We observed a person making their own cup of tea with minimal support, in line with their care plan.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- The previous inspection ratings were displayed in a prominent position within the home, as well as on the providers website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Quality assurance systems were in place to enable the management team to monitor and identify any shortfalls in the quality of the service people received. Audits were undertaken covering health and safety, the environment, fire safety and medicines management. These enabled the registered manager and

provider to monitor and identify any emerging risks.

- A service improvement plan was completed to identify any improvements required as a result of service audits and quality checks by the provider. Action was taken in response to the findings and feedback and was monitored for completion. This included completing staff's medicine competency assessments and recording people's end of life wishes.
- In line with requirements, CQC were notified of all significant events that occurred within the service.
- The management team kept themselves up to date with developments by reviewing the CQC website and reading head office emails about changes. The registered manager told us, "We also have a nominated individual within the company who provides updates from CQC and other national guidance and passes this information on to the managers."
- The registered manager and operations manager responded and acted during and after our inspection to rectify any shortfalls found during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider carried out reviews with people using the service to ensure they were happy with the care provided. The provider also sought feedback from people or their families using a quality assurance survey. This was sent out annually, seeking their views. The feedback from the latest quality assurance surveys was consistently positive.
- People's relatives confirmed they had been invited to be involved in quality assurance surveys.
- Staff were encouraged to contribute to the development of the service through meetings and surveys. Staff told us they felt valued and listened to. One staff member told us, "The registered manager is very open to ideas and conversation. She is a good manager, always willing to listen." Another staff member told us, "I think she listens to me. We have good conversations regarding work. She takes an interest in my health and well-being."
- Appropriate and up to date policies were in place to ensure people's diverse needs were considered and supported. We observed people and staff being treated fairly and individually respected.
- The staff team worked closely with other professionals to ensure people received effective, joined up care, and documents confirmed this. One professional told us, "One of the staff members has worked with [person's name] for a very long time, years and has been very helpful providing all the information I needed to know about his care."