Oswald House Care Home Limited

St Barbara's

Inspection report

35 St Barbaras Walk
Newton Aycliffe
County Durham
DL5 4AN

Website: www.oswaldhouse.co.uk

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23 April 2018
27 April 2018

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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

St Barbara's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 accommodation for up to three people with a learning disability. On the day of our inspection there were three people using the service.

The home is a house that has been adapted to meet the needs of the people living there. 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 service had two registered managers in place, who were responsible for the five locations owned and run by the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

St Barbara's was last inspected by CQC in February 2016 when the service was rated as 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.

People told us they felt safe and there were sufficient staff to meet people's needs. We found that this was a consistent staff team who knew people well.

People received safe support with their medicines. Where people wished to manage their own medicines independently this was encouraged and there were checks in place to ensure it was carried out safely.

People had risk assessments that described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP and social worker.

The premises were homely and suitable for people's needs.

Staff told us they felt well supported in their role; they received induction and training. Staff received supervision but some of this was informal and not recorded. Staff appraisals were planned but staff had not yet been appraised. We found this did not affect how staff performed their duties as the management spoke with staff on a daily basis and promoted opportunities for two-way discussions about performance and

development. The registered managers had identified the need to formally record supervisions and appraisals and were working to a plan to ensure all significant discussions were recorded.

People had choice and control of their lives and staff supported them in the least restrictive way; the policies and systems in the service supported this practice.

Staff were aware of the importance of supporting people with good nutrition and hydration. People told us how staff supported them to eat healthily and reduce weight where this was a concern. We saw that people were encouraged to shop for and prepare their own meals.

People had access to healthcare services, in order to promote their physical and mental health. We saw that people were supported to have annual health checks and to attend health screening appointments.

There were detailed, person-centred care plans in place, so that staff had information on how to support people. 'Person-centred' is about ensuring the person is at the centre of everything and their individual wishes, needs, and choices are taken into account.

People were able to take part in a range of activities of their choosing and which were meaningful to them. People were supported to look for paid employment, volunteering roles and training to support them to develop the skills for employment. People were supported to play an active role in their local community, which supported and empowered their independence.

There was a complaints procedure in place, should anyone wish to raise a complaint. People told us that any issues would be addressed but no one raised any concerns with us. Staff knew how to access advocacy services if they needed them.

There was a quality assurance system, which enabled the provider to monitor the quality of the service provided. This required minor updates to ensure it covered all aspects of feedback from other agencies and was robust. The provider updated this during the inspection visit.

We received positive feedback about the registered manager, staff and the service as a whole. Comments from people, relatives, staff and visiting healthcare professionals indicated there was a positive, person centred culture within the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St Barbara's

Detailed findings

Background to this inspection

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

This was a comprehensive inspection and was carried out by one adult social care inspector.

This inspection took place on 23 and 27 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for younger adults who are often out during the day. We needed to be sure that they would be in when we visited.

Before the inspection we reviewed other information we held about the service and the provider. This included statutory notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send to CQC within required timescales. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with three people who lived at St Barbara's. We spoke with both of the registered managers and five support workers. We also spoke with two relatives of people who used the service, a reviewing officer from the local authority and an external training assessor.
We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of three people, including their medicine administration records (MAR). We reviewed four staff recruitment files, training records, and records in relation to the management of the service. We observed how staff interacted with people who lived in the home.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe: one person told us, "Oh yes, they help me to be safe." Another told us, "[Registered manager's name] helps me be safe. He tells me I need to shut the doors, the fire door. If there was a fire I'd go into the car park." Relatives we spoke with told us they felt the service kept their relatives safe. Their comments included, "Yes, they're safe. They go out a lot on his own but all he had to do is get in touch with staff if there is any problem." And "Yes, staff help them use their phone to stay safe."

There were sufficient numbers of staff on duty to keep people safe and contingencies were in place to ensure that staff knew peoples' needs. People and their relatives told us there were always staff available when they needed them. One relative told us, "Staff are good with everyone." We saw that the registered managers provided hands on care to cover any staff shortages. New staff had been recruited to ensure that the time managers spent delivering care was kept to a minimum and they had dedicated time to oversee the running of the home. We observed that there were enough staff on duty to respond to people's requests promptly and support them with activities.

The provider had safe recruitment procedures in place which were thorough and included necessary vetting checks before new staff could be employed. For example, Disclosure and Barring Service checks (DBS) and references. These are carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. We saw there was a system for updating checks in-line with good practice.

We saw that the provider had policies and procedures explaining how staff should respond to whistleblowing and safeguarding concerns. Staff told us they knew how to recognise abuse, what action to take and how to report their concerns. Staff had received training in safeguarding and told us they were confident that the managers would act on any concerns they raised, however, they had not needed to report any.

We found appropriate arrangements were in place for the safe administration and storage of medicines. We checked medicine administration records and observed people being given their medicines. Staff had received training in the safe handling of medicines and had regular checks to ensure they remained competent to administer medicines. Where people chose to manage their own medicines, appropriate assessments had been completed and there was a system in place for the safe storage of these. People and relatives told us they thought they received medicines appropriately, at the correct times.

People who used the service had risk assessments that described potential risk, the safeguards in place to reduce the risk and action taken to mitigate the risks to the health, safety and welfare of people. We found that these managed risks in the least restrictive way, sometimes using technology to help keep people safe. For example people had mobile telephones with unlimited data packages so that they could always contact staff for help. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring. We found, however, that risk assessments were not in a standard format,

were sometimes amended several times by hand making them more difficult to read and were not kept in the same place in all files. The provider told us that they had identified similar issues and planned a full review of all care files to make them more user friendly, which had already begun. We spoke with staff who confirmed that they felt, although risk assessments would benefit from updating for consistency, they contained sufficient information to support people safely.

Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date. People who use the service knew what to do in the event of a fire. Electrical testing, gas servicing and portable appliance testing records were all up to date and water temperatures were checked. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The service had not had any recent accidents, incidents or safeguarding concerns, however, we saw that systems were in place to log these should they occur. We saw some historic accidents/incidents had been logged and followed up in keeping with the provider's policy. We also saw that staff meetings and handovers were used to discuss any practice issues and ways of learning from these.

Staff protected people from the risk of infection by following the provider's infection control procedures. We observed staff wearing personal protective equipment, such as gloves and aprons when delivering care. Relatives told us the home was clean and tidy and we observed this to be the case during the inspection.

Good

Is the service effective?

Our findings

People and relatives told us they felt staff had the skills and knowledge to carry out their roles. One person told us, "Staff do a good job." A relatives told us, "Person is well looked after, definitely." Another relative told us, "Yes, staff support him in every way."

New staff underwent an induction, which included spending time with other experienced staff; shadowing them to enable them to get to know the people, they were supporting. Staff told us, and we saw records to demonstrate, they were up to date with their training, including training to meet the specific needs of people living in the service, such as diabetes. We spoke with an external training assessor, a person who visited the home regularly to support staff to gain vocational qualifications. They told us that staff "definitely" had the skills and knowledge needed for their roles and staff were, "Very responsive to training and always involved in lots of training".

Staff told us that they felt well supported and that the registered managers were available on a daily basis if they needed to talk with them. They told us, "One to ones, [Registered manager's name] does those. I've no issues. If anyone has any problems they speak to the managers." and "Yes, we get supervisions and appraisals are coming up soon. We get supervision daily too, some is formal and some is informal." We saw that staff had formal supervision meetings; supervision is a one to one meeting between a member of staff and their supervisor. Some of the discussions that took place were documented; however, both staff and the registered managers told us that meetings took place more frequently but where not always recorded. A new process had started to formally record and monitor the complete of supervisions and appraisals. This meant that staff felt supported and the provider was taking actions to ensure records reflected this.

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. We checked whether the service was working within the principles of the MCA.

People's care files had guidance for staff about asking for people's consent and we observed that staff asked for people's permission and agreement before assisting them with any support. 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). Systems were in place to ensure appropriate DoLS applications were submitted to the assessing authority and to monitor when these were granted.

People's needs were assessed and support plans were created. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted in line with legislative requirements and good practice. Individual choices and decisions were documented in the care plans and they were reviewed.

People told us they were supported with meal planning and preparation. We saw pictorial menus and people told us how they chose menu items, shopped for and assisted to cook meals. One person told us that staff supported them to lose weight. Care records showed that people's weights were monitored and guidance was given to staff about people's dietary needs and preferences.

The service was designed to be as homely as possible and therefore any signage was kept to a minimum. The bathrooms were adapted to make them more accessible, but consideration had been given to making these as minimal and as unobtrusive as possible. The home contained many personal items chosen by the people who lived there and photographs of people who used the service taking part in leisure activities.

Good

Is the service caring?

Our findings

People and relatives told us the staff were caring. We asked people who used the service if staff were caring and they told us, "We're like a big family." and another told us, "Yes, it's a good place to live." Another person we spoke with nodded in agreement and smiled. Relatives told us, "Yes, I think everything is good." and another told us, "They are good with everyone…they are always pleasant with [Person].

Staff told us the provider was caring and they felt this promoted a caring environment. One staff member told us, "They are good to me in everything they do. The care is first and foremost." Another staff member we spoke with said, "If I was an adult with learning disabilities I'd like to live here. The care is way above standard."

We observed staff and people who used the service interacting and saw that staff treated people with dignity and respect, for example knocking before entering a person's bedroom. We saw an example in a care file of how someone receiving the service chose to be supported with nail care whilst in their bedroom via their mobile telephone. This arrangement meant that they could tell and show staff if they needed support while maintaining their privacy and dignity.

We found that staff supported people emotionally. We saw that one person who used the service had been supported to use emojis (a small digital image or icon used to express an idea or emotion in electronic communication) to express emotions and staff had an understanding of how to interpret and respond to these. We also observed that people spoke to staff about how they were feeling and staff responded in a compassionate way.

People told us they felt they were supported to be as independent as possible. One person told us, "I'm independent, yes. I'm not scared to go out on my own anymore." Relatives told us, "[Person] couldn't go on the bus on their own, now their phone is set up, with their permission, so that it can be tracked. It lets them go where they want." We saw that travel planning and training had been done with this person and they now used public transport independently, safeguards had been put in place in case of emergencies. Another relative told us, "Person more or less lives independently."

We saw that people were supported to have friendships and relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Staff told us it was important for people to have relationships as part of leading a normal and full life, and one staff member said, "We need to empower them. They are in control of what they want; we support and keep them aware of risks." We saw that care planning and risk assessments gave guidance about supporting people's relationships and showed that people had been given advice about emotional and physical aspect of relationships, such as safe sexual health and safe dating. Staff told us how people from the service were supported to have a relationship and live together.

Good

Is the service responsive?

Our findings

We found that people received care tailored to their needs and preferences. People told us how they were supported to do the things they liked to do, and to develop the skills they needed to do these things. Staff told us, "We support them all as individuals. We're all friends."

Each person had care plans that gave details of how people needed and liked to be supported and were reviewed. The styles and content of files varied and some files were updated several times by hand, meaning information could be difficult to locate immediately. We spoke with the registered managers who told us that they had begun a review of all of the care plans. We saw evidence that files had been audited and that options for the new care plan style were being considered. We spoke with staff who told us they felt care files were a useful source of information and that they were given time to familiarise themselves with these, alongside shadowing other staff and spending time getting to know people face to face.

People who used the service told us that they felt supported to make choices. For example, people told us about how they chose their meals. One person told us, "We get a choice, we make a menu from a sheet of food we like." And another said "All three of us do the menus together." The relatives of another person told us their relative chose recipes that they prepared with staff.

People told us, and we observed, that they took part in a range of social activities and volunteering. During our inspection visits, we saw people getting ready to go out on public transport and go out to do leisure activities with staff, such as playing pool. People told us they could choose what they wanted to do. One person told us, "I go to Taekwondo, the gym and do the gardening." Another person told us, "Yes, I can do what I want." People told us about training they had done to prepare for work and one person told us, "I'm doing a volunteering job, I'm doing alright down there. I like it."

The provider had a policy and procedure for responding to complaints and concerns but had not received any of these recently. No one we spoke with raised any concerns about the service. One person told us, "[Registered manager] always sorts everything out for me." and another told us, "If I've got a problem I speak to [Registered manager.]" Everyone we spoke with told us they were confident any concerns they had would be addressed. Staff knew how to access advocacy services should they be required.

We saw that end of life wishes were recorded in people's files and the registered managers could explain why some people had not wanted to talk about planning for the end of their lives. Senior staff and the majority of care staff had completed training to care for people at the end of their lives. People and staff told us they had been given support to deal with a recent bereavement (a person who lived in one of the provider's other homes but had close links with the people who lived at St Barbara's). The registered manager had kept everyone informed throughout this person's illness to help them come to terms with the eventual loss. This showed the provider had given care and consideration to supporting people with end of life planning.

Good

Is the service well-led?

Our findings

The service had two registered managers who worked closely together to oversee the running of the service. 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. The registered managers covered each other's absences and responsibilities. An on-call system was in place but registered managers made themselves available as much as possible, and they used a private social media page and telephone messaging to be available to answer queries when they were not in the service. We found that because the registered managers were regularly present in the service they knew people, their relatives and staff very well.

The registered managers had a clear vision and ethos for the service, they told us, "We are like a family", "We want people to see this as their home." They also wanted people who lived in the service to be "Independent…and seen as ordinary members of the community they live in, no different from anyone else." People who used the service all knew the registered managers and it was apparent from the interactions we observed that they had close and respectful relationships with each other. One person who used the service told us, "I've had lots of support from [registered manager] and [registered manager]." A relative said, "They [staff] try their best for people."

Everyone we spoke with told us they would discuss any concerns with the registered managers or with other staff; however no one raised any recent concerns with us. One person told us, "I don't think there is anything [registered manager] couldn't sort out." Relatives told us, "We've not problems at all." Another told us, "We've never had a problem…any concern they phone us straight away. A staff member told us, "If anyone's got any problems they speak to the managers. There is no us and them culture." These comments supported that it was an open and supportive environment where concerns would be addressed.

Durham County Council asked Healthwatch to complete a review of the care at St Barbara's. The purpose was to understand what was working well and what could be improved. People who used the service completed a questionnaire (which asked if they felt happy, safe and were supported to do things they enjoyed) and spent time with people from Healthwatch. The feedback from this was positive and Healthwatch commented that they, "Observed staff looking out for service users, moving seating, letting them know there was someone behind them when they were standing up. It was a very happy environment."

We spoke with commissioners at Durham County Council who said that they completed monitoring in the home in December 2016 and they gave some recommendations at this visit. We discussed these with the registered manager and saw that most had been completed but some had not been fully addressed, such as updating care plans and the frequency of supervisions. The registered managers agreed to include these recommendations in the home's development plan. This was updated during the inspection. Health commissioners and infection control professionals told us they had no concerns about the service.

The provider used a diary to schedule quality assurance checks and audits, for this we could see that checks such as, water temperature checks, fire equipment, fire drill and medicines audits took place. We saw that where anomalies occurred, such as a high water temperature measurement, these were checked and actions recorded. Policies and procedures covering all aspects of the service were available to all staff electronically and were kept up to date by an external company. These were tailored to reflect and support the working practices in the home.

We saw that the provider gathered feedback about the service and how it could be improved. People and relatives completed surveys, available in easy read format where required, and feedback from these was positive. Staff meetings and handovers took place and these were two-way discussions about all aspects of the service. Staff told us they felt there were able to influence the service, had opportunities to develop and progress and felt appropriately supervised. There were planned improvements to the systems for monitoring training and supervision.

We saw from care records that the provider was proactive in involving other agencies. The reviewing officer from the Local Authority we spoke with told us, "Any issues they [staff] contact me." We also saw that links had been made with the local community and leisure providers. For example, the registered managers had negotiated a reduced cost bowling and lunch package at a local leisure complex to make this more affordable for the people who used the service.