

Community Care Solutions Limited

Oaklands

Inspection report

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13 January 2017

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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

Oaklands is a residential care home for up to seven people with learning disabilities and complex needs. It is situated in Bedford, near to local amenities making it accessible for people to engage in the wider community. Bedrooms are based on both the lower and first floor of the service.

At the last inspection, the service was rated Good.

The inspection was undertaken as part of our routine re-inspection programme, to review the rating from the first comprehensive inspection completed on 19 November 2014.

At this inspection we found the service remained Good.

People felt safe in the service and were relaxed in the presence of staff which enabled them to enjoy a good quality of life. Safeguarding procedures had been followed and appropriate action was taken to keep people safe, minimising any risks to their health and safety. Medicines were managed safely and the processes in place ensured that the administration and handling of medicines was suitable

People were cared for by staff that were supported to undertake training to improve their knowledge and advance their skills to enable them to perform their roles and responsibilities. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Where appropriate people living at the service had their freedom lawfully restricted under a Deprivation of Liberty Safeguard (DoLS) authorisation. People had their healthcare needs identified and were able to access healthcare professionals, such as their GP and dentist.

People were at the centre of their care and staff acknowledged them as individuals. People told us that staff were kind and caring and were always treated with dignity and respect. People were supported to make decisions about their care and treatment and maintain their independence.

People were encouraged to take part in activities and interests of their choice. They had access to information in an easy read format about how to make a complaint. Relatives could approach staff with concerns and knew how to make a formal complaint to the provider.

The registered provider had robust systems in place to monitor the quality of the service and make improvements. People, their relatives and staff found the registered manager approachable. We found that the service had good leadership and that staff were positive in their desire to provide good quality care for people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---------------|
| Is the service safe? 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 ● |

Oaklands

Detailed findings

Background to this inspection

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

This inspection took place on 11 and 13 January 2017 and was unannounced. The inspection was undertaken by one Inspector.

We checked the information we held about the service and the provider. We saw that no recent concerns had been raised and that we had received information about events that the provider was required to inform us about by law, for example, where safeguarding referrals had been made to the local authority to investigate and for incidents of serious injuries or events that stop the service.

During our inspection, we observed how the staff interacted with the people who used the service. We also observed how people were supported during their breakfast and lunch and during individual tasks and activities.

We spoke with three people who used the service. We also spoke with the registered manager, the service manager, one senior carer and two members of care staff.

We looked at four people's care records to see if their records were accurate and up to date. We also looked at four staff recruitment files and further records relating to the management of the service, including quality audits, to ensure that effective monitoring of the service was being maintained.

Is the service safe?

Our findings

People felt safe living in the service. One person told us, "They look after me and I do feel safe." Staff had a good understanding of what they needed to do to help keep people safe. They knew about abuse and how to report it. Risks to people were minimised because staff had been trained to identify signs of possible abuse and knew how to act on and raise concerns.

Risks to people's safety had been assessed and considered to identify risk factors and appropriate control measures. One person was going to town on the day of our inspection and we saw that staff supported them to leave the house independently. Records confirmed that this process had been carefully risk assessed, so that the person concerned could remain as independent as possible.

There was enough staff on duty to meet people's needs. One person was able to tell us who was on duty, and said their needs would be met because there was enough staff. Staff told us there were enough of them on duty to support people appropriately and we observed that people received care and support in a timely manner. Records confirmed that if there were any changes within people's needs the staffing numbers would be adjusted accordingly to keep people safe.

Staff were recruited following a robust procedure and told us that they had to wait until their references and DBS (Disclosure and Barring Service) checks were complete before they could start work. Records confirmed this to be the case.

People's medication was administered safely. One person said that they always received their medication on time because staff supported them to self-administer. Medicines were stored securely in a locked cabinet and the temperature of the office checked on a frequent basis. Records evidenced that medicines were administered by staff who had received appropriate training and had their competency assessed to ensure their practice was safe. Regular audits were completed which helped to ensure the systems and processes used were robust.

Is the service effective?

Our findings

People said that staff had the right skills and knowledge to meet their needs. One person said, "They do what is right for me and help me just how I need to be helped."

New staff completed induction training and worked alongside experienced staff until they were assessed as being competent. Staff told us that the training offered was useful in ensuring they kept up to date with best practice. One staff member said, "We get a lot of training and it does help you to know what to do." Records showed that induction training and regular refresher training was given in areas such as safeguarding and food hygiene. Access to further training in areas specific to the needs of the people using the service was also provided.

Staff received regular supervision and annual appraisals. One staff member said, "They are helpful in guiding us and telling us what we need to work on." Staff felt they were useful for their personal development, as well as ensuring they were up to date with current working practices.

People confirmed that staff always asked them before providing care and we observed this in practice. Staff understood the importance of gaining consent from people. One staff member told us, "We get asked if we want something to happen so why shouldn't we ask them." They understood how to make decisions in line with the Mental Capacity Act (MCA) 2005 and could describe how they supported people to make decisions in their best interests. Records showed where people's capacity had been assessed with appropriate assessments in place.

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). Applications had been made under DoLS for appropriate people which showed that staff understood their responsibilities under DoLS.

People had sufficient amounts to eat and drink. One person nodded when we asked them if they had a choice of food and pointed to what they intended to have later that day. Other people told us that if they did not like what was offered they were offered an alternative. There were prompts to aid people to pick meals and fresh fruit was available; people could access snacks and drinks throughout the day.

Staff supported people to attend appointments when needed and made referrals to relevant healthcare professionals should the need arise. People had access to healthcare services and their care plans and health action plans contained contact details for professionals such as the dietician, chiropodist and GP. People received on-going support from healthcare professionals in line with their needs.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One person said, "I like all the staff, they are all very nice and kind to me." Another person smiled when we asked them if staff looked after them and were kind. Staff were patient and took time to listen and observe people's verbal and non-verbal communication. Staff interacted with them and engaged with them, talking about subjects that were important to them; such as the day's activities.

One person was making preparations to go out and staff offered gentle reminders to take items they may need. We found that the atmosphere was calm and friendly. Staff were courteous and respectful, taking time to engage in a patient way with people and allowing them time to take on board what they needed to do and communicate their response. People indicated through gestures and signs that they were comfortable with what was being suggested.

Through our discussions with staff it was evident that they had a good knowledge of the people they cared for. Staff were able to give us relevant information about people's needs and their preferences. For example, one member of staff told us about the specific communication process used by one person. We reviewed this person's records and found that the information the staff member had given us was detailed within this person's care records. Staff understood the support required to meet people's needs appropriately.

People were involved in making day to day decisions. For example we saw one person choosing items from the cupboard to make their breakfast with. During the day we saw people arriving back at the house from various places and choosing either to go to their room or spend time in communal areas. This demonstrated that people had control over their day to day lives and were supported to make decisions.

People were treated with dignity and respect, for example, staff spoke to them in a calm and quiet way they knew would settle people. Staff told us it was important to ensure people's privacy and dignity was maintained; for example, by ensuring the lower body was covered when washing or knocking before entering people's bedrooms. People's privacy and dignity was respected and promoted.

Is the service responsive?

Our findings

People's were treated as individuals and their care took into account their personal history, preferences and interests. One person smiled in acknowledgement when asked if they felt involved in their care. The registered manager told us the staff team had developed working relationships with people's families, and valued the input that relatives provided. Records confirmed that information obtained from the pre-admission assessment and reports from other professionals had been used to develop each person's care plan.

People's needs were reviewed and changes were reflected in their care records. One staff member said, "We review people's needs regularly; more often if they need doing." Staff ensured they were content with the care they received, through key worker sessions with them, resident meetings and general daily conversations. Records confirmed that people's needs were regularly reviewed to identify if people were being supported in the best way for them.

Care plans enabled staff to understand people's care needs. They contained detailed information about people's health and social care needs, preferences and communication needs. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's daily routines.

People had access to a full range of activities which suited their individual interests. They attended day centres and had access to additional activities when they were in the service and at weekends. One person told us they were going into town which they really enjoyed and we saw that others enjoyed activities such as walks and engaging in activities of interest, listening to music and going to snooker.

Staff supported people to raise concerns. We found information in people's care records and displayed on notice boards, that explained how they could complain and who they could talk to. There was an effective complaints system in place that enabled improvements to be made and the registered manager responded appropriately to complaints. Action was taken to address issues raised and to learn lessons so that the level of service could be improved.

Is the service well-led?

Our findings

The service was led by a registered manager who was supported by a service manager. Additional support was given by management staff from the wider provider organisation. 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 previous registered manager has not completed the process to cancel their registration with the service, so the provider is in the process of ensuring that this is addressed.

Staff told us the registered manager was approachable and always available to provide support and respond to questions. We observed staff asking questions of the registered manager and being given constructive support. There was a positive and open culture within the service and staff confirmed the team were close and worked well together. We saw that they made themselves accessible to people and each other, so that any issues could be dealt with promptly. There was clear leadership with a positive culture that was person centred, inclusive and empowering.

Staff told us their opinions were listened to and suggestions taken into account when planning people's care and support. They felt able to challenge ideas when they did not agree with these. Communication had improved and they were enabled to influence the running of the service.

The registered manager worked to ensure the service delivered quality care. They used satisfaction surveys, meetings and internal audits to monitor the quality of service provision, and to give people the opportunity to express their views. Records confirmed that the provider's quality monitoring team visited the service to undertake audit checks. A record of visits was maintained, detailing the areas looked at and which required action to be taken.