

Oakfield (Easton Maudit) Limited

# Oakfield at Yardley Hastings

## 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?	Outstanding ☆

# Summary of findings

## Overall summary

### About the service

Oakfield at Yardley Hastings is a residential care and supported living service providing personal care for people with learning disabilities and autism. At the time of inspection, there were three people receiving residential care and seven people using the supported living service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service supports people in a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. This is larger than current best practice guidance. However, the building supports people requiring residential care in the same building as the people who receive the supported living service. The size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were identifying signs and CCTV however these were discrete and helped to blend the building into the residential area and to minimise the identification of a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People enjoyed living at the home and were empowered to live a fulfilled life. The provider was extremely skilled and committed to forward planning and considering people's future.

People received safe care, and staff understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks associated with people's lives, and staff we spoke with felt safe supporting people with a wide range of needs.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored safely, and records showed that they were administered correctly.

Staffing support matched the level of assessed needs within the service and staff were trained to support people effectively.

People were supported to have their nutritional needs met. Healthcare needs were met, and people had access to health professionals as required. Care plans outlined any support people required to manage their healthcare needs.

People's consent was gained before any care was provided. Staff treated people with kindness, dignity and respect and spent time getting to know them.

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.

Care plans reflected peoples' likes, dislikes and preferences. People were empowered to make their own choices about what interests they pursued. This included holidays and activities with staff they enjoyed spending time with.

A complaints system was in place and used effectively. The registered manager was keen to ensure people received good care and support and listened to feedback when provided.

Investigations took place into accidents, incidents and any events that could be learnt from. Learning was shared with the team and improvements were made when required.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 9 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

# Oakfield at Yardley Hastings

## 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 Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Oakfield at Yardley Hastings is registered as a 'care home', and as a supported living service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides a supported living service. Oakfield at Yardley Hastings provides care and support to people living in one 'supported living' home, alongside people receiving residential care, encouraging people to live as independently as possible in their own self-contained flat, with some shared communal areas. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### 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 sought feedback from the local authority and professionals who work with the service. We also asked Healthwatch for their feedback on this service. Healthwatch is an independent consumer champion that gathers and represents

the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met eight people who used the service, three members of care staff, the deputy manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at all staff documentation in relation to recruitment and staff supervision. 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to receive safe care and support. Staff had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse. There was a transparent approach to safeguarding and alerts were raised when necessary.

Assessing risk, safety monitoring and management

- People understood how staff could help them to manage any known risks. For example, each person received personalised support to manage their medicines.
- Care plans informed staff how to provide care that mitigated these known risks. Staff were kept up to date with changes in people's care needs, and risk assessments were reviewed when necessary.

Staffing and recruitment

- Safe recruitment practices were followed. People using the service were involved in the recruitment process to ensure staff had appropriate skills and values to provide the support people required.
- Appropriate background checks were completed on staff including references. All employees' Disclosure and Barring Service (DBS) status had also been checked. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff deployed to provide people with their individual care, and to enable people to choose which staff they wanted to support them.

Using medicines safely

- People had their medicines securely stored in their own flats and staff supported people to take them safely.
- One person said, "I help with the counting and ordering of my medicine. I like doing that."
- Staff received training in the safe management of medicines and their competencies were regularly checked.

Preventing and controlling infection

- People were protected from the risks of infection by staff who understood how to maintain hygienic practices. For example, by using protective clothing when needed.
- Shared spaces, furnishings and equipment were kept clean. The home had housekeeping staff and care staff also supported people with daily living tasks to help maintain a hygienic environment.

### Learning lessons when things go wrong

- The registered manager took a detailed approach to learning from incidents.
- Investigations were completed, and learning was shared with staff to help prevent further incidents.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before they came to the service.
- People's life history's wishes and preferences had been identified so people could receive care and support how they wanted. Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had, and this was embraced and supported by the service.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction which ensured they understood how to support each person's needs.
- Staff received additional training to meet people's specific needs, for example behaviour support, first aid and epilepsy.
- Staff received regular supervision and were well supported by the management team.

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

- People were given appropriate support to maintain good nutrition.
- People were involved in making individual choices about their meals and staff supported them to have meals they enjoyed.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked well with other agencies to provide consistent care. This was particularly crucial as people's care needs changed and additional specialists such as Speech and Language Therapists (SALT) were involved.

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

- The service was split into separate flats with people's own kitchen areas and bathrooms. People had access to communal living areas, kitchen, laundry facilities and outside spaces. The layout of the property encouraged people to be independent and complete their own daily living tasks as independently as possible.
- People had access to outdoor spaces where animals and produce were grown which further helped people's independence and living skills.
- Staff were readily available to support people in the kitchen area and people were supported in line with their abilities and preferences.

- People were able to decorate and arrange their bedrooms individually and with all their personal belongings around them.

Supporting people to live healthier lives, access healthcare services and support

- People had the support of healthcare professionals when they needed it. People were able to visit healthcare professionals with staff when required and felt reassured by this.
- People had detailed health action plans which contained essential information if people required immediate medical help. This enabled other professionals to have an insight into people's healthcare backgrounds, and how to communicate with people.

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

People 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care plans contained mental capacity assessments when people had had been unable to make decisions about their care.
- When people did not have capacity to make their own decisions, and a DoLS (for those people in the care home) or Court of Protection Order (for those people receiving the supported living service) was required, this had been requested. At the time of inspection, two people had a DoLS authorised and one person had a Court of Protection Order authorised. Staff promoted people to have as much independence and freedom as possible.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were supported with kindness and care from staff. During our inspection we saw staff interact with people in a warm and friendly manner and engage with people well throughout the day. One person told us they were happy. Another person smiled and spoke warmly of the care staff that supported them.
- People had loving relationships with staff and enjoyed spending time with them. Staff remained professional and caring and helped people to understand appropriate barriers to ensure people learned how they could respect people's personal space.
- Staff and the registered manager clearly knew the people using the service well. They understood the way in which they wanted to be cared for and respected them as individuals.

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

- Care plans included details of people's life history, and about the people that were important to them. This information was used by staff to ensure they provided care which met people's needs, in the way they wanted.
- Staff understood people's different communication requirements and provided different ways to support people to express their views and choices. For example, by creating individual photo or picture books to help people communicate.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves to great effect. The whole staffing team went to great efforts to improve and support people's independence as much as possible. For example, by supporting people to choose and buy their own car.
- People were treated with dignity and respect. For example, staff supported people to maintain their dignity and self-respect by ensuring their bodies were adequately covered up when they were unaware their body had become exposed.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 had comprehensive care plans in place which reflected their care needs, likes and preferences.
- Care plans were reviewed and updated when changes had been identified.
- People's care was personalised to meet their preferences and choices. People were empowered to make their own decisions and the staffing team were flexible to meet people's requests. People were encouraged to choose the staff they wanted to support them, and this was respected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During the assessment process people's communication needs were assessed and discussed, and a care plan was completed which supported people's requirements.
- People were supported to access information in a format they could understand. For example, when necessary, people were supported to understand their food choices using photos. People were also able to choose the staff they wanted to support them with the use of photos.

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 supported to spend their time in ways they enjoyed. The staffing team were flexible and responded to people's requests of which staff they wanted to support them, and where they wanted to go.
- People were supported to pursue their interests and a variety of activities. Some people chose to work/volunteer in the community, and staff worked with people to encourage them to be as independent as possible to do this. People also enjoyed going on holiday and completing activities within the home.
- People were able to maintain relationships that were important to them. They could have visitors and spend time with people important to them. Staff worked with people to ensure they could maintain good relationships with their family.

Improving care quality in response to complaints or concerns

- People were able to raise complaints and concerns and were supported to do so.
- Staff had regular meetings with people, which encouraged and empowered people to be heard. People were given opportunities to provide feedback about any concerns on an informal basis.
- Complaints were investigated and responded to appropriately with staff advocating for people's own

choices when necessary.

#### End of life care and support

- Systems were in place for people to express their end of life care wishes.
- People had care plans in place which recorded their wishes for the end of their life.
- At the time of inspection, nobody was receiving end of life care.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider demonstrated exceptional leadership and inspiring forward thinking. They kept people at the heart of the service. For example, as people aged, and their health needs changed, the provider recognised that an existing building would not be sufficient to meet the needs of the people that lived there. They worked with people to identify better suited accommodation that would enable the group of people to continue living together as they had done for many years. People were fully involved and empowered in making decisions about their home and were further encouraged to build on and learn independent living skills as a result.
- The overwhelming culture and ethos within the service was a commitment to empowering people to make as many of their own decisions as they could manage and focussed on supporting people to have fulfilled lives they loved and enjoyed.
- People had good outcomes using the service. The management and staffing team were proud and impressed with the achievements and developments people had made since they had begun using the service. They spoke with honour and respect at people's successes: from one person now having incredible health improvements to another person having the confidence and dream achieved of hosting their own art exhibition. Staff worked compassionately with people to improve their lives and give them the best outcomes.

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 registered manager took an open and extensive approach to learning from incidents. For example, the provider recognised that the opening of windows was causing anxiety and upset to people using the service. As a result, the provider purchased an air cooler to use in the summer months to help ensure comfortable temperatures for people. This had been effective at reducing people's anxiety.
- The registered manager understood and welcomed the approach of honesty and integrity and understood the need to apologise if people's care had failed. There had been no duty of candour incidents at the time of the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their responsibilities and were positive about the leadership structure in place. Staff were empowered to take on extra responsibilities and this helped the staffing team work together and

understand the systems that were in place. For example, the service had medication and autism champions which enabled specific members of staff to have additional training. This further helped them build skills and knowledge they could use to support people using the service. The provider invested in staff without question, when it was clear this would further improve the support people received.

- The staff and management team worked together to ensure the service performed well and regulatory requirements were complied with. Auditing systems were exceptional at reviewing the quality of the service and seeking people's feedback.
- A collaborative approach was taken to reviewing the quality performance of the service which involved a number of staff including the nominated individual, the registered manager, the deputy manager and other senior members of staff. The leadership team genuinely welcomed feedback and took immediate action when necessary. For example, following an incident this was reviewed and immediate action taken to prevent similar reoccurrences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were invited to regular 'Be Heard' meetings where they were empowered and encouraged to speak up and share their views about any aspect of their care and support. People were largely positive and pleased with their care but when suggestions were made, these were acted on promptly. For example, how people wished to celebrate upcoming birthdays and events.
- The provider was transparent about upcoming plans and kept staff involved in the future of the service. Staff were respected and their input regarding the future of the service was valued. The management team recognised staff as experts in the care people enjoyed and encouraged them to offer suggestions for improvements.
- Questionnaires were also sent out to people, their relatives and other professionals involved in the service. Questionnaires asked for feedback on the quality of care being received and if any changes were required. At the time of inspection, the results were being analysed however the comments within them were very positive.

Continuous learning and improving care

- The provider was continually reviewing the care people received and seeking improvements on both a long term and short term basis to help improve people's lives. For example, the provider had plans in place to change an existing building to provide people with improved facilities. This was in the event that people's health deteriorated, and they may need the use of ceiling hoists or wet rooms and this could be accommodated without the need for people to move home.
- The management team closely reviewed and monitored all accidents and incidents. Records showed timely action was taken to reduce the likelihood of repeat incidents to ensure people received safe care. For example, reflecting on situations when people had displayed behaviours that challenged them and others to identify possible triggers.
- We saw that all aspects of the service were looked at, including health and safety, maintenance and medication. We saw that when errors were discovered, improvements were actioned.

Working in partnership with others

- Oakfield at Yardley Hastings were an integral part of the community, and the provider worked with members of the community to further enrich people's lives. For example, volunteers with specific skills were identified and supported to work with people where this could bring them benefit.
- The provider organised community events and welcomed people into the home. For example, in the summer a barbecue for approximately 150 local people had been arranged, the provider also organised roadshows and events where people could sell the produce they had grown at the service.
- The provider had developed flourishing relationships and working partnerships with other agencies

involved in people's care. For example, strategies were in place to ensure people could receive the healthcare support they required, and people were able to see good outcomes because of this.