

Autism.West Midlands

Oakfield House

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

Oakfield House 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. Oakfield House accommodates 20 people in one adapted building, with areas for people to spend time together or more privately as they choose. People have the space they need to enjoy their hobbies.

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 autism, some of whom have additional learning disabilities, can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People's care was provided by staff who took action to promote their safety and staff knew what action to take if they had any concerns for people. Staff understood people's individual safety needs and worked with them to reduce the risks they experienced. This included when people chose to try new experiences. There was enough staff available to care for people in the ways they preferred. People were supported to manage their medicines independently where possible, or with support from staff.

Staff assessed people's care needs and involved people who knew them, so people's needs were promptly met when they moved into the home. People benefited from receiving care from staff with the skills and experience to meet their needs. People enjoyed their mealtime experiences and were supported to access the health services they needed to remain well. Staff supported people to use IT and sensory equipment where they liked to do this, and people had decided how they wanted their rooms to be decorated. 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 supported this practice.

People were relaxed with staff and enjoyed spending time with them. People's communication needs were known by staff who responded in the best way to support people's day to day choices. Staff promoted people's dignity and independence by encouraging and supporting people to make their own choices..

People's care had been planned by taking their individual wishes and needs into account and was regularly reviewed. Staff communicated information regularly with other staff and relatives, so people's care would be varied to meet their changing needs. People and their relatives knew how to raise any concerns or complaints they may have and were confident these would be addressed.

Staff had been supported to understand how they were to care for people so people would enjoy a good quality of life. The provider and the registered manager checked on the quality of the care provided to

people by communicating with people and their relatives and checking their care records. The registered manager listened to the views of relatives and staff when developing people's care and the home further. This included refurbishment of people's rooms and the communal areas of the home. Senior staff had built effective working relationships with other organisations so people would benefit from trying new experiences and the best chance to access health services.

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?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Oakfield House

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, unannounced inspection which took place on 23 and 24 November 2017. The inspection was undertaken by one inspector.

As part of the inspection we reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We requested information about the home from the Healthwatch and the local authority. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority has responsibility for funding people who used the service and monitoring its safety and quality.

We used information the provider sent us in the Provider Information Return. 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

During our inspection we spent time with people in the communal areas of the home and saw how staff supported the people they cared for. We spoke with three people who lived at the home. We have therefore not used quotes within this report and the examples we have given are brief because we respect people's right to confidentiality. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four relatives as part of the inspection and two health care professionals.

The registered manager was not available on the days of the inspection so we talked with the deputy manager of the home and the provider's representative. We talked with nine care staff members, a member of the catering staff and one cleaner. We contacted the registered manager after the inspection visit to discuss plans for developing the care people received further.

We checked a range of documents and written records. These included five people's care records, documents showing us how people's medicines were managed, and actions undertaken to help to monitor and promote people's safety. We saw key policies and procedures were in place, such as how people's rights were promoted, how the staff would respond to any complaints made and how staff were encouraged to raise any concerns they had for people's well-being. Staff training records and three staff recruitment files were also checked.

We also looked at information about how the provider and registered manager monitored the quality of the care provided and the actions they took to develop the service further. This included questionnaires completed by people's relatives, minutes of meetings with the relatives' group, The Friends of Oakfield House and minutes of staff meetings.

Is the service safe?

Our findings

People were comfortable and relaxed with the staff that supported them. Relatives we spoke with highlighted staff regularly discussed ways to help protect their family members. One relative told us "We talk about safeguarding at The Friends of Oakfield House [relatives'] meetings". People's relatives said because of the way staff supported their family members they were confident their safety needs were met. One relative told us they often called in to see their family member, and said, "I have never seen anyone there unsafe. [Person's name] is safe and ok."

Staff understood how to support people if they were at risk of harm or abuse. This included raising any concerns they may have with the registered manager or external organisations with responsibility for promoting people's safety. Staff were confident if they raised any concerns the registered manager would take action to help to protect people.

One person told us staff talked with them about risks they experienced and their safety needs. The person explained how staff supported them to learn the safest way to leave the home, in the event of an emergency.

Staff knew what people's individual risks were, and explained how they cared for them so their risks were reduced. Staff members gave us examples of the risks some people had to their physical safety and mental health. Staff explained some people were at risk from using some household equipment, others from choking and also of becoming anxious. We saw staff supported people so risks to their safety and well-being were reduced. For example, staff encouraged people to take their time when moving round their home and provided people with reassurance in the ways they preferred.

People and their relatives told us there was enough staff to care for people and meet their needs. Staff we spoke with were positive about the number of staff available to support people. One person told us this included enough staff time for them to go out and do things they enjoyed. One staff member explained how staffing was arranged so people would have the opportunity to do things they enjoyed, at the times to suit them. We saw staff were available to care for people at the times people wanted to be supported. We also found the number of staff made available to care for people reflected people's safety and well-being needs. The registered manager and provider had made checks on the suitability of staff employed so risks to people's safety were further reduced.

Staff supported people to have the medicines they needed to remain well and free of pain. Relatives told us staff always ensured they had the medicines required when their family members returned to their family homes. A health professional we spoke with told us staff monitored people's medicine needs carefully, and regularly arranged reviews of people's medicines.

Staff were not allowed to administer people's medicines until they had received training and their competency had been checked. We saw staff kept clear records of the medicines people had received and regular checks were made to ensure people had the medicines they required.

People were supported by staff who took action to reduce the chance of infections. This included using protective clothing and maintaining regular cleaning routines to reduce the likelihood of infection. Staff we spoke with told us the equipment they needed to do this was always made available for them to use.

We saw the registered manager and provider had systems in place to manage and promote people's safety. Staff gave us an example of changes which had recently been introduced to further reduce risks to people in the way medicines were administered.

Is the service effective?

Our findings

Relatives told us their views on the needs of their family members were taken into account before their family members moved into the home. One relative explained as a result of this, their family member had quickly settled into life at the home. The relative said, "They [staff] found out what [person's name] needs were. They did a really thorough assessment to see if they could meet [person's name's] needs."

Staff gave us examples of how they had worked with other organisations so they would have the information they needed to decide if they could support people safely in the ways they needed. Records we saw showed us staff had considered what support people needed and how people liked their care to be given.

People told us staff knew how to help them. One person explained staff were very good at helping them with their personal care. One relative said, "From the way they [people and staff] interact with I can tell they have a very good understanding of autism." Staff told us they had received training which matched the needs of the people they cared for, such as autism awareness. This included staff whose main role was to provide domestic support. This helped to make sure people were received the care they needed from the whole staff team.

Staff were confident if they identified any additional training this would be arranged, so people would benefit from receiving support from staff who knew how to care for them. One staff member told us they had worked with more experienced staff when they first came to work at the home, so they would know how people liked to be cared for. The registered manager explained they also undertook training with the staff team, to support staff's understanding of the best way for their knowledge to be applied. Records showed us staff had undertaken a wide range of training.

People told us they liked their meals. One person told us staff knew they really enjoyed pasta, so this was often made for them. One person we spoke with told us they enjoyed making their own drinks and snacks. One relative we spoke with told us how much their family member looked forward to regularly choosing food which reminded them of their culture and heritage.

Staff knew if people had particular dietary needs to help them remain well, such as diabetes. Staff gave us examples of how they recognised when some people wanted additional food or drinks prepared when they were not able to directly communicate their needs. We saw this happen during our inspection and that staff took action to support people to have enough to eat and drink.

People and their relatives gave us examples of the actions staff took to work with other organisations so people's health needs were met. One relative told us about the work staff had done with their family member's GP practice. As a result of this, their family member now needed less medication to remain well. Records we saw showed people had regular access to a wide range of health professional including GPs, dentists and speech and language specialists and mental health specialist, so they would enjoy the best health possible.

One health professional told us how staff worked with them so people would get the care they needed. The health professional said, "Some people have significant health problems, and severe autism." The health professional said as a result of the way staff worked with their organisation people had the health care they needed promptly. The health professional told us because of this, "It's in keeping with excellent care. They [staff] do their very best for them [people], and are very patient centred."

We saw people had specific plans in place so health professionals from other organisations would know how people liked their health care to be provided.

People spoke enthusiastically about their rooms. We saw these reflected people's interests and needs, including specialist equipment to meet people's sensory needs. People were able to enjoy dedicated areas of the home to pursue their interests, or to spend time quietly if they wished, to reduce their anxiety. Key information to help people stay safe and to reassure people, such as which staff members were due to care for them, was clearly displayed in photos and pictures for people to see.

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). We saw staff had received training so they would know how to promote people's rights and had followed the processes necessary when depriving people of their liberty. We also saw where people needed some decisions to be made in their best interest this had been done with input from staff who knew people well, health practitioners and people's relatives.

Is the service caring?

Our findings

People smiled when they were in the company of staff and told us they liked the staff that cared for them. Relatives were positive about the way staff supported their family members. One relative said, "[Person's name] knows all the staff and staff have been wonderful to me and [person's name]." Another relative said, "They [staff] are very caring and approachable. [Person's name] is so at ease because they are caring." The relative told us because of this their family member very much enjoyed living at the home.

Staff spoke warmly about the people they cared for, knew what interested them and how they liked to be reassured and comforted. One staff member said, "I found out [person's name] really enjoyed movies, so we chat about this. You find out about people's sense of humour, so you can share a joke." Another staff member told us about the actions they had taken when one person was thinking of moving into the home. The person's relative confirmed their family member had the opportunity to meet with staff and other people living at the home before they moved in. The relative told us this gave staff the opportunity to chat to their family member about their interests from their very first meeting with them.

We saw staff took time to acknowledge people, and to communicate with them in the ways they preferred. This included showing people things they might like to do, visually, such as art projects, where some people preferred this method of communication. By doing this, people were given the best opportunity to be included in the daily life at the home.

People gave us examples of the decisions and choices they made about their care and support. This included choices about how their rooms were decorated, what interesting things they may like to do and choices regarding the clothes they wanted to wear. Relatives told us they were encouraged to contribute to major decisions affecting their family members, such as the healthcare they received. Staff gave us examples of the ways they worked with individual people, so they were supported to make some decisions. One staff member described how they showed one person photographs of possible holiday destinations, so they would be able to make their own decisions.

One relative told us they were always able to spend time quietly with their family member in their room, when they visited. Staff recognised people's rights to dignity, independence and privacy. One staff member explained how one person had been supported to manage some of their own medicines safely. The staff member explained this had been done taking into account the person's preferred way of communicating, so pictures were used to support the person to administer their own medicines, safely. The person's relative told us how much their family member valued this independence. Another staff member explained how important it was for some people to have their own keys to their rooms, as this helped them to feel secure and to enjoy privacy when they wanted this.

We saw people's personal information was securely stored, so people's right to privacy was promoted.

Is the service responsive?

Our findings

The registered manager had sent us some information about the way people were cared for before the inspection. In this, the registered manager told us people living at the home benefited from having personalised care plans. One person told us they had talked to staff about the support they wanted and said they had made their own decisions about interesting things they wanted to do. The person told us they had a copy of their care plan and other information. The person told us this helped them, as they always had something to look forward to. Relatives were very positive about the way the care provided to their family members had been tailored to meet their needs. One relative told us, "They [staff] care for everyone as an individual. They see not one person living there is the same. They don't treat them as a block."

Another relative said, "Staff know [person's name] pretty well, and know what they like." The relative explained this knowledge was used by staff so their family member was supported to do things they enjoy doing. This included spending time using IT equipment, which the person really liked to do. A further relative highlighted how much more independent their family member was, due to the way staff supported and encouraged their family member.

Relatives told us they were encouraged to make suggestions for the best way for their family member's care to be planned. Relatives told us their views were listened to. One relative said because their family member's care and support was carefully planned their family member was now more comfortable going for health appointments. The relative said, "It was a massive thing for [person's name] to have the 'flu jab in the past, but it's not a problem now."

We saw that relatives and health and social care professionals were consulted as part of the regular care planning and reviewing processes. One health care professional we spoke with confirmed their advice was incorporated into people's care plans, so people's needs would be met.

Another relative explained how they had been involved in planning a holiday for their family member. The relative said staff had wanted to provide their family member with an opportunity to do things they may enjoy in an unfamiliar environment. The relative said, "Their [staff's] approach was to give it a try, and they had a 'Plan B' in place, in case it did not work. [Person's name] world is opening out. Staff are expanding their experience and [person's name] sounded so happy about what they had done." Staff told us they were encouraged to make suggestions for improving the care provided to people and their views were taken into account.

Staff gave us examples of the different ways they supported people so they would have the care they needed and enjoy a good quality of life. One staff member told us about the specific work they did so one person's anxiety was reduced when attending health appointments. The staff member explained plans had been put in place so health care reception staff would not wear their full uniforms when the person visited them. The staff member explained how they had supported and reassured the person throughout their appointment, so their health needs would be met with minimum risk to their well-being. Another staff member told us, and we saw, how one person was supported to do things they enjoyed in a structured and consistent way,

so their anxieties were reduced.

Relatives told us staff varied how they worked with their family members' as their needs changed. One said, "Staff's view is that it is not about itineraries, it's about [person's name]" Staff told us they communicated information about people's changing needs, so they could make daily adjustments in the care plan for them, to ensure their needs were met. We saw this included adjustments in respect of their health needs, medicines and interesting things for people to do.

Relatives told us people were supported keep in touch with people who were important to them. One relative told us they had recently requested a change in when staff supported their family member to see them. The relative told us staff had been flexible, and taken the action required so their family member would still benefit from seeing people who were important to them. Staff gave us examples of the different support they gave to people so they would be able to maintain relationships which were important to them. Staff told us they supported some people to keep in touch using ipads and telephones, if their family members were not able to visit them regularly.

One person told us they would be happy to talk to staff if they had any concerns or complaints. We saw "easy read" information was displayed so people would have the information they needed to make any complaints. Relatives told us they had been given information on how to raise any concerns or complaints they may have about the care provided to their family members. None of the relatives we spoke with had needed to raise any complaints about the care provided. Relatives told us this was because staff listened to any suggestions they made about the care provided. We saw processes were in place to manage any complaints received, so any lessons would be learnt.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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 manager was not available on the days of our inspection, so we spoke with them afterwards. The registered manager told us their vision for people living at the home. The registered manager said, "I want people to have the best quality of life and [breadth] of experiences, and I want them to be happy in their home. I want parents to be confident they [people] are looked after well."

People told us how much they liked living at the home and said they enjoyed spending time with the senior and care staff that supported them. People's relatives were complementary about the way the home was managed. One relative told us, "It's such a nice atmosphere for [person's name]. We consider ourselves lucky to have found it."

Another relative said. "[Person's name] seems happy at Oakfield House and senior staff know them well." Two relatives told us they knew the home was managed well, because whilst their family member's enjoyed going home for visits, they always looked forward to returning to Oakfield House. A further relative said, "I am confident [person's name] is well taken care of. Everything is done so well, I can't praise them [staff] enough. They deserve a good rating."

In the PIR they returned, the registered manager told us, "We always try to foster a culture of openness." The views of the people, relatives and the health professionals we spoke with confirmed this approach was embedded in the way people were cared for.

People told us they saw the registered manager and senior staff regularly. Relatives told us they were able to contact senior staff without delay and any suggestions they made for developing their family member's care or the home further were actioned. Two relatives told us about "The friends of Oakfield House" relatives' group. One relative explained the group had made suggestions about the refurbishment of some areas of the home, and the actions senior staff were taking to develop the home further for the benefit of the people living there. Another relative told us they could rely on senior staff to take part in the group, and advised us provider's representatives also attended. They said, "If anything important is going on, we know staff will let us know."

Staff told us they were encouraged to make suggestions for developing people's care further. The registered manager gave us an example of suggestions staff had made for people to do new things they may enjoy, safely.

Staff told us the registered manager and senior team set clear expectations for how they were to care for people. All the staff we spoke with told us the registered manager wanted people's care to be tailored to

them, and meet their needs, so they would get the best out of life. Staff told us they were supported to do this through regular contact with the registered manager and senior staff and one to one meetings with their managers. One staff member said, as a result of this, "People living here are ridiculously comfortable, and there's a real family atmosphere."

Relatives told us they were encouraged to provide feedback on their family member's experience of living at the home through care plan review meetings and by completing annual quality surveys. We saw the comments made by relatives on the surveys were very positive. The registered manager explained they were supported to provide good care to people by regular contact with the provider and sharing best practice with the provider's other managers.

Senior staff and the registered manager regularly checked people were receiving a good standard of care and took action based on the findings of the checks they made. The provider also made independent checks, so they could be assured people were receiving the care they needed. We saw action and learning was taken from the checks made, so people's care would be developed further.

The health care professionals we spoke with were complementary about the way the home was run, and commented on how well senior staff knew the people they cared for. The health professionals emphasised how staff took the individual needs of the people they cared for into account.

One health professional gave us an example of the way their organisation and the staff at the home had worked together, so one person would get the support they needed to access health services and remain well. This had included both organisations preparing a "social story" for people to see, so their anxiety would be reduced. The health professional said, "There's been a consistent management team and we enjoy a good working relationship. They prepare people well for visits." The registered manager gave us examples of the ways they worked with other organisations, so people living at the home would have good access to other services, and the opportunities to use local leisure facilities.