

The Oaklea Trust

Walby Hill (Adult Care Home)

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

The inspection took place on 11 January 2017 and was announced. We gave the provider 48 hours' notice because people and staff were often out in the local community and we wanted to make sure that they would be available.

Walby Hill (Adult Care Home) provides personal care and accommodation for up to seven people who have learning disabilities. There were seven people living at the service at the time of the inspection. We last inspected the service in December 2015 and found three breaches of the regulations. These related to the need for consent, safe care and treatment and good governance.

At this inspection we found that action had been taken and the provider was now meeting all the regulations we inspected.

There was a registered manager in post. 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 premises were clean well maintained. A new bathroom had been fitted and a kitchen refurbishment was planned. Checks and tests had been carried out to ensure the building was safe.

People told us they felt safe. There were safeguarding policies and procedures in place. Staff told us that they had not seen anything that had concerned them. The local authority's safeguarding adults team told us there were no safeguarding concerns regarding the service. Medicines were managed safely.

Safe recruitment procedures were followed including a Disclosure and Barring Service check (DBS) and references. There were sufficient staff on duty at the time of the inspection. Staff received appropriate training and support to enable them to care for people effectively.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) including the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. MCA is a law that protects and supports people who do not have ability to make their own decisions and to ensure decisions are made in their 'best interests' it also ensures unlawful restrictions are not placed on people in care homes and hospitals. The registered manager had submitted DoLS applications to the local authority for authorisation in line with legal requirements.

People were provided with support to meet their nutrition and hydration needs. We observed positive interactions between people and staff. Staff promoted people's privacy and dignity.

People were supported to access the local community and maintain their hobbies and interests. A

complaints procedure was in place.

An effective quality assurance system was now in place to ensure that people received safe, effective and responsive care which met their specific needs and preferences. The provider was meeting the conditions of their registration.

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.

There were safeguarding procedures in place. Medicines were managed safely.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs.

Is the service effective?

Good 

The service was effective.

Staff told us, and records confirmed that training was available. There was an appraisal and supervision system in place.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

Is the service caring?

Good 

The service was caring.

We saw positive interactions between staff and people who lived at the service.

Staff promoted people's privacy and dignity.

There were systems in place to ensure people were involved in their care and support.

Is the service responsive?

Good 

The service was responsive.

Support plans were in place which detailed the individual care and support to be provided for people.

Arrangements for social activities were inclusive and met people's individual needs.

There was a complaints procedure in place and pictures had been added to make the words easier to understand. No complaints had been received.

Is the service well-led?

Good ●

The service was well led.

Audits and checks were carried out to monitor all aspects of the service. An action plan was developed to highlight any areas which required improving.

Staff were very positive about working for the provider and the registered manager. They said they felt valued and enjoyed working at the service. We observed that this positivity was reflected in the care and support which staff provided.

Walby Hill (Adult Care Home)

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.

The inspection was carried out by one inspector. We visited the service on 11 January 2017. The provider was given 48 hours' notice because the care home was small and people were often out during the day and we needed to be sure that someone would be in.

We spoke with six people who lived at the home. Following our inspection, we spoke with one person's relative.

We talked with the registered manager and two support workers on the day of our inspection. We examined two people's care records. We also checked records relating to staff and the management of the service.

We consulted with a member of staff from Northumberland local authority safeguarding team and a local authority contracts officer. We conferred with a care manager and infection control practitioner from the local NHS Trust.

Is the service safe?

Our findings

At our previous inspection we identified a breach of Regulation 12 'Safe care and treatment' which related to the premises and infection control. At this inspection we found that improvements had been made.

The premises were well maintained. A new bathroom had been fitted and a kitchen refurbishment was planned. Checks and tests had been carried out on water, gas and electrical installations and portable appliances to make sure they were safe. Fire safety checks had been regularly completed.

Personal emergency evacuation plans were in place which detailed how people should be evacuated from the building in an emergency. There was a contingency plan in place which gave staff guidance about what actions they should take in an emergency to help ensure that people remained safe.

The service was clean and best practice guidance was followed in relation to infection control. Staff had access to dissolvable laundry bags which help limit the spread of infection. These laundry bags are placed directly into the washing machine and therefore reduce the handling of soiled washing. Colour coded equipment and materials were used. Colour coding of cleaning materials and equipment helps ensure that these items are not used in multiple areas, therefore reducing the risk of cross-infection. Liquid hand soap and paper towels were available in toilets and bathrooms. This meant that staff had access to suitable handwashing facilities. There was an infection control champion in place. This meant there was a designated staff member in place to oversee infection control procedures at the home.

We spoke with an infection control practitioner from the local NHS Trust. She told us that she had carried out infection control training for staff at the home. She said, "The manager was very keen to organise training following your inspection and staff were very receptive to the training."

People told us they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. The local authority's safeguarding adults team said there were no ongoing safeguarding concerns.

We checked staffing levels at the service. There were seven people living at the service at the time of the inspection. Three staff were on duty throughout the day. At night there was one 'sleep in' member of staff who would wake up if assistance was required. We saw that people were able to access the local community because there were sufficient staff to support them. Staff carried out their duties in a calm unhurried manner and had time to provide emotional support.

We checked the management of medicines and found that they were managed safely. Staff were knowledgeable about the medicines people were prescribed. We looked at two people's medicines administration records [MARs] and saw that these were completed accurately. Medicines were stored in a cupboard in the dining room and staff now recorded the temperature in this cupboard to ensure that a safe temperature was maintained to protect the efficacy of medicines. We found that there was a safe and effective system in place for the receipt, storage, administration and disposal of medicines.

We examined staff recruitment. Checks were carried out to confirm applicants were suitable to work with vulnerable people. This involved obtaining written references including one reference from the applicant's previous employer and a Disclosure and Barring Service check [DBS]. The DBS carry out checks to help employers make safer recruitment decisions and help prevent unsuitable staff from working with people who use care and support services.

Risk assessments were in place which had been identified through the assessment and support planning process. We noted that risk assessments had been completed for a range of areas such as accessing the local community. This meant that risks were minimised and action was taken to help keep people safe.

Is the service effective?

Our findings

At our previous inspection we identified a breach of Regulation 11 'Need for consent.' We found there was no documentary evidence that staff were following the principles of the Mental Capacity Act 2005 (MCA). At this inspection we found that improvements had been made.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. The manager had completed DoLS applications for all people who used the service in line with legal requirements. One application had been rejected and two had been authorised. Four applications were waiting to be processed by the local authority.

We found staff were following the principles of the MCA. Best interests decisions had been made following consultation with health and social care professionals in relation to one person's dental treatment and another person's medical tests. The manager was further strengthening the service's records to ensure that it was clear how the MCA was followed.

Staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. One staff member said, "I found the infection control training massively interesting." All staff went through a system of training that started with induction training. New staff completed the Care Certificate as recommended by Skills for Care. The manager told us and records confirmed that all staff had completed the Care Certificate to update staff knowledge on all aspects of health and social care.

We saw that staff had completed training in health and safety and to meet the needs of people who lived at the service. Staff had completed the 'Care Homes and Nutritional Training' (CHANT) which was provided by the local NHS Trust's dietetics service. One staff member said, "I'm doing toe nail training – it's good for the customers that we can do the training we need."

Staff received support to understand their roles and responsibilities through supervision and an annual appraisal, known as a performance and achievement review. We noted regular staff supervision sessions were held and an annual appraisal was undertaken. Supervision and appraisals are used to review staff performance and identify any training or support requirements

Many of the staff had worked at the home for a considerable number of years. This experience contributed to the skill with which they carried out their duties.

We checked whether people's nutritional needs were met. People told us that they enjoyed the meals. A group discussion was held each week to decide what people would like to eat. Healthy options were encouraged. People took it in turn to prepare and cook the meals.

Meal times were a social experience and we saw that people supported each other with pouring drinks and passing condiments. People enjoyed fish pie for lunch. One person had requested battered fish because they did not like fish pie. There were yoghurts for pudding. One person was on a fortified diet and they enjoyed a slice of cake for dessert. At tea time people told us it was "Bricks on toast for tea." Staff explained that this was one person's name for ravioli on toast and everyone liked the alternative name so much that 'bricks and toast' was adopted.

People's dietary likes and dislikes were recorded in the support plans. We read that one person liked ice cream and enjoyed cheese sandwiches and bananas. Another person did not like pasta or mushrooms. This meant that information was available to help ensure that people's dietary preferences could be met.

People told us and records confirmed that staff supported them to access healthcare services. We read that people saw the GP, specialist consultants, opticians and chiropodists. People had a health action plan. A health action plan is a personal plan which states what people need in need to stay healthy. Each person also had a 'Hospital passport.' These contained details of people's communication needs, together with medical and personal information. This document can then be taken to the hospital or the GP to make sure that all professionals are aware of the individual's needs.

Is the service caring?

Our findings

People told us that the staff were caring. Comments included, "I have been here a long time and I like it," "I am happy here," "They [staff] have happy smiling faces" and "Yes staff are kind and nice." We read one person's monthly review. Under the question, "Do you like living at Walby Hill?" The person had stated, "Yes, I'm not moving to a new home."

Staff had recorded compliments from relatives. One staff member had written, "[Name's brother... Thanked us for looking after [name] in such a caring way."

We spoke with a care manager from the local NHS Trust. She said, "I like it at Walby Hill, there is a good atmosphere and everyone is happy... The staff are caring." The infection control practitioner told us, "The staff are lovely."

Staff were knowledgeable about people's likes and dislikes and could describe these to us. One person loved the singer Cher and proudly showed us their room which was decorated with various photographs and pictures of the singer. They even had a towel with her name on. Another person liked football and supported Newcastle United. They showed us their room which had football related bedding and a photograph of one of their favourite players.

We saw positive interactions between staff and people. Staff had their meal with people at lunch and tea time. One member of staff said, "It forms bonds. It is a social thing and shows we are equal." Staff reminded people that they could choose what they wanted to do. One person told a member of staff that she wanted to go to the music group. The staff member said, "It's your choice [name]." The person nodded and said, "Yes, my choice, my choice."

The service had a resident cat – Eddie, who people enjoyed looking after. One person lifted him up on her bed so she could stroke him more easily. Another person said, "I love him." Staff understood the impact which Eddie had on people's wellbeing.

We found the care planning process centred on individuals and their views and preferences. We read one person's support plan which stated, "I like to feed the birds and the cat" and "I like to have someone to read to me about the olden days." This meant that information was available to give staff an insight into people's needs, preferences, likes, dislikes and interests, to enable them to respond to their needs and enhance their enjoyment of life.

People were supported to maintain friendships and family contacts. We read one person's goal plan which stated, "To re-establish old friendships." Staff had supported the individual to send invites to their friends to ask them to come to a 'friends and family' social gathering. They had also invited another friend to come for Christmas lunch.

People's independence was promoted. One person helped to lay the table at meal times. They also enjoyed

answering the phone. We heard her answer the phone and say, "Hello, Walby Hill's secretary here, how can I help you?" The person then handed the phone to the manager. Following the phone call the manager said to the person, "[Name of caller] loved the way you answered the telephone; he thought you should do it all the time." The person smiled happily. We looked at one person's person centred plan which showed photographs of them making an apple and blackberry pie. There were photographs of the whole process, including the picking of the blackberries.

Staff treated people with dignity and respect. They spoke with people in a respectful manner. One person was attending a hospital appointment on the afternoon of our visit. We heard a person ask a member of staff, "Why is [name] going to hospital." The member of staff gently told the person that this information was private.

The environment promoted people's privacy. One person told us that she did not like curtains and chose not to have them in her room. Special privacy glass had been fitted. Staff told us that another person often forgot to close their curtains whilst they were getting dressed and undressed. Privacy glass had also been fitted in their windows. People had keys to their rooms. One person said, "I always lock my door."

People and relatives told us that they were involved in decisions about people's care. The relative with whom we spoke said, "Yes, I feel involved." Monthly review meetings were carried out to monitor people's care and support to ensure that timely action was taken if people's needs changed. Six monthly reviews were also carried out with people and their relatives. These meetings ensured that people were able to state how they wanted their care to be provided.

Is the service responsive?

Our findings

People and relatives told us that staff were responsive to people's needs. One person said, "They help me." One relative said, "[Name] had her 50th birthday and they were tremendous with organising that. They put themselves out... [Name] is so happy to be at Rothbury – they are so good with her" and "They are absolutely fantastic."

Staff had recorded complimentary feedback from people's dentists. These stated, "The dentist was very complimentary about [name] weight loss and the positive effect it has had on her oral health" and "Dentist congratulated us on our positive work in [name's] oral health and said to keep up the good work." We spoke with one person's care manager who told us "[Name] has come on leaps and bounds since being there."

We read two people's support plans known as "My Life My Choices" and noted that these were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a support plan for every aspect of their lives. These gave staff specific information about how people's needs were to be met. We read one person's support plan which stated, "[Name] likes routine and order in his life."

Monthly support reviews were carried out with people and their keyworkers. This meant there was a system in place to review people's care to ensure that their support continued to meet people's needs and ensure that people had a good life.

There was a key worker system in place. The appointment of key workers meant that people had a designated member of staff who helped ensure that their needs were met in a personalised manner. One member of staff said, "We are all a team and we look out for the customers' interests, but a keyworker will help them stay in touch with their families and set their goals and there is also the 'My Life My Choices' [support planning documentation] to do. We also hold support meetings. I took [name] down to visit his sister."

We noted that one person had previously required two to one support whilst they were out in the community because of road safety. We read that a goal had been set regarding re-educating the person about road safety. This involved watching road safety videos and practical support. We looked at a recent monitoring form which the manager had completed. This stated, "As a result, [of the intervention], [name] has returned back to one to one when out with staff."

People were involved in the local community. The service had their own 'house car' which was available to use at any time. People went to the accordion club and music reminiscence group. They also went shopping, swimming and visited garden centres. People had visited a nearby stately home called Wallington Hall which one person referred to as Downton Abbey. There was a notice board in the dining area which showed what people had done throughout the month. There were photos of people at the seaside with the words, "Bit chilly by the sea." We saw another photo of one of the people on a laptop with the caption, "Choosing my new television."

People were supported to maintain their hobbies and interests. One person told us, "I do knitting and I do tapestry." On the day of our inspection, people visited the accordion music group and went out for a walk. One person went shopping and also enjoyed an ice cream whilst out. .

People were also supported to go on holiday. One person proudly showed us the scrapbook she had made following her holiday at Haggerston Castle. There were various photographs, leaflets and memorabilia with diary entries for each day of the holiday. On the first day of the holiday the person had stated, "We had an ice cream and studied the map" and "We unpacked our cases and I chose the room with two beds."

Housekeeping skills were encouraged. People were supported to do their laundry, clean their rooms and cook. These skills are important because they help to encourage independence. One person showed us a photograph of her sweeping and mopping the floor.

There was a complaints procedure in place. No formal complaints had been received. One person stated that they wanted to go back to live in Berwick upon Tweed.

Is the service well-led?

Our findings

At our last inspection we identified a breach of Regulation 17 'Good governance.' We found shortfalls in the governance of the service. At this inspection we found that improvements had been made.

A variety of audits and checks were carried out to ensure that people received safe, effective and responsive care and support which was provided by competent staff. One of the regional managers carried out an annual check of all aspects of the service. We read the latest report which had been undertaken in May 2016. This stated, "All outstanding actions complete...Walby Hill has received a certificate for the home as 100% of the team attended infection control training." An external health and safety audit had been carried out. We read an email from the health and safety consultant to the manager which stated, "I would commend you on the efforts that you have put into the management of health and safety issues. The record keeping and organisation were excellent."

The manager completed a monthly management report which looked at issues relating to people, staff and the organisation. We read the most recent monthly report which stated that support plans and risk assessments were up to date and staff had supported people to set specific goals. She wrote that staff were supporting one person in their quest to get a tattoo and another person was trying to lose weight. The regional manager had oversight of the manager's reports and signed these off each month.

An improvement plan was in place which detailed actions to be completed and timescales involved. We read that a new kitchen was planned to be completed by June 2017. The manager had written, "To include cooker at waist height and separate handwashing facilities. Plans to be discussed with customers and choice of worktop and units to be decided by customers." This meant a system was in place to ensure the continuous improvement of the service.

Our observations and findings on the day of our inspection confirmed that there was an effective quality monitoring system in place.

There was a registered manager in post. She had worked at the home for 16 years as a support worker. When the previous registered manager left, she took over as manager in August 2015 and became registered in October 2015. She had completed a level three vocational qualification in promoting independence and was in the process of completing her level 5 in leadership and management. Staff and people spoke positively about her. Staff told us, "She is a great manager" and "She is very supportive."

The service had a positive culture that was person-centred, open, inclusive and empowering. People helped with staff recruitment. One person said, "I've asked questions." Their relative said, "I never thought they would do that, it's so good that they've been involved." People had chosen a question to ask prospective staff such as "Can you cook?" and "Do you have any hobbies?"

Surveys were carried out to obtain people's feedback. We read that one person stated that they would like a male member of staff. The manager told us that they were trying to recruit male staff but had received no

response from prospective male staff during their latest recruitment drive. She said they were trying to source volunteer male staff.

Staff told us that they enjoyed working at the service and morale was good. One staff member said, "I love it, I really do. This is genuinely one of the best jobs that I have ever done. I have been helped and encouraged to be a strong member of the team...The whole ethos of the company is individuality, they recognise that we are individuals and have different strengths." We observed that this positivity was reflected in the care and support which staff provided throughout the day.

The manager told us, and records confirmed, that they had sought third party assurance by participating in the Investors in People, a nationally recognised people management standard. These standards had been externally assessed.

The provider had signed up to The Health Charter which is designed to support social care providers to improve the health and well-being of people with learning disabilities, thus improving people's quality of life generally. They had also signed up to the Social Care Commitment. This is a promise made by health and social care organisations to provide people who need care and support with high quality services. We checked the Social Care Commitments website which stated, "By signing up to the Social Care Commitment providers are making a public statement of intent, not ticking a box because they have to, but choosing to make a commitment to achieving high standards. They care passionately about improving care services and want to demonstrate to the public that excellence can be standard; to raise expectations and restore confidence."

We considered the achievement and participation in various external organisations helped The Oaklea Trust demonstrate their commitment to providing a quality service and improving the lives of people they supported.

The provider was meeting the conditions of their registration. They submitted notifications in a timely manner. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service. They were displaying their previous CQC ratings both at the service and on their website in line with legal requirements.