Oakfields Care Limited

Loring Hall

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

Overall summary

This inspection took place on the 03 and 05 November 2015 and was Unannounced. At the last inspection on 30 April 2014 the provider met all the requirements for the regulations we inspected.

Loring Hall provides accommodation and personal care support for up to 16 adults. At the time of our inspection, the service was provided to 13 adults with learning disabilities.

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 management team carried out a range of audits and checks to improve the quality of the service provided and to ensure it was safe. There were procedures in place to protect people from the risk of abuse. Staff had received safeguarding training and demonstrated they knew what to do if they suspected abuse had occurred. Risks to people had been assessed and assessments were regularly reviewed to ensure risks were safely managed.

Summary of findings

There were enough staff on duty to safely meet people's needs and recruitment checks had been made on staff before they started work for the service. Medicines were safely stored and administered within the service and there were arrangements in place to deal with foreseeable emergencies.

Staff had undergone an induction when starting work and had received appropriate training to ensure they had the skill required for their roles. Staff were also supported in their roles through regular supervision.

People had enough to eat and drink and enjoyed the meals on offer. They had access to a range of healthcare professionals when needed and were involved in making decisions about their care and support. Some adaptations had been made to people's rooms where required, to ensure their needs were safely met.

Staff were aware of the need to ensure people consented to the support they received and treated people with dignity and respect. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People told us they were treated with kindness and compassion and staff demonstrated a good knowledge and understanding of the people they supported. People's care plans were person centred and people were involved in the planning of their care as much as they wished to be.

The provider had a complaints procedure in place and people told us they knew how to raise concerns if they had any. People told us that the service was well led and the culture of the service was open and positive.

People were invited to express their views about the service and took action in response to people's feedback.

Summary of findings

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.

Staff were aware of the potential signs of abuse that could occur in a residential setting and knew the action to take if they had any concerns.

Medicines were safely stored and administered. Risks to people had been assessed and were reviewed regularly to ensure their needs were safely met.

Appropriate recruitment checks had been conducted before staff started work and there were enough staff deployed within the service to support people safely.

Is the service effective?

Good

The service was effective.

Staff had received an induction when starting work for the service and received training and supervision in order to effectively meet people's needs.

People told us they had enough to eat and drink, and that they were happy with the food on offer. They were involved in making decisions about the menu and were supported to maintain a healthy diet.

Staff were aware of the need to ensure people consented to the support they received. The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to a range of healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were compassionate and caring.

Interactions between staff and people were friendly and relaxed, and characterised by humour. People told us their privacy and dignity were respected.

Staff demonstrated a knowledge and understanding of the people they supported and supported them with their religious and cultural needs.

People and relatives told us they were involved in making decisions about their support and staff worked to promote people's independence.

Is the service responsive?

Good

The service was responsive.

The provider had a complaint policy and procedure in place in formats which met people's needs. People were aware of how to make a complaint if they needed to.

People were supported to engage in a range of activities that reflected their interests.

Summary of findings

People's support plans were person centred and contained information about their life histories, preferences and choices in how they liked to be care for.

People were supported to maintain and develop relationships with the people that were important to them.

Is the service well-led?

Good

The service was well led.

People, relatives and staff told us that the service was well run and that the manager was available to them when needed. The service had a culture which was open and positive.

The registered manager sought feedback from people about the quality of the service through a range of methods and sought to make improvements in response to the feedback provided.

The management team conducted a range of audits and took action to make improvements where issues were found.

Loring Hall

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 03 and 05 November 2015 and was unannounced. The inspection team on the first day consisted of a single inspector and a specialist advisor. On the second day two inspectors returned to the home, accompanied by an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including information from any notifications they had sent us. A notification is information about important events which the provider is required by law to send us. We also asked the local authority commissioning for their views of the service.

At the inspection we spoke with eleven people who use the service and asked for their views, and observed the interaction between staff and people during the course of the day. We spoke with eight staff, the registered manager of the home, two visiting healthcare professionals and two relatives by phone to gain their views about the service.

We looked at eight records of people who used the service and records relating to staff recruitment, training and supervision. We also looked at a range of other records related to the management of the service.

Good

Is the service safe?

Our findings

People and relatives we spoke with told us that there were enough staff on duty to safely meet their needs. One person told us, "I feel quite safe." A relative we spoke with said, "There have always been plenty of staff on duty when we've visited; I have no concerns." One person did indicate that they would like more staff to be on duty to enable them to go out more frequently. However, on discussion with the registered manager we found that the person's concerns related more to the availability of transport and management of their personal finances, than to inadequate staffing numbers.

We observed that there were enough staff on duty and deployed within the home to meet the needs of the people using the service. Staff we spoke with told us there were enough staff available at all times to keep people safe, although shifts could be very busy if a lot of people had different appointments at the same time. The registered manager told us, "We have to assess staffing needs on an hour by hour basis if a service user is presenting behaviours which challenge." We saw additional staff were on duty where required, in response to people's changing level of need.

There were procedures in place to protect people from the risk of abuse. Information was on display in the home regarding safeguarding adults in formats that were appropriate to people's needs. Staff we spoke with demonstrated a good understanding of safeguarding. They were aware of the different types of abuse that could occur and could describe the process for identifying and reporting any concerns. One staff member explained, "The more you know a person, the quicker you are able to pick up on things that are not right." They explained that if they saw something of concern they would report it to the manager, in line with the provider's policy.

Training records showed that staff had received safeguarding training and staff told us that safeguarding was regularly discussed at staff meetings to ensure everyone was aware of the correct procedure. They also knew how to raise concerns with external parties if needed, in line with the provider's whistle-blowing policy although they told us they had not needed to do so.

People's support planning included risk assessments which had been conducted in relation to risks from falls, medication, behaviour that requires a response, managing money and use of specific areas of the service such as the kitchen or bathroom. Risk assessments were specific to each individual and had been reviewed regularly to ensure they remained up to date. They included information for staff on how to manage risks safely, and we observed staff following the guidance within people's risk assessments successfully during our inspection. For example, we observed one staff member following the guidance laid out in a person's risk assessment when they refused their medication to ensure any risk was safely managed.

We noted that one person had a risk assessment in place requiring staff to monitor them during the night. Staff we spoke with confirmed that they were aware of the need to monitor the person during the night but that they did not maintain records of their checks so we could not be assured that checks had taken place with the appropriate frequency. We spoke to the registered manager about this and she implemented a night time observation form for staff to complete during our inspection.

Appropriate recruitment checks were conducted before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications, as well as evidence of their fitness to work. Files also contained professional references, proof of identification and criminal records checks. Evidence of the questions and responses given at interview had also been maintained, and we saw that interviews had been evaluated. The registered manager explained that a low score during an interview did not automatically mean that a staff member would not be offered employment, but that it would determine what level of support was required during their probation period. We saw examples of staff having been asked to retake some training modules during their probation periods to ensure their competence.

Medicines were safely stored and administered at the service. One person we spoke with during our inspection confirmed they were happy with the way medicines were administered at the service. They told us, "I always get my medication on time." Medicines were securely stored in a locked cabinet within a locked room. People's medication administration records (MARs) included a photograph, details of their GP and any allergies they may have. We saw that people's MARs were mostly up to date and accurate, although we found that two people's medicines from the

Good

Is the service safe?

previous night had not been signed as given. However, on discussion with staff we found that they were already aware of the issue and had already audited the remaining stocks of medicines to ensure they had received their prescribed doses the previous evening. We also reviewed the remaining medicines and confirmed this to be the case. The senior staff member told us they would be addressing the recording error with the responsible staff member, although we were unable to check this at the time of our inspection.

There were arrangements in place to deal with foreseeable emergencies. The service had a fire risk assessment in place although the manager confirmed this was due for renewal at the time of our inspection. Staff we spoke with were aware of the procedures to follow in the event of a fire of medical emergency. They told us they undertook regular fire drills and had received fire safety training which was confirmed by the records we reviewed.

Good

Is the service effective?

Our findings

People and relatives told us that staff had the skills to meet their needs. One person said, "The staff are well trained," and a relative told us, "They know what they're doing and do a good job." Records showed that staff had completed an induction when starting work for the service and training in areas considered mandatory by the provider. Training areas included moving and handling, safeguarding, infection control, health and safety, first aid, fire safety, and training on the use of physical interventions and behaviour that requires a response. We noted that some staff were due refresher training in some of these areas. Records showed that this had been picked up in a recent staff meeting by the registered manager and we saw plans in place to ensure staff training was up to date.

Staff we spoke with confirmed that they had completed an induction when starting work and that training opportunities were available to them in support of their professional development. One staff member told us, "It is very insightful, I always learn new stuff." Another staff member said, "I am always learning new things here. The training has given me the right skills to do the job." A third member of staff explained they were undertaking a relevant leadership level diploma in health and social care which had been arranged for them through the service. They said, "If I needed more training in any area, I know the manager would support me." People and relatives we spoke with confirmed that they felt staff had the right training to perform their roles to a high standard.

Staff were supported in their roles through regular supervision which was conducted by the management team and shift team leaders in line with the provider's policy. One staff member told us, "I frequently meet with my team leader for supervision and find it helpful to discuss aspects of my work." Another staff member told us, "I have regular supervision with the manager but she is always available to talk to if I have any issues. I feel well supported." The registered manager told us that annual appraisals had not been conducted for staff previously at the service, although they were planned for staff at the end of the year. We were unable to check this at the time of our inspection.

Staff were aware of the importance of gaining consent from people when offering them support and were familiar with the requirements of the Mental Capacity Act 20015 (MCA).

One staff member told us "You must assume everybody has capacity and support them to make day to day decisions." They described how they worked with people to give them the best opportunity to make decisions and choices for themselves, for example by using pictorial tools and referring to the likes and dislikes recorded in people's support plans. We observed staff offering choices and respecting the decisions made by people about the care they received throughout our inspection. For example, when supporting them to make drinks or encouraging them to take part in preparing a meal.

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. Records showed that appropriate processes had been followed to assess people's capacity to make key decisions where capacity was in doubt. We saw that decisions had been made in people's best interests where they had been assessed as not having capacity, in line with the MCA Code of Practice.

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). The provider followed the requirements in the DoLS and had submitted applications to a 'Supervisory Body' to request the authority to legal deprive people of their liberty when it was in their best interests. We saw that applications under DoLS had been authorised and that the provider was complying with the conditions applied under the authorisation.

People were involved in decisions about the food on offer within the service and their nutritional needs were met. People told us they were happy about the choice of food that was available to them and that their views were taken into account when planning the menu each week. One person told us, "I'm a fussy eater, but the food is good here." We saw that people were able to help themselves to drinks when they wished during our inspection, or were supported to do so where needed. Staff told us they

Good

Is the service effective?

encouraged people to be involved in the preparation of meals and this was confirmed by the people we spoke to. One person said, "I can cook if I want but it's my choice not to."

Professional advice had been sought where needed in relation to people's diets to ensure any risks were managed safely. Staff we spoke with were aware of people's dietary needs, as well as their likes and dislikes and one person told us that staff were working with them to reduce their phobia towards certain foods so that their diet was better balanced.

People were supported to access a range of healthcare professionals including a GP, chiropodist, speech and language therapist, and psychiatrist. Each person had a health action plan based on their needs which provided information to staff about their health needs. Staff also supported people to attend appointments with healthcare professionals where required. A visiting healthcare professional spoke highly of the service and told us, "The staff are knowledgeable about the people they support."

Good

Is the service caring?

Our findings

People and relatives we spoke with told us the staff were compassionate and caring. One person said, “This has got to be the best place I have ever stayed. All the staff are so nice and are very supportive.” One relative also described on a recent visit to the service seeing “Really lovely interactions between the staff and the people there.” Another relative explained how they knew their loved one was well cared for because they were always happy to go back to the service after a visit home.

Staff interactions with people were thoughtful and promoted positive caring relationships between people using the service. Throughout the course of our inspection, the atmosphere within the home was relaxed and positive and characterised by friendliness and good humour. We observed people happily engaging in conversations with staff and other people, sharing jokes and presenting themselves as being comfortable with their surroundings and the people around them.

Staff demonstrated a good knowledge of the people they supported and were aware of the things that could potentially trigger a negative reaction or response in each individual. One person confirmed, “The staff know me well and are helping me to manage my behaviour.” We saw examples of staff recognising and reacting quickly and effectively by using calm interactions divert and diffuse potential situations.

People and relatives confirmed that they were involved in the planning of their care and support. One person told us, “I meet with staff regularly to discuss my support plan.” A relative said, “Yes, we were involved in the support planning and have worked together with staff. The communication has been great.” We saw that staff and people met on a regular basis to discuss their support needs to ensure people remained happy with the care they received.

The service took into account people’s cultural and spiritual background to ensure their needs were met. For people were supported to attend their local church when they wanted to and people’s cultural dietary needs were taken into consideration and planned for.

People’s privacy and dignity were respected and their independence promoted within the service. We observed staff respecting people’s right to privacy and only entering people’s bedrooms with permission. One person had been supported to install a keypad lock to their bedroom door so that their privacy could be maintained. Staff we spoke with could describe how they worked to promote people’s privacy and dignity within the service, for example ensuring doors and curtains were closed if offering support with personal care and encouraging independence in this and other areas wherever possible. One staff member told us, “I go home happy in the knowledge that I have helped someone gain a bit more independence, no matter how small.”

Good

Is the service responsive?

Our findings

People and relatives told us they had been involved in reviewing their support plan as much as they wished to be. One person told us, "I can talk to staff when I want to about my support plan, but I'm not always that interested." Another person confirmed that staff discussed the support they received with them and that they were happy with the care they received. A relative said, "I've been involved in the support planning and am regularly updated."

People's support plans were person centred, and included guidance for staff on how to support them in areas of their daily lives, including personal care, mobility, money management, eating and drinking, and domestic chores. The plans included details of people's life histories, their likes and dislikes, the things they could do for themselves and areas where they may need assistance. They also made reference to respecting people's choices and promoting their independence. Staff were aware of people's individual needs and the level of support they needed and we observed staff offering choices to people in how they were supported during our inspection, for example when engaging in domestic chores.

People were supported to follow their interests and take part in social activities. Activities available to people included, cooking, arts and crafts, yoga, going out for meals and shopping, visits to the cinema, bowling and a local dance club. One person told us they were supported to work by the service and we saw other people were supported to attend a local college and day centre. Staff we spoke with told us, "We try very hard to be person centred and meet an individual's needs at all times."

The provider had made some adaptations to people's rooms where required to ensure their needs were safely met. For example we saw one person's room had been adapted to include discreet padding in certain areas which helped reduce the risk of self-harm. We also saw that people's rooms had been personalised and decorated to their individual tastes. For example, one person told us how their room had been painted in the colours of their favourite football team.

People were provided with information about the service in formats that were appropriate to their needs. The registered manager told us that they were in the process of developing a service user guide for people but that information about the service had been developed for some people placed at the service based on their individual needs. We reviewed an example of a pictorial plan that had been developed for one person prior to their arrival at the service, which contained details about the home, it's location, the staff they would meet, activities and a detailed plan covering their first week. We were unable to speak to the person about this information but records showed that a healthcare professional had observed them as settling in very well and enjoying living there.

People were supported to maintain relationships that were important to them. One person we spoke with told us, "I often get to see my Mum and my Nan, and can speak to them on the phone," and another person told us they were looking forward to visiting their family at the weekend. One relative we spoke with also confirmed they were able to visit frequently, and another relative spoke positively of how staff supported their loved one to make weekend visits, despite the considerable distance between the service and their home.

People and relatives told us they knew how to raise a complaint and felt confident that their issues would be addressed if they needed to. One person told us, "I'd just speak to the manager if I was unhappy." A relative said, "She [the registered manager] has always been available to discuss any issues but I've never had to complain." The provider had a complaints policy in place and we saw the complaints procedure was available to people in formats which met their needs, although the pictorial version required updating with the current registered manager's photograph. We bought this issue to their attention and they updated it during our inspection. The registered manager maintained a register of complaints which included details of any investigation and the actions taken to address people's concerns.

Good

Is the service well-led?

Our findings

People and relatives told us that the service was well led and spoke positively about the management team. One person said of the manager, "We get on well together." Another person told us, "I can always talk to her; she listens." A relative told us of the staff, "They all do a great job." We also received positive feedback from a visiting healthcare professional about the management team. They told us, "There have been some good improvements since the manager started. We have much better communication and are working as a team to support the people here."

It was clear from our discussions with staff that morale and motivation was high. One care worker we spoke with said, "The managers make a good team and lead by example. They are very accessible and do the odd shift to ensure they are familiar with everyone and everything." Another staff member told us, "The management are excellent, it's real teamwork here. The manager has an open door policy and is supportive and understanding of the challenges we face in this kind of work."

Audits had been conducted in a range of areas which included medication checks, health and safety, people's finances and the staffing. We saw action had been taken where issues had been identified. For example maintenance checks had been implemented in response to the findings of the last fire risk assessment and we saw lighting had been replaced in an area of the service after recent maintenance checks. Incidents occurring within the service had also been reviewed and changes had been made to make improvements. For example we saw that some people had been relocated to different units within the service to see if this created a better balance for all of the people using the service. We saw that this had led to a reduction of incidents during the last year.

The service held regular staff meetings to discuss the running of the service. Staff told us they were able to express their views during the meetings and that the manager listened to any concerns they had. One staff member said, "We raise matters in team meetings and the manager will always try to resolve it as soon as possible." The minutes from a recent meeting showed topics for discussion had included people's individual support needs, staff concerns and areas of the service which required improvement. We noted that where issues had been picked up, improvements had been made. For example, we saw that opened foods in the refrigerator had been wrapped and dated appropriately which was an issue that had been raised by the management team at the last staff meeting.

There was a registered manager in post who understood the requirements and responsibilities of the registered manager's role. They were aware of current legislation relevant to the operation of the service and had submitted notifications of events which required notification to CQC promptly were so required.

People were able to express their views about the service through a range of methods, including meetings, surveys and formal and informal discussions. One person told us "If there are any changes I don't like I will speak to the manager." Another person confirmed that staff had helped them to complete a feedback form so that they could express their opinions about aspects of the service. The feedback forms we saw showed people expressing satisfaction with the support they received. We also noted that where one person had expressed the wish to be able to see their family more regularly, staff had taken action to engage with the family and arrange regular visits. The person in question told us they were happy with this outcome.