

Durnford Society Limited (The) Oaklands

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 21 October 2017 and was unannounced. Oaklands is a residential care home for up to nine people. It specialises in the care of people who have a learning disability and associated conditions. At the time of this inspection there were nine people living there.

The service had a registered manager. 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.

At the last inspection on the 23 and 24 September 2015, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated good:

People when asked if they felt safe said; "Yes." A relative said; "If he wasn't safe here I wouldn't be sat here I would be at head office!" Another said; "I honestly can't say a bad word about the place." Staff said; "Very safe because staff are very conscientious about the people they look after."

People remained safe at the service. There were sufficient staff to meet people's individual needs and support them with activities and trips out. Risk assessments were completed to enable people to retain as much independence as possible. People received their medicines safely by suitably trained staff.

People continued to receive care from staff who had the skills and knowledge required to effectively support them. Staff were well trained and competent in their roles. 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's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

The staff had built strong relationships with people. We observed staff being kind, patient and caring. People's privacy was respected. People or their representatives, were involved in decisions about the care and support people received. One relative said they were invited and attended review meetings.

The service remained responsive to people's individual needs and provided personalised care and support. People were able to make choices about their day to day lives. Complaints were fully investigated and responded to. A relative said; "If I raise any issue we meet with the manager to resolve them. The manager is very good."

The service continued to be well led. People, staff and relatives told us the registered manager was approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. The registered manager and provider had monitoring systems which

enabled them to identify good practices and areas of improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Oaklands

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection; it took place on the 21 October 2017 and was unannounced. We followed this up with phone calls to the deputy manager, relatives and health and social care professionals involved with people living in the service to gain additional information

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in September 2015 we did not identify any concerns with the care provided to people.

During the inspection we met all nine people who lived at the service. The people living at the service had very complex needs that limited their ability to communicate and tell us about their experience of being looked after at Oaklands. Therefore we observed how staff interacted and looked after people and we looked around the premises. We spoke to three relative, two healthcare professional and four members of staff.

We looked at records relating to the individual's care and the running of the home. These included care and support plans and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. People appeared to be very relaxed and comfortable with the staff who supported them. One person when asked said they felt safe. A relative said; "Safe- yes definitely." Another said; "They are safe because they have one to one staffing all the time." All staff agreed that people were safe and one commented; "Yes people are safe because we always have plenty of staff on duty to do that." Another said; "Everything is planned to make sure we keep people safe." A health and social care professional who had involvement with the person felt they were safe and well looked after.

To minimise the risk of abuse to people, all staff undertook training on how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns to the registered manager or senior management and were confident that action would be taken to protect people.

Risks of abuse were reduced because the company, The Durnford Society who owned Oaklands, had a suitable recruitment processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff confirmed they were unable to start work until satisfactory checks and employment references had been obtained. The PIR stated; "We have robust systems in place to ensure our recruitment processes are thorough. For example DBS checks are made before and during a person's employment."

People had either one to one, or two to one staffing to support them based on the activity they were undertaking. There were sufficient numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's needs, supported them and spent time socialising with them. Staff said additional staff were available when needed to help people with specific activities or appointments. A relative said they believed there was sufficient staff around.

Risk assessments were completed to make sure people were able to receive care and support with minimum risk to themselves and others. Where risk had been identified, for example when going out in the community there were up to date risk assessments in place. Risk assessments were also in place regarding risks associated with behaviours. Some people had risk assessments which stated they needed two staff to accompany them when they went on holiday. During the inspection one person returned from a week's holiday and we saw two members of staff had accompanied them. This showed staff followed risk assessments to provide consistency for people and to keep them safe.

People received their medicines safely from staff who had completed appropriate medicine training. Medicines which were considered to be a high risk were stored in a secure cabinet. There were systems in place to audit medicine practices and clear records were kept to show when medicines had been administered. People were prescribed medicines on an 'as required' basis. There were clear protocols in place to instruct the staff when these medicines should be offered to them and when additional support, for example the ambulance service, was required. Records showed that these medicines were not routinely offered but were only administered in accordance with the instructions in place.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

Is the service effective?

Our findings

The service continued to provide effective care and support. Staff were competent in their roles and had a very good understanding and knowledge of the people they supported which meant they could effectively meet their needs. A relative said; "Exceptional staff and exceptional home."

People were supported by a staff team that were well trained. Staff received appraisals and regular supervision and team meetings were held. New staff completed the Care Certificate (a nationally recognised training course for staff new to care) as part of their induction and training. Staff told us they were provided with plenty of training and in subjects relevant to the people currently living in the service, for example epilepsy training.

The PIR recorded; "An induction is given to all staff which runs alongside a period of probation whilst a staff member completes the Skills for Care certificate. All staff undertakes extensive training at the start of and during their employment."

People's health was continually monitored to help ensure they were seen by appropriate healthcare professionals to meet their specific needs. For example, some people had seen a speech and language therapist to help support them.

People were encouraged to make choices about the food they ate. Menus were designed around people's likes and dislikes. People were able to access the kitchen, with staff support, at any time. People went with staff to shop for food for the service. Where there were concerns about people's diet and food consistency's the staff sought advice from relevant professionals, for example dieticians.

Staff had completed training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff said people were encouraged to make as many day to day decisions themselves. Where decisions had been made in individuals' best interests these were fully recorded in care plans. Relatives said they were consulted and involved in decisions about their relatives care. Records showed healthcare professional had been involved in decision making for some people. This showed the provider was following the legislation to make sure people's legal rights were protected.

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). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

The accommodation was well maintained. Oaklands is a purpose built bungalow. The bungalow is separated into two distinct homes, with a shared linked corridor. A relative said the service was always nice

and clean and suitable for their relative.

Is the service caring?

Our findings

The staff continued to provide a caring service. One person when asked if the staff were caring said yes. A relative said; "They have the right staff to do the right job. They are always polite and kind." Another said their relative was well cared for.

People had lived at the service for a number of years and had built good strong relationships with the staff who supported them. People appeared very comfortable with the staff working with them and there was a relaxed happy atmosphere in the service. People had unrestricted access to their rooms and they were able to spend time alone if they chose to. People's own living area had been personalised to reflect individual tastes and personalities.

Staff knew people well and were able to communicate effectively with them. Staff respected the person's need for privacy. Staff were observed to be interacting well and appropriately. A health and social care professional said the staff interacted well with people and involved them.

People did not have end of life plans in place however the provider told us in the PIR that they aimed to have these soon. The PIR recorded; "Improvements that are to be made is to have a recorded End of Life care plan for each of the individuals that we support. This will be achieved in consultation with the individual and their chosen family members, friends and advocates." However one health and social care professional commented how one person who had received end of life care at the service received supportive and dignified care.

People or their representatives, either family or an advocate, were involved in decisions about their care. People had their needs reviewed on an annual basis and attended review meetings with staff. Family, advocates and health care professionals also attended. Everything that happened in the service was discussed with people if possible. This ranged from their own care needs to buying new furniture for their rooms.

Staff understood people's individual care needs and how to meet those needs. They knew about the person's lifestyle choices and how to help promote their independence. For example encouraging them to participate in household tasks.

Is the service responsive?

Our findings

The service continued to be responsive. A relative said staff were responsive to their relative's needs. They went on to say when their relative had been unwell the service contacted the appropriate health professional to support them, for example the epilepsy nurse.

People were well known by the staff who provided care and support which was person centred and took account of individual needs and wishes. Staff monitored and responded to changes in people's needs, for example, if there was an increase in seizures the specialist nurse was contacted. Staff said they encouraged people to make choices as much as they are able to. Staff said some people were shown visual items to help make choices while others were given choices verbally.

The PIR recorded; "All individuals have a person centred support plan. Areas within this include information such as, 'It is essential that you know this about me' and 'What is important to me'. This support plan assists staff to deliver the care in a way that the individual wishes."

People took part in a variety of activities with staff support. On the day of the inspection some people had gone out with family, others had gone out for coffee and one person had returned from a week's holiday. Other activities that took place included swimming, bowling and cinema. One person was hoping to start work at the local charity shop soon. One relative felt that at times more stimulation was needed while another said their relative always seem to be busy.

People's care plans were personalised and contained information to assist staff to provide care and gave information on the person's likes and dislikes. In addition to full care plans there were brief pen pictures of the person, particularly about their health needs and how to respond to those needs. This information showed the service had liaised with other agencies to support the person with any issues that may challenge the service. Staff had a good knowledge about people and were able to tell us how they responded to individuals to support them in different situations. There were clear guidelines in place to help staff respond and defuse situations where people may become agitated or upset. Staff were very clear how to respond appropriately to people's needs.

People had a complaints policy in picture format which gave them easy instructions about how to complain. Though no complaints had been received, the provider's policy showed what action to take to ensure they would be investigated and responded to. The registered manager would take action to make sure changes were made if the investigation highlighted shortfalls in the service. A relative said they had raised some minor concerns and they had been dealt with immediately.

Is the service well-led?

Our findings

The service continues to be well led. There is 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.

A relative said; "The manager is good, very good." Staff all agreed that the registered manager was approachable and "Very supportive." A health and social care professional confirmed the registered manager contacted them for advice on people.

The registered manager and provider had clear values and a vision for the service.

Their web site included; "The Durnford Society prides itself on offering an empowering person centred approach through a range of diverse services. Each service promotes freedom of choice for individuals encompassing their wishes, needs and aspirations. This philosophy provides the opportunity for a more independent lifestyle." These objectives were communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about the work they did. One said; "The registered manager is very supportive. Their door is always open."

The registered manager was well respected by staff and relatives. They were open and approachable and keen to make improvements where necessary. Due to people's complex needs people were not able to comment on all aspects of their care and support. Staff and relatives were happy to approach the registered manager about any issues on behalf of people. The PIR confirmed the registered manager kept their practice up to date with regular training. They had completed a management and leadership course. They also met with other managers of the company that owned Oaklands for additional support.

When the registered manager was not available there was an on call system available between senior management and the company's' other services. This meant someone was always available to staff to offer advice or guidance if required. Staff told us they felt well supported.

The provider had systems in place to make sure the building and equipment were maintained to a safe standard. These included regular testing of the fire detecting equipment, water temperatures and servicing of equipment. There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements.

The PIR recorded; "Regular health and safety audits are carried out at the premises and it is well maintained. Health and safety checks are completed on a weekly and monthly basis to ensure that the environment is safe for those that access it."