Oxford Health NHS Foundation Trust

House 2, Slade House

Inspection report

Slade House
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Oxford
Oxfordshire
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Tel: 01865747455

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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?	Requires Improvement

Summary of findings

Overall summary

This unannounced inspection was undertaken on 13 February 2018.

House 2 Slade House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection.

House 2 Slade House offers nursing services and supports for up to six people with learning disabilities. There was one person living at the service on the day of the inspection. The long-term goal of the service is to enable people to live safely in their communities. House 2 Slade House was transferred from another provider to Oxford Health NHS Foundation Trust on 1 July 2017.

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 learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 registered manager was on annual leave during the inspection so we were shown the service by the support coordinator.

Staff expressed their concern that they were not fully aware of the provider's vision of the service and therefore were uncertain about its future. There were systems in place to identify and manage risks to the quality and safety of the service. However, there were gaps in the records for regularly monitoring the temperature in the medicines room and legionella checks. Staff were positive about working at the home and told us they appreciated the support and encouragement they received from the registered manager.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination.

Staffing levels were appropriate and a consistent staff team was in place. We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The provider knew how to monitor incidents and accidents and what steps should be taken to prevent these happening again.

Appropriate systems were in place for the management of medicines so the person received their medicines safely. Medicines were stored and administered in a safe manner.

Staff were suitably trained and received on-going training and support. Staff were provided with regular supervisions and appraisals and therefore they felt supported in their roles by the registered manager.

The person's day-to-day health needs were met by staff and the service had good long-established relationships with external healthcare professionals. Care records showed that the person's needs had been assessed before they had started using the service.

The person was supported to have maximum choice and control of their life. Staff provided the person with care and assistance in the least restrictive way possible; the policies and systems in the service supported this practice. Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

The person was included in making choices about what they wanted to eat. Staff understood and followed the person's nutritional plans in respect of any healthcare needs the person had.

Staff were caring in their interactions with the person. We saw the person being treated with dignity and respect and the person told us that staff were kind and professional.

The person's care records were detailed and personalised which enabled staff to support the person in line with their personal preferences. The service had worked together with the person's family and the person's personal assistants to produce a person centred care plan. The plan provided staff with comprehensive knowledge about the person, their life history and their likes and dislikes.

Staff actively encouraged and supported the person to be involved in the interests and activities they enjoyed.

People and relatives were encouraged to share their views and opinions on the service. Arrangements to deal with complaints were in place should such a need arise.

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 understood their responsibilities to protect the person from potential abuse and knew how to raise any concerns.

There were systems in place to ensure medicines were administered to people safely.

There were sufficient staff on duty to meet the person's needs and the provider followed safe recruitment practices.

The home was clean and staff understood their responsibilities in relation to hygiene and infection control.

Is the service effective?

Good

The service was effective.

The person's needs and choices were fully assessed.

Staff were fully supported with training, supervision and appraisals.

Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff worked closely with healthcare professionals to ensure the person received the treatment they needed.

Is the service caring?

Good

The service was caring.

Staff treated the person with compassion and kindness.

Staff had a thorough knowledge of the person, including their preferred method of communication.

The person was treated with dignity and respect, and was able to have visitors whenever they wished.

Is the service responsive?

Good

The service was responsive.

Information about the person was reviewed frequently and with the involvement of the person, their family and the person's personal assistants so that staff only provided care that was up to date.

The person was encouraged to participate in activities which they choose to do.

The person and their relatives were given information on how to raise concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Staff told us they were unaware of the provider's vision of the service.

Records relating to the running of the service had not always been completed properly. There were gaps in the records.

There were systems in place to identify and manage risks to the quality and safety of the service. These systems were used to drive improvement within the service.

House 2, Slade 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 inspection took place on 13 February 2018 and was unannounced.

The inspection was carried out by one inspector and 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.

We had not asked the provider to complete a 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. We obtained this information when we inspected the service, took it into account and made the judgements in this report. We checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with one person who used the service. We also spoke with the support coordinator, two members of staff and a personal assistant of the person, these were staff who worked with the person, built up trust with them and met with them to discuss their dreams and aspirations. We looked at a range of records which included care records for one person, medicines records and recruitment records for three members of staff. We looked at other records in relation to the management of the service, such as health and safety documentation, minutes of staff meetings and quality assurance records.

Good

Is the service safe?

Our findings

We observed the person enjoying the company of staff and we saw the person was relaxed and comfortable with them. The person confirmed they felt safe in the presence of staff. When asked if they felt safe when receiving support, the person told us, "Yes, I do".

Staff we spoke with knew what to do if safeguarding concerns were raised and had received safeguarding training. There were procedures for ensuring allegations of abuse or concerns about people's safety were reported and investigated appropriately. Staff told us they would report their concerns to their line manager immediately. A member of staff told us, "I would whistleblow immediately. If my manager did not act on it, would report my concerns to the area manager or to the local safeguarding team".

Risks to the person were identified and managed so the person was safe. Risk assessments were completed for accessing the community, self-harming, damaging the property and administration of medicines. There was a specific behavioural profile for distress and risks associated with behaviour that may challenge. Staff were provided with examples of de-escalation techniques and a crisis intervention plan in order to address and manage the person's behaviour.

There were sufficient numbers of staff on duty to keep the person safe .The person's needs were met in a timely manner. Staff rotas showed that staff support was planned flexibly to accommodate outings, activities and healthcare appointments. During our inspection staff were always visible and at hand to meet the person's needs and requests.

There were relevant policies relating to incidents and accidents. There were no records of any incidents or accidents occurring since the service was registered. Staff received training about how to report accidents and incidents to the registered manager. The provider's policy set out that incidents and accidents should be recorded, investigated and responded to. Such a procedure enabled the service to reduce the risk of future incidents.

The service followed safe recruitment practices. A new member of staff told us their references and criminal records check had been obtained before they had started to work at the service. Staff files included application forms, records of interview and appropriate references. Criminal records checks had been made with the Disclosure and Barring Service to make sure people were suitable to work in a care setting.

Medicines were managed, stored and administered to the person as prescribed. The person's care records contained detailed information regarding administration of their medicines. This included information on how the person liked to take their medicine. Guidance was in place for staff when the person needed medicines 'as required'. This helped ensure staff understood the reasons the person needed to take these medicines and when and how they should be given. Staff had completed training on safe handling of medicines and their competency to administer medicines was checked regularly to make sure their practice was safe.

The service used a computer system which allowed professionals involved in the person's care to access and update information when required. Health care professionals could access the information on medicines, allergies and a psychiatrist's care notes to analyse a behavioural crisis if one occurred. They were also able to add their notes and comments which was then incorporated into the person's care plans and communicated to staff.

The service was safely maintained which was corroborated by relevant records. Health and safety checks were routinely carried out on the premises and systems were in place to report any issues of concern.

The person was protected by means of prevention and control of infection. The service was clean and hygienic, cleaning schedules were in place and policies and procedures were available to staff together with recent national guidance on infection control in care homes. Staff told us personal protective equipment such as disposable aprons and gloves were readily available when needed and staff had received training in infection control and food handling.

Robust contingency plans and systems were in place to ensure the service ran smoothly in the event of untoward emergencies such as pandemic, fire and adverse weather.

Good

Is the service effective?

Our findings

The person's needs had been assessed and a care plan was in place to guide staff on how to meet them. During our visit we saw staff were attentive and provided the care and support the person required when they needed it. The person had a range of individual needs which included particular communication needs and the need for support to manage anxiety and distress. Staff were skilled at meeting these needs and ensured the person received the care and support specified in their care plan.

One of the person's personal assistants told us, "Staff are knowledgeable. They've gone out of their way to get information about [person]". The person was supported by staff who had access to a range of training opportunities to develop the skills and knowledge needed to meet the person's needs. Staff told us they had been provided with the training they needed when they had started working at the service, and were supported to refresh this training. Staff had completed training that included safeguarding, mental capacity, conflict resolution, duty of candour and health and safety.

Staff received regular supervision and yearly reviews of their work performance. This helped the provider review staff development and day to day practices Records were detailed and included exchanging information about the person using the service, day to day issues in the home and personal development needs. Staff told us they felt well supported by the registered manager and had good opportunities to develop their skills. A member of staff told us, "It is nice to have a debrief about what is going on within the working environment. I can go to my supervisor at any time".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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. Staff were knowledgeable about the MCA. A member of staff told us, "The person is presumed to have capacity unless assessed otherwise. Our service assessments are carried out by a psychologist or psychiatrist". The person told us staff respected their choices and always asked them for permission before caring out any tasks.

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 are called the Deprivation of Liberty Safeguards (DoLS).The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had received training on MCA and DoLS. At the time of our inspection the person under care was not subjected to DoLS.

The person was involved in making decisions about their food and provided with sufficient amounts of food and drink. We observed that the atmosphere at mealtimes was relaxed and the person was smiling and chatting with staff. Staff told us food choices were discussed and a menu was planned in advance. However, they were flexible and the person could change their mind and ask for an alternative which would be

provided to them. The person's likes and dislikes were recorded in their care records so staff were aware of the person's nutritional preferences. The person confirmed they were offered a choice of food. When asked what their favourite food was, the person said, "Ham and cheese". The person confirmed that staff knew their preferences and provided them with food and drinks of their choice.

Care records showed relevant health and social care professionals were involved in the person's care. Plans were in place to meet the person's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital visits. The service used a health action plan which detailed professionals involved in the person's care. It also included information relating to the administration of medicines, communication and current treatment. Information was regularly updated and the document could be used by the person for hospital admission or for healthcare appointments to explain to healthcare professionals how they liked to be supported.

The person's room was personalised and decorated to their individual taste. The person was encouraged to decorate their room according to their taste. The person was also able to bring their own furniture to the service.

Good

Is the service caring?

Our findings

The person and their personal assistant were complimentary about the caring nature of staff. The person told us, "No one is rude to me". One of the personal assistants remarked, "So far, staff have been really accommodating and helpful. They have been trying to learn about [person] in the best possible way".

Staff respected the person's privacy and dignity. We observed care was offered discreetly in order to maintain personal dignity. The person's privacy was protected by ensuring all aspects of personal care were provided in their own bathroom. Staff knocked on the doors and waited for a response before entering the person's room. A staff member told us, "We respect privacy and dignity by keeping the door and windows closed and treating a person in the way we would like to be treated".

We observed a lot of genuinely caring behaviour in staff interactions with the person. This demonstrated person-centred care. It also showed how familiar staff were with the person and how easily they communicated with the person. Staff provided comfort and reassurance by talking calmly to the person. Staff always communicated with the person at their eye level. If the person was sitting, they would either sit next to them or crouch down, ensuring they were facing the person.

The person told as they were able to express their views and make choices about their care on a daily basis. Throughout the day we observed staff offering choices and asking the person what they wanted to do. Staff understood the way person communicated and told us, "We need to use short sentences and give the person time to respond".

The care plan detailed how staff were to encourage the person's independence in a safe and supportive way. For example, during our inspection the person decided to spend some time in their room and then to eat their meal in the dining area. During our visit the person made decisions about their care and what they wanted to do using their preferred methods of communication. A member of staff told us, "People living here need just a little help to get back to the community. We encourage them to make their own decisions as this is about what they want to do in their lives".

When the person had moved to the service, they and their family members had been involved in assessing, planning and agreeing on the care and support provided to the person. Staff informed us that the person and their relatives were fully involved in updating their care plan and made sure they were happy with it.

An equality and diversity policy was in place at the service. There were procedures for people's cultural and religious backgrounds as well as people's gender and sexual orientation to be recognised at the initial assessment stage and respected within the service. Staff received training in equality and diversity.

Where needed, information was made accessible to people. For example, there was a poster in an easy-to-read format about making complaints displayed in the communal area. Care records such as health action plan included pictures and plain language to help the person understand the information.

Good

Is the service responsive?

Our findings

The person told us staff provided them with the care and support they needed. The person's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. We saw records that confirmed staff were aware of the changes in the person's behaviour and sought professional advice in a timely manner. Staff confirmed changes in the person's care were discussed regularly with them to ensure they were responding to the person's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to the person's care needs and to ensure a consistent approach.

The care plan covered all aspects of the person's daily living and their support needs. The care plan was based on feedback from relevant healthcare professionals, the person and their family members. The service utilised an internet website created by a relative of the person in order to gain detailed information and to add their own comments and observations. The support coordinator told us, "We found this to be a very good tool for sharing information. We found detailed information on how to approach the person, how to recognise [medical condition] signs, who was involved in the person's life and we found information on the person's likes and dislikes". We saw that the information from the website was incorporated into the person's care plan.

We saw that the person' s care plan contained detailed information about their life histories to assist staff in understanding their background and what might be important to them. Staff used the information contained in the person's care plan to ensure they were aware of the person's needs.

The person received care and support from staff who had got to know them well. The person's records included information about their personal history, background and likes and dislikes. Staff were knowledgeable about the person, their daily routines and things they found difficult. For example, staff told us that sometimes the person may find it difficult to manage expectations, anticipation and organisation regarding social events and activities. We checked that this was reflected in the person's care records.

The person was supported to maintain friendships and important relationships; their care records included details of their circle of support. This identified people who were important to the person. The person told us and records confirmed that the person was able to see people important to them at anytime.

The person was offered opportunities to participate in a range of activities based upon their hobbies, interests, likes and dislikes. The activities were carefully planned and included things to do both outside and within the service. We asked the person what their favourite activity was. The person replied, "Dogs walk with [relative]". The person also told us they enjoyed watching films and using their I-pad. All activities were recorded and when the person declined to participate in an activity, this was also recorded in the daily records with the reason clearly explained.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand

information they are given. We spoke to the support coordinator about how the service ensured information was accessible to the person living at the home. They told us and records confirmed that the person was provided with information in a format they were able to understand. Care plan and complaints policy were produced in an easy-to-read format and care plan specified the person's preferred method of communication.

The home had a complaints procedure which was also produced in an 'easy-to-read' format. The person and their personal assistant told us they knew who to make a complaint to if they were unhappy, but the personal assistant had emphasised the fact they had never needed to do so. No complaints had been received in the last year.

There was a confidentiality policy in place for staff to follow. The person's personal information was stored securely and computers were password protected in line with the Data Protection Act.

Requires Improvement

Is the service well-led?

Our findings

We found the management team were open and transparent. They cooperated well with the Care Quality Commission (CQC) and with the local authority. There was an open door policy in place and feedback about the service was welcomed by the team at any time. Staff told us they felt the new registered manager had made a huge improvement to the service. A member of staff told us, "There is more communication between the service management and staff. It is a lot better when we have [the registered manager] as a manager. The manager that is permanent and brought stability into the service". Another member of staff said, "[The registered manager] is more than fulfilling her role. She does remarkably well". One of the personal assistants told us, "It is managed really well. As soon as I walk in I am updated how[person] has been".

The service had gone through a period of transition from a different provider. The provider had clear values which were promoted by the management team to all staff. A member of staff told us, "We know the provider's values and we know that the service user is always in the centre of our care". However, not all staff did feel involved in the development of the service or encouraged to be involved in considering and proposing new ways of working. All the members of staff we spoke with told us they were not aware of the provider's vision for the service. As a result, they were not sure about the future of the service which had an impact on their morale. A member of staff told us, "There is a lack of direction from the top. People do not know what to do with the service and we are not provided any information about its future". Another member of staff told us, "We were told the service is going to change their pathway, however, we do not know what the service is going to be like in the future". Staff assured us that even though they felt they were not sufficiently informed about the future of the service, this had no direct impact on the quality of the service provided to the person.

Some members of staff told us that because of the forthcoming changes they were unsure about their roles and responsibilities within the service. A member of staff told us, "Sometimes the communication is appalling. As a group of nurses we've never met. We do not often realise what our roles and responsibilities are". However, staff told us the quality of the service remained unaffected in spite of staff's confusion about the uncertain future of the service, their roles and responsibilities.

The provider worked closely with social workers, referral officers, psychologists and other health professionals. The person had their own personal assistants (PAs). These were staff who worked with the person, built up trust with them and met with them to discuss their dreams and aspirations. The service worked closely with the PAs in order to gain as much information as possible to develop close relationship with the person. The service was aware of the challenges and benefits of this co-operation. A member of staff told us, "PAs are very useful but we need to be careful as their constant presence may build a barrier for us to build a relationship with [person]". We were told that the presence of the PAs in the service is going to be gradually decreased so staff will have more opportunity to take over the roles of PAs.

The policies and procedures we looked at were comprehensive and referenced regulatory requirements. The staff members we spoke to knew how to access these policies and procedures. This meant clear advice

and guidance was available to staff.

We found quality monitoring systems were in place. The provider completed regular audits of all aspects of the service, such as medicines, health and safety, fire safety and infection control. We found the audits routinely identified areas the service could improve upon and the registered manager produced action plans which detailed what needed to be done and when relevant action would be taken. For example, we saw that the hazardous waste bin had been obtained as a result of one of the health and safety checks. However, there were gaps in the records, and these related to, for example the medicines room temperature check or legionella checks. These shortcomings had not been identified by any of the internal audits. We brought this to the attention of the support coordinator who told us they were going to introduce an audit of safety check records to address the above-mentioned shortfalls.

The provider proactively sought people's views on the service and took action to improve their experiences. The provider's quality assurance system included asking people and their relatives about their experience of the home. We saw that the feedback from people who used the service and their relatives was positive.

The provider was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. Staff told us policies and procedures were available for them to read and they were expected to read these as part of their training programme.