

Surrey and Borders Partnership NHS Foundation Trust

Oakwood

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

About the service

Oakwood is a small residential care home providing accommodation and personal care to a maximum of seven adults with a learning disability and autism. Oakwood is a purpose-built building with three flats and four bedrooms. At the time of our inspection there were five people living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Staff supported people to manage their medicines safely. There were enough staff available to support people safely. Staff were recruited safely. Risks to people were identified and guidance was in place for staff to reduce the level of risk to people.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their needs. Staff received one to one supervision and told us they felt supported.

Support plans were detailed and reviewed regularly. People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

There were systems to ensure care was responsive. Relatives felt their concerns and complaints would be listened to and responded to. People had plans relating to end of life care decisions.

The feedback on the leadership of the service and the registered manager from relatives and staff was positive.

There were effective governance systems in place to monitor the quality of service and the health, safety of welfare of people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oakwood

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We gathered this information during the inspection. We used all of this information to plan our inspection.

During the inspection

As part of our inspection we were able to meet with the two people, however they were unable to fully tell us verbally about their experiences of life at the home. We therefore used our observations of people

interacting with staff and feedback from relatives to help us form our judgements. We spoke with four members of staff, the registered manager and the providers associate director for learning disabilities services. We reviewed a sample of people's care and support records. We also looked at records relating to the management of the service such as incident and accident records, training records, policies, audits and complaints.

After the inspection

We received feedback from two relatives and requested feedback from five professionals who visited the service. We also received feedback from one person using email.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Not everyone was able to tell us if they felt safe with the staff supporting them, people however looked comfortable in the presence of staff. When asked if they liked the staff two people told us, "Yes."
- Relatives told us their family members were safe.
- There were effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. Staff understood the possible types of abuse people could be subjected to, and how to report it both internally and externally.
- There had not any safeguarding incidents for a period of time, however the registered manager demonstrated they understood the reporting process.
- Staff received safeguarding training a part of their induction and regular updates. There were policies available to staff and additional guidance on how to report concerns was displayed in the office.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. We reviewed examples of risk management in relation to health conditions and accessing the community.
- Identified risks had detailed guidance for staff about how to reduce the potential risk to people. During our conversations with staff it was evident they understood people's risks and gave examples of how they supported people to be safe.
- Some people could get anxious leading to incidents where they displayed harm to themselves or others. There were detailed care plans in place giving staff guidance on how to respond to people at these times. Restraint was only ever used as a last resort, and staff confirmed this. There were clear recording and reporting processes in place when restraint was used. A visiting professional told us staff were, "Very proactive in putting people's welfare first."
- The service environment and equipment were maintained. Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced.
- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.

Staffing and recruitment

- There were safe recruitment systems in place to ensure suitable staff were employed.
- Staff we spoke with said there were enough staff to support people. All commented that people's needs were met and that they had sufficient time with people.
- Staffing levels were based around people's individual needs. There were enough staff to provide people with safe care and support in the service and out in the community.

Using medicines safely

- Medicines were stored safely and securely. The Medication Administration Records (MARs) we reviewed were completed correctly when medicines were administered. Staff received training in medicines management and their competency was assessed.
- At the time of our inspection there were no medicines that required additional security, there were no medicines that required cold storage and no person at the service was using any topical medicines to promote skin integrity.
- Protocols for medicines which had been prescribed to be taken 'when required' were available and had guidance for staff to instruct them when to administer these medicines.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons and these were changed when it was appropriate.
- The service was clean and free from malodours. There was a dedicated team of staff responsible for cleaning the service.
- Staff at the service received training in infection control and there were governance systems in place to ensure the service was clean.

Learning lessons when things go wrong

- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence.
- The registered manager maintained an overview of reported accident and incidents. This evidenced the incident, any immediate actions taken, and any lessons learned. This information was shared with a range of internal and external professionals. Incidents were analysed monthly for themes and trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to them moving in to the home. Assessments included people's sensory needs, and detailed plans were in place to guide staff on how to support people. The assessments formed the basis of the care plans.
- Staff followed guidance in relation to people's identified health needs. During our conversations with staff it was evident they understood people's needs well.
- People's protected characteristics under the Equalities Act 2010 were identified and promoted.

Staff support: induction, training, skills and experience

- People were well cared for by staff who had knowledge and skills to meet their needs.
- Relatives told us staff had the right training to support their family members.
- Staff commented positively on the training they received. One staff member told us, "The training is brilliant, it is all kept current, there is a lot of training going on."
- The training record showed staff received continual training in subjects to meet the needs of the people they supported.
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "Supervision is regular, we do ad hock supervisions if something happens, we have a chat, it is a great way of offloading. We are reflective as a staff team and talk about things."

Supporting people to eat and drink enough to maintain a balanced diet

- There was a four weekly rolling menu in placed based on people's likes and preferences. Two meal options were available each day, if people did not want what was on the menu they could choose an alternative option.
- One person told us, "The food is nice, I have my favourite food, pasta." Another person commented, "I always do my shopping lists. [The food is] Good, I like chicken curry." People's food likes, and dislikes were recorded in their care plans.
- Comments from people's relatives included, "[Name of person] likes the food there is no problem there."
- At the time of our inspection there were no people requiring specialist nutritional support or who were at risk of malnutrition.

Adapting service, design, decoration to meet people's needs

- The service had been specifically designed to meet the needs of people living with Autism.
- People had individual flats or bedrooms which were personalised to their preferences. There was also an

internal and external communal space where people could choose to spend their time.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's healthcare needs were monitored by staff. Staff supported people to attend healthcare appointments. Staff knowledge about people was good and professional advice provided was followed.
- People had health action plans in place and documents in an easy to read format using pictures, should they need to be transferred to a hospital. This is to ensure the hospital staff would be aware of the person's needs.
- Where required the service supported people with support from other professionals such as occupational therapists, psychiatrists and speech and language therapists.
- Two visiting health professionals commented positively about the support Oakwood staff offered people they supported.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People were supported by staff to make day to day decisions about their care.
- People's capacity to make specific decisions had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions in the person's best interests.
- At the time of our inspection, one person had an authorised DoLS and the other five had pending applications with the local authority. Where conditions had been agreed on the DoLS. We saw these were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Not everyone was able to tell us their thoughts on the staff supporting them, however we saw people looked comfortable in the presence of staff. One person told us, "Yes" when asked if they were happy with the staff. Another person told us, "I like my permanent staff."
- Relatives told us staff were caring. Comments from relatives included, "Staff are very good and kind" and "Everyone seems to care for [name of person]."
- Staff knew people well and spoke positively about their work and the people they supported.
- Information about people was kept safe and secure. Records were stored securely to ensure personal information was not seen by people.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making day to day decisions about their support.
- Staff told us they involved people in making decisions and respected their wishes. One staff member told us, "Our aim is to ensure they [people] have the best quality of life possible, ensure they have as much control over what they do and ensure they are part of what is happening, during meetings we ensure they are spoken to and able to indicate their own choices."
- The service had a "You said, we did" board. This included a record of things people said they wanted to do, and we saw these had been achieved.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. For example, staff were discreet when assisting. One staff member described how they supported people with personal care, encouraging them to do as much as they could for themselves and giving them privacy. One person said, "Yes" when asked if staff respected their privacy and dignity.
- People were supported to maintain and develop relationships with those close to them.
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves.
- A visiting professional told us they staff were good at, "Striking a balance between independence and offering support."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and preferences. One person told us, "Yes, I always write my concerns on paper for the meeting."
- Care plans were person centred, detailed and relevant to the person. Care plans included people's sensory needs, important routines and described what people were able to do for themselves and the support they required from staff.
- Staff had a good knowledge of people's needs and preferences. Relatives told us staff knew their family members well. One relative told us, "They [staff] have a good understanding of [name of person] and [name of staff member] is brilliant. They [staff] are very caring, and [name of person] likes them, if they didn't I would know."
- One person had recently moved to the service, we received positive feedback from health professionals and the person's relative, relating to how the staff team supported the transition.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in line with the AIS. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- There were a range of communication tools available such as picture cards. People's care plans included pictures and symbols to enable them to be understood by people.
- People had individual communication passports, that gave detailed information about their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities of their choosing.
- The service had vehicles available to transport people to the local community and places of interest. Staff had a good knowledge of the places people liked to visit.
- We observed staff engaging people in activities in the home.

Improving care quality in response to complaints or concerns

- Not everyone living at Oakwood was able to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue and reported any concerns to senior staff.
- Relatives told us they felt able to raise concerns with staff or the registered manager and they were happy they would be listened to.
- The complaints procedure was available in a pictorial format to make it easy to read. There had been one complaint raised in the service since the last inspection. This was response to and resolved.

End of life care and support

- Care plans included information relating to end of life care. We discussed with the provider how the plans could include some additional information to make them more person centred.
- At the time of the inspection no one was receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The Care Quality Commission (CQC) had not been notified by the provider and registered manager of one incident which had occurred in line with their legal responsibilities. We discussed this with the registered manager who confirmed they would send a retrospective notification. All other notifications had been submitted.
- There were systems in place to monitor the standard of care provided at the service. The registered manager and provider had a range of audits in place to identify shortfalls and areas of improvement.
- Staff we spoke with were committed to their role and understood their responsibilities. There was a clear management and senior structure in place.
- The latest performance rating for the service was clearly displayed within the service and on the providers website.
- The registered manager received ongoing support and direction from the provider through supervision and appraisal.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was committed to providing person centred care to the people being supported by the service.
- Relatives told us they felt able to approach the registered manager and they were confident they would be listened to.
- Staff told us they were committed to providing person centred care and the best outcomes for people. There was a positive and person-centred culture instilled in the service.
- Staff spoke positively about the culture of the service and staff team. One staff member told us, "The team is good, and everyone gets on well it's really good."
- Staff told us the registered manager was always available and approachable. One staff member told us, "The managers are very approachable, I will go to [name of registered manager], [name of clinical lead], or [name of deputy manager]. There is a good level of management team, I can also go to the senior management, there is always someone I can go to." Another commented, "[Name of registered manager] is really flexible and good, they are very nice, and I am happy they are the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Residents meetings were held for people to express their views and be involved in the running of their home. Areas covered included, activities, outings, details of people moving out and general items relating to the home.
- Staff confirmed they attended staff meetings. One staff member said, "Meetings are a good way of getting information out, it is an outlet for staff, I feel listened to." Staff confirmed senior managers also attended meetings periodically.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- There were links with the local community. For example, trips to local community facilities such as local centres, church, leisure facilities and days out.
- The service maintained a record of accidents and incidents showing the details, action taken and outcomes. This supported any future learning from such events.