

**We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## Oakwood

Oakwood Court College, 7-9 Oakpark Villas,  
Dawlish, EX7 0DE

Tel: 01626864066

Date of Inspection: 26 November 2013

Date of Publication:  
December 2013

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Phoenix Learning and Care Limited
Registered Manager	Mrs. Kerry Vandenbrouck
Overview of the service	Oakwood Court provides accommodation, care and support for up to twelve people with learning disabilities. The service is part of an integrated learning curriculum with Oakwood College and everyone resident at Oakwood Court also attends Oakwood College. People generally remained at the service for three years, with a view to moving on to supported living accommodation.
Type of service	Specialist college service
Regulated activity	Accommodation and nursing or personal care in the further education sector

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 26 November 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People in the service told us they were involved in making decisions about their support and told us that staff treated them well. One person told us "staff are great". Another person said "all good here, lots of friends".

There was a relaxed atmosphere in the service that people appeared to respond favourably to. People we met were happy and chatty with us.

People told us that they felt safe. Staff we spoke with demonstrated that they understood what abuse was, and were confident that colleagues would report any concerns that arose. The service had up to date policies and procedures in place that protected people.

Staff told us they were well supported by the manager and felt confident in their roles. One staff said "the manager is very approachable and easy to talk to".

There was a system in place to monitor quality and safety. People were encouraged to express their views and we saw that their feedback was taken into account and used to improve the service where necessary.

You can see our judgements on the front page of this report.

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

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### Our judgement

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The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care and support. People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We looked at four people's care records during our visit. We saw 'pre admission assessments', where things that were important to people were established, before they came to the service. We saw that people's wishes, beliefs and cultural needs were at centre of these assessments and the delivery of support. We saw that people's families were included in this process.

From the care records, we saw that people were asked about the goals that were important to them. For example, how to recognise 'stranger danger' when in the community, or to learn how to relax when anxious. We noted that each person in the service had personal goals that were monitored by their keyworker, a staff with specific responsibilities for the welfare of that person.

We saw that review meetings were used to monitor each person's stated goals. We saw that people met with their keyworkers three-monthly to agree next steps. We saw that these meetings were recorded, and were also used to discuss communication issues, hobbies, personal support and any financial aspects. We saw that people's progress was recorded at these meetings. The manager explained that people's families were invited to attend these meetings where there was a need. For example, where their relative had a health or behavioural issue that they needed to be aware of. Care records we viewed confirmed this.

The manager told us that people were provided with a 'welcome pack' that contained information regarding the facilities at the service, together with the college they would be attending during the day, and details regarding how to make a complaint. This showed that people were provided with all the information they needed at an early stage.

During our visit, we saw that information about the service and people's timetables was displayed in communal areas in easy read format for people who did not read. This

demonstrated that the service supported everyone to be an active part of the service and be aware of what was going on at all times, regardless of how people communicated.

During our visit, we met seven people. One person told us "it's really nice here because I get to see all my friends every day. We have a laugh". Another person said "nice place, this".

From the care records, we saw that people participated in weekly 'student house meetings'. We saw that these were used for discussions about topics that were important to people. For example, menus, health issues and activities. We saw that the decisions made regarding activities were produced and displayed in pictorial form, for people who did not read. People told us these were useful for them. One person said "that's me, shops" and pointed to his timetable. This demonstrated that people were involved in choosing the things they did each week.

We were shown surveys that had been given out to people in the service and their families to gather their views. This evidenced how people were invited to be involved in the decision-making process within the service. We saw completed easy read versions for people who did not read. We saw that all comments in these were favourable.

Although we were told there was no one in the service currently with any stated specific cultural, spiritual or religious preferences, we spoke to staff who demonstrated that they understood diversity. In addition, staff training records we viewed demonstrated regular diversity training.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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People's needs were assessed and care and treatment was planned and delivered accordingly. The manager explained to us that new people visited for three days initially, to verify whether the service could meet their needs, and to see if they liked the service as a new place to live. From the care records, we saw that this involved a full 'pre-admission assessment' of health issues, medication, behaviour, personal care needs and any personal preferences the service needed to be aware of. We saw how this information was used to make a final decision regarding a placement.

From the care records, we saw that when people were admitted to the service, the pre-admission assessment findings were then used to write care plans, behaviour managements plans and risk assessments. We saw that the terminology in these plans was positive and respectful throughout.

The service monitored people's physical health needs. From the care records, we saw a record of annual health checks, as well as appointments with the doctor and the speech and language therapist. This meant that people's health and wellbeing were promoted and supported.

We spoke to six staff during our visit. Each staff was able to describe the different support needs of people in the service to us. For example, supporting one person to stay safe whilst in the community. We saw that staff had positive attitudes and were knowledgeable in their roles.

From the care records, we saw that the service managed risks in proactive ways. For example, we saw that risk assessments involved the person in the discussions wherever possible. We saw one example where the person wanted to attend an activity in the community that required them to have staff support at all times. The person was involved in the decisions made, together with the risk management actions that needed to be put in place in order for the activity to go ahead. The manager told us that the person had subsequently attended the activity successfully, with these measures in place.

**People should be protected from abuse and staff should respect their human rights**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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## **Reasons for our judgement**

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People were protected from the risk of abuse because the service had taken all reasonable steps to identify the possibility of abuse and prevent abuse from happening. We saw that the manager had safeguarding and whistleblowing policies and procedures in place and that all staff had signed to say they had read and understood them.

From the training records, we saw that all staff were up to date with their safeguarding training. Staff told us that safeguarding was also regularly discussed in their supervision sessions and at the weekly staff meetings. This meant that people could be confident that they were supported by staff who understood relevant safeguarding processes.

People we spoke with told us they felt safe, and able to talk to staff about any anxieties or concerns they may have. One person said "talk to manager and staff". Another person told us they would "talk to my keyworker".

We saw that information regarding bullying was displayed in easy read format for people who did not read. This demonstrated that the service did all it could to support people in times of stress. One person pointed at the poster and told us "nasty people do bad things".

We saw that there were a number of policies and procedures to support staff in working with people safely and prevent abuse. For example, lone working, physical contact with others, and 'working with students of the opposite sex'. This demonstrated that the service did all it could to protect people, and support people to speak up and be listened to.

Staff we spoke with were all able to describe to us the different types of abuse and demonstrated they understood safeguarding and whistleblowing procedures. One staff told us they reduced the potential for abuse by "following guidelines as they are written" and another said "by asking questions if you're not sure about things".

In the care records, we saw a 'best interest' meeting documented, where one person did not have capacity to make an informed decision about their care and welfare. We saw that the forms documented the process accurately and involved the person's family in the

decisions.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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During our visit, we looked at the quality assurance systems that were in place. We saw that the service had a system that sought out people's opinions, reviewed risks, monitored standards of care and people's welfare, and ensured that people remained safe.

We saw an up to date quality assurance policy. We saw that staff had signed to say that they had understood this policy. This demonstrated that the service ensured its staff understood their responsibilities.

We saw that people, their families, work placements and various clubs people attended in the community were provided with surveys that asked for their views about the quality of care being delivered at this service. The manager showed us that the surveys given to people in the service were in easy read format to make them more accessible to people who did not read well. We saw that the findings from the most recent survey had been very complimentary. This demonstrated that the service utilised information from other sources to monitor quality and looked to make improvements where possible.

From the care records, we saw that there was a system whereby complaints were documented, and reviewed as part of the quality audit. We were shown a recent complaint and saw that it was recorded, investigated and responded to in line with the complaints policy and procedure. This demonstrated that people's complaints were taken into account in evaluating the quality of the service, and any findings were used to improve the service where necessary.

The welcome pack that was given to people when they first arrived included information and contact details about other sources of support for people making a complaint including the police, the local safeguarding office and the Care Quality Commission. People we spoke with told us they knew how to make a complaint if they needed to. One person told us "I'd tell the staff right away", whilst another person told us "the staff, they'd sort it".

We saw quality audits took place every month. The manager showed us completed care records audits. These included the quality of care plans, risk assessments and medication

audits. The manager told us that they also monitored the terminology used in each one at the same time. We saw that any issues noted during the audits had been addressed. This demonstrated that learning from incidents took place, and appropriate changes were implemented where necessary.

The manager explained how all information from surveys, complaints and audits was summarised and used to monitor for any trends. We saw the most recent version and noted that all actions were being completed within stated deadlines.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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