Care Quality Commission

Oakview Care (Berkshire) Limited

The Old Vicarage

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

This inspection took place on 28 and 29 June 2016. We gave the registered manager short notice of the inspection as we needed to be sure people would be there. This also enabled them to prepare people for our visit to avoid undue stress to those with needs on the autistic spectrum. The service was fully compliant at our last inspection in May 2014.

The Old Vicarage is a residential care home that offers a service for up to 12 people with learning and associated disabilities, some of whom may also have needs associated with autism. Some people may have behaviours that can cause distress or harm to themselves or others.

The service had a registered manager as required to manage its day to day operation. 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 service met the diverse needs of the people it supported effectively and in a person-centred way. The views of people and their representatives were sought and respected. People had individual care plans which incorporated their views and preferences and were supported by relevant risk assessments and specialist guidance.

Staffing levels were applied flexibly to ensure they met people's needs and were adjusted as these changed or in response to particular planned activities.

The service had a robust recruitment system to help ensure staff were appropriate and had the necessary skills and approach to meet people's needs. Staff were provided with a sound induction and training and expected and supported to attain a recognised care qualification. They received regular ongoing support through supervision meetings, appraisals and staff meetings.

The opinions of people, relatives and staff about the service were sought in various ways and any identified issues were addressed. People's health and nutritional needs were met effectively and their rights and freedom were protected.

Staff respected people's dignity and privacy and encouraged them to be as involved in day-to-day decision making and tasks as possible. People were provided with a wide range of opportunities to develop their skills, activities and access to the community so they could have a fulfilling lifestyle.

Appropriate health and safety servicing and monitoring took place to maximise the safety of the premises and specialist equipment was sought when needed to enhance people's care.

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.

People and their relatives said people were safe and well cared for.

Staffing levels were sufficient to meet people's needs and were adjusted to take account of changes in needs and planned events and activities. The recruitment process for new staff was robust and the required checks were undertaken and documented.

Staff were trained and knew how to safeguard people from harm. They understood how to report any issues and felt the management would address any concerns raised.

The required safety checks and risk assessments had been done in relation to the premises and individual risks. People each had individual fire evacuation plans.

Medicines were managed appropriately on people's behalf.

Is the service effective?

Good

The service was effective.

The staff received appropriate induction, training, ongoing support and development.

People and relatives praised the effectiveness of the staff. Staff knew how to communicate with people to support them and also communicated well as a team,

People's health and nutritional needs were met by the staff and people were well supported to manage their own behaviours. The staff consulted appropriately with external healthcare specialists.

People's rights and freedom were protected appropriately by the staff.

Is the service caring?

Good

The service was caring.

People's dignity and privacy were effectively supported by staff, who worked respectfully with them and involved in in day to day tasks.

People were treated kindly by staff and support was provided patiently and calmly.

People's individuality and interests were encouraged. Their individual needs relating to such things as gender, disability and spirituality, were met.

Is the service responsive?

Good

The service was responsive.

People and relatives felt staff listened to them and responded to their suggestions and wishes. People and their representatives were involved in planning people's care. The care plans were in the process of being improved to more clearly reflect people's own views.

Care plans and associated records were detailed and person-centred and provided sufficient information to enable staff to meet people's needs, although some additional detail would be beneficial in some instances.

People had access to a wide range of activities, events and facilities in the community, including college and supported work opportunities and enjoyed fulfilling lifestyles.

Is the service well-led?

Good

The service was well led.

People and relatives felt the service was well managed and the management team were accessible and listened to their views.

Effective systems were in place to monitor the operation of the service and ensure action was taken to address any issues. The views of people, their families and staff were sought and acted upon.

Care Quality Commission

The Old Vicarage

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.

We last inspected the service on 19 May 2014. At that inspection we found the service was compliant with the essential standards we inspected.

This inspection took place on 28 and 29 June 2016 and was announced. The provider was given short notice because the location provides support for adults, some of whom are often out during the day; we needed to be sure that someone would be in. Some people also had needs on the autistic spectrum and would be able to cope better with an inspection, when made aware of it in advance.

This was a comprehensive inspection which was carried out by one inspector. Before the inspection, 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. We looked at the information provided in the PIR and used this to help us write the inspection report. Prior to the inspection we reviewed the records we held about the service, including the details of any safeguarding events and statutory notifications sent by the provider. Statutory notifications are reports of events that the provider is required by law to inform us about.

The Old Vicarage is a residential care home that offers a service for up to 12 people with learning and associated disabilities. Some people may have behaviours that can cause distress or harm to themselves or others.

Some people were able to give us verbal feedback about their experience of the service. In addition, we observed the interactions between people and staff and how staff supported people to meet their needs. We had lunch with people on the first day of the inspection. We spoke with two people during the inspection and the relatives of three other people after our visit. We also spoke with three of the staff and the registered manager. Prior to the inspection we contacted seventeen representatives of the placing local authority and

healthcare professionals to seek their views. We received two responses. No one raised any concerns about the service.

We reviewed the care plans and associated records for three people, including their risk assessments and reviews, and related this to the care we observed. We examined a sample of other records to do with the home's operation including staff records, surveys and various monitoring and audit tools.

Good

Is the service safe?

Our findings

People felt safe in the service and their relatives were also happy people were kept safe. One person told us, "I feel safe here". Relatives commented; "[Name] is absolutely safe" and "I can relax because [name] is safe".

The premises were well maintained and servicing of safety equipment had taken place at the required intervals. Appropriate in-house maintenance checks took place and were recorded and monitored. Regular health and safety reviews were undertaken. People were involved in fire evacuations to help ensure they knew what to do in an emergency. Each person had an individual fire evacuation plan, detailing the level of support they would require.

The service had a detailed emergency contingency plan which contained the information staff would require to manage a number of foreseeable emergencies. Staff monitored whether people were in or out via a board in the shift office, in case of the need to evacuate.

People were safeguarded because staff understood how to keep them safe and how to report any concerns should they arise. Staff knew who to contact, both within and outside the service. They had confidence that the management team would take them seriously and respond appropriately to any concerns. They said they had been encouraged to raise any questions or worries with management.

The service had fully cooperated with investigations regarding one safeguarding incident which had arisen. The concerns were unsubstantiated following investigation.

Appropriate risk assessments had been undertaken regarding general risks as well as those relating to individuals or specific activities. For the most part, risk assessments contained good detail regarding the identified risk and how it should be addressed. In two instances additional detail was required so staff would be clear how to respond consistently, for example, in defining the level of support or supervision needed. The registered manager undertook to review these documents to ensure all necessary information was provided.

Appropriate action had been taken in response to the few incidents and accidents that had occurred. One person had been moved to a bedroom closer to communal areas with their agreement to address their needs. People's individual equipment, such as hoists, slings and wheelchairs, were subject to regular servicing and visual checks to identify and report any emerging issues or problems.

People's continuity of care was supported because the staff team was quite stable with relatively low turnover. One staff member had transferred to work on the provider's in-house 'bank' team. Staffing levels were sufficient to meet people's needs and were applied flexibly to reflect changes in needs, planned activities or events which might require additional staff.

One staff member was due to go on maternity leave. Recruitment to cover this and one other post due to increased care needs was under way. Three other staff had been recruited in the last 12 months to increase

the overall staff compliment to reflect changes in people's support needs.

To further support continuity and consistency of care the service did not use agency staff. Additional cover was provided either from within the team as overtime, by management, or by in-house bank staff who knew people's support needs.

People were protected from potentially inappropriate staff because the service had a robust recruitment process for new employees. The records showed the process was followed and appropriate checks had taken place.

People's medicines were managed effectively on their behalf by staff who had received appropriate training and had their competency to do so confirmed by senior staff. Staff competency was assessed as part of the national Care Certificate induction.

Appropriate records were maintained of prescribed medicines which included details of the quantities of medicines received to enable stock checking. Returned medicines were also recorded. Controlled drugs were recorded using the required double signatory system although they were recorded on a standard form rather than in a bound log as is considered best practice. A bound log was ordered during the inspection to be put into use on receipt.

The registered manager told us and staff confirmed that there were few issues regarding medicines refusals. Those that did arise were resolved within the service's procedure, by re-offering the medicine later. Staff knew when to seek medical advice should this not be the case.

Medicines prescribed for use 'as required' in response to agitation or anxiety, were not over-used. One person prescribed such medicine had not needed it for over six months. The local authority had carried out a thematic review of medicines management in the service in November 2015. The service had liaised with the quality team at the local authority and the identified recommendations had been actioned. Stock checks were carried out every two weeks and monthly medicines audits which included checks of records were completed.

Good

Is the service effective?

Our findings

People were very happy living in the service and related positively to the staff. One person told us, "I'm very happy here", another said, "It's very good here, I like all of it." Both told us they got on well with all the staff. Relatives were very satisfied with the support provided by the staff. One relative told us, "I have complete confidence in them" and another described it as, "…one of the best places." Relatives noted that people were always happy to return there after staying with them and said of staff that they were, "…all individuals, and very good." Relatives were also reassured that they were invited to drop in unannounced and were always made welcome. One compared The Old Vicarage very favourably to the service their family member previously lived at and said they had fought hard to get them into this service.

Staff were skilled at communicating with people and understood how they communicated their feelings and anxieties. One relative told us staff, "…understand the triggers" and their family member's, "…behaviour responds well to staff." We saw that staff intervened in a timely way if a person was displaying any anxiety or discomfort and were effective in reassuring them or addressing the issue.

We saw people's behaviour and facial expressions generally suggested they were happy and relaxed and people sought out contact with all of the staff members. Staff were clearly very familiar with how people chose to communicate and supported them to do so. Staff offered any necessary encouragement and gave people time to respond without hurrying them. Communication between staff members was good with effective verbal handovers between shifts to maintain continuity of information, backed up by diarised appointments and a communication book.

New staff undertook the Care Certificate induction programme and worked through all the required written elements and competency assessments. The service was starting to take existing staff through the Care Certificate competencies to ensure all staff had the up to date knowledge and skills to meet people's needs. Eight staff had already completed the Care Certificate but the remaining staff still needed competency assessments to be completed. Almost all of the team had either the Care Certificate, National Vocational Qualification (NVQ), Qualifications and Credit Framework (QCF) or equivalent qualification in care. The plan was to train a number of Care Certificate assessors to undertake the competency assessments. The service had obtained advice on the Care Certificate competencies and training from the local authority.

Staff received supervision and support in accordance with the provider's expectations which were for a minimum of four scheduled supervisions per year and an annual performance appraisal. Staff could ask for additional supervision or support at any time. Out of hours support was available from the registered manager and deputy and the provider could be contacted in the event of a major event. Staff felt well supported and trained by the service.

People's rights and freedom were protected in accordance with the Mental Capacity Act 2005 (MCA). 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.

Three people who were potentially subject to night time seizures had electronic seizure monitors in place at night once they were settled in bed. One person required fifteen minute visual checks by staff throughout the night as there was a risk their seizure might not be detected by the monitor. In each case appropriate best interests discussions had taken place regarding the monitoring.

Where there was doubt about people's capacity to make certain decisions, an assessment had been completed. Where family members or other representatives had Power of Attorney, Appointeeship or Deputyship enabling them to make decisions on people's behalf, this was known and copies of the relevant documents were on file. One person did not have capacity to make day-to-day decisions, but others were able to do this to varying degrees.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberties Safeguards (DoLS). The service was operating within this legislation. Where people required updates of DoLS authorisations the local authority were notified and appropriate advocates and best interests assessors had been involved. Where best interests decisions had been required regarding dental interventions requiring sedation, the GP had been involved in the process.

DoLS authorisations had been applied for and granted for eight people and one application had been refused. Others had the freedom to go out when they wished, two of whom went out without staff support.

Where people required support to manage their behaviour this was done in the least restrictive way. Each had a behaviour support plan in place, written by a clinical psychologist. Staff were trained in nationally recognised and approved behaviour support techniques. The training also addressed the way behaviour could be used as a means of communication. Most interventions were based on early recognition of a person's anxiety and de-escalation. Staff gave people space and time to calm themselves and people could seek out areas away from the group when they wished. People's levels of need for behavioural support had been successfully reduced since coming to the service, when compared to their previous placements.

People were supported to choose what they wished to eat. They told us they enjoyed the food. One person said, "I enjoy the food" and two said they were very happy with the menu choices.

Three people had been assessed to be at significant risk with regard to nutrition or hydration. Appropriate advice had been sought from external dietitians and the speech and language therapy (SALT) team where necessary. Dietary intake was monitored where necessary and people were weighed regularly. One person had their meals pureed and drinks thickened following advice from the SALT team. Appropriate guidance was available to staff to enable them to provide meals and drinks to the correct consistency. An external healthcare professional who had worked with the service, described them as, "…open and willing to take advice, caring and understanding." They further said, "Information is communicated from leaders to care staff and applied effectively to bring about desired outcomes."

Relatives were very happy with the support people received with their healthcare needs. One commented that healthcare was, "…tip-top" and another said, "They are good at health needs". People were supported to have routine health checks and medical advice was sought for specific concerns. Two people had been provided with individual specialist seating following assessment by an occupational therapist. Three people had been provided with adjustable beds to meet their needs and one had a pressure relieving mattress to reduce the risk of them developing pressure damage to their skin. One person had been

supported successfully with a weight loss programme.

To accommodate the needs of people who were wheelchair users the use of rooms within the building had been changed to provide additional ground floor bedrooms. The management office was recently relocated to a newly built garden unit to create another ground floor bedroom. Appropriate ceiling hoists had been provided to support people with transfers to and from bed and bath/shower. A specialist, height-adjustable bath had also been provided for one person who required full assistance with bathing.

Where people required support with epilepsy they had specific care plans detailing this and staff had attended epilepsy training. Seizures were monitored as part of reviewing people's needs.

Although the premises were a listed building, wherever possible improvements had been made to improve access and facilities. A removable ramp was available in the split-level dining room and each bedroom had been provided with an ensuite toilet and either a shower or bath. Access to the grounds had also been improved for wheelchair users. A new paved patio area and concrete paths had been provided, leading to the garden facilities including the sensory/chill-out room, the raised garden beds and the poly-tunnel. Preliminary plans for the provision of a stair lift to improve one person's access to their bedroom, were being made. People's bedrooms were personalised to reflect their needs and interests.

The part-time activities co-ordinator had worked with people and staff to develop a sensory garden, raised planting, vegetable garden beds and a secluded seating area. She was also working on further improvements to the environment. The large garden provided ample space for people to spend time together or alone as they wished, and enabled staff to supervise people discreetly, where necessary.

Good

Is the service caring?

Our findings

People were happy that the staff were kind and caring. One person told us how staff consulted them about their preferred activities and hobbies and showed interests in these, helping to ensure they could pursue them. People felt the staff gave them freedom to make decisions for themselves

Relatives praised the caring attitude of staff. They felt staff knew their relatives needs and how they communicated, very well and supported them to maintain their dignity and privacy. One relative said, "[name] is always very smart and clean and well cared for" and another described staff as, "…very good." One commented, "I'm so happy, [name] looks so well and happy and settled."

Staff treated people as adults and spoke with them and involved them in general conversations, whether or not they were able to respond verbally. Each person had monthly meetings with their keyworker to explore their views about their care and whether they had any concerns.

We saw that relationships between people and staff were very positive and it was clear that staff knew people well and were familiar with their chosen communication method(s). People often sought out staff company but where they wished to spend time by themselves, this was respected. Where people required closer observation with regard to possible behavioural issues, this was done discreetly so as not to provoke a negative response and to preserve their dignity.

The service had adapted to meet the needs of people with more significant needs relating to physical disability. They had consulted appropriate external specialists such the occupational therapy service to obtain specialist seating and other equipment to meet people's individual requirements, including ceiling hoists and a specialist bath

People's spiritual needs were provided for through attendance at bible studies and church services and arrangements had been made for baptisms at the request of two people. One person was involved in fund-raising activity for the local church.

People were actively involved in day to day household tasks through encouragement by staff but if they declined to take part, this too was respected. Advocacy had been arranged in the past where appropriate, around medical decision-making. Staff expected people to be involved in day to day decisions and those about any changes to the environment.

Staff worked in ways which supported people's dignity and privacy. They provided support discreetly and behind closed doors and spoke respectfully to people in the course of working with them. Where discussions about people took place, such as handover, these were held in private, away from other people.

The provision of en-suite toilet and shower/bath facilities for each person enhanced their dignity and privacy as their personal care support was provided in their own space. Staff knocked on bedroom doors and respected that these were people's private space. People were asked if they had a view regarding cross-

gender care and, wherever possible this was met through the provision of staffing of both genders. Where people were able to access the community without support, this was encouraged by staff. Staff and people had undertaken a sponsored swim to raise money for a commemorative bench in memory of a recently deceased resident. They raised a significant sum and an arbour was purchased and erected in the garden as a memorial to him.

One person had been identified as requiring end of life care. The support from staff had been caring and compassionate and they continued to be as involved in the day-to-day life of the service as they were able to cope with, although unable to take an active part. Appropriate support and advice had been sought from external healthcare specialists.

Good

Is the service responsive?

Our findings

People were happy with the range of activities and the staff support given to access events in the community. One person told us, "There are lots of activities, outings and holidays." Relatives were happy that they were kept appropriately informed about people's progress and felt welcome in the service, which reassured them. One said the service, "…encouraged family involvement." Another relative told us, "Staff listen to us" and one had attended their family member's review recently. They commented that there was, "…a sense of fun" in the service, which they liked.

People and their representatives were as involved in reviewing their care as possible. Reports were sought from day services and work placements so people's progress in all areas could be reviewed. People's care plans contained the information necessary to enable staff to meet their needs in the way they preferred and to provide them with the support and encouragement they needed. However, it wasn't always clear how their views had been sought. The registered manager explained that the care plan format was about to be revised to better reflect people's involvement in them as well as including their input. Appropriate behaviour support plans and risk assessments supported the care plans, together with guidance from external healthcare professionals, where necessary.

People were encouraged and supported to make choices in various ways according to their needs. Some were offered a free choice, others coped better with a choice between two options they were known to enjoy. For example, staff took some people to the fridge or cupboard to enable them to choose what they wanted to eat. Where people could not indicate their preference in advance, options were offered based on staff knowledge of things they used to enjoy. If they declined, then another alternative was provided.

Staff responded in a timely way to changes in people's needs. The needs of people with dementia were catered for and the possibility of developing dementia was being investigated where appropriate through some baseline tests which were to be repeated after a few months. Where people had been admitted with more limited mobility, the service had responded effectively and provided aids and adaptations to meet their needs and maximise their mobility within the building and grounds. Where possible, room usage had also been changed to accommodate their needs.

The service held events twice a year to which family were invited so they could see for themselves the support people received. this give them an opportunity to meet staff and management and to discuss anything concerning them. A quarterly newsletter was produced which included information about proposed changes to the service, staffing changes and upcoming events. It included photos of people engaged in some of the events, holidays and activities they enjoyed. Relatives were encouraged to respond to the quality survey they had been sent. Individual arrangements had been made to provide parents with appropriate updates at their request.

Two people attended college one day per week, two went to an external day-centre and others had supported work placements or helped in other care settings. People made use of a local charity's sensory room facility and went to specialist swimming sessions. Within the service people undertook art sessions,

used the on -site sensory room and were involved in gardening, amongst a range of available activities. People went walking and cycling to encourage healthy exercise. One person had their own 'Motability' vehicle to access the community and the service had two other vehicles to assist with community access for others. Large scale patio games were available and people could make free use of the large garden. People's spiritual needs were also provided for. The part-time activities coordinator was enthusiastic and creative and offered lots of options and ideas.

People were supported to go on holidays and these were planned and discussed with them, using photographs where necessary. The resulting photographs of people's holidays showed they enjoyed being in a different environment. Plans were being made with one person, previously reported as not wanting to go on holiday, to do so and they had been fully involved in the planning. The location was not too far from the service in case of the need to return there at short notice.

Staff commented that the level of activities had improved and there were also more activity opportunities provided at weekends. We saw that people had good opportunities to access the community, whether or not they required staff support to do so. One person told us about an activity they used to enjoy and were hoping to be able to take up again. They also described with enthusiasm, their work placement and the facilities available in the 'chill-out' room. They told us staff had encouraged their hobby and supported them to obtain relevant periodicals about it as well as taking them out regularly elsewhere.

The complaints procedure was available in easy-read format to assist staff in explaining it where possible. Staff regularly checked with people whether they are happy with their care and enjoying their activities. Three of the people would be able to make a complaint for themselves. The registered manager felt the others would need someone to advocate on their behalf. The people we spoke with were happy in the service and raised no complaints or concerns.

There were no recorded formal complaints since the last inspection in 2014. One informal issue had been raised by a neighbour, regarding noise but this was addressed appropriately. The registered manager agreed to record such informal issues and their resolution in future to demonstrate the service responded appropriately when any issues were raised. None of the relatives we spoke with had any concerns or complaints and all felt they would be listened to if they raised anything.

Good

Is the service well-led?

Our findings

People were happy with the way the service was run and felt the management were available. One person told us, "The manager and staff always listen." Another told us they were, "…asked about if I am happy." Relatives felt the service was well managed and senior staff were accessible. One said, "They are well run at all levels" and another that the service had, "…very approachable management." Relatives also felt the service, "…has a good reputation" and they had, "…always been happy with the service" and had, "...a lot of confidence in the owners."

The management style was one of openness and families felt they were welcome to visit without notice as well as being invited to specific social events and care plan reviews. The service's quarterly newsletter helped keep people and families up to date with developments and changes.

Regular staff meetings had taken place and meetings had been introduced since February 2016 for the seniors from each of the four teams of staff to meet together. Staff meeting minutes showed appropriate discussion and challenge to staff practice around not de-skilling people by doing things for them where they could do it for themselves. Service user meetings had been held twice to date in 2016. The minutes showed they mostly discussed upcoming holiday plans and activities. People met approximately monthly with their keyworker to discuss how things were and have an opportunity to raise any concerns.

Staff felt the meetings were a valuable forum, that open discussions took place and their views were listened to. Staff knew the care practice expectations and understood the values and purpose of the service. One staff member described the staff as, "…interested, motivated and passionate" and added that, "You can have your say, ideas are welcomed". Another said that management, "…praised staff positively and encouraged their enthusiasm."

A service development plan was in place, published in January 2016, identifying the strategic targets for the ensuing year. The operation of the service was effectively monitored through a range of audits and quality checks. These included specific audits such as health and safety, incidents, medicines and fire safety, as well as periodic wider monitoring processes.

A representative of the provider undertook monthly quality monitoring visits to the service. Reports were sent to the registered manager identifying any action necessary.

The registered manager and deputy worked shifts at times to cover shortfalls in order to understand the day to day issues staff were facing, observe care practice and offer support to staff. The registered manager explained that staff could also ask for time with himself or the deputy whenever they wanted to raise or discuss anything and staff confirmed this was the case.

The views of people, their relatives and staff were sought via annual surveys, most recently in June 2016. The results were positive from people and their relatives with some very positive additional comments made. The staff survey results were more mixed and less than half of staff responded, suggesting there may be

some issues for some team members. The need to explore the areas of dissatisfaction was identified in the summary for action through inclusion in the service development plan. The new June 2016 development plan included the issues raised and the action taken/proposed to address them.

A range of improvements had been made to the service based on issues emerging from people, their families, staff and audit findings. For example the addition of the new paths and patio, increases in activities and the reassignment of rooms to provide better accessibility for wheelchair users.