Care Quality Commission

# Mrs Stacey Marie Lee and Michael Lee

# Red Oaks

## Inspection report

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Good** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

## Overall summary

Red Oaks is a small residential home in York which provides support for three adults. The service specialises in supporting people with a learning disability. The registered providers live at Red Oaks and provide all care and support themselves.

We inspected this service on 18 December 2015. The inspection was announced. The registered provider was given 24 hours' notice, because this is a small service and we needed to be sure that someone would be in when we visited.

The service was last inspected in October 2013 at which time it was compliant with all the regulations we assessed.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

During this inspection we found that people's needs were assessed, risks identified and risk assessments put in place to manage those risks. However, remedial work needed to maintain the safety of the electrical installation had not been completed in a timely manner and this could have placed people using the service at increased risk of harm. We have made a recommendation about monitoring and responding to risks in the body of this report.

Medication was ordered, administered and recorded effectively, however, we noted that some prescribed medication was out of date and needed to be disposed of. The registered manager subsequently told us they had disposed of this and a repeat prescription had been arranged.

We found that there were systems in place to ensure that safeguarding concerns would be identified and acted upon.

The registered providers supported people to ensure their needs were met. We discussed the importance of business continuity and contingency planning to ensure that people's needs would continue to be met in the event of an emergency. The registered providers agreed to explore this.

The registered providers were experienced and understood the needs of people using the service. The registered providers completed refresher training to maintain their skills and knowledge.

People using the service were not deprived of their liberty and the registered providers showed an understanding of principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to eat and drink enough and supported to access healthcare services where necessary.

We observed numerous positive and caring interactions between people using the service and the registered providers. People had developed meaningful caring relationships with the registered providers over the significant period of time that they had lived at Red Oaks.

People were supported to make decisions and to maintain their privacy and dignity.

People using the service had person centred care plans. There were systems in place to listen to and respond to people's experiences of using the service.

People were positive about the registered providers and the care and support provided at Red Oaks.

# Summary of findings

## 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 not always safe.

The registered providers understood the safeguarding process and knew how to respond to safeguarding concerns to keep people safe.

People's needs were assessed and risk assessments put in place. However, identified risks were not always acted upon placing people using the service at increased risk of avoidable harm.

People's received their medications as prescribed although we found medication had not been disposed of promptly once past its expiration date.

**Requires improvement**

**Is the service effective?**
The service was effective.

The registered providers completed on-going training to equip them with the skills and knowledge to carry out their roles effectively.

People were supported to make decisions and had choice and control over their daily routines.

People were supported to eat and drink enough and to access healthcare services where necessary.

**Good**

**Is the service caring?**
The service was caring.

People were positive about the service they received.

We observed positive caring interactions between the registered providers and people using the service.

People's privacy and dignity were respected.

**Good**

**Is the service responsive?**
The service was responsive.

People's needs were assessed and care plans put in place detailing how those needs would be met. Care plans contained person centred information.

The registered providers were knowledgeable and clearly understood the specific support needs of the people they cared for.

There was a system in place to manage compliments and complaints.

**Good**

**Is the service well-led?**
The service was well-led.

**Good**

# Summary of findings

People told us they liked living at Red Oaks and there was a positive atmosphere within the service.

The registered providers promoted person centred care to the benefit of people using the service.

The quality of the care and support being provided was monitored by the registered providers.

# Red Oaks

**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 registered 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 inspected this service on 18 December 2015. The inspection was announced. The registered provider was given 24 hours' notice, because this is a small service and we needed to be sure that someone would be in when we visited.

This inspection was carried out by one Adult Social Care inspector. Before the inspection, we looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also sought relevant information from the local authority who commissioned a service from Red Oaks. We did not ask this service to send us a provider information return (PIR) before the inspection. The PIR is a document that the registered provider can use to record key information about the service, what they do well and what improvements they plan to make.

As part of this inspection we spoke with three people who used the service. We also spoke with the registered providers, one of whom was the registered manager. We had a tour of the service including communal areas and people's bedrooms. We also spent time observing interactions between the registered providers and people using the service.

We looked at two care plans and training records as well as a selection of records used to monitor the quality of the service.

Requires improvement

# Is the service safe?

## Our findings

We spoke with the three people living at Red Oaks; they told us "I like it" or used non-verbal communication to indicate that they felt safe living there. We observed that people were relaxed, confident and outgoing within the service and around the registered providers showing us that they felt at ease and safe in their surroundings.

The registered providers had a safeguarding adult's policy and procedure in place and had completed training on safeguarding vulnerable adults from abuse within the last year. We spoke with the registered providers about the safeguarding process and it was clear that they understood the types of abuse they might identify and what action to take if they had concerns. The registered manager told us how they would refer any concerns to the local authority safeguarding team or the emergency duty team, outside of office hours. The registered manager also told us they would notify the Care Quality Commission if they had any concerns. This showed us that the registered providers had systems in place to keep people using the service safe.

There had been one safeguarding alert since our last inspection of the service and we could see that the registered providers had worked with the local authority to address the concerns raised and to prevent future incidences of avoidable harm.

We reviewed care plans for two people who used the service and saw that in each case, their needs had been assessed, relevant risks identified and risk assessments put in place to minimise these risks and prevent avoidable harm. Risk assessments we saw were detailed and person centred, documenting 'What could go wrong', the 'Risk level' and then recording an 'Action plan' detailing what had been done or would be done by the registered providers to respond to issues or concerns to keep people safe. We saw risks assessments in respect of the risks associated with falling, epilepsy, medication and the risk of people leaving the property. For example, one risk assessment identified concerns about a person's road safety. We saw that this risk had been further explored through an occupational therapy assessment and, to manage the identified risks, it was documented in their care plan that the person required assistance from one person when going out.

We saw that risk assessments had considered environmental risks to people using the service and detailed the steps taken to keep people safe. For example, window opening restrictors had been fitted to upstairs windows as there was an identified risk that people using the service could lean and fall out of the windows. The registered providers had also considered the risks associated with people burning themselves on the radiators. This was assessed as a low risk, but we could see that the registered providers had considered the use of radiator covers if the level of risk increased. This showed us that risk assessments were being used proactively to identify and manage risks to keep people safe.

We saw that risk assessments were reviewed regularly; however, we noted that some identified risks had reduced as people's needs changed. We discussed with the registered manager the importance of recognising historic risks, but also ensuring that current risk assessments reflected current needs, so that any risk reduction measures in place were proportionate. The registered manager told us they would review the risk assessments in place.

There had been no accidents, incidents or near misses since our last inspection, however, we saw that the registered providers had a system in place to record and respond to these if necessary.

We were shown around the building and saw that communal and individual rooms were clean, tidy and well maintained. The registered providers had an up-to-date gas safety certificate. However, we noted that the electrical installation recorded that remedial work was needed and that the overall condition of the electrical installation was "Unsatisfactory." We addressed this with the registered manager who arranged for an electrician to fix the identified issues and we were subsequently sent a copy of a new electrical installation certificate, which showed us that remedial work had been completed and that the electrical installation was maintained to a satisfactory standard. However, the failure to identify these concerns, and the delay this caused in remedial work being completed, could have placed people using the service at risk of otherwise avoidable harm.

We saw that portable appliance tests had been completed. These tests check whether portable electrical equipment such as televisions, kettles and toasters are working safely.

Requires improvement

# Is the service safe?

We noted that water temperatures were checked weekly and recorded. This is important to minimise the risk of Legionella and to ensure that water comes out of the tap at a safe temperature.

The registered providers completed a weekly fire alarm test and fire safety drills had been held in January and July 2015. We saw the fire safety risks within the premises had been considered, with torches kept on every floor and records documenting that internal doors to the hallways would be shut at night to protect the evacuation route in the event of an emergency. Care plans and risks assessments also considered the fire safety risk, with one record we observed documenting that a person required support to exit the building in the event of an emergency as they would not appropriately respond to a fire alarm. This showed us that the registered providers had considered the risks associated with a fire.

However, we noted that the registered providers did not have a documented business continuity plan. Business continuity plans are used to explore and record what arrangements would be put in place should an emergency situation such as flooding, fire or an outbreak of an infectious disease force the closure of the home or affect the registered providers ability to provide care and support.

Although we noted some consideration had been given to the use of agency staff and/or respite placements in an emergency, we discussed with the registered providers the importance of formalising these arrangements and documenting the necessary steps they would need to take to ensure people's needs continued to be met in the event of an emergency.

The registered provider's did not employ any care workers as they ran the service themselves, providing all care and support to the three people living there. The registered providers told us that people using the service did not have significant night time needs and, because of this, they were able to meet people's support needs without having to employ care workers. As such, the registered providers did not need staff rotas as they both provided care and support over a 24 hour period as the need arose.

The registered providers told us that they covered each other in the event of sickness or necessary absences, but would use an agency care worker in the event they were both unable to fulfil their caring roles. However, the registered provider's stressed this had not been necessary in 20 years of providing care and support. The registered manager also explained that people using the service had been assessed as being entitled to four weeks of respite care per year. This was predominantly used if the registered providers wanted to go on holiday or needed a break, but they explained this could also be used as a contingency if they were unable to provide care and support.

The registered providers had completed DBS checks. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help prevent unsuitable people from working with vulnerable groups.

At the time of our inspection, two people using the service required assistance to manage their medication. This was recorded in their care plan, along with a record of medication they were allergic to and a consent form, which had been signed to give permission to receive support with medication. The registered providers had completed training on the safe administration of medication. We reviewed the registered provider's process for ordering, recording, storing, administering and disposing of medication where necessary.

We observed that people's medication was stored in a secure place accessible only by the registered providers. Medication administered to people using the service was recorded on a Medication Administration Record (MAR) and our checks of MARs showed that these were accurately completed and contained no gaps or omissions. The registered manager told us there had been no medication errors since our last inspection of the service. We carried out sample checks of medication and found that stock levels tallied with the registered providers records. This showed us that there were no unaccounted for or missing doses of medicine.

We noted that the registered providers did not countersign handwritten records when new medication was received, to reduce the risk of transcribing errors; however they agreed to do this in future.

One medication, prescribed to be used as required, had not been discarded within the recommended period after its opening. We discussed this with the registered providers who told us they would dispose of this immediately and contact the pharmacist to arrange a repeat prescription.

**We recommend that the registered manager reviews the way they monitor and respond to identified risks.**

Good

# Is the service effective?

## Our findings

People using the service told us they were happy with the care and support provided at Red Oaks and our observations, including observations of interactions between the registered providers and people using the service, supported this. We observed that the registered providers were skilled in their roles and knowledgeable about the needs of people using the service, having provided care and support to them for a significant period of time.

Despite this experience, the registered providers continued to complete regular training to refresh and update their knowledge. We reviewed training records and saw that the registered providers had completed National Vocational Qualifications (NVQ) to Level 4 in Health and Social Care. NVQ's are nationally recognised work based training. The registered providers also completed on-line training on a range of topics which included safe administration of medication, safeguarding of vulnerable adults, health and safety, food hygiene, record keeping and infection control. The registered manager told us they aimed to refresh all training within a three year period or more frequently if needed. We saw that this was the case, with all training completed within the last three year period. This ensured that the registered providers updated their knowledge and understanding of best practice. Our discussions with the registered providers showed us that they had a broad range of knowledge and that their training and qualifications had equipped them with the skills and knowledge needed to carry out their roles effectively.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the registered providers were working within the principles of the MCA and DoLS. At the time of our inspection people using the service were not subject to DoLS.

The registered manager had completed training on MCA and DoLS and we saw that a copy of the DoLS code of practice and relevant guidance on identifying a deprivation of liberty, produced by the Department of Health, was available for reference. We spoke with the registered providers about DoLS and were satisfied that they would appropriately identify and request an authorisation if the need arose.

We asked the registered manager about the MCA; they told us "We do not want to make decisions for people; we involve people and give them the opportunity to decide." The registered manager explained how they could not force people to do things, but encouraged people to make safe decisions. The registered manager described how they supported people to make decisions by explaining information and showing people options to help them decide. Although we were satisfied that people were supported to make decisions in line with relevant legislation and guidance, we discussed with the registered manager the importance of reflecting people's abilities to make decisions, and any support that may be needed with this, in their care plans. The registered manager told us they would review how they recorded this information in future.

People using the service smiled and nodded when we asked them if they like the food provided. Other people we spoke with told us they were supported to eat and drink enough and thought the food was "Good."

The registered providers told us that they prepared all meals, drinks and snacks on behalf of the people using the service; although people using the service were encouraged to participate and assist if they wanted to. The registered providers told us they did not produce a menu, but explained how they typically discussed the day before what people would like to eat and planned meal choices this way. The registered providers told us they cooked one main meal each evening, but alternatives could be provided if necessary.

We saw that care plans contained information about food people liked and disliked and the registered providers talked knowledgeably about people's personal

Good

# Is the service effective?

preferences. We observed that there was a wide range of food available in the fridge and cupboards including a variety of snacks, fruit and vegetables from which to prepare a well-balanced and nutritious diet.

The registered providers told us that they did not routinely record people's food and fluid intake, but would do this if they had concerns, for example, if someone was losing weight. We saw that the registered providers weighed people monthly as part of monitoring people's nutritional intake.

Care plans contained information about people's past medical history, current health needs and contact information for any health or social care professionals involved in their care and support.

We saw that each person using the service had a diary, which recorded a running record of the care and support provided and this included records of visits to healthcare professionals such as a person's G.P, Dentist or Chiropodist.

The registered provider explained how one person using the service had been unwell recently and they had noted a change in their needs. Records showed how the registered providers were supporting this person to attend hospital appointments for further investigation. This showed us that people were supported to maintain their health and wellbeing and access healthcare services where necessary.

Good

# Is the service caring?

## Our findings

People told us they were well cared for and liked living at Red Oaks, with feedback including "I'm happy here" and "I like it." We observed other people use non-verbal communication to indicate that they were happy with the care and support they received and were happy living at Red Oaks.

The registered providers lived at Red Oaks and provided all care and support themselves; they told us that the people using the service were part of their extended family. The registered providers had been supporting the people living at Red Oaks for between six and 21 years and it was clear that they had developed meaningful caring relationships with the people they supported in this time.

We observed numerous positive interactions between people using the service and the registered providers. We observed that communication and interactions were kind, caring and respectful. The registered providers clearly knew the people they cared for and were attentive to people's individual needs and preferences. We observed that people using the service valued the relationships they had developed with the registered providers and responded happily to the interactions they shared with them. People using the service told us they liked the registered providers.

We observed that there was an informal and relaxed atmosphere within the service reflecting the registered providers aim to run it like a family home. The registered providers stressed how they aimed to create a happy environment for people to live in and that this was their focus when providing care and support.

We saw that people using the service were supported to make decisions with, for example, what to eat or what to wear that day. Whilst there was some routine around time spent at day centre services or with one to one time for activities, we saw that people were also encouraged to be independent and have choice and control over how they spent their time. This was reflected in the encouragement provided for people to pursue their own interests and hobbies. We could see that people's rooms had been personalised and that the registered providers had acknowledged and validated people's personal preferences.

We asked the registered providers how they maintained people's privacy and dignity; they told us "The bathroom has a slide lock on it and we knock on people's doors before going in." We observed that people using the service had privacy and their own personal space in their rooms, but also had use of communal areas where they could spend time with the registered providers or other people using the service. We saw that there was a communal lounge with a television and a pool table on the first floor, but people also had televisions in their room if they preferred privacy.

We observed that appropriate care and support was provided in communal areas and the registered providers were sensitive in supporting us to speak in private with people using the service during out inspection.

Good

# Is the service responsive?

## Our findings

We reviewed two people's care files and saw that their needs were assessed and care plans put in place detailing how those needs would be met. Care plans contained person centred information about people's likes, dislikes and personal preferences although we noted this information was limited in places. However, we saw that care files also contained a care plan describing the person's character. This section included details about what the person was like, their character and personality rather than describing them purely in terms of their support needs.

We saw that the registered providers aimed to promote people's independence and care plans reflected this, with information about what people were able to do for themselves as well as details of tasks they required support with. This showed us that the registered providers had considered the individual needs of people using the service when planning their care and support. The registered providers had also recognised the importance of supporting people to maintain their independence, by providing care and support only where necessary and not deskilling people. We saw that care plans were reviewed and updated regularly.

The registered providers shared information with each other about the needs of people they were supporting. The registered providers also maintained a daily diary for each person using the service. This recorded information about what people had done that day as well as information about upcoming appointments. We saw this was an effective way for the registered providers to record and share information about important events or about people's changing needs.

The registered providers were knowledgeable about the needs of the people they were supporting. This enabled them to deliver person centred care based on their familiarity and understanding of that person's needs.

People using the service were supported to access their wider community and pursue their own hobbies and interests. One person told us how they went to work and enjoyed this. The registered providers explained how this job was very important to the person and they particularly liked getting paid and having money to spend. People told us how they enjoyed going to the local pub on Thursdays as they liked the food that was served there. Another person told us they liked going to the day centre. We reviewed daily diaries and saw that the registered providers had a weekly pub night, had a DVD night and supported people to go shopping and bowling. Some people went to day centres or had dedicated one to one time, funded by the local authority, to support them to go out.

People living at Red Oaks had their own rooms and private space. People's rooms were decorated to their own personal preferences and reflected their individual hobbies and interests. One person using the service told us "I like my room. I watch television."

The registered providers told us "If someone has concerns they raise it." There had been no compliments or complaints received by the registered providers since our last inspection. Despite this the registered providers had a complaints policy in place and we saw how this provided details of how complaints would be managed. We noted that the registered providers were committed to improving the quality of care and support provided and were receptive to feedback throughout our inspection.

Good

# Is the service well-led?

## Our findings

The registered providers are required to have a registered manager as a condition of registration for this location. There was a registered manager in post on the day of our inspection and, as such, the registered providers were meeting this condition of their registration.

People using the service told us "I like it" and "Yes I'm happy here" when we asked them what they thought of Red Oaks. Other people used non-verbal communication to indicate that they were happy and content in their surroundings. We noted that there was a relaxed atmosphere within the service and that interaction between people and the registered providers were friendly and informal.

We asked for a variety of records and documents during our inspection. We found these were stored securely, but accessible to us and easy to use to obtain important information. We found that records we reviewed were generally well written, well maintained and updated as required.

The registered providers told us they did not employ any staff and wrote all care plans and risk assessments themselves, with input from the person and other health and social care professionals where necessary. The registered manager told us that they reviewed and updated care plans when needed and had annual reviews with the local authority to review the package of care as a whole. This system was an effective form of quality assurance as it ensured that care plans were kept up-to-date with relevant and proportionate information about people's needs.

The registered providers told us the most important thing was for people to be happy and that they strived to create a happy atmosphere within the service for the people living there. We saw that the registered providers also had documented values and goals which they aspired to when delivering care and support. This stressed the importance of maximising people's independence, supporting people to make informed choices, promoting people's privacy and dignity, supporting people to access activities and to pursue their own interests and treating people with respect.

We found from our observations and conversations with the registered providers, that these values were reflected in the care and support provided at Red Oaks.

We asked the registered manager how they kept up-to-date with changes in relevant legislation and guidance on best practice. The registered manager told us that they subscribed to an adult social care magazine, which provided information on developments in adult social care. The registered manager told us they also received information and updates via the Care Quality Commission.

The registered providers did not hold any regular formal meetings with people using the service and, as they did not employ any staff, did not hold team meetings. The registered manager told us if there were issues or problems "Generally we have a get together and discuss it as part of a family group." In this respect, we could see that there were informal systems in place to gain feedback about the service to monitor the quality of care and support provided and to address any issues or concerns.

The registered providers sent surveys to people using the service and their relatives. Where these had been returned, we saw that the registered providers had received positive feedback about the service provided.

The registered providers had an informal quality assurance process and responded to issues or concerns as they were identified. By living at the service and speaking regularly with people who lived there, the registered providers were able to identify and respond to concerns as the need arose making this an effective way of monitoring and maintaining the quality of the care and support provided.