Autism.West Midlands

Oakfield House

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 unannounced inspection took place on the 11 and 12 May 2016. The service was last inspected in October 2013 and was meeting all the regulations. Oakfield House provides accommodation for a maximum of twenty adults who are living with autism and learning disabilities and who require support with personal care. There were nineteen people living at the home at the time of the inspection although two people were on holiday. Some people were unable to verbally tell us about the care they received but did communicate with us through other forms of non- verbal communication.

The service has a registered manager who was present throughout the inspection. 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.

People told us they felt safe living at the service. Staff were aware of how to recognise possible signs of abuse and the need to report any concerns. We saw there were enough staff available to meet individual requests for support in a timely manner.

Whilst most medicines were given safely we found that there was a need for some improvement in the monitoring of medicines given on an 'as required' basis. There were systems in place to monitor medication administration.

Staff had a good understanding of the Mental Capacity Act (2005) and could explain how they put this into practice when supporting the people living at the service. Staff received sufficient training to provide care based on people's individual needs.

People had their healthcare needs met and received support to maintain their nutritional and hydration needs. People were treated with dignity and respect and their independence was promoted.

People and their relatives told us they were happy with the care provided and that staff were kind and caring and knew people well. People and those who were important to them were involved in planning care to meet the person's individual preferences. Staff that we spoke with were enthusiastic about their role and could describe how people preferred to be supported.

There was opportunity for scheduled activities based on people's known preferences. The service had many resources for activities at the home and had also developed links with the community to provide external activities for people.

Care was reviewed with people and those that were important to them to ensure care still met their needs. The service had ensured people maintained relationships with those who were important to them.

Relatives were aware of how to raise concerns and were confident that any concerns raised would be dealt with in a timely manner.

People and their relatives were happy with how the service was managed. The registered manager had ensured that the quality of the service was monitored and sought feedback from people, relatives and staff. Staff felt supported in their role and felt able to make suggestions for improvements to the service.

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.

Daily medicines were given safely. Management of medicines given on an 'as required' basis needed improving.

Staff were knowledgeable about safeguarding people and knew the appropriate action to take should they have any concerns.

There were sufficient, suitably recruited staff available to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who had knowledge about their individual needs.

People were involved in making decisions about their care and communication aids had been developed to support this.

People had their healthcare needs met.

People received appropriate support to have their nutritional and hydration needs met.

Is the service caring?

Good

The service was caring.

Staff were kind and caring in their approach. We saw that staff knew people well.

People's individual needs were incorporated into care planning with input from people who knew them well.

People's independence was promoted and their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in activities of their preference.

Care was reviewed to ensure it still people's needs.

There were systems in place to manage concerns and complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were happy with how the home was managed and staff felt supported in their roles.

The registered manager was aware of their responsibilities to the Commission.

There were systems in place to monitor the quality and safety of the service.

Oakfield House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 11 and 12 May 2016. On the 11 May the inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service. On the 12 May the inspection was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with three people who lived at the home. We met all the other people who lived at the home. Some people living at the home were unable to communicate verbally due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and eight staff. We spoke with four relatives. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Following the inspection visit we spoke with one relative of a person for their views of the service

Good

Is the service safe?

Our findings

People living at the service told us they felt safe and one person commented, "I'm safe." Relatives that we spoke with told us, "He is very safe there." Another relative commented, "I know [name of person] is safe and well looked after."

People were supported by staff who could explain the possible signs of abuse and the appropriate action to take should they have any concerns. Staff told us they had received training in safeguarding to help them understand the procedures to follow and the signs to be aware of. Some people living at the home were unable to communicate verbally. For these people staff emphasised the importance of knowing the person and being able to notice changes in behaviour that may indicate safeguarding concerns. The service had completed work with some people living at the home to determine their understanding of safeguarding and had recorded details of how the person would communicate concerns. The registered manager was aware of their responsibility to report and respond to any safeguarding concerns that may arise.

People living at the service sometimes displayed behaviours as a way to communicate their feelings or as a means of requesting support. Staff were able to explain to us how they supported people when this happened and staff understood what the behaviour meant for the person and understood that a consistent approach in supporting people with these behaviours was paramount in reducing anxieties for the person. People's care plans contained guidance for staff on how to support the person to ensure that any responses to behaviours were consistent and safe.

Individual risks to people had been identified and steps taken to minimise the risk for the person. We saw that these risks were regularly reviewed to ensure that the support given was still appropriate. Where accidents or incidents had happened immediate checks on the persons' well- being were carried out. We saw that accidents were reviewed monthly to see if any preventative measures could be put in place to reduce the chance of reoccurrence. Accident reports were also monitored by the provider to ensure appropriate action had been taken and to share learning across the organisation.

During the inspection we observed that there were sufficient staff available to respond to people's requests for support promptly. Relatives that we spoke with told us that there were enough staff available when they visited the home and one relative commented, "They always seem to have enough staff around." Staff told us that generally there were enough staff on shift although at times there was a need for more staff during busy periods. The registered manager informed us that there had recently been a period of staff turnover which had resulted in the service having to use known agency staff. The registered manager informed us that this would not happen regularly and was carrying out recruitment to ensure people had support from regular staff. The registered manager informed us that staffing levels were increased when needed.

We looked at the recruitment practice and found that checks such as a Disclosure and Barring Service Check (DBS) were carried out before staff worked with people. The provider's recruitment manager confirmed that gaps in employment history were checked but had not been recorded until recently. These checks ensured people were supported by suitable staff.

People living at the service needed support to receive their medicines. We saw people receiving their medicines in a dignified way and staff offering individual support to help people understand the medicines they were taking. Medicines were stored safely, although we saw that the medication fridge temperature was not monitored consistently. Staff who administered medicines had received training and checks on the staff member's ability to administer medicines safely had been carried out. We saw that staff had access to information about the medicines people were taking. Although there was no information recorded about how each person took their medicine staff told us they knew people well and knew their support needs. We found that people could be assured of receiving their daily medicines. However, we found that some 'as required' medicines were found to be out of date and although they had not been administered, should the person need their medicine this would not have been available for them. Medicines were monitored daily to check that medicines had been given correctly and audits of a sample of people's medicines were carried out monthly. These monitoring checks had failed to identify that some 'as required' medicines were out of date.

The service had supported one person to self-administer some of their medicines. Communication aids had been developed in line with the individual's communication style to support the person in doing this. Staff were available to prompt this person and to ensure that the person administered their medicines safely.

Good

Is the service effective?

Our findings

Relatives had confidence in the skills and abilities the staff had to meet and understand people's needs effectively. Relatives comments included, "I feel the staff are very knowledgeable of [name] needs," and another relative commented, "The staff know his needs and know how to encourage him."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. Staff understood how to support people in line with the MCA and could describe different factors that may influence a person's ability to make a decision. Staff told us how they offered people choices based on the way the individual preferred to communicate and informed us about how they sought consent from people. One staff member described this as, "Give people that choice and don't just assume." Another staff member told us, "Everyone is an individual with their own personalities. We need to support them to make the best decision for themselves." One person that we spoke with told us that staff gave them choices and we observed people being offered choices during the day. Staff were able to describe the principles of best interest decisions and we saw that meetings had taken place to make these decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The service had made applications for DoLS for all people living at the home some of which had been approved. Any approved DoLS were reviewed annually to determine if the restrictions in place were still needed. Staff were aware that DoLS had been authorised for some people living at the home. Despite there being some restrictions on people's care we observed practice that promoted freedom of movement and people went out on activities on a near daily basis.

Communication aids were available to support people in different aspects of their lives. The service had a staff photo board so people knew which staff were coming on shift to support them and to reduce anxieties. We saw people using this. Staff had received training in specific communication methods and could describe each person's communication by knowing the person well. One member of staff told us. "Everything here is to meet the needs of the people. They can all understand and everyone can communicate in their own way." Objects of reference were used where applicable. This meant people were supported by staff who could understand and interpret their communication needs and respond appropriately.

New staff working at the service completed an induction which included working with a more experienced staff member. The registered manager understood that when new staff started at the service they had to complete the Care Certificate although the service had not had any new staff employed recently. The Care

Certificate is a nationally recognised induction course that should be offered to staff to provide them with a general understanding of good care practice. Staff had received training in people's individual needs which was refreshed at certain intervals during the year. We saw that some training was out of date but the registered manager assured us that plans were in place to ensure this training took place. Whilst staff told us they had received sufficient training to carry out their role, staff were keen to undertake additional training that would enhance their knowledge further. Staff explained that this in turn would help them provide better care for the people they were supporting. Staff received regular supervisions which enabled them to reflect on practice, raise any concerns and receive support from the management team. People were supported by staff who had the skills and knowledge to meet their needs.

People received support to have their healthcare needs met. We saw that each person had a health action plan which detailed the individual support they required when accessing different healthcare settings. This ensured staff understood and supported the person consistently. We saw that healthcare appointments had occurred regularly and specialist advice was sought as and when needed. The service had developed action plans to assist people with healthcare emergencies. This ensured that staff had information to act consistently if and when a healthcare emergency occurred. Relatives were happy with the healthcare provision at the service and one relative described action the service had taken to support their relative to receive medical support. The relative described this as an achievement and commented, "It was down to how the staff handled the situation and working with me. We were all reassuring her in advance how it would go and it did go well."

People had their nutritional and hydration needs met. People's preferences for food had been incorporated into menu planning. People had different alternatives for meals and staff had access to the kitchen at all times to make people any food they requested. We saw that people could choose where they wanted to have their meals and at the time they liked. Meal times were a sociable time where staff and people ate and chatted together. People had been encouraged to be independent in some aspects of meal preparation and were prompted to return crockery and cutlery to the kitchen.

Good

Is the service caring?

Our findings

People told us they were happy living at the home. One person told us, "I am very happy living here. The staff are lovely, they are kind." Another person we spoke with told us, "I really like it here. The staff are lovely. This is a lovely home to live at." Our observations showed that people appeared comfortable in the presence of staff and people approached staff with ease.

People were supported by staff who knew them well. Relatives were very complimentary about the care provided and comments included, "Oakfield is a life saver. I don't know where we would be without it," and "[name] is happy and it is the best place he could ever be." Relatives told us that staff at the home had built up strong relationships with the people they supported and knew their family member well. Relatives told us, "The staff know him so well," and, "All the staff know him, he's very happy. Everyone wants to do their best for him." Another relative commented, "There are good solid staff there." Relatives explained that it was important for their family member to have staff that knew their family member well as a means of reducing anxiety for the person.

Many staff had worked at the service for a number of years and had got to know people well. Staff spoke with affection as they talked about the people they supported. Staff told us that they enjoyed working with the people at the service and that they felt it was a rewarding job. One staff member told us, "I love working here. The service users are nice people." Another staff member told us, "I love my job."

People were able to contribute to their care planning in order to state how they would prefer to be supported. People's care plans had been developed with family members and staff who had worked with the person for a number of years. We saw that care plans contained details of how the person liked to be supported and contained important information about people's sensory and communication needs. This ensured that people received care how they preferred.

Relatives were happy that the service kept them informed of any changes to care. One relative told us, "Staff telephone me to keep me informed about everything." Another relative described the relationship as, "We can contact them at any time. If anything changes we keep each other updated."

Staff understood how people's conditions could cause anxiety and therefore worked around this to reduce the chance of anxiety occurring. One relative described how staff had been flexible in their approach and had ensured that a change in routine was dealt with in the least disruptive way.

Through our observations of staff's interactions with people during the inspection we saw that people were treated with dignity. Staff ensured people were taken to a private area when they needed support with their personal care needs. We observed staff knock on people's bedroom doors before entering which demonstrated a respect of people's privacy. People who wanted to, had keys to their bedroom doors so they could lock them when they left the building. People were able to access their bedrooms whenever they wished should they need some time on their own.

People's care plans referred to the importance of promoting independence in all aspects of the persons care and we saw staff encouraging people to be as independent as possible. People were encouraged to undertake household tasks with the support of staff. Staff described this as, "Supporting people to do things and not doing everything for them." One relative told us, "The best thing is [name] enjoys a modicum of independence which he has in his extension but he also needs people nearby. At Oakfield he has the best of both worlds. He can be by himself but there is support there all the time if he needs it."

Good

Is the service responsive?

Our findings

People had access to activities of their preference on a near daily basis and people we spoke with were happy with the variety of activities they did. The service had a separate team of staff who arranged and carried out activities of people's choosing. For some people living at the service it was important to have a planned activity schedule for the week. We saw that the service had developed communication aids for people to help them understand their activity schedule and to choose future activities. The service had sourced and carried out activities in new areas to ensure people had the opportunity for new life experiences. There were many resources on site for activities including a sensory room and aromatherapy room.

People were supported to go on holiday when they expressed a wish to. The service had ensured that staffing levels were increased to support the person to participate in this. Staff told us of a recent holiday someone living at the home had been on and were pleased at the achievements the person had made in doing this. Holidays were planned with the person and the service had introduced communication aids to assist people in deciding where they would like to go on holiday and to prepare people for a change in their routine. This extra work and planning had ensured that people had new experiences.

We saw that care was reviewed at regular intervals throughout the year to ensure the care provided was still meeting people's needs. The service carried out annual person centred reviews with all the people involved in an individual's care. These reviews set action plans for the next twelve months to ensure that people were working towards an achievement. We saw that at times it was unclear how the service planned to achieve these plans or monitored progress towards achieving these goals. We spoke with the registered manager about this and they said they would ensure this was reviewed. Monthly key worker reviews took place where the key worker reflected and monitored key aspects of the person's care. We found that these reviews had not always incorporated asking the person for their point of view and focussed more on tasks that had been completed rather than reflecting on the person's experience of their care and well-being during the month.

People were supported to maintain relationships that were important to them. People had regular contact with family members and the service supported people to make visits to family members when requested. Relatives informed us that they were able to visit whenever they wished and told us they were made to feel welcome when they did so. One relative commented, "He likes to come home to family but he is always happy and waiting to return to Oakfield." One relative told us, "I can telephone and visit anytime." The service had introduced technology as a way of people keeping in touch with relatives who lived abroad. Where people did not have family the service had ensured that advocacy services were sourced when key decisions had to be made.

There were systems in place for staff to share important information about the people they were supporting. This included handovers between staff teams that occurred at key points during the day. These handovers were also regularly attended by the registered manager so that they could be made aware of any concerns as they arose and as a means of monitoring service provision. We saw that concerns were discussed and suggestions for resolve were talked about. These improved consistency of support which was of paramount

importance for the people living at the service.

Relatives told us that they felt able to raise any concerns or complaints should they need to and understood the process to do this. We saw that the complaints procedure was available for people in an easy read format. For those people who were unable to communicate verbally we saw that the service had documented how the person would indicate if they were happy or sad. We saw that the service monitored people's mood and took action to determine why a person may be feeling sad. The service had received no complaints in the last twelve months but relatives we spoke with felt able to raise concerns they may have. Relatives informed us that any concerns they did raise were dealt with in a timely manner. A relative commented, "If I had any concerns I would speak to the manager but I've never had to make a complaint."

Good

Is the service well-led?

Our findings

People and their relatives were happy with the management of the service and one relative commented, "The management at Oakfield work at what is best for residents." Relatives had many positive comments about the registered manager including, "I am familiar with the manager and all the staff. [name of manager] is fabulous, so approachable," and "I am very familiar with the manager, she's a lovely lady. She's approachable and she's become a friend."

Staff that we spoke with felt supported in their role and were happy with how the home was managed. Staff consistently described practice as one of working as a team which aided their sense of being supported. One staff member described this as, "Everyone helps each other out. It's like a big family." One staff member told us, "[name of registered manager] is fantastic. As a manager she is really good. I can go to her with any concerns." Another staff member told us, "We have a good management team. They support staff 100%." And another staff member said, "The managers are really easy to talk to. If I've got a problem I will be listened to."

The service had a clear leadership structure which staff understood. The registered manager was supported by a deputy manager and senior staff. This ensured continuity in leadership should the registered manager be unavailable. Staff informed us that there was always a manager on call that they could contact should they need advice. The registered manager knew their responsibility to inform the Commission of specific events that had occurred and was aware of what new regulations meant for service delivery. The registered manager informed us of different ways they kept up to date with developments in the social care field and used this knowledge to improve service delivery.

Staff meetings took place regularly to enable staff to share suggestions for improvement, raise concerns and develop their knowledge in developments in the care sector. One staff member told us of a suggestion they made, which was put into practice, to improve communication between staff members.

Some people living at the service were able to complete questionnaires that sought their opinion of the quality of the service. Relative's questionnaires took place to monitor the quality of the service. We saw that most of the comments were positive. Where actions were identified it was not always clear if these had been followed up. The deputy manager advised us that people's keyworkers carried these out and that progress was discussed in the keyworkers' supervision.

The service was proactive in seeking feedback from relatives and had developed a number of ways to do this. Relatives told us about meetings that took place at regular intervals throughout the year that enabled the service to inform relatives of any changes in service provision and to seek feedback about improvements. These meetings were attended by the registered manager and deputy manager. In addition to information sharing relatives found it beneficial to meet other relatives to share personal experiences of caring for a person with autism. One relative told us, "I feel listened to." Another relative told us "I attend the meetings and feel listened to and changes are made."

The service had developed a number of ways to monitor the quality of the service. The service had recently developed quality leads in specific areas of the service which staff took responsibility for. The provider had quality monitoring systems in place whereby registered managers of the providers other services would complete audits of service provision. We found that the majority of quality monitoring systems were effective although the systems in place regarding the monitoring of 'as required' medicines were not always robust.