The Edmund Trust

Oaks and Cinnabar

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

Overall summary

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process. The inspection was unannounced.

Our last inspection of this service was on the 21 January 2014. All of the regulations we inspected were met.

Oaks and Cinnabar are two houses next door to each other that provide care and support for up to 10 people with a learning disability. At the time of the inspection, there were two people living in Oaks and four in Cinnabar.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

All of the people we spoke with told us they felt safe, that the staff were caring and respectful and that they met

Summary of findings

their needs. Our observations confirmed this. We saw that staff treated people with respect and were kind and compassionate towards them. People also told us they found the staff and management approachable and could speak to them if they were concerned about anything.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. They understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

People had access to healthcare professionals when they became unwell or required specialist help with an existing medical condition. Their independence was encouraged and they were supported to access activities within the community they enjoyed.

The staff were happy working at the service and told us that the management team and the provider were supportive, that they listened to them and that changes in care practice were implemented when concerns had been raised.

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 safe. Staff knew how to reduce the risk of people experiencing abuse. The service had assessed the risks to people's safety. Two people told us that there were not always enough staff to help them access activities when they wanted to. However, two new staff had recently been recruited to respond to this concern.

Staff demonstrated a good knowledge of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves.

The service met the requirements of the Deprivation of Liberty safeguards.

Good

Is the service effective?

The service was effective. The training staff had received gave them the knowledge and skills they needed to provide good support to people. Staff knew the people that they supported and people had access to specialist healthcare advice when they needed it to help them stay healthy.

Good

Is the service caring?

The service was caring. Staff were kind and compassionate. People's privacy and dignity were respected. People were involved in making decisions about their care and their independence was encouraged.

Good

Is the service responsive?

The service was responsive. People's individual needs and preferences had been assessed and were met. This included having access to activities within the community that people enjoyed. People were confident to raise concerns with the management and the staff if they had any.

Good

Is the service well-led?

The service was well-led. People knew who the management team were. Staff were happy working for the service and were listened to and could challenge the way care and support was being provided. The quality of the service was monitored regularly.

Good

Oaks and Cinnabar

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of an inspector and an expert by experience. An expert by experience has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in learning disability services.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications that had been sent us. We asked the provider to send us some information prior to the inspection but this was not received. This was because the request for the information had been sent to the registered manager's old email address. Therefore they did not get our request for information.

On the day we visited the service, we spoke with three people living at Oaks and Cinnabar, two staff, the service manager who dealt with day to day issues within the service and the registered manager who oversaw the overall management of the service. We also observed how care and support was provided to people.

After the inspection we telephoned a healthcare professional and one person's relative for their feedback on the service.

We looked at three people's support plans, staff training records and records relating to how the service monitored staffing levels and the quality of the service.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Oaks and Cinnabar. One person said, "Yes, I like living here, I feel safe." Another person said, "It's very nice, people are kind." They also told us that if they were worried about their safety they would feel comfortable talking to members of staff about this. One relative told us, "I do feel that [my relative] is safe with the staff."

The staff we spoke with demonstrated that they understood what abuse was and how they should report concerns if they had any. This showed that people's risk of abuse was reduced. They said they had received training in this subject and the training records we viewed confirmed this. We observed there were clear written instructions displayed in both Oaks and Cinnabar that detailed how a concern must be reported.

All of the staff told us they had received training in how to support people whose behaviour might challenge others. We looked at the support plan of one person regarding this. There were clear instructions for staff to follow that detailed what might trigger the behaviour and what they could do to support the person to keep them and others who lived at the service safe. Where an incident had occurred, we saw that the service had received advice from an outside health care professional. This had helped the person manage their behaviour, which had resulted in less incidents happening. It was also detailed in one person's care plan that staff needed to distract the person from negative thoughts as this could trigger their behaviour. We observed staff doing this when they were talking to the person which helped them keep calm and remain happy.

The staff we spoke with understood the principles of the Mental Capacity Act (MCA) (2005). There was a procedure in place to access professional assistance should an assessment of capacity be required. They were aware that any decisions made for people who lacked capacity had to be in their best interests.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The manager knew how to make an application for consideration to deprive a person of their liberty (DoLS).

Risks to people's safety had been assessed by the staff. Records of these assessments had been made. These had been personalised to each individual and covered areas such as going out into the community alone, cooking and bathing /showering. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that guidance had been followed.

The service manager told us staff numbers were calculated based on the number of hours of care each person required. A rota was then produced detailing how many staff were needed to provide care. The staff we spoke with told us there were enough staff to meet people's needs and we observed this on the day of our inspection. However, two out of the three people we spoke with said that sometimes they felt there were not always enough staff to help them with what they wanted to do. One person said, "We're a bit short staffed at the moment, I could do with more drivers to take me out." The relative we spoke with told us they felt there were enough staff to provide help and support.

We spoke to the service manager about this. They advised any shortages of staff were covered by 'relief' staff who worked for the provider or agency staff but that on rare occasions, they were unable to get staff to provide cover to drive people to activities. In response to this, they had recently recruited two further staff members who were starting work shortly to help people access activities and outings they enjoyed when they wanted to.

Good

Is the service effective?

Our findings

The staff we spoke with told us they had received enough training to meet the needs of the people who lived at the service. We checked the training records and saw they had received training in a variety of different subjects including; infection control, manual handling, safeguarding vulnerable adults, challenging behaviour, health and safety, first aid, food safety, dementia, epilepsy and Makaton [a form of sign language]. Staff also told us they had regular supervision meetings with their manager in which they could raise any issues they had and where their performance was discussed. We checked three staff supervision records which confirmed this.

The people we spoke with told us they felt the staff who supported them were well trained. One person told us, "Well trained, yes. They are very helpful and polite."

The service manager told us that on occasions, the service used agency staff. They showed us records to demonstrate they had made sure the agency staff had received all the necessary training before being able to support the people who lived at the service.

All of the staff we spoke with were very knowledgeable about the people they supported. They were able to tell us about people's needs, their likes, dislikes and preferences. They gave a good account of how they supported them. The information staff told us matched what was documented within people's support plans. The relative we spoke with told us, "They know [my relative] very well. They know that he doesn't like to stay indoors so they take him out somewhere." The people we spoke with were happy with the care and support they received.

Each person who lived at the service had a health action plan. This detailed information about their individual health needs and what staff needed to do to support people to maintain good health. People told us they were able to go out and exercise regularly and that they saw their GP when they were ill. One person told us, "I have been out for a walk this morning." Another said, "I'm on medication and I walk a lot. I visit the nurse every three weeks, the dentist every six months and the optician once per year." Records confirmed that people had an annual health check with their local GP and that conditions such as diabetes were monitored. This meant health was monitored and people's healthcare needs were met.

People were provided with a choice of nutritious food. They told us they could ask for what they wanted and that this was then recorded on a weekly menu. These menus were displayed in both Oaks and Cinnabar and confirmed that people had a variety of foods. One person told us they were able to choose where they ate. They said, "Sometimes I go out for food, I get to choose."

People told us that they liked the food served in the home. One person said, "Yes, I enjoy the food, I don't eat too much meat as it is hard to swallow." Another person told us, "I am diabetic so I am on a special diet."

We saw from the records, that one person had needed to lose weight to help them control a medical condition. With the support of staff, this person was losing weight. This demonstrated that staff helped people to be healthier.

Good

Is the service caring?

Our findings

People told us that the staff were caring and that their dignity and privacy were respected. One person said, "Yes, they help me with saving for holidays and general budgeting." Another person said, "Yes, very caring. Staff will always ask you why you are unhappy and will do their best to help." A further person told us, "Yes, I get on well with staff, we have a laugh." A relative told us, "You couldn't wish for better staff, they are wonderful." They added, "They are always kind and [my relative] can't wait to go back there after visiting us."

One healthcare professional told us that when they visited the service that the "staff were always friendly to the people who live there" and that they had "no issues with the care that was being provided."

We saw people laughing and looking happy. They were relaxed with the staff who were supporting them and were talking openly about the activities they had enjoyed that day.

Staff were polite and respectful when they talked to people. Staff knocked on the doors of the two houses before entering and again on people's individual bedroom doors. All of the people told us the staff treated them with respect. One person said, "Yes, staff treat me fairly and with respect."

The three support plans we looked at had been written in a person-centred way. Each one contained information in relation to the individual person's life history, needs, likes, dislikes and preferences. All of the staff were able to demonstrate a good knowledge of people's individual preferences. For example, we saw it was documented that one person enjoyed certain types of foods. The person told us they had had one of these foods for their lunch. They said about their sandwich, "It is one of my favourites."

The people we spoke with told us the staff employed by the service listened to them when they wanted to discuss things. Although one person added, "The agency staff don't always listen."

People were encouraged to maintain their independence and to get involved in household chores. One person told us how they cooked regularly in their house. Another person said, "I get involved with the house-keeping." A further person added, "I do some cleaning."

Monthly meetings were held between the people who lived in the service and the staff. These were called 'house meetings'. This was a forum where people could raise any issues they had with their care and support. We saw from the minutes of these meetings, that where an issue had been raised that this had been followed up by the service. For example, one person had said that they wanted a rota in place to determine specific times for them and another person who lived at the service to share the cleaning of their home. This had been put in place to help them understand when it was their time to help with the cleaning.

The service manager told us that some people were also involved in the recruitment of new staff, where they sat on the interview panel and were actively involved in making decisions about which staff to recruit. The relative we spoke with told us they were involved in their loved ones care. They said, "I have no problems at all, they will contact me if there is an issue and me and [my relative] are asked about the care that is given."

Good

Is the service responsive?

Our findings

People had access to a number of activities they were interested in. One person told us, “I went to Chelsea football stadium for my birthday.” We saw that this person was a Chelsea supporter. Another person was away on holiday at the time of our inspection. Other activities that people told us they regularly participated in were; going to the cinema, shopping, going to the local pub, bowling and going to nightclubs. This demonstrated that people were supported to access activities that were important to them.

All of the staff told us they were mindful that some people could become socially isolated. Therefore they encouraged them to take part in activities and regularly took them out into the town to do shopping. On the day of the inspection, we saw one person who had been identified as being at risk of becoming socially isolated, being accompanied to the cinema.

The people we spoke with told us they were encouraged by the staff to keep in touch with people who were important to them and to build up social relationships. One person said, “Yes, my brothers and sisters visit me regularly and I have a fiancé and friends visit too.” Another person said, “My sister calls from time to time and I am friends with my neighbours.”

The support plans demonstrated the service had conducted a full assessment of people’s individual needs to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their night time routine.

The service manager told us that people’s support needs were reviewed once a month. However, the support plans we looked at did not reflect this. The records indicated that for one person the last review was in February 2014 and another in May 2014. The staff we spoke with demonstrated that they were aware of people’s current needs and the service manager agreed to investigate why the support plans had not been reviewed as expected.

We asked people if they were confident to raise any concerns or complaints if they were unhappy with anything. They told us they were happy and did not have any complaints, but that they would speak to the staff if they needed to. One person said, “I am happy here, I would talk to [staff member] if I needed to.” Another person said, “Yes, I would speak to the manager.” A further person said, “I would write an incident form or talk to the manager but I haven’t needed to though.” A relative told us they had no complaints but that if they did, they would speak to the service manager and were confident that it would be resolved.

The service manager told us they had not received any formal written complaints in the last 12 months. We saw that people could come into the office and discuss any concerns they had about their support. All of the staff we spoke with knew how to respond to complaints if they arose.

Good

Is the service well-led?

Our findings

The people we spoke with told us they knew who the service manager was and that they were helpful. One person said, "I see [service manager] at least once per week." Another person said, "I get on with them well."

The service manager told us they worked in a friendly and supportive team and this was echoed by the staff we spoke with. They told us they felt supported by the management team and that they were confident that any issues they raised would be dealt with. One staff member gave us an example of this. They said they had raised an issue in a staff meeting regarding which staff were responsible for the cleaning of the service. In response, the manager spoke to all staff and put in place a cleaning rota so it was clear what was expected of staff. The staff member confirmed that this had solved the issue.

We asked staff about whistleblowing. Whistleblowing is a term used where staff alert the service or outside agencies when they are concerned about care practice. They all told us they would feel confident to whistle blow if they felt there was a need to. One staff member told us they had 'blown the whistle' in the past and that they had received "total support" from the provider during the resulting investigations.

Staff told us the morale was good and that they were kept informed about matters that affected the service. One staff member said the service was undergoing a restructure and that they had been kept fully informed of what was happening. Staff also told us they worked well as a team. One staff member told us, "It is the nicest job I have ever had and the nicest people. I just love being with them."

We asked the service manager how they learnt from incidents and complaints. They explained there had been one incident recorded in 2014 which had been fully investigated and that feedback on the findings had been given to staff so they could learn from the incident.

Staff members training was monitored by the provider to make sure their knowledge and skills were up to date. We saw a document that recorded all the training staff had received and when they should receive refresher training. The staff told us they received a letter to tell them when their training was due and what date it had been booked for. They said the provider was very good in giving them the training they requested so that they could meet people's individual needs. For example, one staff member told us how they had requested training in Parkinson's Disease and this had been provided.

The registered manager told us that people, their relatives, staff and healthcare professionals had been asked for their opinion on how to improve the service each year. There was no documentation available at the service to evidence to us that these had taken place. However, the relative we spoke with confirmed they had received a questionnaire in the past and that they always gave them 'top marks'. We also saw the service was about to send out revised questionnaires to gain people's opinion on the care provided.

The provider conducted visits to the service to check on quality. We saw evidence of these. They covered areas such as; whether people were happy, activities offered, staff attitude and helpfulness, cleanliness of the premises and whether people had any complaints or suggestions for improvements. The last visit was carried out on the 21 May 2014 and the comments received were positive.

Other audits that took place on a regular basis included looking at medication and cleanliness and one member of staff was responsible for ensuring that staff provided care and support that was appropriate and in line with the providers values. This meant the service monitored the quality of the care they provided to make sure that it was safe, appropriate and met people's individual needs.