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

About the service:

The Old Vicarage is a residential care home which provides accommodation and personal care for up to 13 adults living with learning disabilities and autistic spectrum disorders. At the time of our inspection there were 11 people using the service.

People's experience of using this service:

People remained safe and were relaxed and comfortable with the staff team. A consistent team of competent, knowledgeable and skilled staff was in place. Risks to people's well-being were assessed and there was emphasis on positive risk taking. Medicines were handled safely by staff who had been assessed as competent to do so.

People received effective care that was in line with good practice. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People remained treated with dignity and in a compassionate way. People's independence was encouraged as much as possible. People received person-centred care, which was tailored around their individual preferences, needs and wishes. People enjoyed positive and respectful relationships with the staff and management team. People's privacy and confidentiality was respected.

People's needs were recorded in support plans and staff knew people's needs well. People were supported to enjoy their hobbies and interests. The management saw complaints as a way to improve the service and people's relatives told us concerns were being addressed promptly.

The service was well-run by the registered manager and a team of committed staff. People were involved and listened to. The team worked well with external professionals to ensure people's needs were met.

Rating at last inspection:
Good (report published 3 August 2016).

Why we inspected:
This was our scheduled, planned inspection based on previous rating

Follow up:
We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

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.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

The Old Vicarage

Detailed findings

Background to this inspection

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

Inspection team:
This inspection was carried out by one inspector and one inspection manager.

Service and service type:
The Old Vicarage is a care home without nursing that provides a service for up to 13 people with learning disabilities and autistic spectrum disorders. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Notice of inspection:
This inspection was unannounced and took place on 11 February 2019.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered 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 notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We looked at records, which included five people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We also spoke with the registered manager, deputy manager and four staff.

After the inspection we contacted six relatives to obtain their views about the service and we received feedback from three of them.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

• Staff had received training in safeguarding and were able to explain to us different types of abuse, and possible indicators abuse was taking place.
• Staff knew how to report any witnessed or suspected abusive behaviour, and understood their roles and responsibilities in this regard.
• We observed people looked relaxed, at ease and comfortable with staff and the management team.
• Relatives said they felt their family members were safe with the staff.

Assessing risk, safety monitoring and management:

• People were protected from risks associated with their health and care provision.
• There was a recognition and understanding of the importance of positive risk taking. One member of staff told us, "We [staff and person] went for a really long walk the other day and got lost. [Person] loved it, and it became a bit of an adventure. It's not about wrapping people in cotton wool."
• The risks associated with people's individual care and support needs had been assessed, with risk assessments in place for areas such as finances, seizures, oral health and choking. Staff were aware of these risk assessments and were able to explain to us how they adhered to them to minimise the risk of harm to people.

Staffing and recruitment:

• Required staff recruitment checks were carried out to ensure people were protected from having unsuitable staff care for them.
• There were enough staff to safely meet people's needs.
• The registered manager told us no agency staff was used was to ensure consistency in people's care, and to prevent anxiety about being cared for by unfamiliar staff.

Using medicines safely:

• People's medicines were handled safely. Medicines administration record sheets (MAR) were up to date and had been completed correctly by the staff administering the medicines.
• People's allergies were recorded clearly, as well as any side effects and contraindications of their medicines. For example, one person could not have grapefruit juice as this would have an adverse effect on the efficacy of their medicine.
• Only staff suitably trained and assessed as competent administered people's medicines.

• We found there were no 'as required' guidelines in place for medicines required on an when needed basis, such as for pain relief. Staff however, were able to describe to us in detail when people's individual 'as required' medicines would be used. It is good practice for there to also be written PRN protocols. The registered manager took immediate action to address it.

Preventing and controlling infection

• Staff received training in the control of infection.
• There were cleaning schedules in place to ensure the cleanliness of the environment was maintained. At the time of our inspection, the Old Vicarage was fresh with no malodours.

Learning lessons when things go wrong:

• Accidents and incidents were recorded, together with details of actions taken and the outcome of any investigation.
• Appropriate action was taken promptly after incidents to prevent reoccurrence.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

• People received effective care and support from staff who knew people's individual needs and preferences. One relative we spoke with commented, "The staff are generally very good and efforts appear to be made to match [person] to carers where there is mutual empathy."
•Individual support plans were in place, which set out people's medical, social and emotional needs. These support plans were kept under review and updated where people's needs changed.
• An external professional we spoke with told us staff provided effective care and they had a good working relationship with the service.

Staff support: induction, training, skills and experience:

• People received care from staff that had the necessary knowledge, skills and experience to perform their roles.
• Relatives thought staff had the necessary skills and knowledge. One relative told us, "[Person] has challenging behaviour and they are well trained to care for him."
• Staff induction was in line with the requirements of the Care Certificate developed by Skills for Care. The Care Certificate is a set of 15 standards that health and social care workers need to complete during their induction period.
• Staff received training in areas that included person-centred care, epilepsy, the Mental Capacity Act, and safeguarding.
• Staff felt they received the training they needed to enable them to meet people's needs, and that they could ask for further training if they would find that beneficial.
• Staff told us they had regular supervisions and team meetings. We saw supervisions and team meetings were used as a way to share best practice, raise any concerns or suggestions, and to focus on key areas of legislation underpinning their practice. For example, there had been a focused team meeting on the subject of the Mental Capacity Act.

Supporting people to eat and drink enough to maintain a balanced diet:

• Where people needed specialist diets, appropriate referrals had been made to the speech and language therapy team, and their guidance and recommendations were followed. Relatives felt people's nutrition and hydration needs were met. One relative told us, "When [person] first arrived, they were very overweight, but the staff were able to improve [person's] diet and they are now the correct weight."
• Where people were unable to obtain drinks for themselves, alarm prompts were used by staff to remind

them people were due drinks in order to help prevent dehydration.
• People were supported and encouraged to eat a varied, nutritious and balanced diet.
• The kitchen at the service had been awarded 4 stars from the Food Standards Agency.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support:

• One relative told us, "Health issues appear to be dealt with satisfactorily, such as GP appointments, neurology, dental, and spectacles." Another commented, "[Person's] healthcare needs are managed effectively and promptly."
• People's care plans contained evidence of access to a range of healthcare professionals, as required.

Ensuring consent to care and treatment in line with law and guidance:

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 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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People's rights to make their own decisions were protected.
• Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. Staff understood that capacity is decision-specific, and can fluctuate. People's decision making abilities were appropriately assessed. Where people did not have capacity, specific decisions had been made by the relevant parties in the person's best interests.

Adapting service, design, decoration to meet people's needs:

• People were able to personalise their rooms and had access to communal areas.
• People were able to navigate their way around their home with familiarity and ease.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

• There was an inclusive and open-minded culture demonstrated by the management and staff team. There was an understanding of the need to uphold people's human rights, and we saw examples of this throughout our inspection.
• Staff respected people's personal abilities giving consideration to people's individual needs associated with their conditions, such as individual communication needs.
•There was a natural rapport between people and staff. Staff had taken the time to get to know people well as individuals. One member of staff told us, "For some people, we are the closest thing they have to family. I see my role as making their lives happy and comfortable."
• Relatives were positive about the care provided. One relative told us, "The care is very good for [person]." Another relative told us, "[Person] is so happy there and has come on in terms of their progress significantly."

Supporting people to express their views and be involved in making decisions about their care:

• One relative told us, "They make efforts to tailor care to the individual's needs."
• A key worker system was in place. A key worker acts as a main point of contact for the person, their family, friends and healthcare professionals. Staff told us as key workers they built trusting relationships with people. This enabled them to support people with expressing their preferences and involve them in decisions about their care.

Respecting and promoting people's privacy, dignity and independence:

• People's privacy was respected. One relative told us, "They allow [person] private time and space in his room."
• We observed people's individual needs around their privacy were managed sensitively and discreetly.
• People's independence was promoted, whilst ensuring their safety. One person was able to dress themselves, but liked to asked staff to put their shoes on for them, as well as their clothes. We saw staff gently encouraged the person to do this themselves.
• There were links with a local befriending scheme. Befrienders were in place to take people out socially, which further enhanced their independence.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

• Staff and the management team knew people's needs, preferences and interests, and these were recorded in individuals' support plans.
• Support plans contained sections called "what works for me" and "what doesn't work", and this set out people's personalised needs and preferences. For example, one person liked their sandwiches to be deconstructed; bread with butter, and then the filling separate. We saw staff adhered to people's known wishes and preferences during the course of the inspection.
• People were supported to enjoy their individual hobbies and interests. One relative told us, "[Person] enjoys swimming; occasional cinema trips; the sensory room; Thatcham lakes; the living rainforest; a weekly day in Newbury shopping, and sometimes lunch."
• On the day of our inspection, people were supported by staff to go out into town and to take part in various leisure activities.
• The provider was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the AIS. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances, to their carers. The communication needs of people were recorded in a way that meets the criteria of the standard.

Improving care quality in response to complaints or concerns:

• There was a system in place for capturing, investigating and responding to complaints, comments and feedback.
• People's relatives told us concerns were being addressed promptly. One relative told us, "We have had no significant complaints only minor issues, such as like wearing the wrong clothing, shaving etc. But when raised, they have been dealt with promptly and constructively."

End of life care and support:

• At the time of our inspection, no one living at The Old Vicarage was receiving end of life support.
• Staff had received training in end of life care and support, as well as loss and bereavement. The registered manager told us the service was equipped to support people with their end of life care needs.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• Relatives and health professionals were positive about the care and support provided by the team. One relative we spoke with told us, "The atmosphere and tone of the Old Vicarage is homely and welcoming, which we feel is important. All the staff we have contact with have been pleasant, friendly, and open which for us is a major positive and is indicative that direction from management and staff training is good."
• The provider had a Duty of Candour policy in place, which included a form for recording events, actions taken, and where improvements should or could be made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

• The registered manager and provider had quality assurance measures and systems in place to monitor the quality and safety of the care provided. The provider routinely carried out their own property inspections; reviews of people's risk assessments; staff training; and reviews of accidents and incidents.
• Audits were effective in identifying any shortfalls in the service, and in rectifying these.
• The registered manager understood their legal and regulatory responsibilities in regard to submitting statutory notifications to the Care Quality Commission, and visibly displaying their current rating.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

• Staff we spoke with were positive about the management team and style. One member of staff told us, "[Registered manager] and [deputy manager] are part of the staff team. [Person's name] really likes [deputy] and works well with him; [deputy] is great with him."
• Equality and diversity was embedded in ethos of the running of the service. One member of staff told us, "Everyone here is treated with equal respect. Everyone is entitled to their own beliefs."
• People were involved in decisions about the running of the service, as much as possible. For example, decisions about the décor of the home.
• Relatives had the opportunity to provide their views, comments and suggestions. One relative told us, "The management have an open-door policy, which allows us the opportunity to raise any issues or concerns."

Continuous learning and improving care:

• The registered manager and staff team were always looking for ways to develop and improve the care provided. They saw any feedback as an opportunity to improve the service further. For example, during our inspection, we referred them to Care Quality Commission resource guides, which they were receptive to and told us these would be shared with the staff team.

Working in partnership with others:

• The registered manager and staff team worked in partnership with other healthcare professionals, voluntary organisations, families, and community organisations to ensure people received high-quality care.
• People were an important part of their local communities, with people being involved in local groups and organisations. For example, one person was involved with the local church bell ringing group.