

The Oaklea Trust

The Oaklea Trust (North West)

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:

This service is a domiciliary care agency that provides care to around 50 people in their own homes. This service also provides care and support to around 35 people living in six 'supported living' settings where they can live in their own home as independently as possible.

People's experience of using this service:

The outcomes for people living with a learning disability who used the service reflected the principles and values of Registering the Right Support. For example, people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People we spoke with gave us positive feedback on the support and services they received. They felt safe and well supported by the staff teams and they told us they had no concerns.

People told us there were enough staff to support them and they judged that they were suitably trained and managed.

People told us they were satisfied with the way the staff helped them to manage their medicines.

We learned that people were protected from cross infection because staff had suitable equipment and training.

The registered manager and the senior team had a good understanding of their responsibilities under the Mental Capacity Act 2005.

People told us that they were asked for consent before interactions.

People had nutrition and hydration included in care plans and told us the staff helped them to eat well.

People told us they were supported to access health care support and to attend appointments. Staff were trained to call on the support of health care professionals for emergencies.

People told us that staff were caring and kind. Staff were trained in person centred care and in all the aspects of privacy and dignity. People could have the support of an advocate if required.

Good assessment of need and ability was in place. Care planning encouraged independence and skills building for some people. Care plans were detailed and people told us they had been involved with writing their plans. The plans included people's wishes in relation to their social life and we saw lots evidence to show that people were supported to go out and to make new friends in the community.

The service had a newly appointed manager who was in the process of registering with the Care Quality Commission. She was ensuring that quality services continued to be delivered.

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection:

At the last inspection the service was rated as good. The last report was published in August 2016.

Why we inspected:

This was a scheduled inspection based on the previous rating.

Follow up:

We noted that although every staff member received annual training in how to move and handle people and objects, no staff members had attended more advanced training. The service used occupational therapists to support them with complex moving and handling.

We made a recommendation that the provider consider further training for some staff in assessing need, formulating moving and handling plans and in checking staff competence. We will follow this up as part of our ongoing monitoring of 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?

The service remained good.

Good ●

Is the service effective?

The service remained good.

Good ●

Is the service caring?

The service remained good.

Good ●

Is the service responsive?

The service remained good.

Good ●

Is the service well-led?

The service remained good.

Good ●

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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 associated with 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:

The inspection was carried out by two adult social care inspectors.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and to younger adults, some of whom live in one of six supported living settings.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 25 January 2019 and ended on 14 February 2019. We visited the office location on 25 January 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular contact with them. We planned the inspection using this information.

During inspection we spoke with eight people and three relatives by phone and met seven people in their own homes during our two visits to supported living services. We looked at twelve care files and related forms including records of medicines and care delivery.

We also looked at six staff records related to personnel issues and safety issues and to some of the policies and procedures of the registered provider.

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 to safeguard people from the risk of abuse

- The provider had appropriate policies, procedures and systems in place. Staff understood how to identify and report any potential or actual abuse.
- People told us they felt they could trust staff and were safe being supported by them. One person said, "The staff make me feel safe".
- Staff confirmed that they had suitable training and one team member said, "I have the whistleblowing number in my phone but I would go to my manager if anything worried me".

Assessing risk, safety monitoring and management

- Good risk assessments and management plans were in place for the delivery of care and for activities.
- Team managers confirmed that they did thorough assessments of the person's needs and did risk assessments for moving and handling and for the environment.
- We saw in files that risk management was ongoing. This was confirmed by speaking with staff.

Staffing and recruitment

- New staff had no contact with vulnerable people until relevant checks had been made. People who used services were involved in recruitment where possible. We had evidence to show that the provider had suitable disciplinary procedures in place.
- A team manager told us, "We are careful to recruit the right kind of person and the team will cover any vacant hours until we recruit. Managers cover shifts and that helps to monitor quality".
- One person told us, "They choose carefully and staff seem to stay because they like the job".

Using medicines safely

- Medicines were, where necessary, ordered, administered and disposed of safely. Where people lacked capacity they were supported to have suitable reviews of medicines.
- Staff and team managers confirmed that medication administration records were audited and that staff had appropriate training. Managers made sure that social workers were clear with them about how the medicines were to be managed
- We saw good levels of medicines management in two supported living services.

Preventing and controlling infection

- Good infection control was in place with staff being suitably trained. Personal protective equipment was provided.
- A service user told us, "These lasses are good, clean workers".

Learning lessons when things go wrong

- The manager had looked at systems around medicines administration for some people and had found a different way to manage this that would support independence building.

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

- One person and their relative told us, "They sat down with me and mum and asked about everything that was important to her and then we did the care plan. We get asked if things are still working".
- Another person's relative told us, "The assessment was done when [my partner] was in hospital and then we drew up the plan. It is regularly reviewed and the senior worker comes out to reassess to make sure everything is Ok for us".
- A relative told us, "They are second to none with communication...they ring me and make sure everything is passed on".
- We saw good assessments of need and risk with suitable plans in place to reduce any risks. Complex moving and handling assessments were done by occupational therapists.
- People living with a learning disability had a normal domestic environment and had access to all the local amenities and this meant that the home met 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.

Staff support: induction, training, skills and experience

- Staff told us they received appropriate induction and we saw staff training records that were up to date and relevant. We met or spoke with staff who had suitable skills and knowledge.
- A relative told us, "They are switched on to dementia care, they have just done a course and they really understand my relative's needs".
- One person with moving and handling needs told us, "The staff know how to help me stay mobile and help me in a safe way".
- We noted that staff received annual moving and handling training but we also noted that no member of staff had more advanced training in assessment, formulating moving and handling plans or in checking staff competence. We judged that this did not compromise effectiveness as they had good input from occupational therapists

We recommend that the registered provider consider further training for some staff, based on good practice, in relation to specialist moving and handling needs.

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

- We met people living with a learning disability who told us they were supported to shop and cook for themselves.
- A relative told us, "They make mum whatever she wants and ring to tell me if she is hasn't eaten."

- Records showed that, when required, people were supported to eat a balanced diet. We noted that they helped people contact dieticians and other professionals if people found eating or swallowing to be a problem.
- We learned that people living with dementia had nutritional monitoring in place to ensure a balanced diet and to prevent malnutrition.

Staff working with other agencies to provide consistent, effective, timely care

- We noted some shared care being delivered and we had a response from a manager in adult social care who told us, "They are very proactive and also deliver social opportunities, being an active presence in the community. They have a good partnership with a local Housing Provider".
- One person told us, "They work well with the nurses who come to me...good communication".

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

- We saw evidence to show that staff were able to adapt the provision of care to meet people's individual needs.
- A partner of an older person told us, "They listened to me and were able to put in more care when I was ill. They are brilliant."

Supporting people to live healthier lives, access healthcare services and support

- People told us the staff understood their health needs and would access the doctor or nurse if they were unwell.
- We spoke with people living with a learning disability and they told us they were supported to make appointments and helped to follow the advice of their doctor.
- Daily notes and discussions with staff showed us that staff were confident about contacting health care professionals directly, when needed.

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.

- We checked whether the service was working within the principles of the MCA and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was operating within the law and people's care was as least restrictive as possible.
- We noted that even when people lacked some capacity they were consulted and involved as much as possible. 'Best interest' reviews had taken place where people found decision making problematic.
- People told us they were asked for consent when their support started. We saw notes and consent forms where people had been asked for formal consent.
- There was evidence in records of legal documents where, for example, people did not want to be resuscitated or where they had given power of attorney to another person.

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

- "They are respectful and very caring...I love my carer to bits...she understands what it is to grieve but also helps me look forward".
- People told us the staff were, "brilliant", "lovely", "really caring" and "respectful and respectable".
- People had access to advocates or could nominate relatives to act on their behalf.

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

- One person told us, " I have a care plan but they always ask if there is anything else. They go the extra mile. I see the manager every week and am asked my views".
- Another person told us, "One of the managers came today to ask if everything was all right and asking if I needed more help".
- We saw evidence to show that people were listened to and their wishes acted upon. A person living with a learning disability told us that they didn't want to go to a day centre and the staff had helped them to find alternative activities.
- We observed staff treating people with respect and following their wishes. Our phone calls confirmed that this happened throughout the service.

Respecting and promoting people's privacy, dignity and independence

- A person in receipt of home care told us, "I am trying to stay as independent as possible and the staff give me support to do that".
- Another person told us, "They help me in the shower and its fine...don't mind at all".
- Staff received training on helping people in a dignified manner and on how to support people to become more independent.
- We saw detailed care plans for people living with a learning disability and we saw that they were supported to learn new skills and to be as independent as possible.

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

- A person living with a learning disability told us, "I have a person-centred plan and I have met all my goals". Assessment and care planning was detailed and covered all aspects of people's needs and wishes.
- We learned that from time to time outings were arranged for people in receipt of domiciliary care. One person told us, "I went with some others to Carlisle Castle to see the poppies. It was nice to get out".
- People living with a learning disability told us, "We go out. I go to swimming and to the cinema and to an art class. I do my own shopping with them and I cook and keep my room clean. I go for manicures and to the hairdresser. I have a nice life".

Improving care quality in response to complaints or concerns

- No one we spoke with had any complaints but told us, "I would tell the manager or phone the office and I am sure it would be dealt with...never had to".
- We saw that where complaints had been received these had been resolved in a timely manner. The provider had suitable policies and procedures and people were given copies of the procedures.

End of life care and support

- Suitable systems were in place if necessary. One person told us about how staff supported them emotionally and psychologically when a partner was at the end of life. They said, "The staff were very understanding and let me talk things through".

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.

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

- The service had a manager in place who had suitable qualifications, skills and experience. She was in the process of registering with the Care Quality Commission.
- We saw that tasks were deployed appropriately and that senior support workers ran their own parts of the service with the manager overseeing the entire operation.
- Staff we spoke with understood their role as support workers and could explain how the senior support workers ran supported living services in an area or who took the lead managing local teams for home care.
- We had evidence to show that the manager reported any incidents to the local authority or to the Care Quality Commission in a timely and appropriate way.

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

- We had written and spoken evidence to show that the provider and managers they employed worked from a person-centred perspective and that the needs of vulnerable individuals were of prime importance.
- We saw in records that where duty of candour was necessary, this was followed. One person told us, "I have been kept up to date and fully informed about a minor concern we had...better than I could hope for".

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

- People told us they had regular contact from management staff and that they had recently completed surveys asking about quality issues.
- One person said, "The manager rang us up because we were struggling and helped us with more hours...that meant a lot to us to know she cared enough to do that".
- Staff spoke about people in a non-discriminatory way and notes were written objectively and without prejudice. Equality and diversity issues were covered in induction and training.
- A staff member told us that they judged the service to be, "Very good on equality and diversity for people we care for and for us...I have had really good support from them on [a matter of equality]. I think their care of people is reflected in how they care about us...makes us better workers".

Continuous learning and improving care

- We had evidence to show that there were regular audits of all aspects of the service. We saw checks on medicines, rosters, supervision, care planning and daily notes.
- We also noted that there were checks on staff competence, skills and knowledge. Staff were suitably

developed through training and support.

Working in partnership with others

- We had a positive response from social work managers. One of them said, "They are a good Provider, no issues operationally, professional and easy to work with". Another said, about a supported living service, "They are very proactive and also deliver social opportunities, being an active presence in the community".
- We had positive comments from social care providers and saw good working relationships in records where people had health care needs.