

Caretech Community Services (No.2) Limited

Oaklands

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oaklands is a residential care home providing accommodation and personal care to 5 people with learning disabilities, autism, and other support needs, including mental health illness. The service is registered for 6 people but can only accommodate up to 5 due facilities available.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right Support, Right Care, Right Culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found

Right Support:

Staff supported people's strengths and promoted what they could do for themselves. They understood the importance of people being as independent as possible, and the fulfilment this gave people. People were supported to be busy and to have active lives that included life activities and social events.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's health needs were monitored, and people were supported to ensure they received health care when needed. People received their medicines in line with prescription guidelines.

Right Care:

People received kind and compassionate care. A relative said, "He flourishes at Oaklands I know he is safe I think it is just wonderful." Another said, "I think the care staff are great they are very kind and caring." Staff protected and respected people's privacy and dignity. People's rooms were respected as people's own space and the house was seen as their home.

There were enough staff to meet people's needs and wishes. Emphasis had been placed on ensuring that staff had the skills, knowledge, and experience to meet people's needs. Training had included specific courses on learning disability and autism. Staff knew people well and responded to all their individual needs. They understood what triggered people's anxiety and how to support them during times of distress.

Each person had a key worker who they had formed positive and supportive relationships with. Choices were provided to people in relation to their day-to-day support and how they wanted to spend their time. Recreational and social events were an important part of people's lives and given a high priority.

Right Culture:

The registered manager had established a positive and inclusive environment where people and staff felt valued and listened to. They and the staff team demonstrated a commitment to the values of the service that put people at the centre of all care and support provided.

People's relatives felt that there was good communication, and they were kept informed and could contact the service if they had anything they wanted to discuss.

Staff spoke positively about the management team, and the support they received. One staff member said, "I am very well supported by the management they are very good. They have also supported my development, including further vocational training."

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

Rating at last inspection

The last rating for this service was good (published 15 December 2016).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question.

We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oaklands

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector, with another contacting relatives and professionals for their feedback.

Service and service type

Oaklands is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Oaklands is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service and the service provider. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan. We looked at the notifications and any safeguarding alerts we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service along with 5 staff members. This included the registered manager and deputy manager. We spent time observing people in areas throughout the service and could see the interaction between people and staff. We reviewed a range of records. This included people's care records and medication records. We case tracked 2 people and looked at 3 staff files in relation to the recruitment practice followed. Records relating to the management of the service were also reviewed, this included, health and safety records, quality audits and notes of meetings. We contacted and received feedback from 3 relatives and 2 visiting professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Staff received regular training on safeguarding and had recently had further updates that covered children's safeguarding. Staff understood the varying types of abuse and discrimination and how this impacted on people.
- Staff were confident on how to identify and report. They told us they would report any concerns quickly to senior staff, and the management team. One staff member told us, "Manager or deputy always about. There are also locality managers that you can contact." The registered manager had dealt with safeguarding concerns appropriately in the past.
- People told us they were well looked after. Relatives were confident with the care and support provided. One told us, "Absolutely safe at Oaklands from harm and abuse. If I had concerns, I would always go to the staff and manager."
- People were very comfortable and relaxed with staff and enjoying each other's company. People were happy to share their thoughts and feelings. Staff were skilled at communicating with people in an individual way understanding what people were sharing and listening to them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were identified, assessed and managed. Individual risk assessments were completed according to people's needs, health and lifestyle. These supported people's safety while promoting their independence. For example, risk assessments were used to understand when people would be safe to look after their own medicines. People attending the gym were monitored and supported to use the equipment safely.
- Risks associated with people's individual activity and social lives were assessed and monitored. For example, any social activity was assessed before completion to reduce any risk associated, this included travelling in cars, taxis or going out alone.
- Other assessments addressed people's individual health needs. For example, risks associated with epilepsy and diabetes. There was clear advice and guidance to support staff in meeting the needs of people who lived with diabetes. This advice was written in consultation with health care professionals.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks. Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency.
- Staff used positive behavioural support plans to reduce people's anxiety and distressing emotions. This consistent approach and appropriate support reduced any associated risks. When there was an increase in these, staff recorded and responded to ensure appropriate evaluation could be completed.

- Incidents and accidents were recorded, information within these were reviewed by the registered manager. Then used to identify any learning and any action to reduce risks, and to inform reviews with health and social care professionals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. 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 when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity an assessment had been carried out. Some people had been assessed as needing support in making decisions relating to dental care. Best interests' meetings had been arranged to seek the views of people, their relatives, and professionals. Records were kept of the outcomes.
- We saw that people were encouraged to make choices, for example in relation to what they wanted to eat and drink and what they wanted to do, when and how.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing arrangements were flexible and allowed for individual time for people. This took account of people's desire and ability to attend social activities and to be supported with specific tasks in a way to promote independence. A relative told us, "Definitely enough staff to manage things. This is the same at weekends, staff rotate. They are wonderful to him, take him different places and do everything with him."
- In the event of an emergency extra staff were available. On call arrangements ensured senior staff were available, lived locally and were able to respond at any time. One staff member said, "The staffing is perfect and flexible. We can always contact senior staff if we need them."
- Staff had received training appropriate to their roles and to ensure they could meet the specific needs of the people living at Oaklands. This included training on autism and positive behavioural support.
 - Safe recruitment practice was being followed. Suitable checks had been made on staff before they started to work. These included 2 references, employment history, right to work and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. All this information helps employers make safer recruitment decisions.

Using medicines safely

- Processes ensured medicines were ordered, stored and administered safely. Each person had an assessment to ensure they received their medicines in an individual way. A regular medicine review was completed by the GP.
- Records seen, including the Medicine Administration Record (MAR) charts, confirmed systems followed supported the safe handling of medicines. For example, a medicines check was completed daily to ensure correct administration and supplies. Medicines charts were only signed for once medicines had been given.
- Only staff who were trained and assessed as competent were involved in the handling of medicines. Staff worked in accordance with STOMP (Stopping the over medication of people with a learning disability,

autism or both). For example, one person was having regular contact with their psychiatrist to ensure the most suitable medication on the minimal dose necessary.

- Storage areas included individual cabinets in people's room and a central stock. These areas were monitored with daily temperature checks completed. This ensured medicines were stored at the correct temperature as the effectiveness of medicines can be affected if they are stored at too high or too low temperatures.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were detailed protocols that described when they should be used.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staff were supporting people to have visitors to their home. They were following good practice, ensuring people sanitized their hands when entering the home and ensuring people were not feeling unwell.

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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good.

This meant 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 registered manager who was providing consistent and stable management. They were supported by an extended management team that included a deputy and locality manager.
- A number of quality systems to monitor and improve the service were used and these in turn ensured regulatory requirements were met. For example, a monthly quality report was completed by the locality manager. This identified any outstanding matters that needed attention. This had included the need for a health and safety review by an external auditor.
- People using the service had a trusting relationship with the registered manager who had regular contact with them and staff. They knew people very well and spent time with them and often supported them on social events.
- Staff were confident with the registered manager, their inclusive approach and management style. One staff member told us, "Manager is very supportive to staff and people. He kept on going with regard to one person to ensure they got all they needed to be as well as possible." Communication systems were well developed and included a communication book and regular supervision for staff.
- People, relatives and professionals knew the registered and deputy managers well and there were effective and comfortable communication methods in place. One relative said, "The manager would listen to me. If I had an issue, it would not phase me at all to raise it."

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- There was an emphasis on people leading a fulfilling life. People were empowered to overcome any obstacles, such as limitations in their mental and physical well-being, to aim high and to enjoy their life.
- Relatives were positive about the approach used by staff. "They are good people there, they are remarkable. They are very transparent when he went to hospital we worked together to get him well."
- There was a positive atmosphere and staff felt supported and happy to work at the service. We observed staff supporting people with kindness and a genuine care. There was a friendly banter between people and staff, and we also saw through people's facial expressions that they were enjoying these interactions.
- The management team were approachable and available. The deputy and registered manager were often working in the service and were seen as team members.
- There was an open and supportive culture in the service. The relationship between staff was positive with a strong team spirit. Staff told us they all worked closely for the benefit of people. One said, "We are here to

support people to have happy lives."

- Team meetings, individual staff supervisions along with monthly newsletters were used to promote and support the team and to share messages about the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered and deputy manager were open, honest and transparent during the inspection process.
- They responded positively to any feedback and took action to clarify and improve the service immediately when issues were raised. For example, radiators that had not been guarded were reviewed and guarded to ensure people's safety.
- The registered manager was aware of their responsibilities of the regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC. The rating of the service was recorded on the organisations website as required.
- Accidents and incidents were recorded and shared with relatives and professionals when appropriate. Systems to oversee and review these were in place to identify any trends and themes.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were seen as central to the service and involved in decisions whenever possible. Meetings were held and keyworkers supported people to have their views listened to. Discussions were held daily so people could influence the daily running of the service. This included social events and meals times and menus.
- During the inspection staff were engaged with people talking about trips and outings to be arranged. If people were comfortable, group meetings were used to gain people's views, that informed the running of the service. For example, discussions about any events to be held or celebrated in the house.
- Staff discussed how they ensured each person's view was recognised in various situations. For example, a staff member described how the public did not understand that when people did not answer straight away it was not because they do not understand.
- Relatives were positive about the level of communication with managers, staff and the level of involvement. They told us they were asked about their views on a regular basis. A relative said, "I completed a questionnaire recently."
- Staff told us they felt they were listened to, and their views were taken into account. They said they could share their views at any time and at team meetings, individual supervisions and appraisals.
- Staff worked in partnership with health and social care professionals, to inform the best possible care and support. Visiting professionals were positive about the contact and joint working completed. One said, "Oaklands provides very good care and support. I am completing a further review in the near future."