

The Oaklea Trust

The Oaklea Trust Supported Living (South Cumbria & Lancashire)

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

We carried out this announced inspection between the 31 May and 29 June 2016.

The Oaklea Trust Supported Living (South Cumbria & Lancashire) provides supported living services in Kendal, Barrow-in-Furness and Blackpool. Supported living services involve a person living in their own home and receiving care and/or support in order to promote their independence. The care people receive is regulated by the Care Quality Commission, but the accommodation is not.

At the time of our inspection there were 37 people receiving personal care from this service.

Up to February 2016 the service was called The Oaklea Trust (South Cumbria and Lancashire). It provided supported living services for people who have a learning disability and domiciliary care to older people and people who required personal care to remain in their own homes. In February 2016 the registered provider reorganised the services it delivers. The service was renamed The Oaklea Trust Support Living (South Cumbria and Lancashire) and changed to solely provide supported living services. The registered provider's domiciliary care service is now delivered by The Oaklea Trust Home Care & Community (Cumbria).

There was a registered manager employed. 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 who used the service were protected from harm because the staff employed knew how to identify and report abuse.

There were enough staff to provide the support people needed. Staffing levels were responsive to people's needs and were arranged to support people to follow activities of their choice. The staff were trained to give them the skills to support people.

The focus of the service was on promoting people's rights and independence. People were given opportunities to gain skills to increase their independence. They made choices about their lives and the decisions they made were respected. Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights.

People were treated with kindness and respect. The staff knew people well and knew how to provide their support.

People received the support they required to attend health care appointments. They were supported to manage their medicines and to maintain their health.

The service was well managed. The registered manager was supported by local team managers. People knew the managers of the service and how they could contact them if they needed.

The registered manager and registered provider had good systems to monitor the quality of the service. Where areas were identified that required improvement they took action to ensure the quality 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?

Good 

The service was safe.

People were protected against harm or mistreatment because the staff employed knew how to identify and report abuse.

There were enough staff to provide the support people required. New staff were checked to ensure they were suitable to work in people's homes.

People received their medicines safely and as their doctors had prescribed.

Is the service effective?

Good 

The service was effective.

The staff were trained to ensure they had the skills to provide the support that people needed.

People's rights were respected. They made choices about their daily lives and the decisions they made were respected. Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights.

People were supported to attend health care appointments as they needed. They received the support they required to ensure their health care needs were met.

Is the service caring?

Good 

The service was caring.

People were treated in a kind and caring way.

The staff knew people well and gave them the time and information they needed to make choices about their daily lives.

People were supported to increase their independence and to gain daily living skills.

Is the service responsive?

Good ●

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their support.

People followed a range of activities that took account of their interests and preferences.

The registered provider had a procedure for receiving and managing compliments and complaints about the service. People knew how they could raise any concerns about their support and were confident that action would be taken if they made a complaint.

Is the service well-led?

Good ●

The service was well-led.

People who used the service were asked for their views and placed at the centre of decisions about their lives.

The registered provider and registered manager monitored the quality of the service to ensure people received safe care that met their needs. They identified if areas of the service required improving and took action to address any issues found.

The Oaklea Trust Supported Living (South Cumbria & Lancashire)

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 inspection took place between 31 May and 29 June 2016. We gave the registered manager 48 hours' notice of our visit to the service on 31 May because we needed to ensure that they would be available in the service to speak with us.

The inspection was carried out by two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses care services.

During the inspection we visited six properties where care was provided and spoke with people who lived there and the staff who worked in each house. We also contacted people who used the service and their relatives by telephone. We spoke with 23 people who received support from the service and 10 relatives. We also spoke with 12 members of staff, three local team managers, the registered manager and a director of The Oaklea Trust. During our visits we observed how staff spoke with people who used the service and looked at the care records for eight people. We also looked at records that related to how the service was managed.

Before the inspection, the 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 reviewed the PIR and other information we held about the service to plan our

inspection and the areas to look at. We also contacted local social work and commissioning teams to obtain their views about the service.

Is the service safe?

Our findings

People who used this service told us that they felt safe. They said the staff who supported them gave them information about how to maintain their safety while in their homes and when accessing the local community. One person told us, "I feel safe here" and another person said, "The staff guide me on how to be safe when I'm going into town".

All of the relatives we spoke with said they were confident people were safe using this service. One told us, "I have no concerns at all, I'm sure [my relative] is safe".

The staff we spoke with told us that they had received training in how to recognise and report abuse or poor practice. They told us they were confident that people were protected from the risk of abuse or mistreatment. One staff member told us, "We've all been trained in what abuse is. We're a good team here, we'd certainly report anything if we had a concern".

While our inspection was in progress a staff member had identified that a person had been treated in an inappropriate manner by an individual not employed by the service. The staff member reported this promptly and the registered manager took action to ensure that people who used the service were safe. They also notified us of the incident and of the action they had taken. People who used the service were safe because the staff understood their responsibilities around protecting them from harm or abuse.

Some people who used the service could not easily tell us their views. We saw that people were relaxed and comfortable with the staff working in their homes.

People we spoke with told us that there were enough staff employed to provide their care and to support them to follow activities that they enjoyed. The local team managers told us that they were able to deploy staff to ensure they were available to assist people in their homes and to support them to follow activities in the community. During our visits we saw that people could join in with visits to local shops or choose to stay at home because there were enough staff to support them.

Some relatives we spoke with told us that there had been issues with staff shortages at the properties in Blackpool. They told us that this had, for a time, meant people had not always received support from staff they knew. They said sometimes people had not been able to follow activities because there were not enough staff to support them. However, they said the registered provider had taken action to improve staffing levels and to ensure there were enough staff to provide people with the support they needed. This was confirmed by people we spoke with at our visits to the properties in Blackpool.

We looked at some of the records the service held. We saw that risks to people had been identified and action taken to reduce or manage any hazards to individuals' safety. We saw that the risk assessments were used to support people to follow activities and to lead active lives in their communities while also balancing the need to ensure their safety. All the staff we spoke with told us that they knew how to support people to stay safe because information about risks was in their individual records.

People who required support to take their medicines told us that they received the assistance they required. Staff who handled medicines had received training to ensure they could do so safely. We saw that medicines were stored securely to prevent them from being misused and to protect people who could be at risk if they took the medicines by accident. We saw that accurate records were kept of all medicines that staff had administered to people. This helped to protect people from mistakes in handling of their medicines. People were supported to take their medicines safely and as their doctors had prescribed.

The registered provider used thorough checks when new staff were recruited to ensure that they were safe to work in people's homes. We saw that all the checks required by law were completed before new staff were employed. This meant people could be confident that the staff who supported them were suitable to work in their homes.

Is the service effective?

Our findings

People who used the service told us that they liked the staff who supported them and said the staff were good at their jobs.

One person told us, "The staff are good" and another person said, "They [care staff] are nice, they know me and how to look after me".

Relatives we spoke with told us the staff were mainly competent and provided the support their family member needed. They told us, "They [care staff] are very good" and "It's brilliant, really excellent care". However, two people told us that some staff members did not always communicate effectively. We shared this concern with the registered manager for them to address.

All of the staff we spoke with told us that they had received training before working in people's homes. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. One staff member told us, "The training is very in depth. I worked in the house shadowing experienced staff before working as an active team member. I was given support to get to really know people before I started working on my own". Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care.

One staff member told us that a lot of training was completed online, through the provider's intranet. They told us that not all staff liked this method of learning. We saw that this issue had also been raised in the provider's staff survey. The registered manager told us that training was being looked into by the provider to try to ensure a variety of methods were used to suit people's preferred learning styles.

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. This helped to ensure that the staff had the skills to provide the support that people needed.

The registered manager was supported by local team managers, responsible to overseeing staff in each area. The care staff we spoke with told us that they felt well supported by their local team managers and by the senior managers in the organisation. One staff member told us, "I've never felt as well supported as I do working here".

Some people who used the service were not able to make important decisions about their lives. The registered manager and local team managers were knowledgeable about the Mental Capacity Act 2005 and how to ensure people's rights were protected.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA

People who could speak with us told us that they made decisions about all aspects of their daily lives. We saw the staff gave people information in a way that they could understand and respected the choices they made. Some people had chosen to attend a variety of activities on the days we visited their homes. They told us that this was their choice and the staff were supporting them to attend the activities as they wished.

Where people were not able to make or express their choices about their care we saw that the principles of the MCA had been followed. This helped to ensure their rights were protected.

Some people told us that the staff supported them to make their own meals. One person told us, "We have nice meals, they [Care staff] help you make them". They told us that they enjoyed this activity and being supported to gain skills of independent living.

Where people were not able to make their own meals we saw that the staff made meals for them. We saw people enjoyed the meals the staff provided. One person told us, "I have nice meals" and another person said, "The meals are nice". Where people needed to follow special diets to support their health we saw that the staff understood this and provided appropriate meals.

People who could speak with us told us that the staff gave them any support they needed to attend health care appointments. They told us the staff had helped them to see their doctors and dentists when they needed.

Relatives we spoke with told us that the staff were attentive and noticed if their family member appeared unwell or in pain. They said they staff supported their relatives to attend hospital appointments or to see their doctor if they were unwell. People received the support they required to ensure their health needs were met.

Is the service caring?

Our findings

People who could speak with us told us that they liked the staff who worked with them and said they were "nice" and "kind". One person told us, "They [care staff] are nice to me" and another person said, "I like the staff, they are kind and funny and they help me do things I enjoy".

We saw that all the people we visited were relaxed and comfortable with the staff who were working in their homes. We saw that people enjoyed joking with the staff and looked to them for reassurance if they were anxious.

Relatives told us that the staff treated people who used the service in a kind and caring way. One relative told us, "The staff are very kind and caring". Another relative said, "I can't fault the kindness".

During our visits to people's homes we saw that the staff knew how each person communicated and knew how to support individuals to express their wishes and views. People were given the time and information they needed to make choices about their daily lives.

From speaking with people who used the service and looking at their care records, we observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. People told us that their support was always provided in a caring and respectful way.

We saw, and the staff we spoke with confirmed, that the focus of the service was on respecting and promoting people's rights and choices. People told us that they staff encouraged them to do as much for themselves as they were able to. They said they were supported to be as independent as possible with the staff assisting them as they needed. One person told us, "I'm very independent and the staff respect that". People told us that they were assisted to gain greater independence and to learn new skills.

We saw that the staff respected people's homes and rooms. They knocked on the front door before entering people's homes and only went into people's rooms with their agreement. People who used the service confirmed to us that the staff only went into their bedrooms with their agreement. One person told us, "They [care staff] knock on my door before they come in".

Some people who used the service had family members or friends who could support them to make important decisions about their lives. One person told us, "My Mum helps me if I need to ask about anything". The registered manager had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

Is the service responsive?

Our findings

People who used this service told us that the support they received was responsive to their needs and to their wishes. They told us that they received the support they needed from staff who they knew and who were knowledgeable about how to support them.

People told us that staffing was arranged to allow them to follow a range of activities in their homes and in the local community. One person told us, "I'm going to a disco tonight" and another said, "I have stuff to do, they [care staff] ask me what I want to do".

The local team managers told us that they could arrange staffing in each property to support people to follow activities either in small groups or on their own supported by a staff member. They said the registered provider gave them support to arrange staffing levels as they needed to ensure the service was responsive to people's needs.

Each person who used the service had a detailed support plan that gave information for staff about the care they required and the choices they had made about their lives. People we spoke with told us that they had been included in developing their own support plan. They said they made choices about their lives and were included in decisions about their support.

We saw that the support plans were reviewed regularly to ensure they had accurate and up to date information. The care staff we spoke with told us that they knew the support people required and the choices they had made about their lives because these were in their individual plans.

We saw that people had set goals for themselves such as attending events or securing voluntary work. We saw how people had been supported to plan how to achieve their goals. People told us about a range of activities that they had identified as goals and how pleased they were to achieve them.

People who used the service told us that they were able to maintain friendships and relationships that were important to them. This was confirmed by the relatives we spoke with. One person told us, "I visit my Mum when I want" and a relative said, "I live in the same street so I can pop in anytime".

The registered provider had a procedure for receiving and responding to concerns or compliments about the services it provided. A copy of the compliments and complaints procedure was given to people who used the service and was displayed on the provider's website. The procedure was in pictorial format, to make it accessible to people who used the service.

People who used the service said that they would speak to the local team manager or to a staff member if they had any concerns about the care they received. One person told us, "I have never really been unhappy or worried about anything but if I was I would talk to [named staff member]". Another person said, "If I was unhappy I would talk to the staff". People told us that they were confident that the care staff would support them if they needed to raise any concerns about their care.

Relatives we spoke with told us that they knew who they could speak to if they wanted to raise a concern about the service provided. One relative told us, "I have never had to complain but I would speak to the manager [local team manager] first". Another relative said, "They respond well to issues you raise".

Is the service well-led?

Our findings

The service supported people in South Lakeland, Barrow-in-Furness and Blackpool. Each area had a local team manager who reported to the registered manager of the service. People who used the service and their families told us that they knew the local team managers and how they could contact them if they required. One relative told us, "We had an issue last year, but we spoke to [the local area manager] and they sorted it out."

People who used the service told us they were happy with the support they received. The relatives we spoke with told us that they would recommend the service to other families. One told us, "We would recommend it [the service] without hesitation". Another relative told us, "I would recommend it [the service], it has been brilliant".

The local authority commissioning teams told us that the service was well managed. They told us that the registered manager and local team managers cooperated with them to identify areas where the service could be further improved.

Before we carried out our inspection, the registered provider had identified issues with how the service was provided in Blackpool. They had appointed an experienced person to oversee the management of the service in the Blackpool area. Staff we spoke with, families, people who received support and the Blackpool local authority commission team all told us that there had been significant improvement to how the service was provided in the area. This showed that the registered manager and registered provider took action to identify and take action to improve how the service was provided.

People who used the service were asked about their views. We saw that people who lived in shared properties had meetings where they were asked if they were happy with their support and if there were any changes they would like to see to improve the service they received. People had also been asked to complete a quality survey to share their experience with the registered manager. During our inspection we identified that, although people's relatives were asked for views if they attended care review meetings, they had not been included in the stakeholders who were asked to complete quality surveys. The registered manager of the service was looking at how they could improve their processes to gather the views of the relatives of people who used the service.

The registered provider had good systems for checking and improving the quality of the service provided. Each local team manager carried out audits on the service provided in their area and developed plans for the ongoing improvements of the service. These were then incorporated into an improvement plan for the whole service, overseen by the registered manager.

Providers of health and social care services have to tell the CQC of important events that happen in their services such as the death of an individual or any serious injuries. The registered manager had notified us of important events as required. This meant we could check that appropriate action had been taken.