

Caretech Community Services (No 2) Limited

Oaktrees

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Oaktrees provides accommodation and care for up to six people with a learning disability. At the time of our inspection there were five people living at the home. People are cared for on the two floors of the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

This unannounced inspection was undertaken by one inspector on 16 December 2014. At our previous inspection on 13 July 2013 the provider was compliant with the regulations we inspected.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the provider and staff were knowledgeable about when a request for a DoLS would be required regarding changes in case law. We found that no one

Summary of findings

living at the home needed to be deprived of their liberty to ensure their safety. People who had limited capacity to make decisions were supported with their care and support needs which was in their best interests.

Staff had a good understanding of the procedures for protecting people from harm, who they could report any abuse to and what action they would take to ensure people were always kept safe.

People's health care needs and levels of dependency were regularly assessed and these needs were appropriately responded to by a sufficient number of staff. This helped ensure that people's care was planned and delivered in a way which respected their independence. Staff had a good understanding of how people's needs were met and also how best to implement this knowledge. People were provided with sufficient quantities to eat and drink.

People's dignity was respected by staff knocking on people's doors and gaining permission before entering. People were able to close or lock their door if this is what they preferred. People's privacy was respected at all times.

Staff were supported with a comprehensive induction, given regular supervision and annual appraisals and this helped them perform their roles effectively.

People were supported with their social activities, working, hobbies and interests and they were encouraged to take risks where this was safe for them to do so.

The provider had an effective complaints process in place which was accessible to people, relatives and others who used or visited the service.

Staff told us, and records confirmed, that staff were only employed within the home after all pre-employment checks had been satisfactorily completed.

The provider had effective quality assurance systems in place to identify areas for improvement. Lessons learned were implemented across the provider's other services. Audits completed by people in the home, the registered manager and staff identified where improvements were required and also where good care had been sustained.

People knew who the registered manager was and how they could raise any concerns with them. Health care professionals and commissioners of the service provided us with positive comments regarding how well the home was led by the registered manager.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe living at the home and also whilst they were supported with their work and social activities in the community.

Staff had a good understanding of the procedures for safeguarding people from harm and who they needed to report any abuse to if it ever occurred.

Checks completed by the provider to safely establish staff's good character helped ensure that only staff who were deemed suitable were employed at the home. A sufficient number of staff were employed at the home to ensure people's care and support was safely met.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the right skills and a clear understanding of supporting people living with a learning disability.

People were provided with a sufficient quantity to eat and drink throughout the day. People chose and were provided with the meals they wanted/asked for.

Staff had a good understanding of the MCA and DoLS and we found that there was no one living at the home whose liberty needed to be restricted. People's care and support needs were provided in their best interests.

Good



Is the service caring?

The service was caring.

People were very happy with their care, which was provided in a dignified and compassionate way.

People or their relatives were involved in planning care to ensure it met people's preferences and choices.

Staff respected people's privacy and dignity by gaining permission before providing any personal care.

Good



Is the service responsive?

The service was responsive.

People were supported to be involved in their care assessments and were provided with appropriate information including pictorial and easy read guidance.

Regular checks and reviews were completed for people's care and support needs and changes were made where this was required. This ensured that people were cared for by staff who had the most up-to-date information.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People knew who the registered manager was and they could access the management team at any time.

The service had many links with the local community including volunteer work and took every opportunity to engage with these community services to improve the quality of people's lives as much as possible.

The registered manager and all staff shared the visions and values of the service in delivering a high quality service. People in the home were actively involved in improving the quality of their care by taking part in audits of various aspects of their care.

Oaktrees

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 unannounced inspection took place on 16 December 2014 and was undertaken by one inspector.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us to

which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also spoke with the service's commissioners and two health care professionals and received information from the home's GP.

During the inspection we spoke with three people living in the home, three relatives, the registered manager, locality manager and three staff members. We also observed people's care to assist us in understanding the quality of care people received.

We looked at two people's care records, service user (residents) and relative's meeting minutes and medicines administration records. We checked records in relation to the management of the service. We also looked at staff recruitment, supervision and appraisals, and training documents and quality assurance records.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, “They support me with my medicines and ensure I take them, even when I am out.” One relative said, “I totally feel that my son is safe living at Oaktrees. This is because he has been there a long time and the staff look after him well.” The home’s GP practice told us that they had no concerns about people’s safety.

All of the staff demonstrated a good understanding of what protecting people from harm meant. Also what they needed to look out for and who they could report any concerns to if they ever needed to. One staff member said, “We keep up-to-date with Cambridgeshire safeguarding training” and “If I ever had any concerns about people’s safety I would not hesitate to report this to the registered manager or the provider.” Information in an appropriate format was also displayed in the home to assist people in reporting any concerns they may have. One person told us, “If I was worried about anything I would speak with staff and if they did not help me I would see [name of registered manager] first thing in the morning.” This showed us that there were measures in place to help ensure the risk of harm to people was minimised.

We found that staff had only been recruited and employed at the home after satisfactory checks had been completed to ensure that staff were of good character and had an employment history where gaps in employment could be accounted for. Staff we spoke with told us about their recruitment, interview and induction prior to completing their probationary period. This showed us the provider only employed staff who were found to be suitable to work with people living at the home.

People, relatives and staff told us there was always sufficient staff with the right skills working at the home, including weekends. One person told us, “I need help with some things and the staff are always there for me when I need them.” A relative told us, “The service is first class. It is the quality and number of staff that I like.” The registered manager explained how people’s needs had been assessed and the level of staff support each person needed. Our observations confirmed there were enough staff to ensure that people living at the home were safely supported. A

staff member said, “We always get time to spend with people and support them with what they want to do. Most of the time it is nearly one to one and that works really well.”

Risks to people’s health were effectively and safely managed. This was by identifying the risks and putting mitigation measures in place. For example, those people with a risk of choking were supported by the appropriate health care professional and with food which did not put them at risk. This helped ensure people were only exposed to risks where this was safe for them to do so. One person told us, “I do voluntary work at a local park and they make sure I wear all the correct safety gear.”

We found that regular and up-to-date checks had been completed on things such as the home’s electrical systems and equipment, environmental health and fire safety. This helped ensure that the home was a safe place to live and work in. One person who lived at the home told us, “I do the weekly fire alarm checks as I have been trained on this.” During our inspection we saw that a fire alarm was tested by this person with staff support and that they had completed appropriate training for this role.

We looked at people’s medicines administration records (MAR). We found that they included clear instructions and guidance to ensure people were safely supported with their prescribed medications including topical creams and ‘as and when’ pain relief. The stock levels for people’s medicines matched that which had been recorded. Temperature checks had been completed to ensure medicines were not exposed to temperatures which could affect their medicinal properties. We saw that people were supported to take their medicines in the way they had chosen. This showed us that people were safely supported with their medicines.

In the event of an emergency the provider supported people with a personal emergency evacuation plan. This plan also included a ‘hospital passport’. This is a document used to provide other health care services with important information about a person to ensure they were safely supported in an emergency. Accidents and incidents were recorded by the provider on their recording system. This enabled the provider to identify any potential trends for things such as falls or changes in people’s behaviours; and monitor to ensure that any corrective actions had been effective.

Is the service effective?

Our findings

People told us they had regular meetings with staff and that their care needs were discussed and reviewed regularly. One person said, “I work at a local park a few days each week and staff support me with this.” Another person said, “I am doing the hoovering and dusting and then I am off to my favourite café.” A person said, “I am cooking tea later today and I only need a little bit of support from staff to do this.”

Staff told us and we saw that relevant training had been completed in subjects including medicines administration and challenging behaviours. They also told us they had been given specific training for things such as autism, diabetes care and sign language. Staff told us and we saw that they used their skills to good effect with, for example, verbal de-escalation techniques and also ensuring people were supported with their health care needs. We saw each person was provided with regular health checks, including an annual well person check-up. The healthcare professionals we contacted informed us that they had no concerns with people’s timely referrals or requests for health care support.

Staff demonstrated to us in the way they provided people’s care that they had a thorough knowledge of the people they supported and how to meet their care and support needs. Examples of this included staff encouraging people in a respectful manner, always using people’s preferred names and allowing people time to make their own decisions without being rushed. One person said, “The staff know me well as I have lived here for a long time.”

Information and guidance in people’s care plans was detailed. This helped staff understand what people’s care needs were and provided them in a way which supported people’s independence. We saw that people were supported to do the things that were important to them and also in the least restrictive way. This included one to one support and also allowing people to do things on their own whenever possible. A relative said, “There is always a lot going on and things to do. There is a good balance of activities and also leisure time too.”

The registered manager, the locality manager and staff were knowledgeable about the MCA and DoLS and what action they would take if they felt a person’s ability to provide a valid agreement to their care had changed. The

provider was aware of the case law regarding this and what to be aware of if a person’s freedom and rights needed to be restricted. A relative we spoke with said, “Since our [family member] has lived at the home they [family member] can now do so much more than they ever used to,” and “The staff are amazing they get [family member] to do things we couldn’t.”

People’s capacity to consent to their care needs had been recorded and included care where this was in the person’s best interest. For example, where people wanted to take their medications in their food and that this was in their best interest. Other examples included staff using sign language (Makaton) to ensure that a valid consent had been obtained before offering care or support.

We saw that a weekly menu was displayed and we were told how people had chosen this each week. One person told us, “I do most of the shopping we need. The staff support me to buy the foods and drinks that help people keep healthy as well as occasional treats.” We observed one person checking contents of their chosen lunch meal and also what they wanted to have for lunch. They went on to tell us, “My [health condition] means I have to avoid certain foods so I buy foods I can eat.” Another person said, “I can get a drink any time I need.” They then proceeded to get a drink of squash. There was a sufficient quantity of food and drinks available for people living at the home.

People’s health conditions were regularly monitored and where health care professional support was required we found that this was provided by opticians, dentists and a GP. The GP practice for the service said that staff referred people appropriately and in a timely way. People attended the surgery and advice was sought when needed. Health action plans we looked at showed us that people were supported to eat a healthy balanced diet and that their other health needs were met. These plans were in an easy read format, which meant people had information so that they could understand as much as possible about their health and wellbeing. This was confirmed by a GP who supported people at the home. One person told us, “If I ask to see a doctor the staff sort this for me.”

Information in the provider information return showed that people were supported with social interests, day care and leisure activities personalised to each person’s needs. Two people told us and we saw they were able to choose, prepare and cook the evening meal once a week for the

Is the service effective?

other people living in the home. People told us and evidence showed us they were supported to the things they wanted to do and when they wanted to do them whilst also gaining additional skills.

Is the service caring?

Our findings

People living at the home told us, or indicated by their body language and demeanour, that they were happy with their care and living at the home. One person said, “All the staff are very nice but I do have my favourite.” Another person told us, “The front door Christmas decoration needs renewing.” We saw that staff responded with interest and compassion to help choose a new one. All of the staff told us they were passionate about working at the home and making a difference to the lives of the people they supported.

The atmosphere within the home was calm and unhurried. People were supported in a respectful and sincere way. This was demonstrated by one person telling us, “I am going out to my café today.” (with a big smile on their face). Another person said, “I get to spend time with staff every week in a ‘My Time’ session where we talk about all my needs.”

One person showed us their room. They said, “I can lock my door and I do.” We saw that each person had this option and was able to choose whether they kept their door locked or not. We saw that staff consistently sought and gained consent from people before entering their rooms. One member of staff explained to us how they supported people with their continence support needs and how this was done to ensure people’s privacy and dignity was maintained as much as possible. Staff ensured that people were supported in a caring way and respected people’s wishes to be in private whenever they wanted.

Meeting minutes for people who used the service showed us that people were supported according to their care needs. This was in a way that showed us people’s views mattered. Also by staff actively encouraging ideas or

suggestions and working with people to help them fulfil their aspirations. People were assured that they were supported in a way which maximised their potential to meet or exceed their expectations.

People’s care records showed that people, their families or representatives had been involved in planning the delivered care. This included an assessment of people’s care and support needs, life and family history and their preferences. Staff told us that they had recognised a change in a person’s behaviour. Later in the day they had continued to identify that the person had become unwell and had subsequently sought health care support. This showed us that practical action was taken to ensure people were not exposed to any undue discomfort.

To support people with their independence the provider ensured that, if required, an advocacy service was available. This was also accessible to people using easy read information for those people where this was important. The registered manager told us that as well as people being able to request advocacy, people were supported to access this service if ever this was necessary.

All of the relatives and friends told us that they could call in and visit their family member at any time. The registered manager told us they encouraged this involvement to help build people’s independent living skills and ensured people were given every opportunity to develop their skills. One relative said, “Our [family member] never ceases to amaze us in the things they do when they come home. Things they couldn’t do a few years ago they can now do.”

All records we looked at were held securely in the home’s office. Staff only spoke about people’s care in private and only where personal details needed to be discussed to ensure good continuity of care. Records viewed also included people’s preferences for any religious beliefs and values. One person told us, “I go to a local choir every week and like to do this.”

Is the service responsive?

Our findings

People told us that the care they were provided with met all their needs. People's care records we looked at were detailed and individualised and these had been cross referenced to care plans regarding the person's care. Examples of this included, what the person liked to do and when they liked to do their chosen work, hobbies and interests. One person said, "I meet with my support worker and discuss my care needs and also if anything needs changing." They went to say, "We also have meetings where everyone can comment on what is working well and anything that could be improved."

We saw that people's care needs had been assessed when they first started to use the service and included the person's life history where this was available. Staff told us that they used this information and their knowledge about the person to support them in the best and most practical way. All care records viewed included a detailed record of what was important to the person such as their strengths and future aspirations. These were in an appropriate format that supported the person to be involved in their care as much as possible. Examples of this included easy read picture format and the sign language the person preferred. One person told us, "I go to a local bird sanctuary and help with the maintenance of the equipment and help with other tasks."

Our observations showed us that staff interaction with people was centred upon each person as an individual. We also saw that staff's understanding of each person's needs meant that people rarely had to ask for assistance as the level of independence exhibited by each person was clearly identified. One person said, "The staff help me with the things I need help with, such as managing my finances with me." They also said, "I cook tea a few times each week," as they prepared to cook the evening meal that day.

Senior staff received a daily feedback of each person's needs, what had changed and what achievements each person had made. This also included the amended support arrangements to support people attain a goal or aspiration in a different way. Examples of this included giving people more time or different goals to help them meet their aspirations

Meeting minutes we looked at for people who used the service showed that wherever possible people's care and

support needs were met. This was in a way which respected people's independent living skills. These minutes also showed us that activities were not just structured but flexible if a person wanted to do something else. Records viewed showed us that people were supported to make daily choices of what they wanted to wear, eat, spend their time doing social activities and spending leisure time. This was also confirmed to us in the provider's information return (PIR).

The provider told us in the PIR that people had an individual 'My Time' session to discuss topics and subjects of the person's choice. We found that these meetings were used to encourage people to raise any concerns or suggestions so that changes were made to people's care. This helped ensure it met their needs in the most appropriate way. We also found that care records were regularly updated following these 'My Time' meetings, staff shift handovers and also monthly planned updates. People could be confident that their care needs were based upon the most up-to-date care records and information.

All the people and relatives we spoke with had no concerns about the care provided. One relative said, "The care is second to none. Our [family member] gets to do the things he wants to and also his aspirations just keep getting higher." They also told us that when their family member went to see them they were quite often surprised at the improvement in their independence.

People told us that if they had any concerns or complaints they would raise them with staff. One person said, "I know who [name of registered manager] is and I will see them first thing in the morning if anything is not right." Relatives also told us that they regularly met with the registered manager and that any concerns were addressed very promptly and effectively. One example was where two people liked to go to church and that changes had been made to allow both people to do this without impacting on each other's well-being. The locality manager told us that they called in to the service regularly to ensure that any concerns were resolved before they became a complaint.

Audit records on things such as medication administration, cleanliness and safety of the premises showed that where issues had been identified, action had been taken as soon as practicable to make the necessary improvements. In addition, where this was not practicable the registered manager escalated their concern to the locality manager for their attention.

Is the service well-led?

Our findings

People and relatives we spoke with told us they knew who the registered manager was and how to contact them. One relative said, “As far as I am concerned the leadership of the home is amazing. They have been my [family member’s] saviour and also mine.” One person told us that they regularly met with the registered manager and often popped into their office to have a chat.

At the time of our inspection there was a registered manager in post. They had been a registered manager for several years and this provided stability in the management of the home, the people who lived there and the staff team. One person told us, “If I ever need to speak with the [registered] manager they are always there for me.” Another person said, “We have lots of opportunities to talk with all of the staff including seniors and managers.” From the records we held about the service and what we found during the inspection the registered manager had reported all notifiable events to the CQC. This showed us that the provider submitted notifications when required. (A notification is information about important events the provider must inform us about by law).

On the day of our inspection and in the provider information return we found that the provider supported the registered manager with a locality manager. This was to ensure that the registered manager was receiving the support they needed and also ensured that actions from audits were being progressed. This showed us that the locality manager considered each identified action and took improvement action according to people’s needs and safety in liaison with the registered manager.

All of the staff we spoke with were very passionate about working at the home and making a tangible difference to people’s lives. One staff member said, “I did work with other services but this is where I prefer to work as you can really see the improvements you have made.” All staff confirmed that they were supported with effective supervision which helped them identify future development opportunities. Staff could be assured that the support they received was readily available. Another staff member said, “As soon as I visited Oaktrees I found it was people’s home and not just a place they lived.”

Staff we spoke with had a good understanding of the visions and values of the service which were on display on

a notice board. Staff also knew what was expected of them in meeting people’s needs. One staff member said, “People come first in everything. It is so rewarding to see their improvements each day.” We saw that where staff identified an opportunity to improve people’s care they did this to ensure the services values of putting people first were always adhered to.

Information in the PIR showed that the provider wanted to develop new staff seniors and we found that this had been done. One member of staff told us that they had not been a senior before but they felt very well supported in their role. Where the provider had identified any trend to improve the home and overall service, information was passed to managers and staff through handover meetings. We observed a handover meeting and saw that the manager and staff were made aware of any changes in policy/procedures.

One person told us, “I can now do things I couldn’t do before. I am much more confident due to the way staff are supporting to help me.” A relative told us, “Two things the service does well is the sensitivity of the care and that it gives people every possible opportunity to improve their independence and social skills.” Staff told us that the provider was approachable and that the registered manager’s door was always open. They said, “I feel so well supported. [Name of registered manager] is always there for me. They let me get on with things but if ever I need support they are there for me.”

People and relatives were provided with a variety of ways on commenting about the quality of the care provided. Methods used by the provider to gather information about the quality of the service included audits and compliance reviews and family meetings with relatives. A recent audit the provider had completed was based upon the Care Quality Commission’s five areas for inspection and looked at how the provider was considering ways to identify improvements to the service. This report was being analysed by the registered manager who told us that as soon as they had analysed the findings they would take any appropriate action. This showed us that the provider took every opportunity to improve the service and the lives of the people who lived there.

The registered manager and all staff told us that if ever there was a need to whistle-blow (whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of

Is the service well-led?

through work) on poor care standards they would have no hesitation in doing this. Staff were provided with access to information and procedures on whistle blowing if they ever required this.