

Oak Tree Care Services Limited

Oak Tree Care Services

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:

Oak Tree Care Services is a supported living service, providing personal care and accommodation to six people with a learning disability or a mental health need. The home is on a residential street in a community setting and designed to promote people's inclusion and independence.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. On the day of our inspection there were six people living in the supported living services but only three required support with personal care. At the time of this inspection the people living at the service were aged 18-35.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service :

People told us they enjoyed living at the supported living service. They felt safe with the staff and the other people who lived at the service. Staff were kind to them and treated them with respect.

There was a person-centred culture at the service. 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 were involved in a wide range of activities including education and volunteering. Care records outlined people's needs but also their abilities and the registered manager and staff team promoted independence for everyone living at the service.

People were supported, where needed, to access external health professionals to help promote good health and wellbeing. Family members praised the service provided and the ability of staff and the senior management team that worked in partnership with them.

People were safeguarded against the risks of abuse and harm by the systems and by the staff. Risks to people were assessed and mitigated. There were enough staff to meet people's needs and provide flexible, responsive care.

The service applied the principles and values of Registering the Right Support and other best practice

guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the nominated individual at this inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

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 the service was good (published 5 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Oak Tree Care Services

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 one inspector.

Service and service type:

Oak Tree Care Services provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

Although not everyone was receiving personal care support, we spoke with all six people who lived at the service, two support staff and the registered manager. We looked at three care records and two staff recruitment records. We reviewed supervision and training logs, accident and incident logs, complaints and quality assurance audits. We also checked the fire safety of the building, and the management of medicines including medicine administration records (MARs).

After the inspection:

We asked for additional information related to recruitment, training, complaints, policy documents and quality audits. We also spoke with the nominated individual and administrative staff. We received feedback on the service from two family members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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, abuse and discrimination. People told us "Yes I feel safe here" and "I feel safe with the other people living at the house."
- Staff were able to tell us how they would respond if they had any concerns regarding abuse.
- The registered manager was aware when to refer to CQC and the local authority if they had any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessments were detailed and covered a wide range of risks including mental health, behaviours that can challenge, road safety, kitchen safety and personal care needs. There was detailed information for staff to mitigate risks to minimise people having mental health crises and how best to manage them when these took place.
- People were very well supported to take positive risks and the service worked with other organisations to support people, to ensure they were able to access the community and live fulfilling lives safely.
- Fire equipment was serviced regularly. The fire risk assessment for the building was dated 2015. After the inspection the provider booked a new fire risk assessment to take place by the end of the month.

Staffing and recruitment

- There were two staff on in the day and evening and one staff member awake at night across the service. People were well supported and staffing levels were supplemented during the week by the registered manager.
- The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults.

Using medicines safely; Preventing and controlling infection

- Medicines were obtained, stored, administered and disposed of safely by staff. Staff received training and had their competency in the giving of medicines regularly assessed.
 - Stocks tallied with MAR, but the registered manager showed us a recent MAR they had identified with gaps in four places which they planned to discuss at the staff meeting in the week of the inspection. Auditing by the registered manager included medicines.
- The supported living scheme was clean and there was an effective infection control system in place. Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately to prevent the risk of cross infection.

Learning lessons when things go wrong

- Accident and incident logs were kept. We could see that actions had been taken following incidents as the registered manager could show us updated risk assessments, contact with a variety of mental health and social care professionals, and discussions with staff at team meetings. However, the form did not capture this information.
- After the inspection the registered manager sent us a new form to capture all of this information in one place to evidence learning across the service and minimise risk of re-occurrence.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed potential new referrals to ensure people's health and care needs could be met by the service. The registered manager included the person, family and professionals who were familiar with the care needs of the person.
- The registered manager also considered the mix of people living at the service as some people were quite vulnerable and were placed and supported by local authority adolescent and leaving care services.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- The service was effective in supporting people to access healthcare services to maintain good physical and mental health. Care records showed the involvement of a range of professionals including GPs, psychiatrists and other mental health professionals. People told us they received the help they needed. One person said, "Yes they help me when I need it."

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

- People's care plans contained detailed information on the level of support they needed to shop and cook for themselves. Where needed, additional support was provided by staff.
- People were encouraged to have a healthy diet, but staff understood people had the right to choose what they ate.

Staff support: induction, training, skills and experience

- Staff told us the registered manager was very supportive and there was always support available out of office hours. Staff received regular supervision and training, with refresher courses taken annually. The service was in the process of moving to another training provider who offered more face to face training.
- Staff received an induction which involved shadowing experienced staff and training in key areas including moving and handling, safeguarding and infection control. New staff undertook the Care Certificate, an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The service planned for all staff to complete the Care Certificate.
- Family members were positive about the staff skills and ability to care for their relatives. Feedback included that "[Name] has less episodes of agitation and has improved their well-being since living at the service."

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's rights were protected. Where required, there were Court of Protection authorisations in place and a system to prompt renewals.
- People were able to speak openly about what they would accept help with, and when. Staff understood the importance of seeking consent before supporting people with tasks.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff had developed relationships with people by understanding how they wanted to be supported and when. We saw staff treated people in a kind manner.
- People told us "Yes they [staff] are kind" and "Yes, they [staff] are caring."
- Care records highlighted people cultural and religious needs and their sexuality. People were encouraged to make their decisions on their preferred lifestyle choices, this included their place of worship/faith, their gender, sexuality and cultural needs regardless of their disability or age. Young people had been on training courses which included relationships and safer sex. The registered manager and staff were keen to support people to have meaningful relationships whilst being mindful of the need to promote their safety.
- Staff were from a range of backgrounds, cultures and religions so were fully able to meet the needs of people living at the service. People were matched with people of their religion to attend places of worship.
- People and staff told us that all religious and cultural festivals were celebrated and the supported living service had a friendly atmosphere.

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

- People were involved in decisions regarding their care and could verbally make their needs known. Care plans highlighted the range of ways in which people communicated. For example, one care record reminded staff to give a person time to think of their answer so they could make a decision.
- The service cared about and valued the views of people who used the service. Tenants' meetings took place which covered a range of topics and were written using simple language and symbols for people who would benefit from this.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Staff were able to tell us how they supported people with dignity and respect. Staff told us "It's about having cultural intelligence, understanding what is important to that person" and "I knock and wait before going into their room. I listen to people and acknowledge how they are feeling and what they want at the time."
- Care plans indicated what people could do. For example, one person was encouraged to pay for items in the shop, but care records indicated they needed support to make sure they received the correct change. We saw one person leaving to go shopping by themselves; staff reminded them to bring their shopping list and remember the receipt.
- A family member told us their relative had, "increased their independence" since living at the service.

- People were supported to vote in elections.
- Staff had a sensitive and caring approach when talking about the people they supported. Staff were very positive about people achieving and succeeding at new activities and skills.
- The staff team were knowledgeable about accessing services, so people accessed external courses and support from local organisations.
- People's rooms were personalised.
- The service ensured people's care records were kept securely. The language used in daily notes and care plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- People's care plans were detailed, comprehensive in scope and up to date. They covered a range of needs including support with people's mental health, personal care, shopping and cooking, financial management, safety outside of the service and interests and hobbies.
- People told us the care was provided to them when they wanted it and in the way they wanted it. Staff understood individual people's interests and routines. Staff told us "I know if it's not a good day to suggest supporting X with cleaning their room."
- Examples of person-centred care included detailed information on how much time a person needed to get ready in the morning to ensure they were not rushed, which increased the likelihood of them falling. Another care plan told staff to not take a person to crowded spaces, for example a bus or shopping place as this could overwhelm a person.
- Feedback from family members included "The staff know my [relative's] needs well and can meet their needs." This provided reassurance to the relative.
- People and their relatives had contributed to their care plans as had health and social care professionals. Care plans were supplemented by detailed risk assessments in place.
- People's care plans were reviewed when a person's needs changed and people and health and social care professionals were involved in the review process. People made positive comments about the support provided.
- The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were leading fulfilling and active lives. A number of people were at college or university; other people volunteered at a range of places. Additional life skills courses such as safe internet usage were available to people.
- People were involved in a range of leisure activities including the gym. People joined in activities run by local organisations as well as visiting the cinema, restaurants and meeting with friends and family..
- The service had recently taken two people on holiday in Britain. People told us they really enjoyed the holiday and were looking forward to a holiday next year.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. We saw that there had been one complaint logged and

investigated in the last year. People told us they knew how to make a complaint. One person said "I would ring the head office if I wasn't happy." The registered manager did not capture how they dealt with minor issues, but set up a process to do so following the inspection.

- Tenants' meetings had a slot that asked if people were happy with the service and the staff and we could see this was a space to air any low level concerns. One person told us they had not been happy with the way a staff member spoke to them. They told us it had been dealt with by the registered manager which they were positive about.
- Family members told us the registered manager was very accessible and responded quickly if any issues arose. But they had not had any cause to complain about the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard. Care records detailed people's communication support needs in detail. For example, staff could tell us (and records confirmed) how a person conveyed their verbal and non-verbal views.
- Additional information was also included, such as one person did not like to shake hands, and was more wary of women until they knew them, all helped staff and people communicate effectively with each other.

End of life care and support

- All the people at the service were under 35 years old and did not have a life limiting illness. The registered manager was not routinely asking questions in relation to end of life wishes, but told us they would in the future at review of care meetings and for new admissions.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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; 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

- The service was well-led. We found no concerns regarding the transparency of the service as staff were open with relatives if issues occurred and the provider understood their obligations under the duty of candour.
- The staff team understood their role; worked co-operatively and the registered manager was very 'hands on'.
- Quality audits took place at the service and covered areas such as medicines management, health and safety, fire safety and people's finances. The registered manager compiled a three month summary of activities including number of supervisions, training, maintenance and accidents or incidents for the provider.

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

- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- People and family members spoke well of the service and told us the service helped them achieve good outcomes. People had moved on from the service to more independent living.

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

- The service worked proactively with health and social care organisations to ensure people's health and well-being was supported.
- The registered manager was viewed positively by the people who lived at the service, family members and the staff. One person said "[Registered manager] is the best thing about living here." A family member said they were, "very impressed with the service." Another relative told us they had a "good relationship" with the registered manager and the staff and that the service was "well organised".
- Staff told us they were very well supported and through tenants' and staff meetings, their views could contribute to the running of the service. In addition, effective communication was evident and facilitated through detailed handover meetings and a communication book.
- The service clearly recognised and valued different people's equality characteristics in the way the service

was run .

Continuous learning and improving care

- It was clear that the service learnt from accidents and incidents and the senior management team were continually reviewing their processes and ways of working to improve the quality of the care provided to people.
- Following the inspection the senior management team implemented a number of improvements to address areas discussed at the inspection and it was clear the service was committed to providing high quality care for the people they cared for.
- The registered manager attended forums to ensure they shared best practice with the staff team.