

Autism Together

Oak House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Oak House is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 56 people with personal care in their own homes at the time of our inspection.

People's experience of using this service:

The systems and processes in place to monitor the quality and safety of the service were not always effective in identifying and driving up improvements in the service. This meant that the service was not always well led.

Medication administration was not always safe and the competency of staff to administer medication had not been checked regularly to ensure they were safe to undertake this task.

Staff had information on the different ways people could communicate their needs and indicate their consent. We also found evidence of good practice with regards to the application of the Mental Capacity Act 2005 for one of the people whose file we looked at. We found however that it had not been consistently applied to the other person whose care we looked at.

For example, assessments made of people's financial capabilities and risks had not always been properly completed or signed to show that consent for the financial arrangements in place had been obtained.

Statutory notifications relating to safeguarding incidents had not always been reported to CQC in accordance with the provider's regulatory responsibilities.

People's needs and risks were assessed and for most of the time staff had had clear guidance on how to provide people with safe and appropriate, person centred care. Improvements were required to the information and guidance staff had with regards to people's identified nutritional risks.

Staffing levels were sufficient to meet people's needs. The people and relatives we spoke with told us that at times the staff members supporting them were not always the same staff. This meant that at times people were not supported by staff who knew them best. They told us in recent months, this had improved.

Staff had access to a range of training to support them to be effective in their job role. Some of the training that the provider required staff to complete had not been fully completed. It was difficult to tell if this applied to new staff only, as the evidence provided to inspectors did not provide this level of detail.

People's support was person centred. They told us that staff were kind, caring and respectful of their needs and wishes. People's independence was promoted and people were supported to live active lives based on their social and recreational preferences.

People received enough to eat and drink and people told us their nutritional preferences were respected.

Regular meetings took place with people using the service and staff to ensure that their views and opinions with regards to the service were sought.

People's needs were met by a range of health and social care professionals and staff supported people to attend external appointments in support of their mental and physical well-being.

People we spoke with were happy with the service and had no complaints.

Staff told us they felt supported by the provider and that managers were approachable if they needed support.

The culture of the service was open and transparent. The manager and staff were responsive to our feedback and committed to improving the service.

Rating at last inspection and why we inspected: This was the provider's first scheduled inspection at Oak House.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Oak House

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: This inspection was undertaken by one adult social care inspector.

Service and service type: Oak House is a domiciliary care agency.
A domiciliary care agency provides support to people in their own homes.

The service had two managers registered with the Care Quality Commission. This means 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 on the morning of the inspection. This was because we needed to be sure that a manager or member of staff was available in the office of the domiciliary care service to assist with the inspection.

What we did: Before the inspection we reviewed information we had received about the service since the service was registered. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to gain their feedback on the service. We used all this information to plan our inspection.

We talked with two people who used the service and two relatives. We spoke with the registered managers, the quality and development lead, a team leader and two support staff.

We reviewed a range of records. This included three people's care records and a sample of medication records. We viewed three staff recruitment files and other records relating to staff training and support and the management of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- We looked at a selection of people's medication administration records. Most of the records we looked at were properly completed and indicated people had received the medicines they needed.
- On one person's medication records, handwritten changes or additions had been made with no explanation or evidence that these medication changes or additions were correct or authorised. Where a variable dose of medication had been given, the amount of medication administered was also not always recorded and on some days, the person's medication records had not been signed to evidence the person had received their medication.
- The system to check if staff were competent to administer medication was not thorough enough or undertaken regularly enough to ensure that staff administering medication was safe to do so.
- One staff member administering medication was not listed on the authorised signatory list of staff members permitted to administer medication. We spoke with the team leader about this. They said it was an oversight. They assured us the staff member was authorised to give medicines and told us they would update the signatory list without delay.
- Most of the needs and risks people lived with had been assessed and staff had suitable guidance in place to follow to meet people's needs and keep them safe. For example, risks in relation to moving and handling, personal care, trips out, the person's health and finances were identified and managed.
- One person's care file indicated that they were at risk of choking. This risk had not been assessed appropriately. We spoke with a team leader and registered manager about this. Shortly after the inspection, we received confirmation by email that this risk assessment had now been undertaken.

Learning lessons when things go wrong

- Accident and incidents were clearly documented with the action taken by staff to support the person's wellbeing and safety at the time the accident or incident occurred.

Staffing and recruitment

- We looked at the recruitment records belonging to two staff members. We saw that suitable pre-employment checks were carried out prior to employment to ensure they were safe and suitable to work with vulnerable people.
- We looked at staff rotas. We saw that the number of staff on duty was sufficient.
- The people and relatives we spoke with however they told us the service had experienced a lot of staff changes. A relative told us "It's never a stable care team. They are finding it hard to keep staff". Another relative said "There has been a lot of changes but it seems to have settled down".
- A person who used the service also said that they did not think the service had enough permanent staff as

sometimes they used bank staff to support them.

- We asked the registered manager for information on how many agency or bank staff had been used in the last 12 months. We saw agency and bank staff had been used regularly but in the last three months, this had reduced. This reflected what people and relatives had told us.
- The registered manager told us that for the most part they used the same agency and bank staff to support people so that people received support from staff members they were familiar with.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. The staff we spoke with were committed to reporting potential abuse. They said they would report any worries they had to their manager but they were unsure who to report it to outside of their own organisation. This aspect of staff knowledge required improvement.
- Safeguarding records showed that appropriate action was taken to identify and investigate incidents of a safeguarding nature.
- Safeguarding incidents were reported to the local authority in accordance with local safeguarding procedures. Some of these incidences however were not reported to CQC in accordance with the provider's regulatory responsibilities.

Preventing and controlling infection

- An environmental risk assessment of the person's own home was carried out when people first started using the service. The risk assessment covered all aspects of the home environment including cleanliness.
- Staff had access to training in infection control to ensure that they knew what precautions to take to prevent the spread of infection. .

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). As domiciliary care services provide support in people's own homes, they have to apply for a DoLS through the Court of Protection with the support of the person's local authority team. This type of DoLS is called a judicial DoLS.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty via a judicial DoLS had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection, no-one using the service was subject to a judicial DoLS.
- We found that where people were unable to make certain decisions for themselves, records did not always show that the Mental Capacity Act had been consistently followed.
- For example, one person's records showed that staff sometimes made the decision as to whether the person was able to use their own money to make purchases. A financial risk assessment had been undertaken which suggested the person did not have the capacity to make financial decisions. There was no corresponding mental capacity assessment however to demonstrate that this had been properly determined or that the decision to prevent the person making purchases was made in their 'best interests'.
- Other people's care records showed evidence of good practice with regards to the Mental Capacity Act and ensuring people's right to consent was respected.
- For example, staff had reviewed the outcome of a mental capacity assessment previously undertaken with regards to one person's ability to manage their own money. Records showed that staff had supported the person's right to do so through best interest discussions with the person's social worker and psychiatrist. This had resulted in the person being able to manage their own monthly budget. This was good practice.
- People we spoke with told us that staff members sought their consent with regards to any support they received.
- Some of the people using the service were unable to communicate their consent or their choices verbally.

To assist staff to assess whether people consented to the support provided, people's care records contained information about people's level of understanding and the gestures, facial expressions or behaviours they would display when they were happy or unhappy.

We recommend that the provider reviews the implementation of the Mental Capacity Act 2005 with regards to the service to ensure this legislation is consistently applied at all times.

Staff support: induction, training, skills and experience

- We looked at the induction and training records in the staff files of three staff members who had commenced working for the provider in the last 12 months. We saw that each staff member had received an induction into their job role but that some of the provider's required training had not yet been completed. This was despite staff now supporting people who used the service.
- For example, all three staff members had not completed training in food hygiene and two out of the three staff had not completed training in infection control or health and safety.
- A new staff member told us they were in the process of completing the provider's training programme. They said that they received a job role induction that included shadowing other staff to learn the requirements of their job role.
- Training information provided for the purposes of inspection showed that some staff had not completed up to date training in safeguarding, first aid, health and safety, infection control and fire safety. We were not able to tell from the information provided whether these omissions related to just new staff who had only just commenced working for the provider.
- Staff supervisions were recorded on the provider's electronic system. We checked a selection of individual staff records and found evidence that staff members received regular supervision.
- Staff members told us they felt supported and trained well. One staff member said they felt "100%" supported. They said they received supervision from their line manager "Every three months".

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

- People's needs were assessed on admission to the service and at regular intervals thereafter to ensure the service continued to meet their needs.
 - Daily records showed that people received the support they needed.
- Supporting people to eat and drink enough to maintain a balanced diet
- Some people using the service had nutritional risks. For instance one person had a food allergy.

- Information in the person's support plan with regards to this allergy was sparse. It was difficult to tell what type of allergic reaction the person experienced or the level of risk this posed to the person's wellbeing. Staff also had limited guidance on what action to take if an allergic reaction occurred.
- We spoke with the team leader about this. They told us it was unclear whether the person had an allergy or not and that it was current under investigation with the person's GP. They told us they would update the person's care plan immediately on the outcome of this investigation.
- People and their relatives told us they had enough to eat and drink and were involved in choosing their own meals.

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

- The service was designed to be delivered in people's own homes to accommodate their needs and wishes. Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support
- Staff supported people to make and attend external health care appointments.
- People's health and well-being was supported by a range of health and social care professionals such as

social workers, psychiatrists, dentist, opticians and other medical specialists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff treated them with dignity and respect. One person said "They respect me and give me advice when I need it". They went onto to say "[Name of staff members] have really helped me and put me back on track".
- A relative we spoke with said that the staff team were "Very good. Very helpful" and that their loved one was happy with the support they received.
- Staff members were able to tell us about the things that were important to people and spoke with genuine affection about the people they supported. It was clear they cared about the people they looked after. Supporting people to express their views and be involved in making decisions about their care
- Regular meetings took place to enable people to express their views on the service and any improvements required.
- Staff received induction training on how to support people's choices and independence through 'active support' strategies and a set of service standards that aimed to put people in control of their own life.
- People using the service had access to service information in easy read formats for example in large print or pictures to provide the required information.

Respecting and promoting people's privacy, dignity and independence

- Staff received induction training on how to support people's choices and independence through 'active support' strategies and a set of service standards that aimed to put people in control of their own life
- One person told us staff supported them to cook their own meals and that they were free to go out for meals whenever they wanted. A relative told us that their loved one liked to help in the kitchen and staff supported them to do this as much as possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People received day to day support from staff to help them live life as independently as possible.
- People`s care plans were detailed about people's needs, behaviours and methods of communication. People's likes and dislikes were well documented. It was clear that either the person themselves or people close to them had been involved in the planning of their care.
- The support people received was regularly reviewed to ensure it continued to meet their needs. Where people's needs had changed we saw that changes to the support people required had been made accordingly.
- Staff spoken with were knowledgeable about people's preferences and could explain how they ensured these preferences were respected when providing support.
- People participated in a range of activities of their choice. For example, one person's sporting interests were encouraged and supported. Another person was assisted to participate in a range of day programmes of their choosing. This was good practice as it ensured people's social and emotional needs were met.

Improving care quality in response to complaints or concerns

- Records showed that people's concerns and complaints about the service were dealt with appropriately.
- People we spoke with told us they were happy with the support provided and had no complaints.
- One person said they were happy with "Everything" but if they were worried about anything they would talk to staff.
- Another person told us they were "Quite happy" and that the service was "Good".
- A relative we spoke with told us that they were very pleased with the support the person received.

End of life care and support

- The service did not support people who required end of life care. The majority of people in receipt of the service were younger adults under the age of 65 years.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

- Checks were made of the quality and safety of the service. For example, audits of autism practice, medication, care records, health and safety, tenant meetings, staff meetings and supervision, staff training and people's care reviews were all undertaken. We found some of the checks in place however were ineffective.
- For example, the systems in place had not identified that the implementation of the Mental Capacity Act 2005 was not fully embedded into service delivery.
- Some people had financial risk assessment paperwork in place. The governance arrangements in place to ensure people's finances were risk assessed and managed had failed to identify that this documentation had not been signed or properly authorised by staff or people using the service.
- The systems in place had not detected that one person's medicines were poorly recorded and managed.
- There was an electronic monitoring system in place to monitor staff training. This monitoring system was not used effectively to ensure staff completed the provider's mandatory training programme. At the time of our visit some staff members had not completed the training required to do their job role effectively.
- Managers were able to look at training information in relation to individual staff. However they did not have the ability to routinely generate a training report for all staff across the service in order to be able to adequately monitor and assess whether the overall staff team were sufficiently trained. This aspect of governance required improvement.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw that managers monitored the service's overall service performance each month including data in respect of complaints and safeguarding incidents.
- People's views and opinions on the service were regularly sought to ensure the service met people's needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The staff, managers and team leaders we spoke with were clear about their role and responsibilities with regards to the service.
- All of the staff spoken with were positive about the service and committed to continuous improvement.
- Staff told us that the provider and the managers of the service were supportive and approachable.
- One staff member said [Name of team leader] was "Amazing" and that they felt about to "confide in them"

if they had any worries or required any additional support.

- Regular staff and management meetings took place to discuss issues associated with the service and best practice. We saw that where areas for improvements were identified, these were acted upon.

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

- The provider had not always ensured that notifiable incidents were reported to CQC. Registered providers must notify CQC of certain changes, events or incidents that affect their service and the people who use it.
- The culture of the service was open and transparent.
- Feedback from people who used the service and their relatives was positive. People who used the service told us it was good.

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

- People's care records showed that people led active lives in the community as far as they were able and that people's independence was promoted in all areas of day to day living.
- The service had good partnership links with local healthcare providers, social work teams, community and vocational services.
- Records showed that staff supported people to access external appointments to maintain their well-being and that people had access to the support they needed to have a healthy and meaningful life.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The governance systems in place were not always effective in identifying and ensuring improvements to the quality and safety of the service were made. |