

# 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 ●

# Summary of findings

## Overall summary

Oaktrees is registered to provide accommodation and personal care for up to six people with a learning disability or autistic spectrum disorder. The home is a detached, two storey house and is located in a residential area in a rural village.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Staff knew how to respond to possible abuse and how to reduce risks to people. There were enough staff who had been recruited properly to make sure they were safe to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals and staff supported them to eat and drink enough. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring and kind and treated people with respect. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There were enough activities or things for people to do during the day and people had enough social stimulation. Complaints were investigated and responded to and people knew who to go to, to do this.

Staff worked well together and felt supported by the management team. The monitoring process looked at systems throughout the home, identified issues and took the appropriate action to resolve these.

Further information is in the detailed findings below

## 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 remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service remains Good

# 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 checked 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 on 2 May 2017 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this 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 also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. We spoke with two people living at the home. We also spoke with two members of staff and the registered manager. We checked three people's care records and medicines administration records (MARs). We checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records.

# Is the service safe?

## Our findings

The service remained good at safeguarding people from harm. People told us that they felt safe living at the home and they knew who to speak with if they were concerned about anything. There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training and they understood what to look for. The registered manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records for three people showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they approached people quickly and this reduced situations where people's distress increased. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at assessing risks to people. Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. Our conversations with staff members showed that they followed the guidance in place and took the appropriate actions. We found that fire safety checks had been completed. We also found that a staff member frequently checked areas around the home and made repairs where necessary.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people. Staff members had undergone an interview process and checks were obtained to ensure that they were safe to work at the home. People and staff members told us that there were enough staff. One staff member said, "We work pretty well as a team and manage our time so we're able to get the work done." There were systems in place to increase staff numbers if this was needed. During our visit we saw that there were staff members available in all areas of the home.

The service remained good at managing people's medicines. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately.

## Is the service effective?

### Our findings

The service remained good at providing staff with training and support. Staff told us that they received enough training to give them the skills to carry out their roles. One staff member told us that training that they had completed had "opened my mind to new ideas." Staff training records show that staff members had received moving and handling training. Our observations showed that staff assisted people appropriately and where required, used equipment in the correct way. We were therefore satisfied that staff members did follow appropriate moving and handling procedures. Staff confirmed that they received supervision each month, which also provided them with the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service remained good at ensuring people were able to make their own decisions for as long as possible. Staff demonstrated they had an understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and guidance was available to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. People told us they were given a choice of meals and drinks. One person said, "The meals are good." We observed that refreshments were offered throughout the day. Staff planned weekly menus with people. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists. We saw that people were properly supported with eating and drinking.

The service remained good at ensuring people had advice and treatment from health care professionals. We saw that one person had visited their dentist on the day of our visit. People's care records showed that they had access to the advice and treatment of a range of health care professionals. They also contained a health plan that provided all the information needed to support the person with their health needs.

## Is the service caring?

### Our findings

The service remained good at caring for people. People told us that staff were caring and kind. One person said that they liked living at the home because "staff are good and they care for me well."

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. In turn, we saw that people responded to this attention in a positive way.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. We saw that staff members told people what they were going to do before doing it. This meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We observed that staff members sat with people and helped them record what they did during their day. Where staff recorded this, they still sat with people and asked them how they wanted this to be written. They talked to them about how the person's day had gone, how they felt about this and whether they wanted anything to be different the next time.

The service remained good at respecting people's right to privacy and to be treated respectfully. Staff gave us examples of how this occurred, such as always making sure people were covered, and doors and curtains were closed during personal care. We saw that when people wanted time alone, staff respected this and knocked on doors to obtain permission before going in.

## Is the service responsive?

### Our findings

The service remained responsive to meeting people's needs. People told us that they were well cared for and they were able to spend their time in the way they wanted to. They said they were able to have a bath or shower and to eat and drink when they wished. Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

People had access to various activities, both in and out of the home, and told us the things they did to occupy their time. One person told us about the different jobs they had undertaken. They told us about the work they had helped with in the home and explained how the staff member responsible for maintenance had supported them to build and paint a shed. The person was clearly proud of their achievement and the resulting environment provided a pleasant place to spend time.

We looked at three people's support plans and other associated records. The plans were split into sections according to people's needs and were easy to follow and read. All files contained details about people's life history and their likes and dislikes. The profile set out what was important to each person and how staff should support them. We saw the support plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. The plans were sufficiently detailed to guide staffs' care practice. Staff recorded the advice and input of other care professionals within the support plans so their guidance could be incorporated. People had been consulted and involved in developing and reviewing their support plan. Daily records provided evidence to show people had received care and support in line with their support plan.

The service remained good at managing complaints. People told us they would be able to speak with a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff confirmed they knew what action to take should someone in their care want to make a complaint and were confident the registered manager would deal with any given situation in an appropriate manner. We saw that there had been no formal complaints and the only informal concern had been responded to appropriately and within a very short time frame.



## Is the service well-led?

### Our findings

The service remained good at providing a positive and open culture. Staff members told us that there was a stable staff group and that they got on well together. The registered manager described the staff team as, "A well oiled machine" and commented that they worked in a way that put people who lived at the service first. Staff said that they felt supported by the registered manager and said that they were approachable and a good support for all staff. Our observations showed that the registered manager spoke with staff in a positive and appropriate way. Staff helped people to maintain links with the local community and several people living at the home sang in a local church choir. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The registered manager was in post and had been registered with the Commission since before the current registration in 2010 with the Health and Social Care Act 2008. 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 told us that they were happy living at the home. They said that they saw the registered manager around the home and knew who they were. The home was rated as Good overall at our last inspection in December 2014 and it remains Good.

The service remained good at assessing and monitoring risks to people and the quality of the service. The registered manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as health and safety, medicines and the care records. These identified issues and the action required to address them. This information was then passed to other staff to address and to the organisation's management team to oversee and ensure issues did not carry on. The registered manager monitored accidents and incidents and provided us with an analysis of incidents over the previous year. This identified trends and allowed staff to take interventions to reduce these reoccurring.

The views of people, their relatives, staff and visiting health care professionals were obtained on an on going basis and collated into an annual summary. These were through questionnaires or meetings for people and staff. Few issues were identified and these were responded to.