

The Oak Foundation

# The Oak Foundation

## Inspection report

2a Boundary road  
Walthamstow  
London  
E17 8JU

Tel: 02085200373  
Website: [www.theoakfoundation.org.uk](http://www.theoakfoundation.org.uk)

Date of inspection visit:  
31 January 2023  
09 February 2023  
14 February 2023

Date of publication:  
16 March 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

### About the service

The Oak Foundation is a domiciliary care agency providing personal care to support people with a learning disability, autistic people, sensory impairment and physical disability. At the time of our inspection 1 person was using the service.

### People's experience of using this service and what we found

#### Right Support:

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to access their local community to feel included within society and to participate in activities they enjoyed. Staff were supported with appropriate training to provide them with the skills and knowledge to care for people with a learning disability and autistic people. Consent to care was requested from people's relatives and staff engaged with people to try and enable decision making from people who could not use words to communicate.

#### Right Care:

People were kept safe while using the service and managers ensured staff were present at all times where people required 24-hour care. Staff understood their safeguarding responsibilities and people received care from staff who had been recruited in line with the providers policy.

People received care from a staff team who were kind and patient and truly wanted to help people have a better life. Staff were respectful of people's individual needs and how to support them in a way that respected their privacy and dignity. Staff did not discriminate against people who used the service, and all were welcome to use the service at The Oak Foundation. People's care plans were personalised, and the management team told us they worked with people and their families to find the best way to support people at all times.

#### Right Culture:

The registered manager and service manager were focused on providing a quality service for people to ensure they were not excluded from society and could live their lives. Managers at the service were encouraging to their staff team and provided plenty of opportunities for staff to discuss any concerns they may have and to talk about what was working well with people's care and how to improve it. Feedback from

staff and relatives was important to the service to help them develop the care provision for people and to support staff where needed. Quality systems were in place to monitor the quality of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 3 December 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# The Oak Foundation

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 31 January 2023 and ended on 14 February 2023. We visited the location's office on the 31 January and 9 February 2023.

#### What we did before the inspection

We reviewed the information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give

some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and service manager, 4 care staff and 1 relative. We reviewed 1 person's care records including their risk assessment and care plan. We reviewed 5 recruitment, training and supervision records and other records relating to 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.

This is the first inspection of this newly registered service. This key question has been rated [insert good. 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 abuse.
- Staff had knowledge of the different types of abuse people could face and the action they should take if they suspected abuse. A member of staff said, "We need to do a body check [on person] and report to the manager if we see any bruises." Another member of staff said, "I will discuss the issue with my supervisor on the same day. If I am not satisfied, then I call our manager. If the matter is very urgent and serious, I will call 999. I also have information on how to report to the local safeguarding team and CQC."
- There was a safeguarding policy and procedure and staff knew where to access it for reference. Staff had been trained in safeguarding procedures.
- Staff told us they could make anonymous reports if they felt the safeguarding lead at the service or registered manager was not taking their concerns seriously.

Assessing risk, safety monitoring and management

- Systems were in place to reduce the risk of avoidable harm against people using the service.
  - The registered manager explained they worked closely with people and their families to support positive risk taking and for people to live their lives with minimal restriction.
  - The registered manager was proactive and was always trying to find ways of ensuring life was not disrupted for people with a learning disability. They provided the following example, "We found that if [Person] wakes up in the night they cannot turn the light on. We put sensor lights in place for them to come on during the night, there was no tripping hazard now."
  - Staff confirmed people were supported to enjoy their community and be part of everyday activities with proper planning and support from staff.
  - A relative told us they were satisfied with how the service had helped their family member adjust in their new setting. They said, "It's about trust, they have given [person] a lot of encouragement, they have settled nicely."
  - A member of staff told us they assessed people's home environment to ensure their home was free of hazards. A member of staff said, "We risk assess the area, is anything on the floor, anything sharp. I make sure the chair is secure and safe. Make sure it is stable, [person] can trip."
- Another member of staff said, "We keep people safe physically and emotionally."

Staffing and recruitment

- There were enough staff to provide safe care and support to meet people's needs.
- People using the service required 24-hour care and support. This meant a member of staff was always present to ensure people were safe at all times.

- Relatives confirmed staff were present providing care at all times to their family member. Relatives appreciated continuity of care and that the same staff team supported their family member.
- People were recruited to the service in line with the providers policy and procedure.
- Records confirmed staff who were employed by the service had gone through the providers recruitment procedure. An application form, references and proof of identification had been provided.
- To show staff were safe to work with vulnerable adults and children, they provided a Disclosure and Barring Service check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- At the time of the inspection no one using the service required medicines support, this was managed by people's family.
- A medicines policy and procedure was present. Staff had received medicines training to ensure they had the skills and understanding to administer people's medicines safely.
- Staff demonstrated they knew what to do if a medicine error did occur at the service.

#### Preventing and controlling infection

- The risk of infection was reduced as staff followed good hygiene practices.
- Staff completed infection control training and told us they applied what they were taught to ensure people were not put at risk of acquiring an infection.
- Staff told us they had access to enough personal protective clothing. A member of staff said, "[Registered manager] has plenty of PPE."

#### Learning lessons when things go wrong

- Systems were in place for the service to learn after any accidents and incidents.
- The registered manager gave an example of lessons the organisation had learnt after an incident with someone using the service through lifting furniture. No one had come to harm, but to ensure no one could come to harm in the future they worked as a team to find a solution to prevent the risk in the future. It was discussed, the safest solution would be to secure the furniture to the floor.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 standards, guidance and the law

- To ensure the service could meet people's needs a full assessment was performed before care was provided.
- The service worked with people and their families to find out people's health needs and history and to learn about how they wanted care to be delivered, this was an ongoing process. The registered manager said, "We are always learning, the best teachers are our clients, what are their needs and we take the lead from them. If we can't give them [people] what they need, they tell us how we can help."
- Relatives confirmed they were involved at every step of the care planning process. A relative said, "They [management] are very supportive, we went through every last thing, timings, the carers."

Staff support: induction, training, skills and experience

- Care was delivered by staff who were provided with the training and support to perform their role to the best of their ability.
- Staff had extensive experience and training in supporting autistic people and people with a learning disability.
- Staff completed a variety of training courses to provide them with the knowledge to carry out their job competently. This included; attention deficit hyperactivity disorder, autism, learning disability, mental health awareness, equality and diversity, forced marriage, epilepsy, personal care awareness, risk assessment and drugs and alcohol.
- Staff undertook The Care Certificate training course. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt supported and received supervision with their line manager, records confirmed this. A member of staff said, "We have supervision, the managers are there to talk with us if I have any problems."
- Staff told us they could approach the registered manager for advice and support at any time.

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

- People were supported to have enough to eat and drink to keep themselves healthy.
- Staff knew preferences when it came to the type of food people would like to eat and what to drink.
- A member of staff explained how they ensured people were supported to eat and drink, they said, "I break [Person's] food down for them so there are no sharp bits to harm them. I give [Person] daily amount fluids. [Person] has cups of tea in the morning."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive health care support as required.
- The registered manager told us people did not currently need involvement of health professionals, however when people needed a GP they ensured a home visit was arranged to cause minimal disruption.
- The registered manager informed us they worked with the dentist to plan the best way to provide treatment.
- People had hospital passports, a hospital passport tells the hospital about people's healthcare, their learning disability, how people like to communicate and how to make things easier. It can help people to get the care they need in a way they understand.

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 MCA 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.

- Consent to care and treatment was requested before care was delivered to people.
- Staff could explain to us how they knew people who could not use words to speak provided their consent. A member of staff said, "We ask [person], if they come willingly its fine, if [person] doesn't want to do something, [person] pushes you away."

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 at the service demonstrated they cared and truly enjoyed what they did to support people live a joyful life and feel included within their communities.
- Relatives were pleased with the manner staff spoke and treated their family member. A Relative said, "They [staff] are very kind and patient with [Person]. Nothing was ever too much for them."
- Staff were kind and respectful and spoke with passion about the people they supported and the work they did. A member of staff said, "It makes me happy to see how happy [Person] is and their smile." Another member of staff said, "We're like a family if I'm not working I wonder what they [people] are doing."
- Staff did not discriminate against anyone at the service and staff had completed equality and diversity training. The registered manager told us there was a no discrimination at the service and they had zero tolerance towards this.

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

- People were supported to make their own decisions with the help of staff at the service.
- Staff provided examples of how they included people in decision making by having activities available they knew people enjoyed. A member of staff said, "I set up the activity [person] likes. [Person] likes music and toys. If [person] likes the song they will move around if not they won't. We then know that is the right song."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity at the service and offered opportunities where possible for people to be independent.
- A member of staff said, "We can meet [Person] privacy needs as they have an en-suite."
- Staff were respectful and understood people sometimes needed their own space. Where people did not use words to communicate, they observed the person for changes in body language or gestures which meant they needed some time by themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised to them demonstrating a package of care was individualised.
- The registered manager told us they were always led by the people who required care and there was no "one size fits all" mindset. The registered manager said, "Our care is person centred and needs led. Every service user is different and care package is different and made around them."
- People's preferences of care were recorded within their care plans and how to provide care was documented.
- Staff told us care plans were clear and very detailed. People got to know people's specific needs from observing them and were able to share this knowledge with visiting professionals.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met by the service.
- Details on how people communicated were documented within people's care plan with details on whether people had any visual or hearing impairments.
- The service used "now" and "next" boards to further support communication needs with people. The board has the words 'Now' on the left-hand side and 'Next' on the right-hand side, with a space above to add a symbol or photograph. It is a visual strategy to help people understand and complete desired tasks.

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 supported to engage in activities they wanted to and to spend time with people they cared about.
- The registered manager wanted people to feel empowered and that nothing was impossible. Where people wanted to participate in activities they felt they were not able to, the registered manager worked with organisations and put in place risk assessments to ensure people could be social and spend time doing activities they enjoyed.
- Records confirmed people took part in football, swimming and activities within their local communities.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was available at the service.
- At the time of the inspection no complaints had been received.
- Staff told us they would act on behalf of people who could not express their concerns to ensure they were being heard and action could be taken by the management of the service.
- Relatives we spoke with told us they knew how to raise a complaint if they needed to.

End of life care and support

- At the time of the inspection no one using the service needed end of life care and support.
- The registered manager knew where to seek guidance and support should anyone using their service require this type of support.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had people at the core of their service. The registered manager told us they were there to help people and their relatives.
- Staff told us they enjoyed working at the service, felt supported and shared the same values as the management of the service. Comments from staff included, "I'm proud to make a change to someone's life", "Caring is my passion I am here to make life easier for them [people] and "Its not about the money, I feel good knowing I am helping someone in their life."
- The registered manager was available for support along with the services manager, staff confirmed this. A member of staff said, "The managers support me so much, I'm very thankful." Another member of staff said, "I respect [registered manager, they gave me lots of encouragement and pushed me."
- Staff received positive encouragement from the management of the service, and this motivated them to provided good, quality care to people using the service.
- The registered manager celebrated the skills their staff team had, they said, "Everyone [staff] is entitled to say how we can do things here, they all have good, different skill and we work as a team."

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 registered manager understood their responsibility to share with appropriate organisations and people when something had gone wrong and saw the opportunity to learn from these matters to keep people and staff safe at the service.
- The registered manager said, "If we make a mistake we should own it, no hiding with staff, client group or their families. Mistakes do happen."
- The registered manager was very clear on their legal responsibilities to the CQC and what they should report.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team and staff were fully aware of what was expected from them while performing their role.
- There were systems in place to monitor the quality of the service. Management at the service told us field visits and spot checks were being carried out to ensure staff were providing care as detailed in people's care plan and to monitor documents, records confirmed this.

- Staff told us they attended meetings with management. A member of staff said, "We have meetings, we talk about what is working and what is not working. We then follow up, it's not about just talking it's about doing."
- Records showed meetings were taking place for management and staff. This provided an opportunity for staff to determine where they needed to address any concerns and talk about what was working well within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager continued to work with members of the community and external organisations to help spread awareness about people with a learning disability and autistic people.
- Feedback from people, their relatives and staff was important to the service to help them learn where they needed to improve aspects of care for people using the service.
- Records confirmed the service asked for feedback from their staff and relatives. This information was used to improve and develop the service.
- A relative told us they received regular communication from the service. They said, "Communication is daily, I have the manager's and care staff emails and numbers to contact them, tweaking at the service is very good."

Continuous learning and improving care; Working in partnership with others

- The registered manager and their staff were committed to learning and further development to help them provide quality care to people using the service.
- The registered manager said, "I do well with planning, thinking and researching, if I don't know something I go to the professionals."
- A member of staff said, "In our organisation, our manager does a lot of awareness work in community. If we can make people understand disability, then this reduces the risks to disabled people."