

The Oaklea Trust

The Oaklea Trust Home Care & Community (Cumbria)

Inspection report

Shaddon Gateway Centre
Shaddongate
Carlisle
Cumbria
CA2 5TY

Tel: 01539735025

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10 August 2016

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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

We carried out this announced inspection between the 5 and 10 August 2016.

At the time of our inspection there were 45 people receiving personal care from this service.

There was a registered manager employed. 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 they felt safe at the service. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns.

There were good systems in place to make sure that people were supported to take medicines safely and as prescribed.

Risks to people had been assessed and plans put in place to keep risks to a minimum. An 'out of hours' service was in place so that people could contact a member of staff in an emergency.

There were enough staff on duty to make sure people's needs were met.

The provider had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Staff told us they enjoyed working at the service and that there was good team work. Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively.

Staff were supported by an open and accessible management team. They reported significant improvements to all areas of the running of the service since the new registered manager and location manager's had taken been reorganised.

People told us that staff were caring and that their privacy and dignity were respected. People were treated with kindness and respect.

Care plans were person centred and showed that individual preferences were taken into account. The staff knew people well and knew how to provide their support. This meant people received personalised care.

People were supported to maintain their health and to access health services if needed.

The focus of the service was on promoting people's rights and independence. People were given

opportunities to gain skills to increase their independence. They made choices about their lives and the decisions they made were respected.

Where people were not able to make important decisions about their lives the principles of the Mental Capacity Act 2005 were followed to protect their rights.

There were effective management arrangements in place. The registered manager had a good oversight of the service and was aware of areas of practice that needed to be improved. There were systems in place to look at the quality of the service provided and action was taken where shortfalls were identified.

A recommendation was made to review how medicines were managed in people's home.

We made a recommendation that the service reviewed the way it shared confidential information with staff.

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.

There were enough staff to provide the support people required.
New staff were checked to ensure they were suitable to work in people's homes.

The care staff and managers in the service took appropriate action to protect people from the risk of abuse.

Risks had been identified and managed to protect people from harm.

Is the service effective?

Good 

The service was effective.

Care staff were trained and supported to ensure they had the skills and knowledge to provide the support people needed.

People received the support they needed with the preparation of their meals and drinks.

People agreed to the support they received and their rights were protected.

Is the service caring?

Good 

The service was caring.

People were treated in a kind and caring way.

The staff knew people well and gave them the time and information they needed to make choices about their daily lives.

People were supported to increase their independence and to gain daily living skills.

Is the service responsive?

Good 

The service was responsive.

The service was responsive to people's needs.

People made choices about their lives and were included in decisions about their support. They were included in planning the care they received.

The registered provider had a procedure for receiving and managing complaints.

Is the service well-led?

Good ●

The service was well-led.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

The registered provider set high standards and monitored the quality of the service to ensure these were maintained. They identified if areas of the service required improving and took action to address any issues found.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place between 5 and 10 August 2016. We gave the registered manager 48 hours' notice of our visit to the service on 5 August because we needed to ensure that they would be available in the service to speak with us. One adult social care inspector undertook the inspection.

Before the 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 reviewed the information we held about this location and the service provider. For example, the inspection history and any complaints and notifications received. Notifications are events that the registered provider has a legal duty to inform us about.

During our inspection we visited and spoke with three people who received a personal care service. We looked at the care records of three people who used the service and observed how staff interacted with people during our visit.

We spoke with the registered manager, area manager, and three care workers. We also looked at a selection of staff records and other management records relating to the running of the service.

During the inspection we visited three properties where care was provided and spoke with people who lived there and the staff who worked in each house. We also contacted people who used the service and their relatives using questionnaires.

We also contacted local social work and commissioning teams to obtain their views about the service.

Is the service safe?

Our findings

Everyone we contacted told us that people were safe receiving support from this agency. People who used the service told us that they had never had any concerns about their safety. One person told us, "I feel very safe, there's no worries with this agency".

The care staff we spoke with told us they had received training in how to recognise and report abuse. They told us that they would always report any concerns to a senior person in the organisation.

Providers of health and social care services are required to tell us of any allegations of abuse. The managers of the service had informed us promptly of all allegations, as required. From these we saw that, where staff had concerns about a person's safety, the care staff and agency managers had taken appropriate action. We saw examples where they had carried out the correct procedure in reporting potential financial abuse. We saw that the care staff had reported the concerns promptly to a senior person in the agency who had referred the concerns to the local authority safeguarding team. This ensured appropriate action could be taken to protect the individual from harm.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. We saw a good risk assessment to improve fire safety in one person's home. The staff we spoke with told us that they had completed training in how to support people safely.

Staff wore protective clothing such as gloves and aprons while carrying out personal care. People in receipt of this care said that staff were very good and washing their hands and using aprons and gloves. Staff told us that infection control was part of their induction training. This helped to ensure that people were cared for by staff who knew about infection control.

Staff had identification badges and wore a company uniform. People said they were reassured by the use of ID badges for security reasons.

People we spoke with told us there were enough staff to provide the support they required. They said they usually received care from a small team of care staff who they knew and liked. Rotas we looked at confirmed that staff cover was well organised and an 'out of hours' emergency backup was in place.

The organisation had contingency plans when they were short staffed or staff did not have transport to carry out the care. The registered manager told us there was a work car and provision to use taxis to ensure no visits were missed.

Staff reported that since the new registered manager had taken over there had been no missed calls. The new location manager's ensured that there was always enough staff to meet the needs of the people who used the service, and people reported that this made them feel reassured and safe. People told us that the

service was reliable, with staff arriving when expected and having time to do what was expected. For example, one person told us, "I know who's coming and when and if ever they are the slightest bit late I always get a phone call."

We look at the recruitment records for three staff members. We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in a social care service. The registered provider had obtained evidence of their good character and conduct in previous employment in health or social care.

Where staff were responsible for assisting people with taking medicines we saw that accurate records were kept of the assistance provided. The staff we spoke with told us they had completed training in how to handle people's medicines in a safe way. People received the support they needed to take their medicines.

We looked at the way in which controlled medicines, that were liable to be mis-used, were stored in one person's home. We found that these were not always stored in the most appropriate or safe way.

We recommended that the service review the way it handled controlled substances within people's homes.

Is the service effective?

Our findings

We spoke with people who used the service about the care staff who visited them and if they had the skills and the knowledge to provide their care. People told us that the care staff seemed well trained and competent.

One person said, "The staff are very good and know me well now." People who used the service told us that they liked the staff who supported them and said the staff were good at their jobs.

Relatives we contacted told us the staff were competent and provided the support their family member needed.

All of the staff we spoke with told us that they had received training before working in people's homes. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. One staff member told us, "The training is very in depth. I worked in the house shadowing experienced staff before working as an active team member. I was given support to get to really know people before I started working on my own". Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care.

One staff member told us that a lot of training was completed online, through the provider's intranet. They told us that not all staff liked this method of learning. We saw that this issue had also been raised in the provider's staff survey. The registered manager told us that training was being reviewed by the provider to try to ensure a variety of methods were used to suit people's preferred learning styles.

The registered manager had good systems in place to record the training that care staff had completed and to identify when training needed to be repeated. This helped to ensure that the staff had the skills to provide the support that people needed.

The registered manager and local team managers were knowledgeable about the Mental Capacity Act 2005 and how to ensure people's rights were protected.

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.

Where people were not able to make or express their choices about their care we saw that the principles of the MCA had been followed. This helped to ensure their rights were protected. The care staff we spoke with also understood how to respect people's rights.

People we spoke with told us they did not require support with eating or drinking. Some people told us that

the staff who visited them helped them by preparing meals or drinks. They told us the care staff asked them what they wanted preparing and provided this. One person said the meals prepared by the care staff who visited them were "lovely". Another person said that the staff prepared their drinks. They said that staff always bought the food they liked and had requested. At our visits to people's homes we saw that the staff knew the support people needed with meals and how they liked their meals and drinks to be prepared.

We saw that individuals' care records also included guidance for staff about how to contact relevant health care services if an individual was unwell. People who used the service could be confident they would be supported to access appropriate health care services, as they needed.

Is the service caring?

Our findings

During our visits we saw that the staff were friendly but respectful and knew the people they were supporting well. They knew what was important to individuals in how they were supported. People we spoke with confirmed this. One person told us, "The staff know me well, they know what I like." Another person said the staff knew where they wanted things to be placed in their home and said, "They [the care staff] don't try and make me do things I don't want to do. I live my life how I like it." This showed how the staff knew people and respected their wishes.

People who could speak with us told us that they liked the staff who worked with them and said they were "friendly" and "kind". One person told us, "They [care staff] are brilliant to me" and another person said, "The staff come in here bright as a button, always nice and the visits light up my day."

Another said, "The staff are happy as 'Larry', it's a pleasure to see them and to have this agency. The new manager has made it a different atmosphere all together. She couldn't be kind enough, we have her phone number to ring at any time."

We saw that all the people we visited were relaxed and comfortable with the staff who were working in their homes. We saw that people enjoyed having a chat and laughing with the staff.

During our visits to people's homes we saw that the staff knew how each person communicated and knew how to support individuals to express their wishes and views. People were given the time and information they needed to make choices about their daily lives.

From speaking with people who used the service and looking at their care records, we observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives.

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example where someone just required a prompt to attend to their personal needs staff would encourage them to carry this out themselves, only providing full support if and when needed.

We saw, and the staff we spoke with confirmed, that the focus of the service was on respecting and promoting people's rights and choices. People told us that they staff encouraged them to do as much for themselves as they were able to. They said they were supported to be as independent as possible with the staff assisting them as they needed. One person told us, "I make my own decisions and I'm very stubborn and the staff respect that and work with it".

We saw that the staff respected people's homes and rooms. They knocked on the front door before entering people's homes.

The registered manager had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and told us that if they requested changes to their planned these were agreed where possible. One person told us, "The care is flexible and there's no bother with making changes." And another person said, "They always check with me and ask if everything is ok and if I want it done different."

People we spoke with made many positive comments about the management team employed by the agency. They told us that the service was well managed and said they knew how to contact a senior person in the agency if they needed to.

Everyone we spoke with told us they knew how they could raise a concern about the service. The people we spoke with said that they had never needed to make a formal complaint, as they were very happy with the service they received. At the time of our inspection the service had no outstanding formal complaints.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were also assessed as to whether they needed support in various aspects of their life.

We looked at the standard of support plans in the service. We found evidence that the service was formulating clear and concise care plans that were easy to understand. Copies of people's support plans were kept in people's homes. In addition the service had set up a new electronic system which meant that records could easily be accessed by staff at the locations office.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals.

Care staff we spoke with told us that the management team in the service set high standards. They told us they felt well supported by the managers in the agency. One care worker told us, "You are never left on your own. The manager and on call always answer the phone for advice." Another said, "We have a really good manager, things are so well organised. The teamwork is great."

Is the service well-led?

Our findings

People who used the service told us they were happy with the support they received. The relatives we contacted told us that they would recommend the service to other families.

People we spoke with made many positive comments about the management team employed by the agency. They told us that the service was well managed and said they knew how to contact a senior person in the agency if they needed to.

People told us that the service was "very efficiently run". Another said, "The agency has improved massively since we got the new manager. I have no worries now about them not turning up. It runs like clockwork, it's a completely different atmosphere."

People told us that they valued the service provided and said the registered provider and location manager's were committed to providing a good service. They told us they were asked for their views about the support they received. They told us they had received quality questionnaires to share their experiences with the registered provider. Where people had asked for changes to the support they received, they told us the agency tried to accommodate the changes they requested. One person told us, "The agency is flexible, there's no bother about making changes."

The new manager had carried out checks on how the service was provided and identified areas where the service could be further improved. We saw she had arranged for staff to receive further training and was working with the registered provider to oversee the quality of the service provided.

The staff records we looked at showed that care staff were observed carrying out their duties to check they were providing care safely and as detailed in people's care plans. This helped the managers of the agency to monitor the quality of the service provided.

We looked at how the systems worked to ensure staff knew who to go to and what their needs were. We saw that information was sent out to staff by email. We were told that this worked really well and meant people received an efficient service. Staff told us that they used to have a work email but now they had to set up ones themselves for example gmail or Hotmail. We asked the registered manager how secure these were. She told us she was not sure.

We made a recommendation that the provider checks to ensure that people's confidential information is secure sending by this method to staff.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The manager of the agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.

The registered provider had good systems for checking and improving the quality of the service provided. Each local team manager carried out audits on the service provided in their area and developed plans for

the on-going improvements of the service. These were then incorporated into an improvement plan for the whole service, overseen by the registered manager.