

The Oaklea Trust

The Oaklea Trust (South Lakes)

Inspection report

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Ratings

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|---------------------------------|--------|
| 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 people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Oaklea Trust (North West) provides support and personal care to people with a learning disability and/or autism living in supported living services and in their own homes in the local community. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection the service supported 20 people with their personal care.

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

Right Support

People had fulfilling and meaningful lives because staff focused on their strengths and promoted what they could do. People were supported to pursue their interests. One person told us, "I like going to Club with my friends." Another person said, "I'm going to work today." Staff supported people to have the maximum choice, control and independence and to have control over their own lives. People had a choice about their living environment. They were able to personalise their rooms and included in choosing décor for their homes.

Staff enabled people to access specialist health and social care support in the community. They supported people to play an active role in maintaining their own health and wellbeing. People received the support they needed to take their medicines. Staff supported people with their medicines in a way that promoted their independence.

Staff supported people to make decisions following best practice in decision-making. They advocated for people to be able to make decisions about their own lives. People were supported to express their views and wishes because staff knew them well and knew how to communicate with them.

Right Care

People received kind and compassionate care. People said they liked the staff and enjoyed spending time with them. We observed people laughing and joking with staff.

People's care, treatment and support plans reflected their range of needs and promoted their wellbeing and enjoyment of life. Staff understood and responded to people's individual needs and respected people's privacy and dignity. Where appropriate, staff encouraged and enabled people to take positive risks.

Staff understood how to protect people from abuse. The service worked well with other agencies to do so. Where concerns were raised the registered manager and staff worked cooperatively with partner agencies to resolve them.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. The provider had identified challenges with staff recruitment and retention and was considering innovative ways to attract and retain staff.

Right culture

People received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. They placed people's wishes, needs and rights at the heart of everything they did.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity. They spoke to and about people with respect. One staff member told us, "I think [people] have good relationships with staff who ensure that they do their best to support them with any goals or aspirations they have." The staff said they felt well supported and could raise any concerns with the service management.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

We carried out a focused inspection at this service between August and November 2021 in response to concerns about how people were protected from abuse. We looked at the key questions of safe and well-led. Both were rated as requires improvement and we found a breach of regulation. We could not give an overall rating for the service as it was the first inspection since the service had been registered with us at its new address and we had not inspected all the key questions. The outcome of the inspection was "inspected but not rated" (published 23 December 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

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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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in nine 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service also provides personal care to people living in their own homes in the community.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 we needed to be sure that the

provider or registered manager would be in the office to support the inspection.

Inspection activity started on 9 June 2022 and ended on 23 June 2022. We visited the office location on 9 June 2022. We visited people in eight supported living settings, with their consent, and contacted staff and people's relatives to seek their views of the service.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with 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 12 people who used the service and four people's relatives and representatives about their experience of the care provided. We spoke with the registered manager, two members of the management team and 11 members of the support team. We also gathered feedback from five members of staff after our visits to the supported living houses.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at the staff training matrix and five staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including how the provider monitored the quality of the service and sought people's feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection we found systems to identify and manage risks were not robust and people were placed at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us they felt safe. They said they would speak to a member of staff if they had any concerns about their safety. One person told us, "I'm safe." Another person said, "I'd tell [named staff] if I felt worried."
- People were safe because the registered manager assessed, monitored and managed safety well. The provider had made improvements to how risks were identified and managed and how any actions taken were recorded.
- People were protected from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. They knew people well and understood how to protect them. Where any concerns were identified the provider worked with partner agencies to resolve them.
- Any restrictions to people's freedom were documented, monitored and subject to oversight by appropriate authorities to ensure they were the least restrictive option and proportionate to ensure the person's safety.

Staffing and recruitment

- People received the care they needed because there were enough staff to provide their support.
- The provider was very aware of staffing issues being faced by social care services following the COVID-19 pandemic. They were considering innovative ways to attract and retain staff. This included making changes to the staffing structure to build career pathways to help staff retention.
- Staff told us there were times staffing could be challenging. They said the staff teams worked together to ensure people were safe and cared for. One staff member said, "We have a vacancy at the minute, but staff are covering where possible to ensure people have no disruption to their daily life."
- The provider followed robust processes when new staff were recruited to ensure they were suitable to work in people's homes.

Using medicines safely

- People received the support they needed with taking their medicines. Staff supported people to manage

their own medicines where they could.

- Staff were trained to handle people's medicines. They kept clear records of the support they had given people with their medicines. This meant the management team could check if people had received their medicines safely and as they needed.

Preventing and controlling infection

- People were protected from the risk of infection because staff used effective infection prevention and control measures. The provider had good arrangements for supporting people to keep their homes clean and hygienic.
- Staff used personal protective equipment (PPE) effectively and safely. The provider had ensured appropriate PPE was available throughout the pandemic.
- The provider had followed government guidance about supporting people to maintain contact with their families and friends during the pandemic.
- Staff gave people and their families advice to prevent visitors from catching and spreading infections

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learnt.
- The provider had used feedback from our last inspection to make further improvements to the safety of the service.

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 full 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

- People received the care they needed because staff had completed a comprehensive assessment of each person's physical and mental health before they were provided with personal care.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- Staff told us the care plans gave them the information they needed to support people.

Staff support: induction, training, skills and experience

- People liked the staff who supported them and told us they were "good at their job".
- Staff were trained and skilled to provide people's care. Staff told us training was planned and provided to ensure they had the skills to meet individuals' needs.
- Staff said they could provide good care to people as they felt well supported in their roles.

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

- People received support to eat and drink enough and to maintain a balanced diet. Staff gave people advice about making healthy eating choices.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. People told us they enjoyed cooking with the staff.

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

- People were supported to access healthcare services as they needed. Staff identified if people were unwell and supported them to contact appropriate services.
- People were referred to healthcare professionals to support their wellbeing and help them to live healthy lives.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff empowered people to make their own decisions about their care and support. They advocated for people's rights to make their own decisions about their care and lives.
- Where a person required restrictions on their liberty in order to ensure their safety and wellbeing, the registered manager had applied for appropriate authorisations. Staff knew the conditions on any authorisations and ensured these were met.

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 full 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

- People told us the staff who supported them were "nice" and said they "like the staff". We saw people liked laughing and joking with the staff.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff members showed warmth and respect when interacting with people.

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

- People were supported to express their views and to be involved in making decisions about their care and lives. People's care plans included information for staff about how to support them to express their views and the importance of this.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff respected people's choices and wherever possible, accommodated their wishes,

Respecting and promoting people's privacy, dignity and independence

- People told us they had gained skills and greater independence. We saw people and staff were proud of the skills people had gained.
- People had the opportunity to try new experiences. A staff member told us, "We can suggest new activities for [person] to try. Some have been good and [person] enjoyed them. Others not so good, so we didn't try them again."
- Staff respected people's privacy and dignity. They spoke to and about people in a respectful way and ensured any personal care was carried out in private.

Is the service responsive?

Our findings

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

This is the first full 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 received personalised care which met their needs and took account of their preferences and abilities. Each person had a detailed person-centred care plan to guide staff on how to support them. The care plans were written in a positive way based on people's abilities as well as the support they needed. Staff told us the care records gave them the information they needed to support people and promote positive outcomes for them.
- People learnt everyday living skills and developed new interests because staff who knew them well worked with them to identify their goals and aspirations. A staff member told us, "Staff do their best to support [people] with any goals or aspirations they have."
- People were supported to understand their rights and explore meaningful relationships.

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.

- Staff ensured people had access to information in formats they could understand
- There were visual structures, including photographs, use of gestures and other individualised visual cues which helped people know what was likely to happen during the day and who would be supporting them.
- Each person had a detailed 'hospital passport' which included information about their needs and their preferred communication style. This gave healthcare services information to ensure people could receive information in a way they could understand.

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 develop and maintain relationships which were important to them. People told us they saw their families and friends as they wished. During periods of national restrictions in the COVID-19 pandemic, staff supported people to use technology to contact their friends and families.
- People were supported to follow activities they enjoyed. One person told us, "I like going to Club with my friends." Another person said, "I'm going to work today."
- People's care records included information about the activities and hobbies they liked to take part in. A

staff member told us, "[People's] likes and hobbies are all recorded in their files, but they can always choose what they want to do such as going out for a walk, going to the cinema or a show."

- Staff provided person-centred support with self-care and everyday living skills to people.

Improving care quality in response to complaints or concerns

- People could raise concerns and complaints and staff supported them to do so. One person told us, "If I had any concerns I would speak to [named staff member]".
- The provider had a procedure for receiving and responding to concerns. Where they were not able to resolve a concern, they supported people to raise this with other appropriate agencies.

End of life care and support

- There was no one using the service who required end of life care. The provider had links with specialist services which they would work with if people needed care at the end of their life.
- People had been asked to share their wishes for care at the end of their lives. Where people did not wish to discuss this, their wishes had been respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At our last inspection we found the systems to audit the service were not robust. We also received negative feedback regarding the support which was provided in one area where care was delivered. The provider had arranged for additional management support and at this inspection we found improvements had been made.
- People received person-centred care from staff who knew them well. Staff advocated for people and helped them to express their views and wishes. People told us they enjoyed a good quality of life. One person told us, "I am very happy. I am learning new skills."
- Staff told us they felt supported and able to raise concerns with managers without fear of what might happen as a result. One staff member told us, "[Local manager] is always available to speak to and I feel comfortable going to her with any concerns and know that this will be dealt with in the correct way."
- The provider had identified challenges within the service and had responded to concerns by providing additional management support in areas as required.

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 provider and registered manager understood their responsibilities under the duty of candour. They were open with people when incidents occurred and cooperated in investigations to identify where the service could to be further improved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff encouraged people to be involved in the development of the service they received. People told us they had chosen new furniture for their own rooms and were choosing décor for communal areas.
- The provider sought feedback from people and those important to them and used the feedback to develop the service.
- Staff understood how some people may be less able to share their views than other people they lived with. They ensured people were given opportunities to share their views without influence from other people, so their wishes were heard.

Working in partnership with others

- People continued to receive the care they needed as their needs changed because the provider and staff worked with other agencies effectively. The provider identified when the service was no longer able to meet people's needs and worked cooperatively with appropriate agencies to arrange alternative care provision.
- The provider worked in partnership with other stakeholders to improve the service provided.