

Green Oak Living Solutions Limited

# Green Oak Living Solutions

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 23 March 2016 and was announced.

Green Oak living solutions provides care and support to people living in their own homes within a supported living complex. There were 7 people being supported at one service and nine at the other on the day of our inspection. The people being supported by the service had complex needs including learning disabilities and Autism.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

At the last inspection on 6 June 2013 the service was found to be meeting the standards we inspected. At this inspection we found that the provider had continued to meet the standards, although improvements were required in particular regarding recording consent, record keeping and the safe storage of confidential records.

People were protected from the risk of potential abuse because staff had received training and demonstrated a good understanding of how to recognise and report concerns. Risks to people were assessed and reviewed and actions were in place to reduce risk where possible without restricting people's right to make informed decisions and live an active life as independently as they were able to.

People's consent was not always sought in a consistent way and was not recorded in care plans and had not been reviewed. People we spoke told us staff explained what support they were going to provide to people but did not fully understand that this was 'obtaining their consent'.

People told us staff were kind and caring in their approach and always treated them with respect. Staff promoted people's dignity and respected their privacy.

People had their care and support reviewed however this was infrequent and not always obvious when changes to people's care and support needs had been identified or implemented. Where appropriate people's relatives and or care coordinators were involved to ensure their needs were met at all times.

People were supported by appropriate levels of staff at all times and who had the skills and experience. However recruitment practices were not always consistently followed to help ensure that potential staff were suitable to work in an environment with vulnerable people. Staff received regular support, and some training and supervision; however records relating to staff training were not up to date, so we could not be confident that staff had completed all the training.

People were supported to eat and drink a balanced and nutritious diet to help keep them healthy, and had regular access to various health care professionals when required.

People were supported to take their medicines by staff who had been trained in the safe administration of medicines. In some cases people were supported to take their medicines independently and this was kept under regular review. However medicine administration records were written up by support staff who were unfamiliar with prescribing protocols

There were some systems and processes in place to monitor the quality of the service; however these required improvements to improve their effectiveness.

People were supported and encouraged to pursue their hobbies and interests, and to be actively involved in the community and participate in a range of activities which they enjoyed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe

Safe recruitment processes were not consistently followed to ensure potential staff were suitable to work in a supported living environment.

People were supported to take medicines by staff who had been trained appropriately.

Potential risks to people's health and well-being were reviewed annually. However this was being reviewed as we found risks changed frequently and were not always documented.

People were kept safe by staff who were trained to recognise and respond effectively to the risks of abuse.

There were sufficient numbers of staff were available to meet people's individual needs at all times.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

MCA assessments had not been completed.

People's consent was not routinely obtained or recorded by staff before care and support was provided.

People were supported by staff that had received some training.

People were encouraged where appropriate to eat a healthy balanced diet.

People had their health care needs met with access to GP's and other health related professionals when required.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for in a kind and compassionate way. Staff were familiar with the needs of the people they supported.

People were involved in the planning of their care where possible and appropriate.

People's privacy and dignity was respected and maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and that took into account their personal circumstances.

Care plans provided information for staff on how to support people.

People were given encouraged to participate in a range of events and activities that were available at the service.

People and their relatives were confident to raise concerns which were dealt with appropriately.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

The systems that were in place to monitor the service were ineffective and risks were not managed or reviewed consistently.

Staff understood their roles and responsibilities and felt well supported by the manager.

People and relatives were very positive about the manager and how the service operated.

Records were not always maintained or stored effectively.

# Green Oak Living Solutions

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 23 March 2016 and was carried out by one inspector. We also reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us. We requested feedback from colleagues within the commissioning team.

During the inspection we visited and spoke with three people in their homes within one of the supported living complex's. We also spoke with three relatives from the other supported living complex, three members of staff, the manager and the nominated individual and a manager from one of the providers other homes. We looked at care plans relating to four people and two staff files. We looked at policies and procedures and reviewed records related to the management and quality assurance of the service.

# Is the service safe?

## Our findings

Recruitment practices were not consistently safe and effective to help ensure that potential staff were of good character, and suited to work in an environment with people who used the service. . One member of staff told us they had been through "A very comprehensive recruitment process" and went on to say "I had to provide a lot of information, had a CRB done and had to give details of previous employers so they could give me a reference". They told us they were "Happy that it was a robust process as they felt people were protected." However in the files we reviewed we found that information was missing for example only one reference had been obtained, and in another file part of the application form was missing and there was only a curriculum vitae which did not enable the provider to explore gaps in the person's employment history. The manager told us the information was originally obtained as it was ticked on the checklist however there was no evidence to demonstrate this. This demonstrated that the provider had not always followed their recruitment process fully.

Staff had received training in how to support people to take their medicines safely. We reviewed the medicine records for three people who staff supported with their medicines and saw that there was appropriate guidance for staff to administer medication and that staff had signed the Medicine Administration Record charts (MAR) appropriately. Staff told us they checked the stock balances of peoples medicines during each shift which ensured any errors could be identified quickly and rectified Information was available for each person with regard to any allergies, possible side effects of the prescribed medicines and PRN protocols were in place.

People told us they felt safe living in their own home within the supported living complex. A relative also told us "I feel (Relative) is well looked after by staff and that their safety had never been an issue." Another relative told us "I am always kept informed any time there is an issue or change to the persons health or well- being".

Staff were able to demonstrate they knew how to recognise and report any concerns relating to potential safeguarding issues and how to protect people from avoidable harm. They were able to describe the process they would follow and who they would report concerns to within the organisation and also externally using the whistle blowing policy if required. We saw that staff had attended training in safeguarding people from abuse. All the staff spoken with were confident that any concerns would be addressed appropriately by the manager or senior staff within the organisation. One member of staff said, "I would never hesitate in reporting concerns to my manager or the senior staff on duty." We saw that there were safeguarding posters which described the process for staff to follow and the information included key contact numbers for the local authority safeguarding team. These were a prominent reminder for staff, visitors and people who were being supported to see on a regular basis.

Staff had the information that they needed to support people in a safe manner for example risk assessments were undertaken to identify any risks to people and to the staff who supported them. These included environmental risks and risks that related to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the possibility of harm occurring and for specific events such as activities in the community. However they were only reviewed annually and we noted

changes to a person's level of risk which had not been recorded. Senior staff told us they would review the frequency of the risk assessments reviews. There were guidelines in place to provide staff with information on how to manage and support people who had behaviour that challenged others and specific control measures on how to pre-empt a situation from escalating. Staff had received training in de-escalation and breakaway techniques. Staff were able to demonstrate that they had a good knowledge of these techniques.

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, which included at night and weekends. Some people had one to one support because they had been assessed as requiring this level of support to minimise and manage risk associated with changes in their behaviour to ensure they were kept safe. All staff spoken with felt there were adequate staff on duty and told us had access to management support outside usual office hours. We observed staff worked as a team and always supported each. We saw that staff told seniors when they were going off site for example to support a person to attend a GP and what time they expected to be back at the service and this process helped to make sure people were kept safe.

Emergency plans were in place to assist staff to deal with emergencies or unforeseen events such as in the event of a fire and staff had been trained in fire safety. Regular checks were carried out which ensured the environment and in particular communal areas were well maintained and which ensured people were kept safe. People had tenancy agreements and where an issue of potential safety came to light staff referred this to the landlord to action.



# Is the service effective?

## Our findings

People who were being supported by the service told us they felt that the staff who supported them had the 'right skills and experience' to provide an effective service. However we found that consent was not always routinely obtained, recorded in care documents or reviewed. Staff told us they did explain to people what they were going to do before supporting them but this could not be demonstrated. Staff told us that if people refused support they respected their wishes but this again was not recorded anywhere. People who were being supported had fluctuating health conditions and therefore could not always remember if they had given consent. Consent had not recorded in people's care and support plans and had not been reviewed to ensure that people continued to consent to the support being provided. However when this was discussed and fed back to the team leader they took immediate action to obtain the required consent and told us that going forward this would be recorded this within people's care and support plans.

Staff told us they received refresher training in topics such as safeguarding and also had some specific training which was relevant to the conditions affecting people they supported. For example autism and epilepsy training sessions had been provided to enable staff to recognise signs and symptoms if people's medical condition deteriorated. However we found that training records and evidence of what training had been completed and when was not available. Some staff were unable to describe how they obtained consent or MCA assessments and how this may affect the people they supported and did not fully understand the relationship between the two. The training matrix provided had numerous gaps. The registered manager told us the training had been completed but they had not updated the matrix yet and the certificates were not yet filed. We were not provided with this information during the inspection process so could not be assured that staff had received relevant training and updates in a timely way.

Staff spoken to told us they had been required to complete an induction programme when they started working at the service. One member of staff told us "The induction covered various aspects of the job, including training in a range of core subjects including safeguarding, fire safety, and food hygiene". Another member of staff told us they also had an opportunity to read through policies and procedures and to shadow more experienced staff on shift until they were assessed as being competent in all the required areas. Staff told us they felt well supported and there were always senior staff on duty to whom they could refer to for information and guidance.

One person told us, "They [Staff] are good. They know exactly what I want." Another person told us, "I like [Staff] and they like me they are my friends" One relative told us, "Our [Relative] has really thrived since being supported by the service, they are brilliant, and we feel the staff really know how to support [Person]. [Person] is very happy there and much more confident too."

Staff members told us they felt well supported by the management team and were encouraged to have their say about any concerns they had and how the service operated. They had the opportunity to attend regular meetings and discuss issues that were important to them together with regular supervisions and yearly appraisals where they discussed their performance and future development.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of

people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA.

People were supported to buy their own groceries and cook their own meals. Staff supported people as and when required for example with shopping, food preparation and cooking. People were provided with information on how to prepare and provide meals that supported a healthy balanced diet, and staff told us they always considered people's individual dietary requirements and preferences. One person told us, "I like pasta and I had it for my lunch today". Staff told us they assisted with meal preparation but where possible they encouraged people to do as much as they could for themselves.

People were supported to access health professionals when required and their appointments were all documented in the health record section of their purple folder so that all staff were kept up to date about people's health conditions. One person told us, "I take my purple folder [Folder with medical information] to all my appointments. People had routine health checks yearly and they could access their GP any time they needed to. People were supported to attend dentist appointments, and opticians and other health professionals when required.

## Is the service caring?

### Our findings

People were cared for in a kind and compassionate way by staff who knew them well and were familiar with their needs and wishes. One person told us, "I like living here; the staff are kind to me". A relative told us, "The staff are exceptional. They really do go over and above to support people. Another relative told us "Our [Relative] has never been so well cared for they [Staff] are marvellous and so patient."

We saw that staff assisted and supported people in a patient way and respected their privacy and dignity at all times. For example, they took the time to introduce us and reassured the person we were here to make sure the staff were doing a good job supporting the people. We observed staff had developed positive and caring relationships and were very knowledgeable about people's individual personalities, characters and their likes and dislikes. Staff were able to tell us in detail about the people they supported. They told us how to approach a person and how to communicate with them. For example they told us the person preferred if you ask them to repeat what they were saying if you don't understand rather than just guessing what they said. This demonstrated that staff had spent time getting to know individuals and making sure their wishes were.

People developed long standing relationships with staff who knew them well and staff were able to see 'triggers' and take appropriate interventions to prevent situations from escalating. This had a positive effect on people and we observed people to be relaxed and happy in staff's company. We saw people chatting and laughing together as well as discussing events. Staff supported people in a professional manner and provided guidance and boundaries which ensured they received appropriate care and support. For example one person was becoming a little too familiar and invading the staff member's personal space, the member of staff gently reminded the person that 'We need our space and we don't do that do we'. The person smiled and sat down and was quite happy to continue talking about something else. This incident was managed in a kind and sensitive way which respected the person but reminded them about maintaining professional boundaries with staff.

We saw that staff had discussed people's care needs with them and had involved them in decisions about how these were to be met. However not everybody wanted to be fully involved and one person who was being supported told us they "Were happy with the support they received and would let staff know if anything changed", they went on to say ". "The staff take our input on board and really do take the time to try new things to see what works best for [Person]".

People had their own key workers who were responsible for ensuring that the person's care plan was reviewed. Staff showed us a document which they were in the process of completing which was a personalised life history. The document provided detailed information about people the person's family and what was important to them. Staff told us they spent time going through this information at a pace that suited the person. They also said people's life histories helped them to both understand the people they supported and also how their health and medical condition affected them and why sometimes they reacted to situations in a specific way.

Staff provided regular updates to people's relatives and discussed their progress and development where it

was appropriate. People had access to independent advocacy services if people needed advice or support and relatives were also signposted to local advocacy services. One person told us they had some issues relating to their tenancy and this was an area the advocates supported them with.

Staff also told us how they responded to people's individual cultural and physical needs in relation to their disability, gender and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

## Is the service responsive?

### Our findings

People received personalised care and support that met their individual needs and took full account personal circumstances. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their preferences and individual health and social care needs. Information provided to staff included support guidelines about their preferred routines, medicines, eating habits, relationships that were important to them and the type of activities and hobbies people enjoyed. One staff member said, "We support people through change and recognise that when people's needs do change we respond accordingly."

People had their individual routines and plans in place and staff assigned to support them with whatever they had planned for the day. However, staff told us they were flexible when people changed their minds about doing things. People could get up and go to bed when they wished eat, drink and go out when then chose to and pursue hobbies that were of interest to them. The team leader told us, "We are trying to make care more personalised for people so that there is a consistent approach and all staff support people in the same way". People and their relatives told us the support they received was person centred and met their needs. One relative said, "The support [Person] receives is tailored around them". They said "We have felt much more relaxed since their family member started being supported by the service". One staff member told us, "We are not here to tell people what they cannot do; we are here to help them achieve whatever they want to do, we focus on 'can do and not what people cannot do'".

People were supported to participate in a range of both individual and group activities and social interests relevant to their individual needs both at the home and in the community. One person told us, "I go horse riding and swimming" Another person said, "I like the pool nights we have in the communal room." Staff told us they had some 'Organised events' for people who were being supported within the complex including a baking club, movie night and a weekly visit to a restaurant of people's choice.

People told us they had regular meetings where they were given an opportunity to discuss all aspects of the service. The minutes also confirmed people spoke about events and activities educational opportunities and volunteering.

The provider had a complaints policy which people were given when they moved into their homes. Relatives told us they knew how to make a complaint should they need to. One person told us they had been supported to make a complaint. We saw that this had been recorded and the service had followed the correct procedure. However the person told us the issues had not been fully resolved and staff were supporting them to take the complaint to the next level. This demonstrated that staff were committed to resolving complaints to the satisfaction of people who used the service.

## Is the service well-led?

### Our findings

People, staff and relatives were all positive about how the service was run. Staff and people were very complimentary about the registered manager and the staff. However we found that the service was not consistently well managed as the systems and processes in place to monitor the service required improvements.

The last quality monitoring survey was completed over two years ago. The manager told us they were planning to do another survey to obtain feedback over the coming weeks. However people's feedback had not been obtained during this time and therefore the manager was unable to demonstrate they learned from feedback or used it in a constructive way to improve the quality of the service they provided. The people who attended meetings were able to give feedback, however not everyone attended the meetings and some people had never attended the meetings, so those people's views were not sought.

The registered manager carried out some checks and audits. However these were not always effective in identifying shortfalls in the process, for example when we reviewed the recruitment files there was information missing which included only one reference and the second reference provided only basic information. We recognised that this was sometimes the policy of companies however the Green Oak Solutions policy stated that where information was insufficient an alternative reference must be sought but this had not happened in this case. We also found that training records were not up to date and we therefore could not be assured that all the necessary training had been completed. Staff told us they did access regular training however we could not see evidence of this. We found that records that related to people were kept up to date and reflected the support people needed, but were not always signed by the people who were being supported.

We noted that in the provider's office people's confidential records were not stored securely. There were a pile of files on the floor which the manager told us related to people who were no longer being supported by the service and staff files for people who had left the service. This meant that people's confidential records could be accessed by people who did not have the right to look at the information contained within the files. For example other staff who visited the office. The registered manager told us they had only been there a few weeks and they were planning on archiving them in the coming weeks.

The registered manager was clear about their vision regarding the service, how it operated and the level of support provided to people. They told us, "We support people in all areas of their life to ensure they can be independent." The managers and staff were knowledgeable about the people who lived within the complexes, their needs, personal circumstances and family relationships. Staff understood their roles and were clear about their responsibilities and what was expected of them. A staff member told us, "I really enjoy working here and making a positive difference to people's lives."

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken to keep people safe.

