

# Chaseview Enterprises Limited

# Oak Tree House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We inspected this service on 10 February 2016. We contacted the home on the morning of the inspection because it is a small service and we wanted to make sure somebody would be in. At the last inspection on 11 October 2013, the service was meeting the standards we checked.

Oak Tree House provides personal care for up to three adults with a learning disability and associated conditions. There were two people living at the home on the day of our inspection.

There was a registered manager at the home. 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.

Staff understood their responsibilities to keep people safe from the risk of abuse. There were systems and processes in place to protect people from the risk of harm. Staff received the training and support they needed to meet people's needs and an induction programme was in place to support new staff to understand their role. There were enough staff to meet people's needs and checks were made to confirm staff were suitable to work in a care environment. People received their medicines as prescribed.

People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. People were supported to eat and drink enough and staff monitored people's health to ensure they had access to other health professionals when needed.

Staff had caring relationships with people, supported their privacy and dignity and encouraged them to maximise their independence. People had opportunities to work and were supported to follow their interests both at home and in the local community. People were supported to maintain relationships with people that mattered to them.

There were processes in place for people to raise any complaints and express their views and opinions about the service provided. There were systems in place to monitor the quality of the service to enable the provider to drive improvement.

## 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. People were protected from abuse and avoidable harm. People were supported to take their medicines as prescribed. There were sufficient staff to support people to do the activities they wanted to do. Recruitment procedures were in place to ensure the staff employed were suitable to support people.

### Is the service effective?

Good ●

The service was effective. People's needs were met by staff who had received the right training and support. Staff understood their responsibilities to support people to make their own decisions. People were supported to eat and drink enough to maintain their health and staff monitored people's health to ensure any changing health needs were met.

### Is the service caring?

Good ●

The service was caring. We saw there were positive, caring relationships between people and the staff. Staff promoted people's privacy and supported them to maintain their dignity. People were able to choose how they spent their time and staff encouraged people to maximise their independence. People were supported to maintain relationships with people who were important to them.

### Is the service responsive?

Good ●

The service was responsive. People received personalised care that met their needs and preferences. People had opportunities to work and were supported to follow their interests and hobbies. There was a complaints procedure in place. People's relatives told us action was taken when they raised concerns with the registered manager and people were supported to raise any complaints they had.

### Is the service well-led?

Good ●

The service was well-led. People's relatives told us the registered manager was accessible and were positive about the management of the service. Systems were in place to assess and monitor the service to improve the quality of care and

support for people received. The manager had an open door policy and staff felt supported to fulfil their role.

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# Oak Tree House

## 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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 February 2016 and was announced. We contacted the registered manager on the morning of the inspection because it is a small service and we needed to make sure someone would be at the home. The inspection team consisted of one inspector.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. On this occasion, we had not asked the provider to complete 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. However, we offered the provider the opportunity to share information they felt was relevant.

People living at the home preferred not to speak with us. We telephoned the relatives of one person and three professionals who worked with people living at the home. We spoke with three members of the care staff team and the registered manager. We observed how staff interacted with people and looked at two people's care records to see how their care and treatment was planned and delivered. We reviewed three staff files to see how staff were recruited, trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

We saw that people were relaxed and comfortable in the company of staff. Relatives we spoke with told us they were confident that their family member was supported in a safe way. One relative said, "If I didn't think [Name of person] was safe, I wouldn't leave them there". Staff we spoke with were aware of the signs to look out for that might mean a person was at risk of harm or abuse. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "We know people well and look for changes in their behaviour and any concerns are reported to the registered manager". Staff knew how to report their concerns externally, "We have a list of numbers on the wall in the office". Discussions with the registered manager confirmed they knew how to refer people to the local safeguarding team if they were concerned they were at risk of abuse. The registered manager told us and we saw that a plan had been put in place to address concerns identified following a safeguarding concern at the service. Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to use it if they needed to.

Risks to people's safety had been assessed and staff knew how to provide support to reduce the risk of harm to them. We saw there were risk management plans in place for people's health and wellbeing needs in the home environment and when they were out. Discussions with staff and observations showed that staff supported people safely and restrictions on people's freedom, choice and control were minimised. For example, plans were in place to support people to go out independently for work and leisure. We saw there were enough staff available to meet people's needs. Staff we spoke with felt there were enough staff to support people. The registered manager told us people completed weekly planners for their activities and staffing levels were planned to ensure people received the support they needed for their daily routine and chosen activities.

The manager and staff carried out checks to monitor fire and electrical safety and equipment which minimised the risks to people's safety in relation to the premises and equipment. Staff were aware of the arrangements to keep people safe in the event of an emergency.

Staff told us and records confirmed the registered manager followed up their references and carried out a check with the Disclosure and Barring Service (DBS) before they started working at the home. The DBS is a national agency that keeps records of criminal convictions. This meant the provider assured themselves that staff were suitable to work with people.

We saw that medicines were stored and administered correctly. Staff who administered medicines were trained to do so and had their competence checked by the registered manager to ensure people received their medicines correctly. Appropriate arrangements were in place for people who were able to take their own medicines and for the use of occasional medicines, such as cough and cold remedies. We saw medicines audits were carried out and discussed with staff to check their understanding of their responsibilities. This showed the provider had suitable arrangements in place to minimise the risks associated with medicines.

## Is the service effective?

### Our findings

Relatives told us staff had the necessary skills and training to support their relations. One relative told us, "The staff are good, they've had specialist training so they understand [Name of person's] needs". Staff told us they received the training and support they needed to provide care to people. One member of staff told us, "We have had the all the usual training, such as manual handling, health and safety and safeguarding, but we've also had specialist training to help us understand people's behaviour". A professional we spoke with told us the training had given staff a better understanding of one person's complex needs, "The person is more settled now than all the time I've known them". Records showed the registered manager had an ongoing training plan in place which showed staff had received training in areas that were relevant to the needs of people in the home.

There was an induction programme in place for new staff. One member of staff told us they had received training in a range of skills. They had shadowed more experienced staff and read people's care plans to get to know people's needs and preferences. One member of staff told us, "Nothing can prepare you totally for this job but the team here are fantastic, I can't praise them enough. The manager is always there and I've read the care plans from back to front". They told us they had received feedback on their progress during their induction. These arrangements ensured staff received the information and support they needed to care for people effectively.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions whenever possible. Staff told us that people had the capacity to make their own everyday decisions and that this was always encouraged. One member of staff told us, "Sometimes, people's ability to make decisions depends on their mood at the time, so we leave things and ask them again later". Staff told us and records confirmed that people's families and their representatives were involved in supporting people to make decisions where appropriate. People's care plans evidenced that their capacity had been considered in all areas of their care and showed that people were supported to make their own decisions. Information was provided in accessible formats so that people understood any risks and or potential benefits when making decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Discussions with the registered manager confirmed that they had considered whether anybody was being restricted of their liberty and demonstrated they understood their responsibilities under the MCA. There were no DoLS in place at the time of the inspection.

People were supported to have enough to eat and drink. Staff told us they supported people with meal planning and shopping based on meals people enjoyed. The registered manager told us and staff

confirmed that they were reviewing the meal planning arrangements to ensure people were supported to make healthy choices to ensure their nutritional needs were met. We saw that people had been supported to make changes to their diet to meet their health needs, for example to reduce salt intake. Relatives we spoke with confirmed the staff supported and encouraged their relations to follow a healthy diet. One relative told us, "[Name of person] can be very stubborn, the staff discuss and explain things and suggest alternatives". Meal times were flexible and people could choose to eat together or separately. People were able to have food and drinks at any time and access the kitchen independently. Discussions with staff and daily records showed that people were supported to eat out which showed they were supported to enjoy meals as part of their social activities.

Staff understood people's health care needs and told us how they supported people to maintain good health. One member of staff told us, "We go into the appointments with them but don't usually say anything unless they need prompting to make sure they cover all the things they need help with". We saw that people accessed health services and all appointments were recorded, for example with the GP, Optician and community nurse. People were provided with information in an easy read format to ensure they understood their ongoing healthcare treatment and we saw this had been discussed with them. People had hospital passports and health action plans which provided information on how they should be supported when accessing health care services.



## Is the service caring?

### Our findings

We observed a positive and caring relationship between people who used the service and staff. Staff knew people well and chatted with them about what they had been doing that day. Relatives we spoke with told us they were happy with the way staff cared for their relation. One relative told us their relations trusted the staff and could talk to them if they had any worries. Another said, "All the staff are approachable but there are a couple in particular [Name of person] would go to". We saw staff respected people's privacy by knocking on their doors and waiting to be invited in. Staff told us they promoted people's dignity by encouraging people to maintain their appearance and choose clothing that met their preferences and personal style.

Relatives we spoke with told us their relations were given choice over how they spent their time. One told us, "The staff give choices and arrange things around [Name of person]". Our observations showed that people were given choice about how they spent their day, for example one person decided not to go to the gym as usual. We saw that people were given information so they could make informed choices. For example, one person had recently decided to have the support of an advocate when they attended meetings with professionals. Staff told us they had spent time talking to the person to explain how they could use an advocate to speak on their behalf to help them make important decisions.

Staff told us how they promoted people's independence. One member of staff told us, "I make sure they do things for themselves as much as possible. They get things ready to cook and we put them in the oven together. They sort out their laundry and unload the machine". We saw people had plans in place for weekly chores, such as cleaning their rooms.

People were supported to maintain relationships with people who were important to them. Relatives told us they were kept informed and felt involved in their family member's care. One relative said, "I can visit more or less any time and sometimes the staff bring [Name of person] to see me. I'm given the option to visit the home or the staff have come to see me at home". Another said, "I'm kept updated on all relevant matters". The registered manager told us and records confirmed that they were liaising with a person's social worker to support them to contact relatives they had lost touch with.

## Is the service responsive?

### Our findings

We saw people had opportunities to work or go to college and we heard one person talking enthusiastically with staff about what they had done at work that day. We spoke to the co-ordinator at the work placement who told us they discussed the person's progress regularly with the registered manager to ensure they had all the support they needed. People were supported to follow their interests and take part in social activities that met their individual preferences. Staff told us that where people expressed an interest they researched it to identify how best to support them to follow it. For example, staff told us how they supported people to go to specialist hobby shops and buy and sell collectible items on an online auction site.

Relatives we spoke with told us that the support provided to their family members met their needs as an individual. One relative told us, "I am happy they get the right support". Staff told us people were involved in developing their support plans which provided details and information about people's health needs, their life history, likes, dislikes and preferences. The plans were personalised and identified the level of support people needed in areas, for example using public transport to access the community, which showed people's individual levels of independence were taken into account. We saw that support plans were reviewed on a monthly basis and updated if any changes had been identified. People's relatives told us they were invited to attend reviews and were kept informed about people's changing needs. One relative told us, "Staff keep me updated on all relevant matters". Staff kept daily records about people which documented the support people had received and any concerns that had been noted during the day. This information was read by staff during shift handover which meant incoming staff received information to update them about people's needs.

Relatives told us the registered manager and staff were approachable and they felt confident in raising any concerns or complaints. One relative told us, "I'm happy with everything. The manager and staff deal with problems as they occur". We saw that there was a complaints procedure in place and the manager told us they were in the process of introducing a new system to ensure it was accessible to everyone. We saw that a person had been supported to raise a complaint which had been investigated and discussed with them. Records showed there were no other complaints.

## Is the service well-led?

### Our findings

Relatives we spoke with were complimentary about the registered manager and told us the management of the service had improved since they had started working there. One relative said, "The manager is very on the ball, whereas the previous manager had to cover more than one service and couldn't respond very quickly". Another said, "The manager is accessible, I can always speak to them when I need to". A professional we spoke with told us the registered manager was visible and had worked with staff to ensure they understood their roles and responsibilities. They told us, "I'm very impressed with the manager, they are a good role model for the staff". Staff we spoke with told us the manager was supportive and had an open door policy. One member of staff said, "I like working with the manager, they are always there for you". Another said, "They are the best manager I've worked for". Staff told us they were encouraged to develop their roles and had been given responsibility for tasks such as ordering medicines and ensuring equipment was safe for use.

The registered manager had systems in place to ensure people received a good service. These included checks on medicines management, health and safety and care records. Where concerns with quality were identified, action was taken to address shortfalls. Accidents and incidents were recorded and monitored for any patterns and trends to ensure action could be taken to prevent reoccurrence. The acting manager told us, "The systems are new as I've introduced them since I started working here but they seem to be working well". Staff told us they met with the manager on an individual and group basis to discuss their performance to ensure standards were maintained. One member of staff said, "I get feedback on my performance and we discuss any areas for improvement".

Residents meetings were held to enable people to raise any concerns and give their views on the service. People were also encouraged to record their views and feelings in a communication book with support from staff, where required. The comments in the book were reviewed each month and discussed with people to address any concerns raised. The registered manager had recognised that they needed to develop the systems used to seek the views of relatives and visitors and showed us a new feedback form they were introducing. The registered manager told us they would monitor this to enable improvements to be made where required.

The registered manager was fulfilling the requirements of their registration with us. Our records confirmed that they informed us promptly about important events which occurred in the home or affected the service including safeguarding concerns.