Oak Tree Care Services Limited

Oak Tree Care Services

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 undertook an announced inspection on 11 April 2017 of Oak Tree Care Services. Oak Tree Care Services is a supported living service, which has been registered to provide support to people in their own homes. At the time of the inspection there was one person living at the service receiving personal care.

At the last inspection on 26 April 2016, the service was found to be in breach of Regulations 11 and 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. These breaches related to risk management and consent for care and treatment.

The service did not have a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run. A manager was in place and we were informed they were in the process of applying for registration with CQC.

During this inspection records showed that a risk assessments had not been updated to reflect the person's current circumstances. The director told us that the risk assessment had been updated before the inspection and may have been misplaced. We were sent evidence to support this after the inspection.

Medicines were being managed safely for the person.

There were systems in place for quality assurance and quality monitoring.

There was appropriate staffing at the service.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles.

Staff sought people's consent to the care and support they provided. The person's rights were protected under the Mental Capacity Act 2005. The service was in the process of applying for Deprivation of Liberty Safeguard for the person.

The person was able to attend routine medical and health monitoring appointments with staff support.

The person was treated in a respectful and dignified manner by staff who understood the need to protect people's human rights.

There was a programme of activities. These activities took place regularly.

Staff found the manager approachable and had confidence in their ability to act on queries.

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.

Risk assessments were specific to the person's circumstances and provided staff with information on how to mitigate risks.

Medicines was being managed safely.

Staff were aware on safeguarding procedures and knew how to identify and report abuse.

Is the service effective?

Good

The service was effective.

Staff had received training and were supported to provide the care the person needed.

Staff told us they were supported. Staff received regular supervisions.

Staff understood people's right to consent and the principles of the Mental Capacity Act 2005.

The person had access to healthcare services.

Is the service caring?

Good

The service was caring.

We saw the person was happy and cared for and had a positive relationship with the manager and staff.

Person's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

The care plan was person centred.

Staff had a good understanding of the person needs and

preferences.

The person participated in regular activities.

Procedures were in place to manage complaints.

Is the service well-led?

Good

The service was well-led.

There were systems in place for quality assurance and quality monitoring.

Staff were positive about the support received from management.

Oak Tree Care Services

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.

The inspection was carried out on 11 April 2017 and was announced. The inspection was undertaken by a single inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people and the provider information return pack, which the service sent to us to tell us how they manage the service under the five key lines of enquiries.

During the inspection we spoke with a relative, the director, the manager and three staff. The person who used the service could not let us know what they thought about the service because they could not always communicate with us verbally.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at one person's care plan, which included risk assessments.

We reviewed eight staff files which included training and supervision records. We looked at other documents held at the home such as medicine records and quality assurance records.

Good

Is the service safe?

Our findings

The relative we spoke to told us, "Yes, I think so. They seem to be quite good" when we asked if their family member was safe.

During the last inspection on 26 April 2016 we found that some risk assessments were not updated to reflect people's current needs and did not take into consideration people's health needs. When a risk was identified, assessments did not provide clear guidance to staff on the actions they needed to take to mitigate risks in protecting people, such as weight loss.

During this inspection we records showed that the risk assessments had not been updated to reflect people's current circumstances. One person who was at risk of losing weight, a risk assessment had not been created to minimise the risk of the person losing weight. We found this had not been updated following the last inspection. The director told us that the risk assessment had been updated and communicated to staff and told us the risk assessment may have been misplaced. The manager sent us the updated risk assessment after the inspection. Staff were aware on the person's risks and how to mitigate these risks.

We checked how the service managed medicines. As part of this, we looked at how medicines were stored and reviewed medicines records. The person received their medicines on time. The relative we spoke to told us, "[Person] gets all her medicines on time." Medicines were securely stored in a locked cabinet. Medicine records were completed on Medicine Administration Records (MAR). Staff received appropriate training in medicine management and told us they were confident with managing medicines.

Controlled drugs was managed safely. Administration was recorded with times, dates and two signatures by staff members in a controlled drugs book. Remaining balances were checked at each administration. Administration was also recorded on the person's MAR.

All the staff we spoke to had no concerns with staffing levels and told us that they were not rushed in their duties which were observed during the inspection. During the inspection we observed staff had time to chat with people and provide support when required. During the day the service employed two staff and one staff member at nights. The staff rota confirmed planned staffing levels were maintained. The relative we spoke to had no concerns with staffing levels.

There were procedures in place to ensure any accidents or incidents involving people who lived at the home were recorded and action taken. Staff were aware of these procedures, and the need to record and report any such events without delay.

We saw evidence that demonstrated appropriate gas safety, electrical safety and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns.

Regular fire evacuation test were carried out and a fire risk assessment was in place to ensure people were

kept safe in the event of an emergency. Staff were trained in fire safety and were able to tell us what to do in an emergency, which corresponded with the fire safety policy.

The person was supported by staff who had training and information on how to protect people from harm and abuse. Staff demonstrated an understanding of the different forms and potential signs of abuse, and their broader role in keeping people safe. They recognised the need to report any abuse concerns to the manager, senior on duty or external organisations such as CQC or local authority without delay.

We checked five staff records and these showed that relevant pre-employment checks such as criminal record checks, references and proof of ID had been carried out when recruiting staff.

Good

Is the service effective?

Our findings

A relative told us staff were skilled and knowledgeable to provide care and support, commenting, "The staff are fine. There are two to three staff who are really good with [person]."

Records showed that staff had completed an induction before starting work. Staff told us this prepared them for their role.

Staff participated in training and refresher training that reflected the needs of the people living at the home. Staff had completed training in safeguarding, health and safety, first aid and infection control. Specialist training had been delivered to staff in dementia, mental health and learning disabilities.

Staff confirmed they received regular supervision and were supported in their role. Records confirmed this.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

The manager and staff had a good understanding of the MCA and understood the principles of the Act.

People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything.

DoLS are put in place to protect people's liberty where the service may need to restrict people's movement both in and outside the home. We saw that the front door was kept locked and were informed the person was unable to go outside by themselves. We saw the back gate was open leading onto the driveway and road. This may put the person at risk as their care plan stated they were becoming confused and was at risk of wandering as their dementia was progressing. The director told us that the person does not use the back gate and was supervised but arrangements would be made to ensure the back gate was closed. We saw evidence that the service had contacted the local authority to arrange a DoLS for the person with the Court of Protection.

We observed that the kitchen was clean and tidy. The person had their own cabinets to store their food. Records showed that the service encouraged healthy eating and supported the person with cooking.

Records showed the person required their weight to be monitored every two weeks. Records showed the last time the person's weight was monitored was on 10 March 2017. The director told us that the person had refused to be weighed but this had not been recorded. We were informed a referral was made to a GP and the person's weight was discussed and a referral had been made to a dietician. We were unable to see evidence of this. The registered manager told us this would be recorded. Staff were aware on what to do if people consistently lost weight such as report to the GP.

Records showed that the person had access to a GP, dentist and other health professionals. Staff supported the person to attend routine health appointments and check-ups as part of the care and support provided.

Good

Is the service caring?

Our findings

The relative we spoke to told us, "The one's [staff] I have had contact with seem pleasant. We went to visit [person] once and [person's] eyes lit up when [person] saw a staff member with us." We observed that the person had a positive relationship with staff as they interacted regularly and also came to hug the manager.

We did not observe any care being provided to the person that would had negatively impacted on their dignity. We observed that staff knocked on people's door before entering. Staff told us they respected people's privacy and dignity. The relative confirmed the person's privacy and dignity was respected.

Staff told us that the person was encouraged to be independent. However, due to the person's health condition deteriorating the person was becoming dependent on staff support more. The relative told us, "They still allow [person] to do things to an extent. They encourage [person] to choose the clothes [person] wants."

The service had equality and diversity policy and staff were trained on equality and diversity. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against their race, gender, age and sexual status and all people were treated equally. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way.

The person's ability to communicate was recorded on their care plans and there was clear information on how to communicate with the person. As the person's health was deteriorating so was their ability to communicate. We observed that staff tried to interact and engage with the person regularly.

Good

Is the service responsive?

Our findings

The care plan was person centred, and provided guidance to staff about how the person's care and support needs should be met. Support plans was divided into areas which included personal care needs, life skills, eating and drinking, communication, medical condition and health and safety. There was management plan that provided information on the person's daily routine and their support needs. There was a 'My plan' section that provided information on the person's background, likes, dislikes and family that were involved. These plans provided staff with information so they could respond to the person positively and in accordance with their needs. Staff were required to sign to indicate that they had read and understood the care plan.

Staff were knowledgeable about the person they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

There was a daily log sheet and staff handover records, which recorded information about the person's daily routines such as behaviours and the support provided by staff and used during staff handovers to ensure the person received continuity of care.

The director told us that they had not received any formal complaints. There was a complaint policy in place, which detailed how people could complain and the action the home would take to respond to complaints. Staff were aware of how to manage complaints. The relative we spoke to told us, "I have no complaints."

Activities were taking place with the person. The person had an activity section on their care plans, which listed the activities that they liked and disliked. There was a weekly activities programme in place. The person was supported to attend day centres. There was also a weekly dance and arts session. The relative confirmed their family member participated in activities. Comments included, "[Person] goes to the day centre four days a week" and "They will try to take [person] out and encourage [person] to participate in musical things."

Good

Is the service well-led?

Our findings

The relative told us, "I had quite good contact with the director. I have known him for 10 years and have built up a good relationship with him" and "The manager is very knowledgeable."

Staff told us they enjoyed working at the home, one staff member said, "I like working with people here" and another staff member commented, "I enjoy working here." Staff told us that they were supported in their role, the service was well-led and there was an open culture where they could raise concerns and felt this would be addressed promptly. Staff were positive about the management team. One staff member commented, "Management is good, if I need help I get help" and another staff member told us, "We have a fantastic manager, she is very supportive." We observed that the interactions between staff and the registered manager was professional and respectful.

Quality monitoring systems were in place. The home requested feedback from people. The feedback was obtained through meetings with people and then this was discussed at the following staff meeting. Records showed although people's feedback was discussed, staff meeting minutes did not show what action would be carried out following the feedback. We suggested the service records the action that would be taken following feedback from people during staff meetings and request updates on the action at the following staff meeting.

We discussed our concerns with the risk assessments with the director and manager. The director told us that the risk assessment had been sent to the supported living scheme but may have been misplaced. We were informed that regular checks would be made in care plans to ensure the right information was available at all times.

There were systems in place for quality assurance. These audits included a health and safety audit such as checking people's rooms and hazards. Audits also included checking the management of medicines such as administration and record keeping. Audits had not been carried out on people's care plans and risk assessments that may have identified the issues we found with risk assessments and ensure prompt action to be taken. Both the director and registered manager told us that systems for quality assurance would be made more robust to ensure continuous improvements were being made.