

Oaktree Court Limited

Oaktree Court Limited

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Oaktree Court Limited provides care to people living in 51 purpose-built flats on a shared site. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for this type of service. This inspection looked at people's personal care service.

Not everyone living at Oaktree Court Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection, only two people were receiving personal care. This was our first inspection of the service since it was registered with the CQC.

Systems in place to manage the safe administration of medicines required improvement. Medication administration records (MAR) were not being used by staff who were supporting people with applying topical medication. The staff had only recently started supporting people with medicine administration, and whilst MAR sheets and a medication policy were in place, they were not being used or followed accurately.

There was a registered manager in post. 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 received safeguarding training so they knew how to recognise the signs and symptoms of abuse and how to report any concerns of abuse. Risk management plans were in place to protect and promote people's safety. The staffing arrangements were suitable to keep people safe. The staff recruitment practices ensured staff were suitable to work with people. Staff followed infection control procedures to reduce the risks of spreading infection or illness.

The provider understood their responsibility to comply with the Accessible Information Standard (AIS), which came into force in August 2016. The AIS is a framework that makes it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Staff received induction training when they first started work at the service. On-going refresher training ensured staff were able to provide care and support for people following current best practice guidance. Staff supervision systems ensured that staff received regular one to one supervision and appraisal of their performance.

Staff were able to support people to eat and drink sufficient amounts to maintain a varied and balanced diet, but this type of support was not currently required by the two people using the service. Records about

people's health requirements were documented. Staff were able to support people to access health appointments if required, but this type of support was not currently required by the two people using the service.

People were encouraged to be involved in decisions about their care and support. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People had their privacy, dignity and confidentiality maintained at all times. The provider had a complaints procedure in place to deal with complaints.

People had their diverse needs assessed, they had positive relationships with staff and received care in line with best practice meeting people's personal preferences. Staff consistently provided people with respectful and compassionate care.

The service had a positive ethos and an open culture. The registered manager was a visible role model in the service. People told us that they had confidence in the manager's ability to provide consistently high quality managerial oversight and leadership.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Medication administration systems were not always used safely.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Staff were trained in infection control, and people were protected from the spread of infection

Requires Improvement 

Is the service effective?

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could receive support with food and drink if they required it.

People had access to health care professionals to ensure they received effective care or treatment.

Consent was gained before carrying out any care.

Good 

Is the service caring?

The service was caring.

People were supported to make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Good 

Is the service responsive?

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Good ●

Is the service well-led?

The service was well led.

People knew the registered manager, and were able to see them when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place.

Good ●

Oaktree Court Limited

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 19 September 2018 and it was announced. The provider was given 48 hours' notice, because we needed to ensure someone was available to facilitate the inspection.

One inspector conducted the inspection.

We planned for the inspection using information we held about the service. This included statutory notifications. A statutory notification is information about important events; the provider is required to send us by law.

During the inspection, we visited one person that received personal care from the service in their own home. We spoke with two care staff, the service manager, and the registered manager. We reviewed the care records of two people using the service and three staff recruitment files. We also reviewed records relating to the management and quality monitoring of the service, such as audits and feedback.

Is the service safe?

Our findings

The service was not always safe. Systems in place to manage the safe administration of medicines required improvement. Medication administration records (MAR) were not being used by staff who were supporting people with applying topical medication. We saw that staff had been supporting people to apply prescribed skin creams, which require the use of a MAR after every application. The staff had only recently started supporting people with medicine administration, which was required on only one occasion per week, for two people. Whilst MAR sheets and a medication policy were in place, they were not being used or followed accurately. The provider's own policy that was in place clearly stated that all staff should be using MAR when administering any kind of medicine. We spoke with the registered manager about this, who told us that MAR charts were present, and would start being used immediately. No other support to administer any medicines for people was given by staff. We saw that staff had received medication training, and told us they were comfortable with supporting people in this area.

People felt safe. One person we spoke with said, "It's very safe here, I see the staff daily as they are always around, but I only receive personal care once a week, which is help with a shower. The staff are very good."

Individualised risk assessments had been created for each person, to manage any risks that may be present. They documented the level of risks, and the actions that should take place to minimise any risk. For example, a risk assessment on food and fluid intake noted clearly which foods a person had intolerances and allergies to. Staff we spoke with all felt the risk assessments were clear and detailed, and helped them to support people safely.

There were enough staff employed by the service. One person said, "The staff are on time all the time. There are always staff on site here, but I only need minimal support once a week. The same staff that do my cleaning, now provide me with help in the shower. It's very consistent." We saw the service had an on-site office, and staff that were around all the time. Only two people on site received the regulated activity of personal care, and this was only once a week as they required. We saw that a dedicated staff team had been set up to provide this support, and there were no shortages in staffing. Rotas we saw confirmed this.

Only staff that were suitable to be working in care, were employed by the service. We looked at staff files which showed that all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work with people.

Staff followed infection control practices, for example, when providing personal care. The staff we spoke with told us they always had access to personal protective equipment such as gloves and aprons, to ensure that infection control was managed appropriately.

All staff understood their responsibilities to record any accidents and incidents that may occur. No accidents or incidents had occurred since the service started providing a regulated activity.

We saw that there was a clear path for information to be shared and used to make improvements when necessary. The registered manager and staff told us that team meetings were used to ensure that lessons

would be learnt from any mistakes made. Minutes for these meetings had not been kept. The registered manager told us they would record minutes for team meetings from now on, to evidence communication with staff and any learning from incidents that may occur.

Is the service effective?

Our findings

People received a full assessment of their needs before receiving any care. The registered manager told us they would complete assessments with people and their family when required, to make sure that the staff were able to provide the correct care and fully understand their needs. This process ensured that the service only supported people with needs they were able to meet.

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. The registered manager showed us a new induction programme that new staff would be undertaking. Which included mandatory training sessions and an opportunity to shadow more experienced staff. Many of the staff working at Oaktree Court Limited had worked there for several years, supporting people with house cleaning tasks only. The service had only very recently begun providing personal care to people. Staff were provided with most of the training they required to ensure they could provide safe care and treatment to people. This included safeguarding training and medication administration. Some training was out of date, for example, health and safety, which the registered manager told us would be completed by all staff immediately.

Staff were able to support people with preparing food and drink, but did not currently provide this support to either of the two people who received care, as they did not require it. We saw that people's preferences were recorded within their files, and that any monitoring of food and drink intake could be recorded if required as part of someone's care needs. Oaktree Court Limited had a communal restaurant and dining area, where people could pay to eat freshly prepared meals if they chose to.

Staff were able to support people to access health care professionals, but did not currently provide this support to either of the two people who received care, as they did not require it. Information about people's healthcare needs and conditions were documented within their files, and systems were in place to monitor people's health and input from other professionals should they require it.

Consent was sought before care and support was delivered. The Mental Capacity Act (MCA) 2005 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 make 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

The service only provided support to two people who had full capacity to make decisions for themselves, but the registered manager was aware of the principles of the MCA and how to support people with decision making should they require this support. The staff team had not received any formal training in MCA, but understood the act and how to support people appropriately. The registered manager told us the staff

providing care would be undergoing MCA training shortly.

Is the service caring?

Our findings

The person we spoke with told us the staff were kind, caring and respectful towards them at all times. They said, "The staff are always very respectful. I have never had any problems."

Staff we spoke with felt they were able to develop positive relationships with people. One staff member told us, "I have worked here for many years, and I have got to know many of the people here. I have gained people's trust, and for those who are now receiving personal care, that is very important." Another staff member said, "All the team are very respectful of the people here. We go in to people's own homes, so we all respect the way they want things done and speak to people in a kind manner."

People were able to express their views and be involved in their own care. One person told us, "I am in control of everything. They (staff) come in when I want them to, and listen to what I have to say." The registered manager told us of the plans to regularly review people's care to ensure they continued to meet people's needs, and to allow people to feedback and have control of the care they received.

The person we spoke with told us that staff were always respectful of their privacy and dignity. One person told us that staff had just recently begun to support them with personal care, and they were happy with the support they received which was respectful of their dignity at all times. All the staff we spoke with were aware of the need to make sure people's privacy was respected when personal care was being carried out. People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

People received care that was personalised to their needs. We saw that care plans outlined what people's communication preferences were, as well as likes, dislikes, and preferences. Care plans showed that time had been spent getting to know people and recording the things that were important to them. People were able to attend activities that Oaktree Court limited offered, which were hosted within communal areas within the complex. One staff member told us, "People can pay to take part in activities like bingo, or music. It's completely up to them what they take part in."

The service understood the requirement to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. Nobody using the service required any information in an accessible format.

A complaints policy and recording procedure was in place, and people knew how to use it. The registered manager told us that no complaints had been made, but if any were, then they would be recorded and investigated promptly. The person we spoke with confirmed they would be happy and comfortable to raise any complaints with the staff or the registered manager, and they had faith that they would be responded to promptly.

No end of life care was currently being delivered. The registered manager told us the service was supporting two people who did not have any end of life care needs. However, as the service grew, the registered manager was aware that some people may wish to make plans for, or receive, this type of care. The registered manager told us that systems were in place to record people's wishes, and further training would be provided to staff to ensure they were aware of the best way to provide end of life care to those that may need it.

Is the service well-led?

Our findings

A registered manager was in post. 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.

The service was open and honest, and promoted a positive culture throughout. The staff we spoke with told us that the management of the service was good, and they got the support they needed to confidently perform their roles. One staff member said, "The manager is very supportive, the team in general is very good." Another staff member said, "We have only very recently been taking on personal care tasks with some of the people here. We have the support we need from management."

People and staff all confirmed they had confidence in the management of the service. The registered manager was aware of their responsibilities; they had a good insight into the needs of people using the service. People said the registered manager, and senior staff were very approachable. The registered manager told us, "We want to be able to slowly grow this side of the business, and support more people here with personal care. We all want to get it right, and there is still a lot to learn."

Staff told us they had the opportunity to feedback and discuss any concerns as a team, and said they were listened to by management. Staff said that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. One staff member said, "All staff are confident to chip in and talk about things."

Quality assurance systems were in place but had mostly not yet been used. At the time of inspection, the service had only been providing minimal personal care to two people, for three months. The registered manager was able to show us that audits on things like medication administration and staff training would be conducted to ensure that standards remained high. We saw that care plans and staff files were checked for quality, and feedback was often sought from people to ensure that any changes to care could be implemented, and problems resolved.

People had the opportunity to feedback on the quality of the service. We saw that a quality questionnaire was being devised to send out to people to comment on the quality of care they received. Previously, people had received feedback requests about the cleaning services they received from staff. The registered manager showed us that these questionnaires would be updated to allow people to comment on the personal care services they now received also. The registered manager said the information collated from the questionnaires would be analysed to identify where improvements could be made.

The registered manager was aware of the requirement to send notifications to the Care Quality Commission (CQC). A notification is information about important events that the service is required to send us by law in a timely way. No notifiable incidents had occurred since the service had begun providing personal care.

The service worked positively with outside agencies. For example, information sessions had been set up where the registered manager had arranged for health and social care professionals to provide information to people. This included information from the falls team, and demonstrations about assistive technology that may be of use to people.