

Chaseview Enterprises Limited

Oak Tree House

Inspection report

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Cannock
Staffordshire
WS12 0QA

Tel: 01543278832

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15 February 2018

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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 15 February 2018. Oak Tree House is a care home.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Oak Tree House provides accommodation and or personal care for up to three people with learning disabilities and autism. . The accommodation is provided in an adapted detached house with a garden. At the time of our inspection, three people were living at the home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive safe care. People were protected from the risk of avoidable harm by staff who understood their responsibilities to identify and report any signs of potential abuse. We saw that incidents and accidents were investigated thoroughly to ensure lessons were learnt. Risks associated with people's care and support were managed safely and relatives were confident their family members were safe and well cared for. People received their medicines when needed and there were suitable arrangements in place in relation to the safe administration, recording and storage of medicines. There were sufficient, suitably recruited staff to meet people's needs.

People continued to be cared for effectively. People enjoyed a wide range of food and drink and were encouraged to be involved in meal preparation. Staff received training to meet the needs of people at the service and were supported and encouraged to develop their skills and knowledge. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The care people received remained good. People had positive, caring relationships with the staff who were kind and caring and supported people to make choices about their care. People's privacy, dignity and independence were promoted at all times. People were encouraged to maintain their important relationships.

The service remained responsive. People received personalised care that met their individual needs. Staff understood people's diverse needs and encouraged them to achieve their goals and aspirations. People and

their relatives were able to raise and concerns or complaints and were confident these would be acted on.

The service remained well led. There were suitable systems in place to assess, monitor and improve the quality and safety of the service. The provider encouraged people, their relatives and professionals involved in the service to give feedback on how they could make improvements in the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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 was a comprehensive inspection which took place on 15 February 2018 and was announced. We gave the provider 24 hours' notice because the service is a small care home for younger adults who are often out during the day. We needed to be sure that they would be in.

The inspection visit was carried out by one inspector. We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service but they were unable to give us their views in detail because of their complex needs. We therefore spent time observing how staff interacted with people and how they supported and cared for them. We did this to understand people's experience of living at the service. We telephoned three relatives and spoke with two members of care staff and the registered manager. We also telephoned three professions who worked closely with the service. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at two staff recruitment and training records, and records relating to the management of the service including quality audits of medicines, the control of infection and safety of the premises.

Is the service safe?

Our findings

People had good relationships with the staff and we saw they looked relaxed and happy in their company. A relative told us, "The staff are lovely. They understand [Name of person] and talk with them and do things with them". Staff were aware of the signs to look for that might mean a person was at risk of abuse and knew how to report their concerns for investigation by the local safeguarding team. Discussions with the registered manager showed that they understood their responsibilities to report any concerns to protect people from the risk of abuse.

People were involved in managing risks and risk assessments were in place to ensure people were safe but also had as much freedom and choice as possible. For example, people were involved in developing a personalised positive behaviour support plan, with the support of professionals from the community learning disability team. One professional told us, "This is empowering for people and helps them share information on their feelings". We saw that some information was provided to people in an easy read or pictorial format to support their understanding. Staff were aware of risks to people's wellbeing and how to manage them. We saw that risk management plans were in place in relation to people's care and the environment and kept under review. We saw that the registered manager had systems in place to ensure this information was shared with staff and a handover was held at the end of each shift to ensure staff coming on duty were aware of people's changing needs. This showed us the service had a proactive approach to anticipating and managing risks which kept people safe from avoidable harm.

People received their medicines when needed. People were involved in reviews and were supported to understand what their medicines were for. We saw that medicines were stored correctly and disposed of safely and arrangements were in place for booking medicines in and out when people went on home visits. Staff were trained and monitored to ensure they followed safe practice. The registered manager told us how they had reviewed and changed their procedures regarding the disposal of blister packaged medicines following a recent error. This showed us that lessons were learned when things went wrong.

There were sufficient staff to keep people safe and ensure they lived full, active lives. Each person was assigned a dedicated member of staff to support with them at the home and with their planned activities. At night, waking night staff were rostered on to keep people safe. We saw the provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. This showed us the provider followed procedures to ensure staff were suitable to work with people.

People were involved in maintaining cleanliness and hygiene at their home and carried out cleaning tasks alongside the staff. Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene at the home.

Is the service effective?

Our findings

Staff were trained and supported to fulfil their role. Staff had an induction and completed a range of training relevant to working in a caring environment. The registered manager also worked closely with the community learning disability team who delivered bespoke training developed around people's individual needs. This supported staff to understand people's communication needs and behaviour, and ensured people received care in line with current best practice. A professional told us, "The training supports staff to understand how people feel and triggers to their behaviour". We saw a training plan was in place and staff had regular updates to ensure they had the knowledge and skills they needed to support people effectively.

People shopped for their own food on a weekly basis and were encouraged to take part in meal preparation. We saw a member of staff supporting a person at lunchtime. They told us, "[Name of person] has made the batter and I cooked them". Staff told us they explored cultural differences around foods by bring foods in that reflected their own culture, for example African-Caribbean food. People's specialist dietary needs were met, for example one person had diet controlled diabetes and staff explained how they managed this to ensure they continued to have as much choice as possible. People's weights were monitored when needed and advice sought from the GP or dietician when if they had any concerns.

Staff understood people's health care needs and supported them to maintain good health. A relative told us the staff were proactive, "[Name of person] sees the GP and optician and has been to the dentist recently. The appointment letter came to us here; the staff arranged the appointment and updated the address at the surgery". People had hospital passports which provided important information for hospital staff on their individual needs and how they communicated. This showed people were supported to maintain their day-to-day health needs.

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 or 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were involved in decisions about their care and how they spent their time. When people lacked capacity to make certain decisions, staff knew what they needed to do to make sure any decisions made were in people's best interest. They also involved relevant professionals and people who know them well. A professional told us, "Staff respect people's decisions but if they have any concerns, they take time to explore the reasoning behind them with the person". We saw that the registered manager took action to ensure people's rights were being upheld in accordance with the legislation.

The décor at the home reflected people's individual preferences. One person had artwork they had completed on display throughout the home and display cabinets in their room for items they collected; they were clearly proud of these items. People had access to the garden at the home and the registered manager had made changes to provide an additional lounge when a new person had moved into the home. This provided people with suitable private areas when they wished to be alone.

Is the service caring?

Our findings

People told us they liked living at the home. One said, "Staff look after me okay". Relatives we spoke with told us they were happy with the way staff cared for their family member. One said, "The staff are all good; [Name of person] would tell me if there was anything wrong". Another said, "The staff are brilliant". Relatives told us the staff were kind and caring but remained professional with people. One said, "The staff are nice but firm and maintain boundaries which is important for [Name of person] as they can sometimes misinterpret things". Staff told us they enjoyed working at the home. One said, "The best thing about working here is feeling I make a difference; I get on well with the residents and I like to think they look forward to seeing me". This showed us the staff cared about people's wellbeing.

Staff knew people well and treated them as individuals and responded to their changing needs. One member of staff told us how they used different communication aids when a person became anxious or upset. "We do stick drawings to accompany what we are saying as it helps [Name of person] to process the information". We saw that this was detailed in the person's care plan. People were also supported through advocacy services to support them with decision making, to enable them explore and voice their opinions. This showed us people were supported to express their views and have choice and control over their care.

People were encouraged to live an ordinary life as possible. We saw they were involved in the running of the home and participated in some household tasks such as shopping and cleaning. A member of staff told us how a person was supported to be independent with tasks such as putting their washing away, "We made laminated cards for each of their drawers with words and pictures to identify which drawer to put things in; it's helped them to keep things tidy which is important to them".

Staff respected people's privacy and promoted their dignity. We saw they announced their arrival when coming onto shift and staff knocked on people's bedroom doors before entering. One member of staff told us, "We prompt people when they are running the bath so that they have everything ready so they can have privacy". Staff respected people's home environment. One told us, "I always check with people that it's okay for me to use the kitchen and the microwave; it's their home".

People were supported to maintain important relationships and have visitors whenever they wished. Relatives told us they were made welcome at the service. One told us, "The staff pick me up and take me to the station when I visit; it really helps".

Is the service responsive?

Our findings

People received personalised care that met their individual needs. Discussions with staff showed that they recognised people's diverse needs and how they wanted to be supported. For example, people were able to choose the gender of the member of staff that supported them. Staff were also sensitive and respected people's needs and wishes in expressing their sexuality. People's care plans focussed on the person's needs and wishes and included setting goals and aspirations. For example, one person had planned a series of activities, which included helicopter and hot air balloon rides. Their relative told us, "[Name of person] is wanting to do a parachute jump; I am a bit worried and I've voiced my concerns to the manager but it's [Name of person's] decision. We've discussed it with them and a helicopter ride has been booked to see how that goes". 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.

People had opportunities to follow their hobbies and interests and had the opportunity to work or go to college. People had gym membership and joined local clubs, for example one person loved dancing and attended a line-dancing club. Staff told us, "They love dancing and music of any kind; they are often dancing around the lounge with their headphones in". The registered manager worked closely with people when they found it hard to access the local community. For example, they were encouraging one person to use public transport to access a social club. They told us they had agreed that they would attend the club first to check it out, and then the person would attend with them initially. This showed us the service aimed to reduce people's social isolation and loneliness.

People were encouraged to raise any concerns and complaints in sessions with their support worker. Relatives told us they would speak to a member of staff or the registered manager if they had any concerns or complaints. A relative told us, "I'd be happy to go to the manager if I had any concerns and I know they would take it through the proper channels and sort it out; I have confidence in them". The complaints procedure was published on the notice board at the entrance to the home and there was a log which showed that any complaints or concerns were logged and responded to appropriately.

At the time of our inspection, the provider was not supporting people with end of life care. Therefore, we have not reported on this.

Is the service well-led?

Our findings

There was a registered manager at the service and staff understood their roles and responsibilities. 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. Relatives felt the staff were well led by the registered manager and told us they would be happy to recommend the service to others. One relative told us the service had continued to improve since the current manager had taken over in 2015, "Things have been really good since [Name of registered manager] took over and it's the best it's ever been. They go over and above and I can't fault them. Always keeps me informed if [Name of person] is upset about anything". A professional told us, "The quality of the service reflects the manager's leadership".

There was an open, inclusive atmosphere at the service. The registered manager sought feedback from people, their relatives and professionals involved with the service to make improvements where needed. We saw this was positive and comments included, "A very professionally run home. Everyone makes me feel involved and listens so that the best possible outcomes are achieved for people" and, "Thank you to all involved in the home; everyone makes me feel involved and listens to relatives so the best possible outcomes are achieved". People benefited from being cared for by staff who felt motivated and supported by the registered manager. One member of staff said, "The manager is really good; strong but fair. I feel able to ask them about anything and I know they will act". Another said, "We have staff meetings and are positively encouraged to bring things we have concerns with". We saw the registered manager worked closely with other professionals and relevant agencies to ensure people received effective, joined up care.

The registered manager carried out a range of checks which looked at the quality and safety of the service. This included reviews of medicines, care plans and health and safety. Where needed, an action plan was put in place and monitored to ensure any shortfalls were addressed. The registered manager told us they were reviewing their systems as they felt they could be improved in some areas. This showed us the registered manager understood the importance of having clear and effective governance arrangements to drive improvements at the service.

The registered manager understood the requirements of registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of registration. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on their web site where a rating has been given. We saw that the provider's rating was conspicuously displayed at the service. However, we found that the provider had not displayed the rating on their website. The registered manager contacted the provider to ensure this was rectified. This is so that people, visitors and those seeking information about the service can be informed of our judgments.