The Oaklea Trust

The Oaklea Trust (North East)

Inspection report

Office 80 ViewPoint
Derwentside Business Centre
Consett
County Durham
DH8 6BN

Tel: 01539735025

Date of inspection visit:
21 August 2018

Date of publication:
15 October 2018

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

This comprehensive inspection took place on 21 August 2018 and was announced.

The Oaklea Trust is a domiciliary care agency that provides personal care and support to people in their own homes and also in supported living and shared lives schemes. At the time of our inspection there were 63 people receiving support from the service.

At our last inspection we rated the service good. At this inspection we found some low-level concerns which have resulted in a rating of requires improvement in one area. However, our findings continued to support the overall 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 were cared for safely by staff who understood safeguarding procedures and knew how to raise any concerns. Individuals risks were assessed and plans put in place to minimise them. Accidents and incidents were recorded and monitored to reduce future risk.

People received their medicines as prescribed, however, medicines records and stock control was not always well managed. We have made a recommendation about this.

Staff had access to a wide range of training to ensure they had the necessary skills and knowledge to support people effectively. Specialist training was available to help staff meet the specific needs of the people they supported. People were supported to access healthcare and encouraged to have a healthy diet appropriate to their needs.

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.

Staff were passionate about their work and promoted dignity and independence. People who used the service and their relatives were all very happy with the support they received and told us staff were friendly.

Support plans contained very detailed information about people, their likes and dislikes and how best to meet their needs. People were engaged in a variety of activities and supported to access the community they lived in. There was a procedure in place to deal with concerns or complaints and records we saw showed this was followed appropriately.

The service was led by a management team who supported staff well. Feedback was sought from people using the service and staff and this formed part of the provider's improvement plan. A comprehensive system of audits was in place to monitor the quality of the service. However, the medicines audit was to be reviewed to ensure any future discrepancies were identified.

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?

Requires Improvement

The service has deteriorated to requires improvement

People received their medicines as prescribed, however, medicines records and stock control were not always well managed.

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 is now rated good

Whilst the service is still delivering care and support in a responsive way the examples of exceptional care seen at the last inspection have not been matched on this occasion.

Is the service well-led?

Good

The service remains good

The Oaklea Trust (North East)

Detailed findings

Background to this inspection

This was a comprehensive inspection.

This inspection took place on 21 August 2018. We gave the service 24 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. 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 also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also received feedback from a social care professional.

During the inspection we spoke with eight people who used the service and seven relatives. We looked at three care plans along with medicine administration records. We spoke with five members of staff, including the registered manager. We also received completed questionnaires from a further five members of staff. We

looked at four staff files, including recruitment records. We also looked at quality assurance records and completed audits.

Requires Improvement

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service required improvement.

We looked at people's Medicine Administration Records (MAR) and found some of them had a number of medicines that had not been signed as administered. When we asked the registered manager about the missing signatures they explained that the medicines in question had been discontinued by the GP but were still appearing on the MAR. They provided confirmation of the dates the medicines had been discontinued. The pharmacy was contacted and requested to reissue the MAR sheets with the discontinued medicines removed.

We found that some medicines were no longer recorded on the MAR but were being held in stock. Regular stock checks were being done but it had not been identified that these medicines were no longer recorded on the person's MAR. After our inspection visit we received confirmation that unused medicines had been returned to the pharmacy.

The errors in records had not had a negative impact on people using the service. We found no evidence to suggest that people had not received their medicines as prescribed. Guidance on medicine administration for each person was included in support plans. This information was very clear and detailed the best way to support each individual. Body maps were in place to guide staff in the applications of creams.

Staff had received medicines training and had their competencies checked by senior staff. Medicines audits were being regularly undertaken but the checks had not picked up on the issues we identified.

We recommend the provider consults current best practice guidelines on the recording, auditing and storage of medicines.

People who used the service told us they felt safe and relatives we spoke with also told us their family members were supported in a safe way. One person told us, "They are always here for me. Whatever help I need they always support me." A relative told us, "The staff are great and it is huge peace of mind knowing my family member is looked after so well."

The provider had systems in place to safeguard people from abuse. There was an up to date safeguarding policy that was regularly reviewed. All staff completed safeguarding training before providing support to people. Staff knew the signs of abuse and how to report any concerns. One member of staff told us, "I have annual safeguarding training. We have a policy guiding us through the process of reporting any concerns."

Accidents and incidents were recorded and reviewed by the registered manager. The provider's health and safety officer collated this information to look for trends and ensure that any lessons were learned to minimise future risk.

People had individual risk assessments within their support files. These were comprehensive and tailored to minimise people's identified risks.

Premises health and safety reviews were undertaken at each property on a regular basis. These had identified areas of concern and steps had been taken to put things right. For example, in one supported living home the hot water had been running above the recommended safe temperature. This had been reported and fixed immediately. Handrails had been fitted around the corridors in one property to aid mobility, increase independence and reduce risk of falls.

Safe recruitment practices were still taking place. Pre-employment checks including disclosure and barring service (DBS) reduced the risk of unsuitable people being employed.

There were sufficient staff to ensure all shifts were covered safely. People and their relatives were happy with the level of support they received. One person told us, "I chose the staff I wanted to help support me. They are always here for me, I really like that." A relative said, "There is someone there 24/7 to look after my family member so I have no concerns at all."

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

A very detailed initial assessment called 'my life, my choices' was completed prior to a person receiving care. This considered all aspects of a person's care needs and how staff would best support them. Things such as unpredictable behaviour, sensory impairment, mobility, pain, falls history and communication were included. How people could be supported to achieve individual goals was considered at this initial assessment along with people's lifestyle choices, cultural and religious preferences.

We received positive feedback from people about staff member's skills and knowledge. Training was monitored using a colour coded training matrix that flagged up at a glance when training was coming up to its renewal date. Records indicated staff were up to date with essential training. In addition to this staff received training in areas that were specific to the individuals they supported. New staff received a comprehensive induction that included completion of the care certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's health and wellbeing was supported. A range of health professionals such as dentists, opticians, and chiropodists were involved in people's care. When they were not able to attend external appointments, arrangements were made for home visits to ensure they received the level of support they required. People had hospital passports in place and these were stored together in an emergency file so staff had easy access to them.

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. We checked whether the service was working within the principles of the MCA and, overall, we found that they were. Best interest decisions were taken for those people who lacked capacity to make decisions for themselves.

We saw evidence that people were not prevented from making unwise decisions where they had the capacity to do so. Although staff worked with the person to advise them of potential risks involved, the choices they made were respected and steps taken to minimise any risks that resulted from this.

People were supported with menu planning, food shopping and cooking. Although healthy choices were

encouraged people's preferences were respected and if people who were able to make their own decisions chose an unhealthy diet this was respected. We saw evidence that one person was supported to manage their weight by attending a local weight loss group with staff. Staff also encouraged and supported them to make healthy food choices.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

People told us staff were kind and caring. One of the people who used the service told us, "The staff are brilliant they really help support me. I'm not sure what I would do without them really." Another person said, "The staff are really kind and caring and like my friends." Relatives were also happy with the care their family members received. One relative told us, "I do not have enough words to say how fabulous the staff are that care for my family member."

We received positive feedback from an external professional who told us, "The care is very good. Staff are friendly and have the right skill mix to care for [name]. They really go out of their way to try and make [name] comfortable and will contact me if there are any issues."

Tenant meetings were held monthly. People who used the service were encouraged to participate in the meetings. People reactions were recorded to evidence their engagement even when their verbal responses were limited.

We saw several compliments had been received from people's relatives and external professionals. A social worker thanked one staff team for the extra support and commitment shown throughout a medical process with a person using the service.

Relatives of a person using the service had written to say thank you for the support the service had provided to their family member. They stated that when they were worried about their relative staff were always there with 'a nice cup of tea'.

People were supported, to have access to advocacy services if required. An advocate is someone who supports a person so that their views are heard and their rights are upheld. We saw evidence of advocates supporting people at review meetings and in best interest discussions.

The provider's mission statement was 'to support disabled and disadvantaged people towards independence through choice and inclusion'. People were encouraged to be as independent as possible with personal care, cleaning their own rooms and doing laundry. One member of staff told us, "I try to encourage people to do things for themselves, offering assistance when it's needed."

Staff supported people's privacy and dignity. One member of staff told us, "I always make sure bedroom doors are closed when doing personal care and always make sure no one can hear if discussing a person's needs with other staff."

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was very responsive and awarded a rating of outstanding. Although there was not sufficient evidence at this inspection to support a continued rating of outstanding we found the service continued to be responsive and this is reflected in the good rating.

There was a great deal of person centred information included within support plans. This provided advice and guidance for staff on how to support people in a way that met their individual needs and preferences. People had positive behaviour plans in place where appropriate. Positive behaviour support (PBS) is a person-centred approach to supporting people who display or are at risk of displaying behaviours which challenge. Reviews of support plans were done every six months, unless people's needs changed sooner.

Relatives were asked to provide information on a person's life history and were invited to review meetings. Relatives we spoke with felt involved in their family member's care and were happy with the communication from the service. One relative told us, "[Staff] are all just marvellous and they are like our family too you know. My family member would simply be lost without them. My family member has really come out of their shell more since living there with other people and with the care and support from all the staff."

People had personal timetables that set out their weekly activities and appointments. This included support to practice their religion when this was identified as something that was important to them. People went on day trips and holidays and engaged in hobbies. One person enjoyed wildlife and had become a member of a local wildlife trust. Some people were also supported into employment.

Eight people who used the service had been trained to be experts by experience at clinical tribunals. Staff had also received training in the role of an expert by experience supporter. One of the people who had done this training had attended two clinical tribunal reviews to provide support to others currently living in long stay hospitals. The person involved told us, "My role is to support the customer and their families because I want them to feel happy and want to get the person into a settled environment. I would definitely recommend to other people to become an Expert by Experience."

Staff looked for alternative ways to communicate with people where necessary. This included signing, pictures and speaking technology. Staff also engaged in intensive interaction with some people. Intensive interaction is a highly responsive way of interacting with people by imitating their behaviour and is aimed at developing communication.

People had end of life plans in place so staff knew how best to support them when this time came. This meant that people's final wishes were respected and followed.

People were asked at regular tenant meetings whether they had any complaints. All of the people we spoke with were aware of the complaints procedure and told us they would feel comfortable to complain if they needed to. Nobody we spoke with had needed to make a complaint and they told us they had no complaints at all about the service.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of good. At this inspection, we found the service continued to be well led.

There was a registered manager in place. 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.

There were regular staff meetings and positive feedback from staff reflected how well supported they felt. Comments included, "I really feel supported by my team and my manager", "I have great support from my line manager. They're always there if I need anything or any support in any way" and "Management is great and my team is lovely too. We're like a family."

Quality checks of the service were done in a variety of ways. Team managers each completed monthly audits looking at all areas of care delivery at each location. The regional manager also made monthly visits checking information supplied by the team managers. Annual audits were carried out each year by the director or chief executive alongside a trustee. They visited each location talking to people and sampling records. A report was then produced and sent to the team manager and regional manager along with any actions that were required. Spot checks were also done to observe staff and ensure good working practices.

Monthly medicines audits were taking place but they were not comprehensive and had not picked up on the errors in recording that we found. Amongst an otherwise robust system of checks this was the only area that was not fully fit for purpose and in need of review. The registered manager assured us the ongoing monitoring of medicines would be reviewed.

People and their relatives spoke highly of the way the service was managed. One person told us, "I feel it is really well led." A relative told us, "I think it is extremely well led from the top to the bottom." People also felt involved in the service. For example, people were involved in recruitment and selection of staff. They had chosen questions to ask and identified the type of person they would like to be employed.

A newsletter was produced quarterly and distributed to all people who used the service. The provider also used social media to keep people informed of what was going on across the organisation. The registered manager told us the Facebook page was a popular addition to more traditional communication methods. With consent, people's pictures were uploaded to show them engaging in various activities.

Feedback was sought from people who used the service at regular house meetings. A trustee also visited each location annually to talk to people who used the service and staff and get an idea of any issues within the area. This was then reported back to the board of trustees and regional manager. Feedback from people using the service was used to inform the improvement plan.

The registered manager had cultivated good relationships outside of the service and we received positive feedback that reflected this. An external professional told us, "I have a lot of faith in Oaklea as an organisation, they really invest in their staff and it shows." They had also worked alongside the clinical tribunal team to become involved with the experts by experience project.