Care Quality Commission

Oak Tree Care Services Limited

Oak Tree Care Services

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

This inspection took place on 25 and 26 March 2015 and was announced. We gave the provider two days notice of our inspection as we needed to make sure that someone was at the office.

Oak Tree Care Services is a supported living service which has been registered to provide personal care to people in their own homes. At this inspection the service supported eleven people living in supported living schemes in Enfield and Haringey. The provider met all the standards we inspected against at our last inspection on 13 December 2013.

The service did not have a registered manager. However, the director of the company informed us that he had appointed a new 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 requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People told us that they had been treated with respect and dignity and they felt safe with staff who cared for them. Arrangements were in place to ensure people's safety. The service had a safeguarding policy. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. We noted that

Summary of findings

recommendations following safeguarding meetings had been implemented. This included new policies and procedures to provide guidance for staff. This is to ensure the safety of people.

People had been given their medicines and the medicines administration records were well maintained. There was an updated medicines policy and procedure to provide guidance for staff. There were measures were in place for infection control and staff were aware of procedures to prevent infection. However, the policy was not sufficiently comprehensive. This is needed to ensure that staff were fully informed of their responsibilities

We saw that there were sufficient staff and they interacted well with people. Staff were knowledgeable regarding people's needs and preferences. Staff had received appropriate training to ensure that they had the skills and knowledge to care for people. Staff supervision had been provided. However, we did not see evidence of staff induction in two staff records or annual appraisals in the staff records examined. These are needed to ensure that staff are supported.

People's needs had been assessed and detailed care plans were prepared with the involvement of people and their representatives. Their physical and mental health needs were monitored and they had access to health and social care professionals to ensure they received treatment and support for their specific needs. We however, noted that one person had not received their planned one to one sessions for a period of two months. This meant that this person did not receive all the support planned for them. We recommend that support arrangements to meet individual needs be implemented as planned.

The CQC monitors the operation of the DoLS (Deprivation of Liberty Safeguards) which applies to care homes. The nominated individual and senior staff were knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the DoLS. The service had policies and guidance on MCA and DoLS.

Staff were aware of the aims of the organisation which were to ensure that people were well cared for and encouraged to be as independent as possible. The quality of the care provided was monitored by the nominated individual. However, there was no documented evidence of regular checks and audits of various aspects of the service carried out by the nominated individual or senior staff. This is needed to ensure that the service provided is of a high quality.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of this report.

Summary of findings

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. Arrangements were in place to ensure the safety of people. Staff had received training and knew how to recognise and report any concerns or allegation of abuse. Recommendations following safeguarding meetings had been implemented.

People had been given their medicines and the medicines administration records were well maintained. Staffing arrangements were adequate and safe recruitment processes were in place.

Is the service effective?

Requires improvement

Some aspects of the service were not effective. People who used the service said they were well cared for and supported by caring and friendly staff.

Staff had received appropriate training. Staff supervision had been provided. However, we did not see evidence of staff induction in two staff records or annual appraisals in the staff records examined.

Staff ensured that people were supported to have balanced meals. There were arrangements to meet the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People told us that staff were pleasant and respected their privacy and dignity.

Staff spoke with people and supported them in a caring and friendly manner. People were were involved in decisions about their care and support.

Arrangements were in place to ensure that people's preferences and their likes and dislikes were responded to.

Is the service responsive?

Requires improvement

One aspect of the service was not responsive. People informed us that they had made progress with the help of staff and care plans were person centred. However, one person had not received one to one sessions as planned in their care arrangements.

Staff encouraged people to be as independent as possible. People had opportunities to take part in activities they chose and suggestions made by people had been responded to.

Staff responded promptly and appropriately to complaints and concerns expressed by people.

Summary of findings

Is the service well-led?

Some aspects of the service were not well led. People and social and healthcare professionals informed us that senior staff and the nominated individual were approachable and caring.

Although the nominated individual stated that checks and audits had been carried out, we saw no documented evidence of these.

Staff were aware of the values and aims of the service. They were aware that people should be treated with respect and dignity and encouraged to be as independent as possible.

Requires improvement

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 checked 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 took place on 25 and 26 March 2015 and it was announced. It was carried out by one inspector. Before our inspection, we reviewed information we held about the service. This included notifications submitted and safeguarding information received by us.

We obtained feedback from two health and social care professionals. We spoke with five people who used the service, nine staff, and the nominated individual. We observed care and support in the two supported living schemes in which people lived.

We reviewed a range of records about people's care and how the home was managed. These included the policies and procedures, care plans for five people, recruitment records, staff training and supervision records for staff employed by the service. We checked four people's medicines records and the insurance certificate.

Good

Is the service safe?

Our findings

The service had suitable arrangements in place to ensure that people were protected from abuse. People said that they were well treated by staff. One person said, "Yes, I feel safe here" Another person said, "It's good here. I am well treated by staff." A third person informed us that there were sufficient staff available to attend to their needs.

The service had a safeguarding policy and whistleblowing policy. Staff had received training in safeguarding people. This was confirmed in the training records and by staff we spoke with. Staff gave us examples of what constituted abuse. We asked staff what action they would take if they were aware that people who used the service were being abused. They informed us that they would report it to senior staff or the nominated individual. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission (CQC).

A small number of safeguarding concerns had been reported to us and the local safeguarding team since the last inspection. The service had co-operated with the investigations and taken appropriate action to safeguard people. We noted that recommendations following safeguarding meetings had been implemented. This included new policies and guidance in areas such as close supervision and the care of people with antisocial behaviour to provide guidance for staff. This is to ensure the safety of people.

The care needs of people who used the service had been comprehensively assessed. Risk assessments had been prepared. These contained action for minimising potential risks such as risks associated with smoking, self-neglect, aggression and specific mental health conditions.

People informed us that staff supported them with their medicines and they had received their medicines as prescribed. This was also confirmed by a healthcare professional. There were suitable arrangements for the recording of medicines received, stored, administered and disposed of. Training records seen by us indicated that staff had received training on the administration of medicines. We looked at the records of disposal and saw that it was recorded that medicines were returned to the pharmacist for disposal. We noted that there were no gaps in the medicines administration charts examined. There was a policy and procedure for the administration of medicines. This policy was however, not sufficiently comprehensive as it did not contain guidance on risk assessments, controlled drugs, ordering and disposal of medicines. This is needed for the protection of people and to ensure that staff are fully informed of their responsibilities. The revised policy was received by us soon after the inspection.

Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records check, evidence of identity and provision of two references to ensure that staff were suitable to care for people. The nominated individual and staff informed us that the service had sufficient staff to attend to the needs of people. This was confirmed by people who informed us that there were sufficient staff and they stated that staff provided them with assistance when they needed help. Two social and healthcare professionals stated that their cleints had made progress and they expressed no concerns regarding staffing levels.

The service had suitable arrangements in place to protected people from the risk of infection and gloves and aprons were available for staff if needed. Staff confirmed that they had access to these and used them when providing personal care or when needed. Staff had encouraged and assisted people in keeping their homes clean. The service had an infection control policy. However, this policy was not sufficiently comprehensive as it did not include sufficient details on infectious diseases and the agencies to contact for information such as the Health Protection Agency and the local environmental health department. This is needed to ensure that staff are fully informed. The revised policy and procedure was received by us soon after the inspection.

The service kept a record of accidents and incidents. Four incidents were recorded. These contained adequate details and where the incident was preventable, guidance had been provided. Staff informed us that following a recent incident involving a person who used the service, they had been provided with guidance on action to take to minimise risks to people.

Requires improvement

Is the service effective?

Our findings

Most of the arrangements to ensure that people received effective care were in place. People told us that staff were capable and they were satisfied with the services provided. One person stated, "The staff do care and they support me. I can choose what I want to do and I can choose the food I want." Another person said, "I can talk to the staff about my problems. They listen and help me." A third person told us that staff had assisted them in making progress in their mental health and they had been able to attend a course of study. One social care professional informed us that their client had received effective care and made good progress and appropriate action had been taken against staff who did not carry out their duties.

There were some arrangements to ensure that staff received support to enable them to do perform their duties effectively. Staff meetings had been held and we attended a meeting during the second day of this inspection. Staff informed us that there had been alot of change within the service and this included management changes. They stated that improvements had been made in people's care and senior staff and the nominated individual were approachable and supportive.

Staff supervision had been provided and this was confirmed by staff and evidenced in the staff records we looked at. Staff said they had received essential training which included food hygiene, safeguarding and care of people with epilepsy. This was evidenced in the training records. However, we did not see evidence of staff induction in two staff records or any annual appraisals in the four staff records we examined. Staff told that they had received supervision but they had not received any appraisals in the past two years. These are needed to ensure that staff are supported.

We found that the registered person had not ensured that staff employed received appropriate support such as appraisals and inductions, as is necessary to enable them to carry out the duties they were employed to perform. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Senior staff and the nominated individual were knowledgeable regarding the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had guidance on MCA and DoLS. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities. We noted that an application had been made to The Court of Protection and approved for a person restricted or deprived of their liberty for their own safety.

People's care needs had been attended to. Staff ensured that when needed, people had appointments with healthcare professionals such as their GP, psychiatrist and dentist. People's weight had been recorded monthly and staff knew what action to take if there were significant variations.

Staff supported people with their meals and encouraged them to eat balanced meals. One staff member informed us that they assisted people with cooking and supervised them if they had difficulty preparing their meals. People said they could go out to the shops on their own and purchase groceries and they could cook what they liked. We saw that people could go into the kitchen and get their own breakfast and drinks. One person informed us that they bought food which met their religious dietary needs.

Good

Is the service caring?

Our findings

People were well cared for and staff treated them with respect and dignity. One person stated: “Basically the staff are alright. They take good care of me and treat me with respect and dignity.” A second person said that staff listened to them and they respected their privacy. A third person stated that staff understood and respected their cultural and spiritual needs and they could prepare their cultural meals. Health and social care professionals informed us that staff had been able to form positive relationship with people and this had resulted in people making progress when under their care.

We noted that people were dressed appropriately and appeared well cared for by staff. People were able to approach and talk with staff and staff interacted well with people.

The service involved people in planning activities they liked to engage in. The nominated individual and staff informed us that meetings had been held with people so that each person could decide what they wanted to do. This was confirmed by people we spoke with. The minutes of meetings contained evidence that people could make suggestions and there was documented evidence that suggestions made by them had been responded to. This included an outing to London and provision of special meals.

Staff told us about people’s interests and their backgrounds. They also had a good understanding of people’s care needs and their preferences. This ensured that people received care that was personalised and met their needs.

Staff were aware that all people who used the service should be treated with respect and dignity. They stated that they were reminded of this at staff meetings. People confirmed that staff were respectful. They said staff respected their privacy and staff knocked on their doors to ask for permission before coming in.

Requires improvement

Is the service responsive?

Our findings

The service responded well to suggestions for improvement. One person said, “If I have a complaint, I can talk to the director and he listens”. Another person said, “In the past I made a complaint and they responded. The staff listen to my suggestions.” A social care professional who communicated with us stated that staff responded well to their suggestions regarding the care arrangements for person and as a result of this there was improvement in the care of the person concerned.

The care provided was centred around people’s needs. People had been assessed by senior care staff to ensure that their needs and preferences were noted. Care plans were prepared with involvement of people and their representatives. Reviews of people’s care had been carried out.

People had been encouraged to engage in activities within the community. The daily notes contained information regarding people’s progress. We noted that people had participated in activities such as shopping, attending college, going to a garden centre, eating out and going to the cinema. Staff told us that one person had made significant progress and now had a part time job. Another person had been able to settle down and their mental health had improved. This was confirmed by a social care professional.

The care plans were person centred and took account of people’s preferences and choices. We however, noted that one person had not received one- to-one sessions for a period of two months

as scheduled in their care arrangements. This meant that this person did not receive all the

support planned for them. We spoke with a senior care member of staff who could not explain why this had not been provided. One person we spoke with stated that they would like more one to one sessions with staff.

The service had a complaints procedure and people we spoke with were aware of who to complain to if they were dissatisfied with any aspect of the service. Staff were aware that complaints needed to be documented and relayed to senior staff. In one of the supported living schemes no complaints had been recorded. The senior staff explained that they had received no complaints in the past twelve months. In another supported living scheme the complaints record was not kept there. The senior staff stated that it was usually kept there but prior to our visit it had been taken to the head office. We were therefore unable to check the complaints record. One person who lived in this supported living accommodation however stated that they had made a complaint and it had been promptly responded to. They stated that following this, improvements had been made in people’s care. The nominated person informed us after the inspection that the complaints book was misplaced and a new one had been promptly provided.

We recommend that support arrangements to meet individual needs be implemented as planned.

Requires improvement

Is the service well-led?

Our findings

People and health and social care professionals stated that they were happy with the management of the service. Staff told us that although there had been some management problems in the past, improvements had been made and they were positive about the current management of the service.

Staff informed us that there was a good staff team and they worked well together. They informed us that the nominated individual was approachable and they felt supported in their roles. Although there was no registered manager, the nominated individual informed us that a manager had just been recruited.

Staff we spoke with were aware of the aims and values of the service. They told us that they ensured that people were treated with respect and dignity. They knew that it was important that the care provided was of a high standard and people were encouraged to be as independent as possible. The nominated individual and senior care staff were aware of the importance of working in partnership with social and healthcare professionals so that people received appropriate support from them. We saw evidence in the care records of communication with social and healthcare professionals regarding the planning of care for people. The professionals involved stated that staff communicated well with them.

The nominated individual stated that regular audits had been carried out by him and the previous registered manager. This was confirmed by staff and people we spoke with who said that the nominated individual had visited them and obtained feedback from them regarding the care provided. Staff we spoke with also stated that the nominated individual had visited and checked care records and the premises. However, there was no documented evidence of satisfaction surveys, regular checks and audits of various aspects of the service carried out by the nominated individual or senior staff over the last twelve months. Documented evidence is needed to evidence that all appropriate checks had been carried out and to ensure that the service provided is of a high quality.

The service had consultation meetings and arrangements for obtaining feedback from people. We saw minutes of meetings and one to one sessions for people. People informed us that meetings had been held and they could make suggestions regarding their care.

We recommend that the provider review their arrangements for checking and documenting the quality of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The registered person had not ensured that staff employed received such appropriate support, as is necessary to enable them to carry out the duties they were employed to perform.