

Oaktree Court Limited

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Inspection report

Portland Drive
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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 

Overall summary

This inspection was carried out on 15 July 2015 and was announced.

The inspection was carried out by one inspector.

Oaktree Court is a complex of privately owned sheltered housing flats and bungalows where, if necessary, people can be supported by 'in-house' care workers employed by the service. This domiciliary care service enables people to continue living independently in their own flat within the complex. At the time of our inspection one

person was receiving support. Some people in the complex were receiving domiciliary support from other regulated agencies external to 'Oaktree Court', but these agencies are subject to their own separate inspection.

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.

Summary of findings

The person felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and how to report them.

The person had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, to support the person with their needs.

Effective recruitment processes were in place and followed by the service.

The person was self-sufficient in ordering and taking their own medication.

Staff received a comprehensive induction process and on-going training. They were very well supported by the registered manager and had regular one to one time for supervisions.

Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff always gained consent before supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were very knowledgeable of this guidance and correct processes were in place to protect people.

The person was able to make choices about the food and drink they had, and staff gave support when required.

The person was supported to access a variety of health professionals when required.

Staff provided care and support in a caring and meaningful way. They knew the person who used the service well.

The person had been involved in the planning of their care and support.

The person's privacy and dignity was kept at all times.

The person was supported to follow their interests.

A complaints procedure was in place and accessible to all. The person knew how to complain.

Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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?

The service was safe.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support the person with their needs.

Staff had been recruited using a robust recruitment process.

Good



Is the service effective?

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

There was an on-site restaurant which could be used by people.

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

Good



Is the service caring?

The service was caring.

The person was able to make decisions about their daily activities.

Staff treated the person with kindness and compassion.

The person was treated with dignity and respect, and had the privacy they required.

Good



Is the service responsive?

The service was responsive.

Care plans were personalised and reflected the person's individual requirements.

The person was involved in decisions regarding their care and support needs.

There was a complaints system in place. The person was aware of this.

Good



Is the service well-led?

The service was well led.

The person knew the registered manager and was able to see him when required.

The person was asked for, and gave, feedback on the service provision.

Quality monitoring systems were in place and were effective.

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 inspection took place on 15 July 2015 and was announced.

The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection we checked the information we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in September 2013.

During our inspection we observed how staff interacted with the person who used the service.

We spoke with the one person who used the service. We also spoke with the registered manager, the duty manager and one staff member.

We reviewed one care record, one staff file and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

The person who used the service felt safe. He said, “Oh yes, I am very safe here.”

Staff providing care and support had a good understanding of what constituted abuse. They were able to tell us how they would recognise it and how they would report it. One staff member said, “I would report it to the [registered] manager or duty manager immediately.”

The person who used the service had risk assessments in place to enable them to be as independent as possible. They included using the bath and the temperature of the water and moving and handling. There were risk assessments also in place for the service including environmental.

The staff member we spoke with was aware of the provider’s whistleblowing policy and procedure and told us they would not hesitate to use it, feeling they would be supported by the registered manager.

Accidents and incidents were recorded and monitored. We saw records of these which were completed correctly in line with the provider’s policies.

Equipment used to assist the person was suitable and serviced regularly to ensure it was safe to be used.

There were adequate numbers of trained staff to support the person. One staff member explained, “There are two of us who support [person’s name]. If one of us is off for any reason the other covers.”

We found safe recruitment practices had been followed. One staff member said, “I had to get references and provide identification etc. before I could start.” We looked at staff files and found that they contained copies of appropriate documentation. These included copies of an application form, a minimum of two references, a Disclosure and Barring Services (DBS) check and an up to date photograph.

The person who used the service ordered and administered their own medication, but said they would ask for help if they were unable to manage.

Is the service effective?

Our findings

The person who used the service told us staff were well trained. They said, “Yes, they know exactly what they are doing.”

The staff member we spoke with told us they had attended a variety of training. They said, “We do a lot of training to make sure we know what we are doing. It is excellent.” The registered manager told us they used a training provider to ensure training provided was up to date and followed best practice guidance. Copies of certificates were in staff files. Training included; medication, fire safety, infection control and nutrition. One of the staff had completed a National Vocational Qualification (NVQ) at level three. The registered manager showed us planned training for the year ahead. This was to ensure all staff received up to date training.

Staff told us they received regular supervision and support from the registered manager. The staff member said, “He is very supportive.” Copies of supervision records were in staff files. The registered manager told us they received support from the provider.

The registered manager and staff showed a good understanding of consent and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguarding. They were able to explain what it meant and how they would progress if they thought anyone was being deprived of their liberty. At the time of our inspection no one at the service was being deprived of their liberty.

The person who used the service told us that staff asked consent each time they visited him. He told us, “They ask

me if I want my bath, sometimes I say no. They ask why but never pressure me. I will have it another day.” We observed staff and the registered manager knocking on people’s flat doors and waiting for them to be let in. We also heard other people being asked for consent for a variety of things, for example if they were ready for lunch and for the person who used the service to speak with us.

The person who used the service told us that the complex had a restaurant where they could go for lunch if they wished. They told us the meals were very good. There was a menu and they chose what to have at each meal time. However, they were independent within their own flat for other meals. They were able to go out and do their own shopping. The registered manager told us that the complex restaurant had just been awarded five stars from the local authority food hygiene rating scheme. We saw documentation to support this. The registered manager told us that if they had concerns about anyone with regards to nutrition they would contact specialist support.

The person who used the service told us they had recently had a fall and the staff had arranged for the district nurse to visit to change their dressings. They were independent in their own healthcare but told us staff would help if needed. The registered manager explained that they would assist if necessary with people’s health requirements.

The registered manager told us they had worked with the local authority falls prevention team who visited and chatted to people to offer advice. The sensory team also visited every three months to offer assistance with hearing and hearing aids.

Is the service caring?

Our findings

The person who used the service said, “The two ladies who help me are so nice, they are lovely.”

The staff member was able to tell us about the person they provided care for. They knew about their past life history and were able to explain how they provided the appropriate care. They told us how the care plan had been produced and what it contained.

The person who used the service knew about his care plan, what it contained and where it was kept. He said, “Every time they help me with my bath they write in it.” He told us he had been involved in its development. The staff member knew the importance of keeping it up to date.

The registered manager told us that they were aware of advocacy services and how to access them should they be required to assist people.

The person who used the service told us that staff treated him with privacy and respect. The staff member said, “We keep people’s privacy as much as possible.” They told us that people lived in their own flats or bungalows within the complex and that was their home. They were able to explain how they kept privacy, for example when assisting the person to bathe, by letting them do what they could for themselves.

The person who used the service had their own flat and as such had as much privacy as required. There was also a lounge and restaurant in the complex where they could go if they wanted to leave their flat to meet visitors.

Visitors were able to visit when they wanted. They were also able to use the complex facilities with the person who lived there. Visitors were seen going to people’s flats throughout the inspection.

Is the service responsive?

Our findings

The person who used the service told us they were involved in their care plan if they wanted to be.

Staff told us they knew the person they provided care for, but used the written care plan to confirm there had been no changes to their assessed care and to keep up to date.

The person's care plan was comprehensive and was written in a person-centred way. It included; pre-assessment paper work, risk assessments, and a full up-to-date plan of care. Staff kept daily notes for the person which were added to the main care plan. It was obvious through the documentation that the person had been involved and had signed the care plan.

During our inspection we observed positive interactions between staff and people who used the service, and that choices were offered and decisions respected.

The person who used the service explained that the complex had a social committee who arranged a variety of activities. They played bridge and enjoyed the chairman's evening. They went on to tell us about the evening and what it had consisted of. The programme of activities we saw included; a cinema evening, scrabble, visiting guest speaker and a music quiz.

There was a complaints procedure in place. Few complaints had been received but they had been responded to following the procedure and both parties satisfied with the outcome.

The registered manager told us that although there was only one person who used the service, they still used an annual satisfaction survey. We saw the last one. It was very positive. The registered manager told us if there had been any negative comments he would have spoken to the person to try to solve any issues.

Is the service well-led?

Our findings

The person who used the service told us he saw the registered manager on a regular basis and could speak with them at any time. The staff member told us that they had been included in many decisions regarding the service. They said that there was an open culture, they could speak with the registered manager or duty manager about anything and they would be listened to. They also said they could contact them and ask for a meeting if they wanted and they would meet with them as soon as possible.

It was obvious at our inspection that there was an open and transparent culture at the service. Everyone was comfortable speaking with us and forthcoming with information. The person who used the service told us they knew who the registered manager was and saw him regularly.

Staff meetings were held on a regular basis. The staff member told us they were well attended and gave them an opportunity to discuss anything. We saw minutes to confirm this.

The registered manager told us that accidents and incidents were reported and recorded and would be analysed to identify any trends. Accident/incident report records were seen. They had been completed in accordance with the provider's procedure.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. The provider and senior care coordinator were able to tell us which events needed to be notified, and copies of these records had been kept.

The manager told us there were processes in place to monitor the quality of the service. This included; checks of the emergency systems, lighting and alarms and call system. We saw records to confirm this.