

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Oaklands Park Domiciliary Care Service

Oaklands Park, Newnham, GL14 1EF

Tel: 01594516551

Date of Inspection: 19 September 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Fees	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The Camphill Village Trust
Registered Manager	Mrs. Anna Catherine Salinas
Overview of the service	Oaklands Park Domiciliary Care Service provides support exclusively to people living at The Camphill Village Trust Newnham.
Type of service	Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 19 September 2012, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with staff.

What people told us and what we found

We found that the provider was providing a service which had respected the privacy and dignity of people who used their service. Assessment and reviews conducted by the agency had consulted with people who use the service and recorded how they wished to be supported. People told us that: "that staff are excellent" and how "I really enjoy living here and that staff listen to me".

Monitoring by senior staff had ensured that staff followed support plans and respected the wishes of people using the service. There were sufficient skilled and experienced staff to safely meet the needs of people who use the service, and to enable the agency to accept new referrals. The standard of induction and subsequent training for staff was of a good standard. Unpaid staff who work at the service are known as co-workers or guest volunteers. We were told that they did not provide support with personal care.

In summary, this inspection found that the Oaklands Park Domiciliary Care service was providing a good standard of care and support to the people using their services.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Fees

✓ Met this standard

People who pay for a service should know how much they have to pay, what they are paying for, how to pay, and when to pay for it

Our judgement

The provider was meeting this standard.

People who use the service knew how much they were expected to pay, when and how.

Reasons for our judgement

People using the services, or those acting on their behalf, knew the cost of the services and when they were expected to pay those charges. We reviewed, with the provider, how the information regarding fees was given to people using the service, their families or representatives. We saw evidence that each person, who was responsible for paying for the costs of their care, had been provided with a statement and schedule which provided a breakdown of the costs. Additionally, each of the files seen contained a tenancy agreement. The general manager told us that the contract and statement of terms and conditions was being reviewed. Each of the tenancy agreements had been signed by people using the service.

Receipted records had been maintained of the payments made by people using the service. Information had been provided to people using the service, and their representatives who were paying in part for their care, that they may become eligible for additional local authority funding support.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We saw the care plans for four people. The care plans contained assessments and had been reviewed on a regular basis or, as appropriate, to reflect changes in need. The care plans also reflected choices of how people wished to be supported. We saw evidence that the provider was reviewing needs and how care was centred on the people using the service, their individual needs, preferences and diversity. Care plans contained risk assessments to provide guidance for staff which had allowed them to care for people safely and respect their welfare. Records also showed how staff were able to recognise changes in physical/mental health which they had reported to senior staff. A continuity of staffing had allowed them to recognise changes in need. The general manager provided us with written evidence which stated that only suitably trained staff had provided support with personal care.

We saw an example of the 'domiciliary care file' which was kept in the rooms of people using the service. The files had recorded the support provided with personal care on a daily basis. The files had also recorded how people wished to be supported and their likes and dislikes. The files had been developed in conjunction with allocated keyworkers.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse, and prevent abuse from happening. The provider had reviewed the capacity of people who used the service and their relationship with carers. The provider had also provided staff with guidance, regarding safeguarding people using the service, during their induction. Training records showed that staff had subsequently completed detailed safeguarding training and that they had the opportunity to refresh this training. The provider had also consulted with local agencies such as the local authority. The provider had made referrals to local safeguarding team when staff had identified concerns. People using the service had been provided with guidance from staff and the local Police regarding how to 'keep safe' - when in and away from their home. We also saw records of regular risk assessments which had sought to identify risks to people using the service and to manage those risks.

Management of medicines

✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There were systems in place to ensure that medicines were safely administered by appropriately trained staff.

We briefly reviewed, with the provider, the systems which had been employed to provide personalised care through the effective use of medicines. The general manager confirmed in writing that whilst neither guest volunteers or co-workers provided personal care, co-workers (but not guest volunteers) had assisted with prompting to support residents taking their medication. The general manager also confirmed that volunteers had received training in 'awareness of medication' and that all residents had been assessed for their ability to self-medicate.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The health and welfare of people using the service was protected by being supported by competent staff. Training records showed that new staff had received a comprehensive induction following national standards. Staff had completed the 'Skills for Care Common Induction Standards'. All new and existing staff had received health and safety and training specific to their role. Learning and development needs had been assessed in supervision meetings with senior staff. The provider told us that there was a training and development plan which was being updated to reflect the training needs of all staff. We saw a training matrix which showed when staff had completed and when they would need to refresh their skills and knowledge. There was evidence from training records that staff received appropriate opportunities for professional development. Most of the recently recruited staff had already achieved a NVQ level three in care. Similar opportunities were available to existing staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had an effective system to regularly assess and monitor the quality of the service that people received. We were shown evidence of regular keyworker meetings, which had been used to seek the views of people using the service, regarding the quality of care they received. Regular group meetings had also been held with people who use the service to seek their views. We saw the minutes of these meetings (forums). The minutes showed that any concerns raised had been acted upon by the provider. The provider told us that the systems used to audit the service were being reviewed. We saw evidence in people's care plans of continuous monitoring to analyse and review risks, events, incidents and near misses. Following accidents, or near misses, there had been reviews of risk assessments to prevent a reoccurrence and to protect the person and staff involved.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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