

Review of compliance

The Oaklea Trust

Region:	North East
Location address:	The Oaklea Trust East Domiciliary Care Agency Office 26 Derwentside Business Centre Villa Real Consett County Durham DH8 6BP
Type of service:	Personal Care
Date the review was completed:	04/04/2011
Overview of the service:	<p>The Oaklea Trust is a Limited Company with charitable status.</p> <p>The Oaklea Trust's purpose is to support disabled and disadvantaged people towards independence, through choice and inclusion. This is based on the principle that every citizen has a positive contribution to make to society and the right to control their own lives.</p>

Summary of our findings for the essential standards of quality and safety

What we found overall

We found that Oaklea Trust was meeting all the essential standards of quality and safety we reviewed.

The summary below describes why we carried out the review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

As part of our planned review, we looked at the following outcomes only.

Outcome 1 Respecting and involving people who use services

Outcome 4 Care and welfare of people who use services

Outcome 7 Safeguarding people who use services from abuse

Outcome 14 Supporting workers

Outcome 16 Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider.

What people told us

The Trusts customer and stakeholder evaluation report 2010 stated: Customers have shown they are given choice and control over their lives. This shows through people taking part in a range of different activities.

Over three quarters of customers take part in social activities such as going to the cinema, attending college and visiting pubs etc.

What we found about the standards we reviewed and how well The Oaklea Trust was meeting them

Outcome 1: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Overall, we found that The Oaklea Trust was meeting this essential standard.

Outcome 6: People should get safe and coordinated care when they move between different services

Overall, we found that Oaklea Trust was meeting this essential standard

Outcome 7: People should be protected from abuse and staff should respect their human rights

Overall, we found that Oaklea Trust was meeting this essential standard

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Overall, we found that Oaklea Trust was meeting this essential standard

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Overall, we found that he Oaklea Trust was meeting this essential standard

Action we have asked the service to take

No action required.

What we found
for each essential standard of quality
and safety we reviewed

Outcome 1: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- Understand the care, treatment and support choices available to them.
- Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- Have their privacy, dignity and independence respected.
- Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with outcome 1: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
The Trusts customer and stakeholder evaluation report 2010 stated: “Customers have shown they are given choice and control over their lives. This shows through people taking part in a range of different activities.
Over three quarters of our customers take part in social activities such as going to the cinema.
A similar number attend day centres and clubs. Riversiders and Step clubs proved to feature strongly.
Their plans for the future included:

- Going on holiday
- Become healthy, give up smoking
- Decorating and other DIY or move house
- Go to college, get a new skill or get a job
- Become independent

- Socialise – pubs, restaurants etc.
- Theatre and shows
- Visit family and friends
- Shopping”

Other evidence

We received very detailed information from the provider including: The Trusts annual report, service users guide, customer survey results, and provider compliance assessments. This Information provided us with enough detail to complete the following for this outcome.

The provider said, all customers had an in depth assessment and support plan which is based upon their needs, wishes, values, beliefs and aspirations.

Customers were encouraged to make informed choices especially where there were risks associated with the choices they may made.

All customers had the opportunity to attend customer forums to express their views and experiences into the way the service is provided. Meetings provided an opportunity for customers to take ownership of their support.

The provider informed us that a customer partnership coordinator is employed to act as a further point of contact for each customer. An annual customer survey gathered the views of customers which were then used to further develop the service.

Where appropriate, Best Interests meetings were held to ensure that the rights of customers were safeguarded.

Information submitted showed that all customers had access to an independent advocacy service if they wished.

Customer reviews were held at least annually or more frequently if required.

All customers were provided with a customer agreement which advised on their cost of care, how it is met, and information was also provided on how to complain about the service and how it would be dealt with.

There were two customers are on the board of Trustees. They provided a valuable insight into actual support given and were able to influence decisions on a more strategic level.

Information we received stated: All staff follow a comprehensive training programme which included, Moving and Handling, Medication, First Aid, Fire Training, Food Hygiene, Health and Safety, Risk Assessment, Safe Guarding Adults, Learning Disability Qualification and relevant National Vocational Qualification.

Where required, staff recieved training in Makaton so that they could communicate with customers who used this format. Other communication techniques included

object referencing and pictures.

We were informed that there were robust policies in place to provide guidance when respecting and involving customers who used the service, these included: Vision and Values statement, Equality and Diversity, My Life, My Choices, Complaints and Compliments, Person Centred Approach and Planning, Mental Capacity, Key Worker System, Advocacy, Safe Guarding Adults, Customer Risk Assessment, Sexuality and Relationships, Recruitment and Selection, Customer Consultation, Confidentiality and Data Protection, Positive Risk Taking, Quality Evaluation and Customer Holidays. All these policies outlined the principles upon which the service is provided as well as giving clear guidance and advice to staff.

All customer care was based upon the needs of the individual. This was first established at assessment via completion of My Life, My Choices. This document covered all aspects of care and support that an individual may need. Customers were supported to complete this document. Where this was not possible, a family member, previous carer, care managers, advocate or relevant others would assist in its completion.

The provider said, all staff work alongside health and other care professionals to ensure that appropriate support is given e.g. feeding plans or physiotherapy actions.

All customers had a hospital passport which clearly identified any specific needs a customer had if admitted into hospital.

Customer risk assessments were in place which encouraged positive risk taking and supported people to take control over their lives by weighing up the potential benefits or harms.

Our judgement

Overall, we found that The Oaklea Trust was meeting this essential standard

Outcome 6: Cooperating with other providers

What the outcome says

This is what people who use services should expect.

People who use services:

- Receive safe and coordinated care, treatment and support where more than one provider is involved, or they are moved between services.

What we found

Our judgement

The provider is compliant with outcome 6: Cooperating with other providers

Our findings

What people who use the service experienced and told us
The Trusts customer and stakeholder evaluation report 2010 stated:
90% of customers who responded to the questionnaire felt that they were given support to stay healthy.
84% of people received support to visit the dentist.
87% of people received support to visit the doctor.
89% of respondents were supported to eat healthy
59% of customers had accessed a wellbeing clinic.

Other evidence
We received very detailed information from the provider including: The Trusts annual report, service users guide, customer survey results, and provider compliance assessments. This information provided us with enough detail to complete the following for this outcome.

All customers had regular reviews where customers were encouraged to invite other providers who were involved in their care. Where appropriate customers had a care manager who worked alongside the staff team.

All support plans where necessary included guidance from other professionals such as health, or welfare benefits.

Where appropriate staff worked in tandem with other providers ensuring consistent support.

The provider compliance assessment informed us that, My Life, My Choices support plan clearly outlined all support and care required and was based on customer wishes.

At reviews which were held at least yearly, all appropriate individuals including health care professionals and other agencies were involved in planning and reviewing of support plans.

Where community/district nursing is required e.g. with the administering of insulin then a separate health care plan was available.

All information was fully recorded in daily life notes and My Life, My Choices.

All staff followed procedures in line with the Data Protection Act 1998 which provided clear guidance on the receipt, storing and transmission of information. All files were held in a secure location and all PCs/ laptops were password protected.

Other information provided showed that customers are encouraged to use local advocacy groups and all are supplied with information on how to make a complaint both internally or externally to CQC, care managers, and commissioners.

A customer partnership coordinator was another person for customers to access to ensure that their views and opinions were heard and acted upon.

The provider said that any young adult moving into the service would have multi disciplinary input involved on the transition plan. Included in this, was a young person adviser who provided support and assistance with the transition including the search for employment or work placement.

Our judgement

Overall, we found that The Oaklea Trust was meeting this essential standard.

Outcome 7: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant With outcome 7: Safeguarding people who use services from abuse.

Our findings

What people who use the service experienced and told us
The Trusts customer and stakeholder evaluation report 2010 stated:
94% of customers feel that they are listened to by Oaklea Trust Employees.
82% of customers know how to complain.
18% either didn't know how or were unsure how to complain?

Other evidence
We received very detailed information from the provider including: The Trusts annual report, service users guide, customer survey results, and provider compliance assessments. This information provided us with enough detail to complete the following for this outcome.

The provider compliance assessments informed us that: All staff had received training in Safeguarding Adults against abuse. Policies were in place to ensure that staff had clear guidance about actions to take and who to report concerns to e.g. internally or externally such as, police or care manager.

Customers were aware of how to raise their concerns via talking to the team manager, key worker, another member of staff or, outside agencies such as, advocacy or care manager. All customers/relatives/carer were provided with information on how to make a complaint.

All complaints were logged on an Oaklea central data base and all staff were aware of actions to take if they were concerned or aware of any allegations of abuse. When required, reports would be made to safeguarding and actions would be taken following any safeguarding strategy meetings.

The provider said, all accidents and incidents were reported as per policy and procedures: accidents, Incidents and Statutory reporting. These reports would then be reviewed by the Regional Manager and Health and Safety manager. Following this, a report would then be sent to the directors and board of trustees.

All policies in relation to Safeguarding Adults were reviewed regularly to ensure that they meet current legislation and good working practise.

Following any allegation of abuse the customers support plan would be reviewed to ensure that they received appropriate support following any incidents.

Where required behaviour management plans were in place, all staff received training in Non Violent Crisis Intervention. A policy regarding Challenging Behaviour and Restrictive Physical Interventions were in place to provide advice and guidance to staff.

Where appropriate, customers were under the local authority's financial protection team. If a customer was unable to manage finances independently then an appointee system was used.

The Team manager and Regional manager made regular cash spot checks, and yearly audits of finances take place.

Our judgement

Overall, we found that The Oaklea Trust was meeting this essential standard.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

- Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us
Stakeholders comments:
"I have not used this team this year. They have always given excellent service when I have used them".
"Very happy with staff care and attention".
"My continuing feeling is that my relative has too many different support workers. I would like him to have only one or two".

Other evidence

We received very detailed information from the provider including: The Trusts annual report, service users guide, customer survey results, and provider compliance assessments. This Information provided us with enough detail to complete the following for this outcome.

The provider said, all staff undertook a comprehensive training programme and received regular supervision.

Staff received regular refresher training where appropriate and had a learning and development plan. This ensured that training met all mandatory requirements as well as development opportunities.

Training records were kept for all staff.

Policies were in place to offer further guidance to staff including Equality and Dignity in the workplace, Counselling, Induction, Maternity, Paternity, Adoption leave and Flexible Working, Working Time Compliance, Harassment, and Grievance.

The provider compliance assessment stated that all staff received regular supervision at least two monthly and an annual performance and achievement review was held. Future goals and learning needs and targets were identified and actions planned.

All staff had to attend medication training and were signed as competent to manage medications properly prior to giving any support to customers.

All teams had regular team meetings to discuss any changes to customer support, training, health and safety as well as organisational issues.

Our judgement

Overall, we found that The Oaklea Trust was meeting this essential standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

- Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
Staff encouraged customers to complete surveys with the support of an impartial person e.g. advocacy services.
Results from these surveys are available on the Oaklea website and are also distributed in a hard copy format.

Other evidence
We received very detailed information from the provider including: The Trusts annual report, service users guide, customer survey results, and provider compliance assessments. This Information provided us with enough detail to complete the following for this outcome.

The provider informed us that, systems were place to gather record and evaluate accurate information about the quality and safety of the care, treatment, and support provided, along with outcomes. These systems enabled pro-active and responsive planning.

All team managers completed a monthly management report that covered all issues relating to managing the resources of the project from finances, health and safety through to customer reviews and complaints. This was forwarded to the regional manager who discussed the reports at supervisions or during visits to the project.

All complaints were logged on an Oaklea central data base and all staff were aware of any actions to take if they were concerned or aware of any allegations of abuse.

All compliments were logged on a central Data base and were reviewed by the board of trustees.

Trustees made visits to customers at least yearly to provide an opportunity for customers to discuss the support they received. The trustee provided a report which was then sent to the team manager, regional manager and was discussed at board meetings.

Internal annual audits were carried out by senior managers who then provided a written report which recognised achievements or any actions needed to be taken.

Customer, stakeholder and employee surveys were carried out annually to get feedback on the support provided and how to progress.

Customer risk assessments were in place and these were developed with the customer. This encouraged positive risk taking, and supporting the person to take control over their lives by weighing up the potential benefits or harms.

Regular reviews were held for those customers who were supported under the Mental Health Act 1983. This ensured that the customer was adhering to the terms and conditions.

Our judgement

Overall, we found that The Oaklea Trust was meeting this essential standard.

Action we have asked the provider to take

provider **maintains** compliance with the essential standards of quality and safety.
No Action required.

Regulated activity	Regulation	Outcome
None		

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Adult Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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