

*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: 21 October 2013

Date of Publication:  
November 2013

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

<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Management of medicines</b>	✓ Met this standard
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ 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 to people living at The Camphill Village Trust Newnham. It should be noted that only a minority of people the service supports are in receipt of care regulated by the Care Quality Commission.
Type of service	Supported living service
Regulated activity	Personal care

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## Summary of this inspection

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 October 2013, observed how people were being cared for and talked with people who use the service. We talked with staff and reviewed information sent to us by commissioners of services.

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### What people told us and what we found

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We saw evidence that the service had been working on a performance improvement plan (PIP) with the local authority throughout 2013. This included improvements to risk assessment which were now embedded. The two people we spoke with told us that staff supported them well, one said, "They are very good. They listen".

People told us that they felt safe when supported by staff. One person added that staff were respectful when interacting with them and said they respected their privacy. Our observations and discussions with staff supported this and we found that staff were knowledgeable about the systems in place to protect people.

We saw that a significant amount of work had gone into updating the provider's medication policy which was pending approval. Checks had been built into processes to reduce the risks of errors occurring. Many of the good practices in this policy had already been implemented by the service.

Our conversations with staff and people who use the service indicated that the support and training provided to staff was beneficial. One staff member said managers were, "Very prompt at getting back to us". People who used the service said that staff knew how to support them and they had no complaints about the care they received.

The people we spoke with knew how to raise any concerns or complaints but told us they hadn't had to do this. One person said, "I am happy with how things are run".

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Care plans and risk assessments were updated regularly and external professionals were involved when this was indicated.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We checked care records for four of the 13 people who were in receipt of the regulated activity at the time of the inspection. We found that each person's needs had been assessed and this assessment had been used to develop their care plan. Our observations and conversations with staff and people who use the service demonstrated that the support described in care plans and risk assessments reflected the support staff provided to people.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We saw evidence that the service had been working on a performance improvement plan (PIP) with the local authority throughout 2013. This included improvements to risk assessment which were now embedded. Care records showed that risk assessments had been carried out and reviewed regularly. These covered falls, medications and activities that people participated in.

We saw that some care plans detailed each step staff should follow to support people, particularly with their personal care. However, the provider may find it useful to note that other care plans lacked detail. For example, one person had been assessed as having a high falls risk. Their support plan to address this risk said that they were, "supported by staff when accessing the wider community" but no details of what this meant had been documented. This meant that the level of support needed was open to interpretation and hence the support provided by staff may be inconsistent.

People's care and treatment reflected relevant research and guidance. We saw that referrals to external health professionals had been made when additional support was required to meet people's individual needs. For example, for service had worked with the community learning disabilities team (CLDT) to produce behavioural support plans when needed to manage challenging behaviours. Similarly when the service was no longer able

to meet the needs of one person, this had been raised with commissioners and a suitable placement had been found.

People's care and treatment was planned and delivered in a way that protected them from unlawful discrimination. We saw that people had access to preventative and specialist health care, including annual health checks and regular dental care. People were supported to access their wider community, to attend college and/or to work either on the Camphill Village farm or in the local village. People's support plans demonstrated that where possible staff worked with people to increase their independence in all areas of their lives. The two people we spoke with told us that staff supported them well, one said, "They are very good. They listen".

There were arrangements in place to deal with foreseeable emergencies. We saw that staff had undertaken first aid training and first aid equipment was available to staff. We saw that some information relating to evacuation in case of fire was written on boards positioned by the door of the houses we visited. The registered manager told us that fire drills were carried out regularly. However the provider may find it useful to note that personal emergency evacuation plan's (PEEP) were not available. This meant that the support each person needed to evacuate safely may be unclear to a new/agency staff member. We judged that the potential risk to people was minimal as the registered manager informed us that new/agency staff always worked alongside a regular staff member.

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

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## **Our judgement**

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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. The systems in place to protect people from abuse were understood and followed by staff.

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## **Reasons for our judgement**

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People who used 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. All staff had completed safeguarding training at a level appropriate to their job role. The two staff members we spoke with about this outcome area were knowledgeable about what they should report and the systems in place to safeguard people. This included the provider's policies and procedures and the roles of external agencies in safeguarding.

We saw that arrangements in place to manage people's finances protected them from abuse. People's capacity to manage their money independently had been assessed. If people were able to manage independently this was respected. For other people different controls were in place. For example, if a person could not remember their own Personal Identification Number (PIN) they signed to withdraw their money at the bank. People who needed support to budget had different accounts for bills and rents and day to day expenditure. This meant they withdrew an agreed amount and were supported to budget each week. When staff were involved in supporting a person to budget or buy items a full audit trail including receipts was kept. A full financial audit was in progress at the service at the time of the inspection.

We saw that people who used the service had easy read copies of the complaints form and a copy of the service user guide in their daily care files which they held. The two people we spoke with told us they felt safe when supported by staff. One person added that staff were respectful when interacting with them and said staff respected their privacy. Our observations and discussions with staff supported this.

The provider responded appropriately to any allegation of abuse. Records showed that we had been notified of relevant incidents or allegations which had occurred since our last inspection. These notifications also demonstrated that local authority safeguarding procedures had been followed. We were satisfied that appropriate disciplinary action, including dismissal and referral to the Independent Safeguarding Authority (ISA) were made when indicated with a former staff member.

People who used the service were protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. All staff members we spoke with were clear that restraint was not accepted practice, even if they had been trained in this while working at another service. When asked how they would respond to such incidents staff told us about the behaviour support plans in place for people.

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

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## **Our judgement**

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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. A medicines risk assessment had been carried out for each person the service supported and support had been tailored to their needs and preferences.

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## **Reasons for our judgement**

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Appropriate arrangements were in place in relation to obtaining, storing and administering medicine. Medicines were collected from the dispensary attached to the GP surgery and were supplied in weekly blister packs. This meant that people were not holding large stocks of drugs and any changes to their prescribed medication could be managed readily. The registered manager told us that they had raised a complaint earlier this year via the Patient Advice and Liaison Service (PALS) as medicines dispensed had not always been as prescribed. Hence a system was in place to check medicines at dispensing and when brought home for people who were unable to check their own medicines.

A medication risk assessment had been completed for each person to determine what level of support they needed. When people required support to collect their medication this had been included in their activity support plan to make sure that their medication was always available. People who were able to self-medicate had a lockable cabinet in their personal room where they could store their medicines securely. Other people's medication was stored safely in locked cupboards or drawers which only staff had access to. Storage temperatures in these areas were monitored by staff. In one house we visited we saw that this cupboard was not well fixed to the wall it hung on. The registered manager addressed this during our inspection.

Appropriate arrangements were in place in relation to the recording of medicine when this was administered by staff. We checked Medication Administration Records (MAR) for two people and saw that these had been appropriately completed for prescribed medications. However, the provider may find it useful to note that there were some gaps in recording whether high fluoride toothpaste had been used as prescribed. Only one of the people we spoke with received support with their medication but both people we spoke with were satisfied with the arrangements in place for them. The two staff members we spoke with demonstrated appropriate knowledge and responses in relation to the scenarios we discussed with them. We saw that all staff had completed medication training which was updated biannually. We also saw a draft copy of the provider's updated medication policy which was pending approval. This included a form for undertaking spot-checks on staff

practice. We saw that checks had been built into processes which would reduce the risks of errors occurring. Some of these good practices had already been implemented.

Medicines were disposed of appropriately. Staff told us that medicines were returned to the GP surgery dispensary. The provider had undertaken a quality check on medication practices at the service in June 2013. Following this they had recommended that a record of returns was maintained. The provider may find it useful to note that the registered manager had been unable to action this as the dispensary did not offer this service. We discussed options for how this might be addressed with the registered manager.

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

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## Our judgement

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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. The training and supervision of staff was of a good standard which meant that staff were able to meet the needs of the people the service supported.

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## Reasons for our judgement

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Staff received appropriate professional development. The service's staffing structure had undergone significant change over the past year to bring it into line with current expectations for supported living services. Previously voluntary live-in workers (co-workers) had held the role of 'house-parent' within people's homes at Oaklands Park. At the time of the inspection the co-worker role had gone and all staff were employed by the provider to carry out the regulated activity and other support services.

The staff training record (training matrix) showed that a programme of induction, mandatory and specialised training was in place for staff. Staff received mandatory training in all relevant areas including moving and handling, infection control, first aid, fire, risk assessment, medication, safeguarding, the mental capacity act, equality and diversity and food hygiene. Specific training to meet the needs of people who used the service was also provided. This included managing challenging behaviour, autism, dementia, epilepsy and effective communication. Our discussions with the registered manager demonstrated that care had been taken to select the most appropriate and good quality training. For example, the dementia training was a two day course run by the Alzheimer's Society and other courses were British Institute of Learning Disabilities (BILD) accredited.

The service's performance improvement plans (PIP), drawn up with the local authority, demonstrated that some staff were undertaking further relevant qualifications. Although there were some gaps in the training matrix, for example, in moving and handling training, we were assured that the majority of training had been completed and these gaps would be addressed. The registered manager told us that they had decided to use the local authority training matrix but this had yet to be implemented. This change meant that it would be easier to identify when training updates were due as the current system required dates to be checked manually.

We saw that staff received regular supervision including observation of their practice. These sessions were documented and it was clear from these records that any actions arising in supervision were followed up by the registered manager in a timely fashion. Our

conversations with staff and people who used the service indicated that the support and training provided to staff was beneficial. For example, one staff member told us about autism training, which had helped them to understand the person's perspective. Staff were able to access managers for support when this was needed. One staff member said managers were, "Very prompt at getting back to us". All the staff we spoke with told us they felt supported. People who used the service said that staff knew how to support them and they had no complaints about the care they received.

## 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

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### Our judgement

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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. The registered manager had oversight of the day to day care provided and there was a clear staffing structure within the organisation.

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### Reasons for our judgement

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People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. A service user survey had been undertaken in June 2013. This survey was undertaken annually and was presented in an accessible format. We saw that no quality issues had been raised on this occasion.

The provider took account of complaints and comments to improve the service. The people we spoke with knew how to raise any concerns or complaints but told us they hadn't had to do this. One person said, "I am happy with how things are run". We saw that when one person's representative had raised concerns about one aspect of their relative's care this had been dealt with to their satisfaction.

The registered manager told us about the provider's national service user conference which some people had attended the week before our inspection. A meeting was planned so they could feed back the ideas they had discussed to staff and other service users. We saw evidence that the service had communicated with people's representatives about the changes to the way support was provided at Oaklands Park. This included family meetings which allowed families the opportunity to comment on those changes.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. A serious incident had occurred in 2012 at another of the provider's supported living services. (Please note that this service was not registered with us at the time of this inspection as the service was not providing a regulated activity). The coroner wrote to us in September 2013 to raise concerns about the failure to manage risks around medication and to provide adequate support and supervision in this case. At this inspection we found that the provider had done considerable work to improve the management of medications at their services through development of their new medications policy. This policy was in its 13th draft and was pending approval by the provider's Board. The registered manager had been part of the policy development group and had fed back comments from commissioners to inform this

process. We saw that the registered manager had implemented changes to people's care in response to incidents. When doing this they had taken care to manage risks in a way which still allowed people to be independent in the areas they did not need support with.

Decisions about care and treatment were made by the appropriate staff at the appropriate level. The staff we spoke with told us that meetings were held regularly where people's needs and how best to support them was discussed. Minutes of staff meetings were available. The staff structure within the organisation was clear and staff knew who to raise concerns or issues to and who to talk to if they felt their concern had not been addressed effectively. A staff member said, "This has been the most approachable management team I have ever worked with". Another told us that they were able to challenge practices when they felt this was needed and that managers were open to new ideas. Staff told us that communication between staff groups and different shifts was good.

All monthly reviews, changes to care plans, risk assessments and medications were sent to the registered manager for review and to make sure that the office copies were up-to-date. MARs charts were also sent to the office once completed and were quality checked by the registered manager. There was an effective audit programme in place to manage staff and care records. This meant that managers had oversight of the day to day care provided by staff and of staff supervision. The registered manager showed us an infection control audit tool which they were assessing for use. While this had not yet been implemented we saw that important elements of infection control practices were already covered when staff were observed as part of their supervision. The provider may find it useful to note that provider level quality checks in 2013 had been limited to the medications audit completed in June. We were informed that an audit by the provider was planned for November 2013 but were not informed what this would include. Hence we were unable to test that this compliance has been sustained.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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