

1 Oak Group Limited

# 1 Oak Home Care

## Inspection report

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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 ●

# Summary of findings

## Overall summary

This inspection was carried out on 30 May 2018 and was announced. We gave the service notice of our inspection, so that people using the service could be contacted to determine if they wished to see us. The service was registered with the Care Quality Commission in May 2017 to provide personal care. This was the first time the service had been inspected.

1 Oak Home Care is a domiciliary service providing personal care to people in their own homes. At the time of our inspection there were twenty-six people using the service.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Personalised risk assessments were in place to reduce the risk of harm to people and were reviewed regularly. The staff were aware of risk assessments and understood the safeguarding processes. Incidents were recorded and the causes of these analysed so that preventative action could be taken to reduce the likelihood of re-occurrences. People received their medicines as they had been prescribed and there were robust procedures for the safe management of medicines. Infection control training had been provided to all staff. The senior staff of the service held meetings to review the service and continually assess how the service could be improved.

There were sufficient numbers of knowledgeable staff to attend the planned care visits to support people with their assessed needs. Staff worked in a flexible manner to support people at different times and on different days to meet their needs. Robust recruitment and selection processes were in place and the registered manager had taken steps to ensure that staff were suitable to work with people who used the service.

All staff received training to ensure that they had the necessary skills to care for and support the people who used at the service and were supported by supervision and appraisals.

People's needs had been assessed before they began to use the service and their relatives and other healthcare professionals had been involved as required, in determining their support needs. People's consent was gained before any care was provided.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the practice support this practice.

People using the service were supported to make choices about what they did and decide what food and

drink they wished to consume. Staff had supported people to make informed choices by providing information about healthy living choices.

Staff were understanding, empathic and protected people's dignity. People were treated with respect and supported with regard to their individual needs.

On-going assessments of people's needs were planned in advance. Information was available to people and relatives about how they could make a complaint should they need to do so. There were reviews of the care provided with the person and family members as appropriate. People were supported to raise concerns.

People and their relatives were asked for feedback about the service to enable improvements to be made. The service had a statement of purpose and an effective quality assurance system was in place to monitor and plan the future delivery of the service. Staff viewed that the senior staff were approachable and would listen to suggestions to develop the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood the safeguarding process and how to make appropriate referrals to the local authority as required.

Personalised risk assessments were in place to reduce the risk of harm to people.

Robust recruitment procedures were in place

People were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

Each person had an assessment and care plan which recorded their choice of how they wished to be supported.

Staff were trained and supported by way of supervision and training.

The service staff worked with other health professionals as required to support the people using the service.

### Is the service caring?

Good ●

The service was caring.

Staff were understanding and empathic.

Staff promoted people's dignity and treated them with respect.

Staff encouraged people to develop skills to increase their independence.

### Is the service responsive?

Good ●

The service was responsive.

People's on-going needs were assessed and their care and

support planned in response.

There were procedures in place to handle people's complaints and record compliments.

**Is the service well-led?**

The service was well-led.

There was an effective quality assurance system in place.

There were effective on-call arrangements to cover for staff at short-notice in the event of changes to the planned support.

People's views of the service were sought.

**Good** ●

# 1 Oak Home Care

## 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 was announced and took place on 30 May 2018. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information available to us, such as notifications and information provided by the public or staff. A notification is information about important events which the provider is required to send us by law.

During our inspection visited and spoke with four people who used the service and one relative, the director, registered manager, two members of the care staff and a healthcare professional.

We looked at the care records and risk assessments for five people using the service and how people's medicines were managed.

We looked at three staff recruitment records. We also looked at training, supervision and appraisal records. We reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed. We also looked at the on-call arrangements and records relating to the management of the service such as audits, policies and procedures.

## Is the service safe?

### Our findings

The staff we spoke with told us that they had been trained in safeguarding and were able to explain the procedures used regarding keeping people safe. One member of staff told us, "The training covered the different types of abuse." Another member of staff told us, "I have every confidence the manager would report any safeguarding matters to the authorities."

During this inspection we found that risk assessments were in place that were designed to minimise the risk to people and to promote their independence. For example, a person informed us how the staff of the service had worked with a healthcare professional to help them with their mobility needs. We saw the risk assessment had been written clearly regarding how to support the person with their mobility. A relative told us, "The staff are marvellous and have helped us exactly as we wished."

The registered manager told us that they only worked with new people to the service if they had sufficient staff to work with the person and were able to meet their needs. They had refused to take on referrals if they did not have the staff available. The registered manager also informed us that there had been no missed or late calls. This was because the service was small and the growth of the business was carefully planned to ensure there were enough care staff employed to attend to the people's agreed care visits. One person told us, "I like this service because it has never let me down."

We looked at the recruitment policy and procedure. The service had robust recruitment and selection processes and gaps in an applicant's employment history had been explored during the interview process. The manager informed us about the short-listing process used to identify applicants the service wished to interview. They also explained the purpose of the interview questions to determine the knowledge, skills and potential of the applicant to work with the people using the service. We saw that appropriate checks had been carried out, which included Disclosure and Barring Service Checks (DBS). A DBS check verifies whether applicants have any criminal records and whether they are barred from working in care services. There were written references, and evidence of the person's identity. There was also a copy of the job description and contract of employment.

Safe medicines management practice was followed. All medicines were stored securely for the protection of the people living in the service. Medicines administration records (MAR) contained detailed information such as up to date photographs and any allergies. When as required medicines had been prescribed, there was a protocol in place to advise the staff and person about the benefits of taking the medication on this basis. Stock levels of medicines were counted during each shift and random spot checks were also carried out by senior staff. This ensured that people received their medicines as prescribed and any discrepancies could be dealt with immediately. Staff had received training in the administration of medicines and their competency to do this safely had been regularly assessed. The service did not have individual profiles for supporting people with the administration of medicines to be taken as required. However, they were working upon having a profile in place for every person.

People's allergies had been recorded on their MAR. Staff had received training to clearly understand and

record appropriately the difference between prompting the person to take their prescribed medicines and administering.

There was a policy and procedure in place for infection control and staff had received training about the importance of this subject. Staff had access to personal protective equipment (PPE), such as disposable gloves and aprons when required. A member of staff told us "I like to keep people's homes clean as they wish and ensure I empty the rubbish bins each time.

The senior staff we spoke with told us how the service learnt lessons to improve and develop the service. This is new but the senior staff we spoke with wanted to ensure they learnt lessons and looked at how to improve the service. They explained that all incidents, accidents and near misses were recorded and then analysed by the senior staff to implement any necessary changes and improvements. A recording system had been established called 'We are all human and mistakes happen, it's how we address them that make us outstanding.' The problem or mistake was recorded and then the action and outcome recorded in response. This included as the service had grown keeping in contact with staff had become increasingly difficult so a monthly newsletter was launched in November 2017 for all staff to be kept up to date with service developments.



## Is the service effective?

### Our findings

People told us that staff had the skills that were required to care for them. One person told us, "The staff are very good, I trust them." A relative told us, "I cannot fault them; understanding and kind."

There was a section in people's care plans to record their assessed needs. We saw that templates were used to ensure all needs were covered and that the assessments reflected the individual needs of the person. The assessment was carried out with the person to identify their choices of how they wished their care to be provided. The service used a recognised assessment tool to determine if the person had low, medium or high dependency needs. Once established, information had been recorded on how to meet the person's assessed needs and this information was transferred through into their support plan. One person informed us they were happy with their care plan and they had been involved in writing it and hence it was an accurate reflection.

Staff told us that they had completed training in a variety of subjects including risk assessments, first aid, food hygiene and care planning. Staff told us that they had regular formal supervision sessions and also spot checks. A spot check is unannounced when a senior member of staff will visit the staff member supporting the person. This is to support the staff member, identify any issues and offer support as a result through supervision. Staff informed us that the supervision sessions were effective and you could approach a senior member of staff anytime for support. The provider informed us how they had sought the best training they could for their staff. They were further developing the staff training in dementia care and support as they saw this as a growing area with which they could support people. A member of staff told us, "The training is very good and I feel very well supported in job through supervision." Another member of staff informed us that they enjoyed working for the service as they had learnt a lot about care from the registered manager.

People were supported to have sufficient to eat and drink by the staff when the assessment had identified that staff were required to support with this need. Staff were also mindful to be aware if people's health deteriorated and actions to take to support them and involve other staff and professionals. Support plans recorded people's health support needs and recorded any special support people needed to stay safe and healthy. A healthcare professional informed us that the staff had worked with them very carefully to support a person increase their mobility. They were very pleased that the staff were always on time so that they could support them with their appointment with the person and clearly explain what they were doing.

The service had built good links with community health care professionals such as GP's and district nurses. We saw that the service staff had helped people to refer themselves to professionals for advice and support. Information had been clearly recorded in the persons support plan.

Staff understood legislation and systems were in place relating to consent and decision making. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. The senior staff were aware of their responsibilities regarding the MCA and sought the advice of the local authority appropriately over situations as they had arisen.

## Is the service caring?

### Our findings

People and their relatives told us that the staff were kind, caring and very supportive. One person told us, "They [staff] are always cheerful and that is very important." The director informed us that they tried to match the personality of the staff with that of the person receiving the support to help ensure that they are compatible and would get along together. One person told us, "The staff are marvellous could not do without them."

The support plans included information for staff about how to communicate with people including what name the person wished to be called. Staff described to us how it had taken time to build up a rapport with one person to clearly identify their aspirations and how they could support them. The caring acts of the service staff were recorded in a document entitled, "Random Acts of Kindness."

We observed that the staff knew the people well and there were positive interactions between the people using the service and the staff who supported them. There was laughing and smiling, which showed us people were relaxed and comfortable in the presence of the staff. Staff were aware of people's life histories and were knowledgeable about their likes, dislikes, interests and aspirations. They had been able to gain information on these through talking with people and their relatives. People using the service informed us they felt listened to and information was provided to them clearly and they understood. One person informed us the staff were never rushed and always spent the time with them that was planned in the support plan.

People told us staff always checked to see if they needed any further support before they left. They also considered that the staff treated them with dignity and respect.

The support plans we reviewed were oriented towards recognising people's choices and supporting their independence. For example, one support plan we reviewed described how to support a person with complex health care needs, describing in detail their wishes and choices with regards to support with their personal care. The staff had supported the person to regain some independence with their mobility.

Staff were provided with guidance on how to support people in a kind and sensitive manner. For example, in respecting how people liked to be addressed, how to support people with dignity when providing personal care and when responding to people who presented as anxious. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner. Staff told us that approaching and communicating with people was discussed in supervision.

The staff and the registered manager were aware of their responsibilities to protect people's confidentiality. They understood they were bound by a legal duty of confidence to protect people's personal information. People's records were maintained securely at the service office.

The current staff team comprised of some new members of staff alongside some long-standing experienced

colleagues. The registered manager tried to ensure continuity of care by having a team of regular staff to support people. Once staff had got to know people they introduced new staff to be able to work alongside experienced colleagues so they got to know people's needs and could cover at times of change. All of the people we spoke with told us they knew the staff well. One person explained to us that having strangers in their home was a difficult thing to come to terms with. They had got to know the senior staff well first and now trusted the care staff as they had been introduced to them over a period of time.

## Is the service responsive?

### Our findings

The support plans were written in a person-centred style. People's hopes and aspirations were recorded and ways to meet them were explored as well as their physical needs. The support plans were reviewed regularly by a senior member of staff with the person. Family members were involved if the person wanted them to attend the meeting.

Prior to providing any support the management staff undertook a detailed assessment to determine if the service could meet the person's needs. We saw that the assessments were recorded in the person's care plan. The assessment had been used to write a support plan which was updated appropriately, through reviews at set times and also on an as required basis. The service had taken account of people's religious and culture needs. The service worked with people and their families to fulfil those choices, so that the focus of a person-centred service was always paramount.

During the initial assessment information from a variety of sources was sought, such as social workers, health professionals, family members and friends as well as the individual involved. This led to as full a picture as possible being pulled together of the person being supported, meaning that their needs would be properly identified. One person informed us that the service had given them confidence and through the support of the service their quality of life had improved. Another told us, "I really look forward to the staff coming."

People received support which was personalised and responsive to their individual needs. The care plans were written in a positive and person-centred way. For example, focusing upon what the person could do for themselves and what the person required assistance with.

The support plans we viewed were detailed to show how people would like to receive their support and to enable the person to have as much choice as possible. The support plans contained personal information including their life history and their preferences, to show how they liked to receive their care and support. People who used the service thought that their support was focused on their individual needs.

The daily records showed people's needs were being appropriately met. All the people we spoke with said that the staff completed the daily notes each day. We saw in the support plans that as well as regular planned reviews, further reviews had been taken in response to events and changes made. This meant that the people's records were accurate and reflected their needs.

The service had supported people to attend events in the local community to enable people to continue feel part of their community and interact with other people. We also saw recorded times of personalised care being provided in an emergency. This was when staff had stayed to support people for longer than the scheduled care visit to ensure their needs were met.

People told us that they had not needed to complain, but that they were confident that if they did have any reason to make a complaint, it would be handled quickly and dealt with properly. One person said, "I have

no complaints but if I did I would certainly talk with the manager and they would sort things out for me." Another person informed us that they had never needed to complain but had raised a personal matter with the registered manager. They had trust in the registered manager and felt better for raising the matter and this had been resolved quickly and confidently to their satisfaction.

A number of compliments that had been received and included people and their relatives being grateful that the staff had attended to people during the bad weather when heavy snow was on the ground.

At the time of our inspection the service was not supporting any person extremely unwell and needing support at the end of their life. We spoke with the senior staff about terminal care and the staff were confident that they would be able to provide this and wished to support people if it was their view at that time in their life. The senior staff considered that this was achievable as they had addressed other aspects of the service by supporting and training caring staff.

## Is the service well-led?

### Our findings

The senior staff discussed and ensured staff recorded incidents so that they could be analysed to see what lessons could be learnt. People's care plans and risk assessments were reviewed regularly and updated. The staff were aware of the contents of the care plans so that they understood the people's needs and how to support them to meet the desired goal.

All of the staff told us that the provider and registered manager were approachable and highly supportive, acting as a role model, whenever on duty in the way they approached and supported the people that used the service. A member of staff informed us that the provider and registered manager delivered care to people at times themselves. Another member of staff informed us we do not struggle one of the seniors will come with you and help and to see any problems for themselves.

Staff informed us the rota was compiled well in advance and said that the registered manager dealt with staff requests, particularly annual leave quickly and effectively. Staff told us that they were knowledgeable about the people using the service so that they could work with anyone as required. Staff considered the strength of the service was that they worked with a small number of people which had built up trusting relationships and rapport.

People, relatives and staff members had been asked for their opinions of the service and any improvements that they would like were considered and brought into effect as soon as possible. A relative of a person who used the service informed us that nothing was too much trouble and the staff were open to ideas and always want to help. They had suggested ways in which they considered the staff could support their relative which had been discussed with all involved and implemented.

There was an effective quality assurance system in place. Quality audits were completed by the senior staff on a monthly basis and actions to improve the service were identified and implemented. The provider and registered manager worked closely together and recorded monthly meetings of their management plans to address any issues within the service. They also spoke most days to resolve any immediate issues. The service had recently employed an additional experienced member of staff to support them to develop the service providing support with the current management arrangements. This included the on-call system so that cover was always available for the people using the service and the staff. This would give the senior staff additional time off from being on-call while ensuring there was always an on-call system in operation.

The culture of the service was open, transparent and focused on the needs of people who used the service. People and staff told us the registered manager and senior staff provided care and support themselves to cover for any staff shortages. In addition, the registered manager told us they planned to include themselves on the rota to provide care and support to people to keep in close contact with them and their relatives. This meant they could continue to assess people's needs at first hand.

Staff told us the senior staff were approachable and available when needed. They were confident that they would respond to any questions or concerns they might have. One member of staff told us, "This is a really good place to work because of the supportive management."

One person told us, "I have regular support from the same group of staff, they know me well." They also informed us that the senior team provide some support themselves and were in regular contact should there ever be any changes.

Members of staff told us that they felt valued by the service. One member of staff told us, "The seniors staff spend a lot of time planning and arranging the training for us. This has helped us to build confidence in ourselves."

We viewed the quality assurance audit carried out by the registered manager. Feedback received from staff, relatives, health care professionals and people at the service was positive. Comments made to improve the quality of care had been considered and included in the action plan and actions had been taken. We saw that large print information packs had been made available to people for anyone struggling to read the usual size print.