

Oxleycare Ltd

Tidworth, Hampshire

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

What life is like for people using this service:

People received caring and compassionate care from kind and committed staff. The registered manager and management team led by example.

People were complimentary about the care they received and about the quality of staff. People told us staff listened to them and provided care in the way they wanted.

Staff recognised what was important to people and ensured an individual, person-centred approach, that met people's needs. People and their relatives had been supported to develop clear care plans that were specific to them. These plans were regularly reviewed with people to keep them up to date.

Staff respected people's privacy and dignity. People were supported to be as independent as possible.

The registered manager ensured people received safe care and treatment. People felt safe when staff were staying in their home and providing care. People received support to take their medicines safely.

Risks to people's well-being and safety were assessed, recorded and kept up to date. Staff took action to manage these risks effectively.

People's rights to make their own decisions were respected. People were supported to maintain good diet and access health services if needed.

The service was well-led. The provider's quality assurance processes were effective and there was a focus on continuous improvement. The registered manager provided good support for staff to be able to do their job effectively.

More information is in Detailed Findings below.

Rating at last inspection:

Good. Report published 08/11/2016.

About the service:

Oxleycare Limited is a domiciliary care agency (DCA). The service provides live-in personal care to people in their own homes. At the time of our inspection the service provided personal care to 28 people. The service also provided domestic support for a further four people, but this aspect of the service was not included in the inspection.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform when the next inspection should take place.

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 remained good.

Details are in our good findings below.

Is the service effective?

Good 

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service remained well-led.

Details are in our Well-led findings below.

Tidworth, Hampshire

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Oxleycare Limited, Tidworth Hampshire is a domiciliary care agency (DCA). The service provides personal care to people living in their own homes in the community. Staff are provided on a live-in basis for periods of several weeks.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 10 May 2019 to see the registered manager and to review care records and policies and procedures. We spent time in the week following the site visit contacting people who use the service, relatives, staff and healthcare professionals.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with four people and five relatives to gather their views about the care they received. During the office site visit we looked at records, which included four people's care and medicines records. We checked

recruitment, training and supervision records for two staff. We also looked at a range of records about how the service was managed. We received feedback from 21 care staff. We also spoke with the registered manager and three of the management team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- The service had effective safeguarding systems in place. Staff spoken with had a good understanding of what to do to make sure people were protected from harm. Staff confirmed they had completed regular safeguarding training. Staff were confident the registered manager would take action if they raised any concerns.
- People and their relatives told us they felt safe when staff were living with them. Comments included, "I feel safe with them in my home" and "She is a different person now she has a carer living with her. It is very reassuring for us as a family."

Assessing risk, safety monitoring and management:

- Staff understood where people required support to reduce the risk of avoidable harm. Risks people faced were assessed, recorded and updated when their needs changed.
- Specialists had been involved in assessing and developing plans to manage risks where necessary. For example, the service had involved occupational therapists in developing moving and handling plans and community nurses in developing diabetes risk management plans.
- Records included a risk assessment of people's home and any actions that were needed to enable staff to provide safe care.
- Staff demonstrated a good understanding of the identified risks and the actions they should take to provide care safely.

Staffing and recruitment:

- There were enough staff, with the right training and experience, to meet people's needs. Staff provided live-in care, usually for several weeks at a time. Cover arrangements were in place to ensure the live-in carer had sufficient breaks and days off during their placement.
- Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people.
- The management team took care to match the skills and personality of staff to people using the service. One relative commented, "They have matched the carers to [my relative] very well, and she respects them."

Using medicines safely:

- People received their medicines safely. People's care plans contained details of the support they needed with their medicines. People and their relatives told us staff provided support to receive their medicines safely and on time. Staff kept a record of medicines they had supported people to take.

- The registered manager ensured people's medicine records were completed accurately. Records were regularly reviewed to ensure staff had completed them correctly.

Preventing and controlling infection:

- Staff were trained in infection control.
- Staff had access to protective personal equipment such as gloves and aprons.

Learning lessons when things go wrong:

- The provider responded appropriately to incidents and used them as a learning opportunity.
- Incidents had been well managed and fully investigated. The management team reviewed all incidents and accidents to assess whether further measures were needed to keep people safe. Learning from incidents had been shared with all staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed before receiving care to ensure these needs could be met. People said this assessment was very thorough and gave them the opportunity to ask any questions they had. Individual care plans were put in place to set out how these needs should be met.
- The provider followed guidance and good practice recommendations to ensure people's needs were met. Care plans were developed with reference to National Institute for Health and Care Excellence (NICE) guidance.

Staff skills, knowledge and experience:

- People were supported by skilled staff that had ongoing training relevant to their roles. Staff were confident any training needs they identified would be met by the provider.
- People and their relatives were confident staff had the right skills and experience to meet their needs. Comments included, "Training is important. The staff have got the right skills and experience."
- Staff were well supported. They had regular individual meetings and were in contact with the management team each week. All staff had an annual appraisal with their manager. Staff said they felt able to raise any concerns or seek support whenever they needed, including overnight and at weekends. Staff said they received good back up from the 'on-call' manager, which provided assurance when they were working alone.

Eating and drinking:

- People were supported by staff to maintain good nutrition and hydration.
- People's dietary needs and preferences were included in their care plans.

Staff providing consistent, effective, timely care and involvement of health professionals:

- People said staff knew them well and how to meet their needs.
- People were supported to access health services and had their health care needs met. Records demonstrated the service worked with GPs and community health services to ensure people's needs were met effectively.
- Two community matrons were positive about the way staff worked with them to ensure people's needs were met. Comments included, "They have a good understanding of [the person's] needs and call me promptly if they have any concerns" and "The carers have the right skills and work well with the community health team. They raise issues promptly where needed and follow advice and guidance."

Ensuring consent to care and treatment in line with law and guidance:

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 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.

- People's rights to make their own decisions were respected and people were in control of their support.
- People were supported by staff who knew the principles of The Mental Capacity Act 2005.
- The provider had systems in place to record people's capacity assessments related to specific decisions, if that was required.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity :

- People were treated with kindness and were positive about the staff's caring attitude.
- People and their relatives told us staff treated them with respect and provided care in an individualised way. Comments included, "They are very caring and look after us. The staff have the right skills."

Supporting people to express their views and be involved in making decisions about their care:

- Staff supported people to made decisions about their care; and knew when people wanted help and support from their families.
- Staff signposted people and their relatives to sources of advice and support or advocacy.
- People and their relatives told us they made any decisions about their care. Comments included, "They really listen to what I want and follow up everything I say to them" and "There is good two-way communication. We need to work as a team and that is what happens."
- People's communication needs were assessed and recorded in their care plan.

Respecting and promoting people's privacy, dignity and independence:

- People and their relatives told us staff respected their privacy and dignity. Comments included, "It has allowed [my relative] to have a life. We tried a care home but it was not the right place for him. Oxleycare has allowed him to stay at home."
- People were supported to be as independent as possible.
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were supported to make choices and have as much control and independence as possible. People and their representatives had been fully involved in developing and reviewing their care plans.
- People's care plans were specific to them and set out how they would like their needs to be met. The plans identified and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. Actions included clear information about support needed to manage hearing loss and the way dementia had affected people's communication.
- The provider recognised people's changing needs and ensured staff were well informed about any changes to people's care or condition. The registered manager had made improvements to ensure staff were always supplied with the most up to date information about people's needs before they started their placement. This ensured staff had access to up to date information at all times.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure, which set out how people could complain and escalate concerns to other agencies if needed. People were given a copy of this procedure when they started using the service.
- People said they knew how to make a complaint and were confident any concerns would be dealt with. One person said a concern they had raised was resolved promptly and to their satisfaction.
- Records demonstrated complaints had been investigated and the complainant provided with a response. The registered manager had apologised to complainants where appropriate.
- The registered manager monitored all feedback received and ensured positive comments were passed on to the staff.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care. The service worked with health professionals where necessary, including the palliative care service.
- Staff understood people's needs, were aware of good practice and guidance in end of life care. People's religious beliefs and preferences were respected and included in care plans.
- The service had received positive feedback from relatives of people who had died. Comments included, "She wanted to die at home and that would not have been possible without Oxleycare" and "The care from your team was exemplary at all times."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager and management team created a culture of person-centred, high-quality care by engaging with people using the service and stakeholders. There was a clear vision for the service which prioritised safe, high-quality, personalised care. Managers had the experience and capability to make the vision real in practice.
- People and their relatives praised the management and told us the service was well run. Comments included, "Leading from the top is important, and that is what [the registered manager] does." A community matron who had contact with the service told us, "Oxleycare has the right values and always puts people first."
- Staff told us they thought the service was very well managed. Comments included, "The Oxleycare team is responsive, caring and efficient. They look after the needs of client but also support carers. It helps to have an informed person on the other end of the phone who has time to listen and talk through problems with you" and "They are very supportive and helpful."
- The registered manager was aware of their responsibilities under the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care:

- The provider had effective quality assurance systems in place. These included, reviews of care records, medicine records, care plans, staff files and quality satisfaction surveys. The management team conducted regular checks to ensure staff were putting their training into practice and maintaining their expected standards. The results of the various audits and checks were used to create a development plan for the service.
- There was a clear staffing structure and staff were aware of their roles and responsibilities. Staff were confident they could get support at any time if needed.
- There were effective systems to manage risks to people using the service, staff and members of the public. Risks were regularly reviewed, and action taken to manage them where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- The service involved people, their families, friends and others effectively and in a meaningful way. The registered manager responded to issues raised in quality surveys and let people know what action they had taken.
- Staff told us they felt listened to, valued and able to contribute to the running of the service.

Working in partnership with others:

- The provider worked well with the health and social care professionals. There were good arrangements to work with other organisations who provided care to people and with health and social care services.
- A relative told us, "The carers work well with staff from [another care agency], who provide cover for breaks."
- The provider was a member of relevant industry associations to ensure they were updated in relation to any changes in legislation or good practice guidance.