1 Oak Group Limited

# 1 Oak Home Care Bury St Edmunds

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

About the service: 1 Oak Homecare Bury St Edmunds is a domiciliary care service and is registered to provide personal care to older people and people with physical care needs in their own home. At the time of our inspection the agency was supporting 13 people with personal care.

People received care that was person centred and caring. Relatives told us that they would recommend the service and their loved ones were supported by a consistent team of staff who knew them well and went the extra mile to meet their needs.

Staff were provided with guidance about how risks to people's wellbeing should be managed and the steps that they needed to take to keep people safe. When there were changes in people's wellbeing these were escalated promptly to health professionals and the agency maintained good communication with relatives.

Staff suitability was checked prior to their employment. Staff received training, support and supervision. Staff performance was monitored to ensure that they were working to the standards required.

People were supported to eat and drink in line with their care plan and nutritional needs.

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

Care plans were in place and the provider was in the process of transferring information to a new electronic format. While this was presenting some challenges, the registered manager was working through these in a systematic way.

There was a complaints policy in place. Relatives told us that while they had no concerns, they would be very comfortable raising issues and were confident they would be resolved.

Staff told us that the management were caring, and supportive. Staff morale was good.

The registered manager was committed to providing a good quality service and developing the service in line with best practice. They understood the importance of quality monitoring and how to use this to drive improvements. There were clear systems in place to audit the quality of care delivered to people. Staff and people using the service were invited to give feedback on their experiences.

Why we inspected:
This service was registered with us on 14 May 2020 and this is the first inspection.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

## 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

Details are in our Safe findings below.

**Is the service effective?**

Good

The service was effective

Details are in our Effective findings below.

**Is the service caring?**

Good

The service was caring

Details are in our Caring findings below.

**Is the service responsive?**

Good

The service was responsive

Details are in our Responsive findings below.

**Is the service well-led?**

Good

The service was well-led

Details are in our Well-Led findings below.

# 1 Oak Home Care Bury St Edmunds

**Detailed findings**

## Background to this 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
1 Oak Homecare Bury St Edmunds is a domiciliary care service and is registered to provide personal care to older people and people with physical care needs.

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 this is a small agency and we needed to be sure that they would be in.

Inspection site visit activity started on 29 November 2021 when we visited the office location to speak with the registered manager and to review care records and procedures. We also spoke with people's relatives by telephone and interviewed staff.

What we did:
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 contacted the Local Authority who commissioned care packages.

We spoke with four relatives three staff and the registered manager.

We reviewed the care records of three people. We also looked at records relating to the overall quality and safety management of the service, care plans, three staff recruitment files and staff training records.

Good

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

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

Systems and processes to safeguard people from the risk of abuse
• All the people we spoke to told us that they had no safety concerns and the agency was well managed.
• Staff had undertaken training in safeguarding and understood their responsibilities to ensure that people were protected from harm. Staff had been provided with identity badges which outlined the contact details of the local safeguarding team and emergency contact details.
• The registered manager acted when concerns had been identified and reported them to the right agencies.
• The registered manager assured us there were clear safeguarding processes in place to oversee any shopping involving people's finances which was undertaken on people's behalf.

Assessing risk, safety monitoring and management
• There were systems in place to identify and mitigate any potential risks to people.
• Environmental and health and safety risk assessments were undertaken. Where risks had been identified, staff were clear about how they should be managed. However, some of the documentation required further clarity. This was addressed by the registered manager during the inspection.
• Relatives described how the risks associated with their relatives were managed, "They record my relatives fluid output and if they think their food intake is low, they let me know."

Staffing and recruitment
• People were supported by a team of regular staff who stayed for the allotted time. One relative told us, "We had a very different experience at a previous care agency, this agency provides regular carers who know my family members." One member of staff told us, "There is no clock watching, if we are running behind, we ring a manager and they will notify the person."
• Recruitment checks were undertaken on staff before they commenced employment at the service, which included references and disclosure and barring checks. The registered manager told us that they had plans to strengthen the processes further by seeking additional references.
• There were on call arrangements in place for outside office hours should people using the service or staff need advice or support. One relative told us that they had used the on call service and it had worked very well and provided the assurance needed.

Using medicines safely
• Staff supported people with the administration of their medicines and care records contained information about the support people needed.
• Staff received training and competency checks were undertaken to ensure that staff practice was in line with the company procedures.

• Audits on people's medicines were undertaken, and actions taken when shortfalls were identified. The registered manager told us that they intended to introduce on-site checks as it enabled better monitoring of people's medicines.

Preventing and controlling infection
• The provider had ensured there was sufficient stock of Personal Protective Equipment (PPE).
• Staff had undertaken training in infection prevention and control and told us they had a good access to PPE equipment. People and their relatives confirmed staff wore the appropriate PPE. One relative told us, "They wear gloves, masks and aprons and wipe everything down before they go."
• The registered manager told us that they had system in place for COVID 19 for testing for staff, but they acknowledged that this required more oversight. They provided assurances that they had a plan to address this.
• The registered manager had ensured staff had the information they needed about vaccines to ensure they could make informed decisions and there was a high take up of the vaccine.
• Staff adherence to infection control procedures was monitored during spot checks of staff performance.

Learning lessons when things go wrong
• Incidents and accidents were recorded and reviewed by the registered manager.
• Reflective accounts were documented and showed that the registered manager recognised the importance of being open and using incidents to identify improvements.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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
• The registered manager supported staff to provide care in line with the best practice guidance and legislation. They told us that they maintained contact with local and national forums to ensure that they kept abreast of the latest developments in social care.
• People's needs were assessed and regularly reviewed. Peoples protected characteristics under the Equalities Act 2010 were identified such as age, disability and religion.

Staff support: induction, training, skills and experience
• People received support from staff who had been trained. All new staff received an induction which included shadowing an experienced colleague. One member of staff told us, "I had my shadow shifts, but they talked through the process with me and if I still wasn't confident, I could have had more shadow shifts." Another said, "They throw as much training at us as they can, the company want high standards."
• A training matrix was in place to enable the registered manager to monitor which staff had completed the training modules and when refreshers were due.
• Training consisted of a combination of face to face and on-line training and the service had its own training room with equipment, which was used to provide moving and handling training to staff, although this was not currently in use due to the risks associated with COVID19
• People expressed confidence in the skills and knowledge of staff.
• Staff received support though supervisions and annual appraisals. Their competency and understanding of procedures were checked during spot checks. Staff were well supported by the management of the service, one member of staff told us," It's the best agency I have worked for. There is lots of support and help."

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink and maintain a balanced diet as outlined in their care package. One relative told us, "The previous care company would only do microwave meals, but this company will cook things from scratch, they really do go the extra mile."
• People's food preferences were recorded

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Relatives told us the agency communicated well with them about any changes to their family members wellbeing and sought advice from health colleagues as needed.
• Records showed that people's health and wellbeing was monitored. Referrals to health and social care

services, such as occupational therapy or the continence service were made in a timely way to enable people to maintain their health and independence.

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 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.

• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
• Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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

Ensuring people are well treated and supported; respecting equality and diversity
• People repeatedly told us that they received good quality compassionate care. One relative told us, "We can't give enough praise for this agency, they really care and go the extra mile for my relative." Another said, "I am glad I have used this agency; the staff are always happy and make my relative feel happy."
• People were supported by a consistent team of staff who knew them well. Staff gave us examples where they had ensured people received the care they needed, such as staying with people when they were unwell. Staff told us that they only had to call the office and they would get someone else to visit their other clients, so they did not feel under pressure to leave the person.

Supporting people to express their views and be involved in making decisions about their care
• People were treated as individuals and their views were respected. One person told us, "The care staff have so much patience and know my relative likes things in a certain way."
• Peoples care plans showed that they had been involved in care planning and the documents included their wishes about how they wished to be supported. Peoples care needs were regularly reviewed and there were systems in place to update staff on any changes to people's needs or preferences.

Respecting and promoting people's privacy, dignity and independence
• People's privacy was respected. Staff were clear about the importance of maintaining people's privacy and dignity. One member of staff told us, "It is important to make people feel as comfortable as you can, it's so personal and we are all so different."
• People appreciated the role of the service in assisting them with independence. One member of staff told us, "I believe in making people happy, it's all about understanding people and not taking over but offering encouragement."
• Care plans were written in a way that reinforced the importance of maintaining people's independence.
• There was good communication between the staff, people using the service and their families which showed that the agency was respectful. For example, they let people know if they were going to be late and asked their permission before introducing new care staff.

Good

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care which met their needs and preferences.
- Care plans were in place and were being transferred across to an electronic format. This was providing some challenges and we identified some information which had not transferred over. The registered manager assured us that they were working hard to ensure that the level of detail was maintained, and information was accessible to staff.
- Care plans provided staff with guidance on people's needs and preferences. Information was included on people's routines, level of independence and how risks to their health and wellbeing should be reduced. A hard copy of the care plan was maintained in people's homes to guide staff. People told us that they received support from care staff who knew their needs.
- Daily records were maintained which outlined the care provided on each visit. Staff completed records after each visit to enable good communication and ongoing review of how care was being delivered. The records provided an overview of the care provided and highlighted any areas which required further observation.
- Relatives told us the agency communicated well with them and were proactive in referring people when their needs changed. One relative told us, "We had to prompt our previous agency to do things, but this agency does things without prompting. They have no qualms about seeking medical assistance and phone us if they have any problems."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples care plans recorded people's sensory needs such as whether they wore glasses or hearing aids and how people communicated.

Improving care quality in response to complaints or concerns

- There were systems in place to investigate concerns or complaints. People and their relatives knew how to raise concerns and expressed confidence that any issues which arose would be dealt with promptly.

End of life care and support

• Systems were in place to support people and their families when a person was coming to the end of their life and would need palliative care. The service had developed booklets on end of life care to assist people to make decisions on what was important and how they would like their care delivered at this time.
• The registered manager told us that they had accessed additional training on end of life care to develop staff skills in this area.
• Some people had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place and this was clearly recorded in their care plan.

Good

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant 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 was also the provider and was committed to providing good quality care. The registered manager and other senior staff worked alongside staff to provide care. They told us that this hands-on approach enabled them to monitor quality and support staff.
• The registered manager told us that the company philosophy was, "We will look after our staff and they will look after the people we support." Staff were extremely positive about how the agency was managed and one member of staff told us, "They really do care, it's so amazing to be part of such a great team."
• The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm. They used reflective practice to identify shortfalls and drive improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• Audits and checks took place to monitor the quality of the service provided. Where areas were identified plans were in place to address the issues.
• Staff received regular supervisions and appraisals. Spot checks were undertaken at random to ensure that staff were working to the required standards.
• Surveys took place for staff and people using the service to gather their views.
• Staff morale was good, and staff were supported and listened to. One member of staff told us, "The registered manager is an incredible boss she always sorts things out and provides lots of support and help."

Continuous learning and improving care; Working in partnership with others
• The service worked with a range of health and social care professionals. Feedback from professionals and relatives were positive. We saw that in the feedback from professionals received by the service, a professional had commented that they were very impressed with the service and 'They have used their initiative going above and beyond'.
• Regular newsletters were produced to drive improvement and encourage staff to reflect on practice.
• The registered manager recognised the commitment of staff and there were systems in place to reward staff for going the extra mile and to provide treats for the people they support.
• The registered manager told us they had access to support networks including from Skills for Care and

Suffolk County Council.