Oxford Private Care Limited

Oxford Private 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 took place on 11 and 12 October 2016 and it was announced. The provider had short notice that an inspection would take place. This was because the service provides a domiciliary care service to people in their own homes and we needed to ensure that the registered manager would be available to assist us.

Oxford Private Care is a domiciliary care service providing care to people in their own homes in and around Oxford. At the time of the inspection the service was supporting 202 people.

There were two registered managers in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Leadership within the service was open and transparent at all levels and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre. People, their relatives, staff and healthcare professionals were complimentary about the management team and how the service was run.

People who were supported by the service felt safe. The staff had a clear understanding on how to safeguard people and protect their health and well-being. People received their medicines as prescribed. There were systems in place to manage safe administration and storage of medicines.

The service had some staff vacancies which were covered by regular suitably qualified and experienced staff to meet people's needs. The service experienced some late calls but always ensured all calls were completed. The management team were taking action to ensure safe staffing levels. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervision (one to one meetings with their line manager) and team meetings to help them meet the needs of the people they cared for.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received high quality care that was personalised to meet their needs.

People were supported to maintain their health and were referred for specialist advice as required. Where people had received end of life care, staff had taken actions to ensure people would have as dignified and comfortable death as possible. The service provided double ups (two staff) and live in carers during end of life care.

Staff knew the people they cared for and what was important to them. Staff appreciated people's unique life histories and understood how these could influence the way people wanted to be cared for. Staff supported and encouraged people to engage with a variety of social activities of their choice in the community.

The service looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the service. Staff spoke positively about the management support and leadership they received from the management team.

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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

The service had some staff vacancies which were covered by regular suitably qualified staff to meet people's needs.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were current and reflected their needs.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Oxford Private 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 carried out by three inspectors and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection took place on 11 and 12 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before the inspection we reviewed the information we held about the service and the service provider. The registered 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 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 obtained feedback from commissioners of the service.

We spoke with 30 people and two relatives. We looked at 10 people's care records including medicine administration records (MAR). We spoke with the registered manager, one office coordinator, and 11 support staff which included area care managers, carers and a scheduler. We reviewed a range of records relating to the management of the home. These included eight staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from Oxford Private Care. Comments included; "Oh yes, no problem. I have no reason not to feel safe", "I do feel safe, they are very professional" and "I feel perfectly safe. I am not worried about the girls that come but I would like them to be more regular although we do get a rota to tell us who is coming". One person's relative told us, "I know she [person] feels safe with them. They [staff] even turn up in bad weather and I feel very confident about them going in four times a day".

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of vulnerable adults. One member of staff told us, "I would report to my manager immediately". Staff knew where to report to outside agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team. Staff had been given all local contact details when completing safeguarding training to ensure they were able to contact outside agencies if needed. Staff told us, "Signs of abuse can easily be spotted if you know the person and can include sudden changes like if withdrawn or quieter than normal" and "Abuse can be physical, verbal, financial or sexual. Signs of abuse can be a change in attitude or behaviour as well as bruising".

People's care plans included risk assessments and where risks were identified there were management plans in place to manage the risks. Risk assessments included risks associated with: mobility, medicines, skin condition, nutrition and environment. For example, one person's care plan identified they were at risk if they had access to their medicines. The medicines were stored in a coded safe in the person's home to manage the risk of the person not taking their medicines as prescribed.

People received their medicine as prescribed. There were systems in place to manage medicines safely. The provider had a medicines policy and procedures in place which took account of the local shared care protocols. Shared care protocols are a shared agreement between organisations which ensures safe management of a prescribed medicine.
Staff had completed medicines training and where staff were required to have training specific to a person's prescribed medicine, this was completed by an approved health professional before staff supported the person. For example, when supporting a person with medicine where equal blood tests were required to monitor the dose of the medicine.

Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicine administered from a monitored dosage system. Where medicines were not dispensed in a monitored dosage system MAR had details of the medicine which included; dose, strength, method of administration and frequency.

The service had staff vacancies which were covered by regular staff. The registered manager said, "Our main focus is to deliver a safe care. It's about finding the right people to do the job". Staff told us that they were sometimes late for calls. They told us that if they were running late they would call people and advise them. One member of staff said, "We sometimes have late calls but not missed calls. We call clients when running

late". People also told us that staff were sometimes late for calls. One person said, "They are not always on time but I understand things happen with other clients and they always ring to let me know". Another person told us, "They generally turn up on time and let me know if they can't". One person's relative said, "They come on time apart from when they have an emergency which I understand". Staff told us that staffing had been difficult over the last few months but recognised the provider was doing all they could to recruit.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge needed to carry out their roles. People's comments included; "I think they [staff] are trained and know what they are doing they always go the extra mile with me", "Yes, as far as I know they're experienced, they know what they're doing. I think they're skilled" and "Yes, they know what they're going to do. It's a comfort knowing they're coming in".

Staff told us they felt supported. Staff comments included; "I am supported 100%" and "They (management team) are really helpful and really supportive". Staff had regular supervisions (a one to one meeting with their line manager) and an annual appraisal. Staff told us they found one to one time with their manager useful. One member of staff said, "They asked me what I wanted from them as a line manager. It was nice to have time with them and it was very relaxed".

Staff practice was monitored using regular spot checks to ensure they were competent in the skills and knowledge required for their role. Staff completed training which included: safeguarding, moving and handling, mental capacity and end of life care. Staff also had access to development opportunities. Staff we spoke with had completed national qualifications at levels two and three. Staff had also completed diplomas in dementia care and palliative care.

New staff completed an induction period, this included six days of training and shadowing more experienced staff before working alone. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. One new member of staff told us, "My induction was very good. I had six full days of training and then shadowed an experienced member of staff for about six shifts. I was offered more but I was confident by then".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected.

Staff understood their responsibilities in relation to MCA. One member of staff said, "It's about understanding their rights to make choices and decisions. I always presume capacity". Another member of staff told us, "MCA protects people who can't make decisions for themselves to keep them safe". People's records included information relating to a best interest process being followed where the person had been assessed as lacking capacity to make a specific decision. For example, one person lacked capacity to consent and was prevented from leaving their own home. This was a deprivation of their liberty. A best interest process had been followed and a court of protection granted.

Where people required support to meet their dietary needs this was detailed in their care plans. People told us they were supported to eat meals of their choice. Their comments included; "I get plenty to eat and drink and they always ask me what I fancy. My daughter fills up the food cupboard so there is a good choice for me" and "They do my breakfast and my meal at lunch, I have a microwavable meal. They usually leave me a sandwich for my tea".

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP, district nurses and out of hour's services when needed. People told us they were supported to access on going health care. They said, "One time they saw I wasn't well and they contacted the doctor and rang an ambulance for me. They are very good", "They have contacted the doctor in the past. I was feeling really low and sick and they rang the doctor and spoke to her and she visited" and "My carers have taken me to the eye hospital and the dentist. And a carer took me for an x-ray". One healthcare professional told us the service was, "Proactive and ask for help promptly. They follow our advice".

Good

Is the service caring?

Our findings

People told us the staff were caring. Comments included; "Very caring. I've had a few Polish girls who are particularly good workers, If they do anything, they do it well", "Yes, they are caring. They go out of their way and go over and above things that they should do" and "They are absolutely perfect. We are the best of friends I enjoy them coming round. I can find no fault with them". People's relatives also told us staff were caring. They said, "Oh yes, very friendly and caring" and "They are very caring and no one has ever been unkind to her [person]". The registered manager told us, "Staff go the extra mile but never take credit for it. We bring light to life on every visit".

Staff spoke with kindness when speaking about people. One member of staff said, "Clients come first". Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. Staff comments included; "We engage with clients. It's the fun part of the job listening to their stories", "We treat people as you want to be treated", "I treat clients like they are my parents" and "We can't do this job unless we are caring".

People told us staff knew them well. They said, "I have got to know them [staff] personally and they take an interest in me and I take an interest in them. We have a good relationship" and "I joke with the girls and tell them tales from years ago and I'm sure I'm always telling them the same ones. They are good carers and I can relax with them". Staff told us they knew people they supported well and they had built relationships with them. Comments included; "That's why I enjoy my job. I have good relationships with my clients" and "We develop relationships with service users but we have boundaries". Staff understood the importance of building relationships but were aware of their responsibility to remain professional. One member of staff described how they had reported a concern to their manager when they felt a person was becoming dependant on them.

Staff were respectful of people's privacy and maintained their dignity. Staff gave examples of how they promoted and respected people's dignity. This included making sure people were covered as much as possible when supporting them with personal care and waiting outside the bathroom where people wished to remain independent. Comments included; "We do not make a big fuss about tasks. We cover clients during personal care", "We close doors and curtains, cover up clients with towels and support them with washing" and "I ask if client is happy with me to support them with care". People and their relatives told us staff respected their dignity. People said, "When they change the pads, they pull the curtains round so I am not seen by any neighbours", "Oh yes, they put a towel round me. They close my curtains at night" and "They make sure the bathroom door is shut because it opens out onto the front door. Oh yes, they make sure that I'm private".

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. Care plans were written in a respectful manner.

People were involved in their care. Care plans had been signed by people to confirm they agreed with the

way their care needs would be met. People were involved in reviews of their care.

Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time for tasks and did not rush people. This enabled people to still do as much as they could for themselves with little support. Staff comments included; "We give them a choice to do the few things that they can do for themselves", "I love helping clients but keeping them independent. We assess how much they can do themself" and "We encourage them to do tasks for themselves when they can". People told us staff supported them to be independent. One person told us, "They let me wash myself when I can and do other simple things but they are always there to help".

Staff knew the importance of maintaining confidentiality. They told us, "We do not repeat what clients tell us and only share if necessary", "I do not keep clients records in my car overnight" and "We don't discuss clients with other clients". People told us staff maintained their confidentiality. One person commented, "If I have company and the carers are here, they don't discuss anything personal about me in front of them".

The service supported people through end of life. Staff described the importance of keeping people as comfortable as possible as they approached the end of their life. Staff told us, "We normally double up or have a live in carer during end of life", "We make them [people] as comfortable as possible during such a difficult time" and "I received end of life training. We support clients and their families".

Good

Is the service responsive?

Our findings

People's care and support was planned with them and the area care managers assessed people's needs prior to accessing the service to ensure their needs could be met. They met with people and their relatives to complete the assessments. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs and interests.

People's care plans contained details of when care calls were required and the support people required at each visit to ensure their assessed needs were met. For example, one person's care plan detailed where the person preferred to be supported to wash and dress and where they liked their breakfast to be served.

At the front of people's files there was a one page profile that highlighted what was important to the person and a section called "How to support me". For example, one person's profile stated 'Please let me do the things I can do by myself. Give me some independence'. Another person's profile identified it was important for the person to be able to feed their pet themselves. On people's profiles there was a picture that had been chosen by the person. For example, of favourite places or animals they liked. This enabled staff to know a little about the person, provide personalised care and promote the development of relationships.

The service responded to people's changing needs and people told us they had been involved in developing care plans and reviewing care. People's comments included; "A lady once came to do the care plan but the girls fill the log book in and I tell them if I want anything different and they change it in the book", "They [staff] review everything from day to day and they adjust accordingly with whatever happens" and "They [staff] have reviewed the care plan a couple of times in three years". People and their relatives told us they were kept up to date with changes promptly. Care plans were reviewed to reflect people's changing needs. Changes to people's conditions were reported to the office staff who ensured changes were notified to all staff.

People were encouraged and supported to maintain links with the community to ensure they were not socially isolated. For example, one person enjoyed attending book clubs and visiting museums. The service planned this person's care visit times flexible enough to accommodate their interests as well as any other social commitments. The service was also involved with several local events such as charity fundraising and parties which benefitted the local community.

People's views and feedback was sought through client feedback forms and satisfaction surveys. People and their relatives told us they had participated in surveys. People's comments included; "Every time a survey comes I fill it in with the carer and the manager sometimes pops round to see how I am", "I have filled in surveys but I have never had to complain about anything" and "I think we have had about two surveys. They do contact to ask us what we think of the service". The annual satisfaction survey in 2015 showed people felt safe, were happy with the care received and felt care was effectively meeting their needs. People and their relatives also received newsletters with updates of changes within the service.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place.

This was given to people and was also available on request. People told us, "First of all, I'd complain to OPC (Oxford Private Care) themselves and then the county council", "We don't have any complaints and if we do, we would ring the office, they are very amicable" and "Yes I know how to make a complaint. But fortunately, I don't have reason to". We looked at the complaints records and saw all complaints had been dealt with in line with the provider's policy. Records showed complaints raised had been responded to sympathetically, followed up to ensure actions completed and any lessons learnt recorded. For example, a complaint relating to a missed visit. The service investigated and identified the cause as human error. This resulted in improvement of processes on staff allocation of work. People spoke about an open culture and felt that the service was responsive to any concerns raised. Since our last inspection there had been many compliments and positive feedback received about the staff and the care people had received.

Good

Is the service well-led?

Our findings

The service was managed by two registered managers who were supported by area care managers. The registered manager we spoke with had been in post for six years. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

Oxford Private Care had a positive culture that was honest, open, inclusive and empowering. During our visit, management and staff gave us unlimited access to records and documents. They were keen to demonstrate their caring practices and relationships with people. Staff told us they felt the service was transparent and honest. One member of staff said, "We discuss about poor practice and plan a way forward". Another member of staff told us, "We can report team bad practice and learn from it. We can also approach management team with shortfalls and they will do full investigations. We are a transparent service". The service valued staff contribution at all levels. Staff were encouraged to make suggestions and be confident these were taken on board. Staff felt listened to. One member of staff told us, "Management go out of their way to meet our requests and help us". Another member of staff said, "We make suggestions and they are taken into consideration".

The registered manager told us one of their biggest challenges had been to attract staff to the care industry. They had followed this up by facilitating recruitment audits to identify areas of improvement. The provider also started a 'Refer a friend scheme' which encouraged staff to refer someone they knew to apply for a caring post with Oxford Private Care. Staff were rewarded financially if the person successfully completed six months continuous work. Team meeting records showed ways of improving staff recruitment and retention had been discussed. For example the increase in holiday allowance for staff.

The registered manager was actively involved with other organisations, commissioners and the local community. Some of the discussions had been in relation to how to improve staff recruitment in Oxfordshire. They told us, "We work with commissioners to make good changes. I also work with organisations to learn and share new ideas. We are sensible of what we can achieve as a service and we want to make a difference". The registered manager told us one of their greatest achievements had been getting involved with the local community. They said, "We are always trying to be innovative and make good changes".

Staff were positive about the management of the service. Comments included: "It is a good place to work. They are responsive to any concerns and are flexible and understanding", "They are really friendly, very easy to speak to and approachable" and "Managers are always about and approachable". All staff we spoke with were happy to be part of Oxford Private Care. The provider facilitated a 'Carer of the year award' which was voted by people and their relatives. This award scheme allowed the service to acknowledge and celebrate staff contribution and drive improvement in care provision.

People and their relatives knew the registered manager and told us the service was well managed. People's comments included; "I think it [service] is organised very well. They seem to have enough staff to deal with me but when they have holidays and some off sick the bosses have to come out and do the jobs", "Well, I'm

very happy with them [manager]. I find them very approachable" and "They manage it pretty well I think".

We received complimentary feedback from health and social care professionals. They spoke highly about their relationship with the management team and staff. They commented on how well staff communicated with them in a timely manner. One healthcare professional said, "It's one of the better agencies I work with. Staff are very good and I have a lot of contact with them. They are a service I would be happy to refer people to".

The management team covered care visits when necessary and saw this as an important part of their leadership role in supporting staff and leading by example. The registered manager said, "We all chip in to give best care. I have done a couple of calls and recognise the work carers do. It is a skill to give good care". One member of staff commented, "Manager is very approachable and they come out to work with us".

There were regular management meetings that enabled the whole management team to be aware of any issues and discuss areas for improvement. Records of meetings showed areas discussed included: Work around the care certificate and discussions held with Skills for Care, the monitoring of missed visits and medicine errors, complaints and staff retention. Records showed visits recorded as missed were actually a result of system errors. Records included ideas that had been shared and areas where improvements had been made. For example, the provider was working towards replacing the rostering system and exploring use of mobile based Apps to improve the quality of care.

The service was split into areas covering in and around Oxfordshire. Forum meetings were held for each area and were an opportunity for staff to meet up and discuss any issues. One area care manager told us, "I arrange forum meetings and supervisions so that I see staff quarterly. I speak to all the staff regularly, usually weekly". This ensured staff felt supported and had regular contact with members of the management team.

The service had quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits including medicine safety, risk assessments, care plans and staffing. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, a care plan audit had identified a shortfall in completion of client reviews. This had been concluded to be a result of files in transit rather than incomplete review. An action had been put in place to account for files in transit between people's homes and the office. Records showed the shortfall in this area had improved.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents.

People benefited from staff who understood and were confident about using the whistleblowing procedure. There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. Staff comments included; "I can whistle blow to social services and CQC (Care Quality Commission)", "I would whistle blow concerns to relevant bodies. So far I've never had to" and "Whistle blowing is voicing concerns over poor care. I can whistle blow to CQC".

Services that provide health and social care to people are required to inform the Care Quality Commission,

(CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.