

Six Oaks Home Care Ltd

# Good Oaks Home Care - Dorchester and Weymouth

## Inspection report

No 1 The Yard, Burraton Square  
Poundbury  
Dorchester  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Good Oaks Home Care - Dorchester and Weymouth is a care at home service that provides support and personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection 29 people were receiving support with personal care. Good Oaks Home Care - Dorchester and Weymouth was registered with CQC in October 2021.

### People's experience of using this service and what we found

People, relatives and staff spoke positively about the management of the service and the registered manager. They all felt the service was well run. Quality assurance systems needed to be embedded to monitor key aspects of the service. Provider oversight had not focused on actions that had been identified as necessary to ensure safety. We have made a recommendation about this.

Sufficient numbers of staff were deployed to meet people's needs. Staffing had been a challenge and this had impacted on the registered manager's ability to develop the quality assurance systems needed as the service grew. The registered manager had a plan to address this alongside a sustained recruitment campaign.

People told us they received the right care and support from skilled staff who knew them well. Staff had not completed all the training the provider had outlined as necessary for their roles. The registered manager developed a plan to address this.

Staff were committed to delivering person-centred care. This approach was promoted by the senior team. People told us the care they received made them feel safe and they were confident they were well looked after. Staff knew people well and understood their roles and responsibilities.

Risks to people had mostly been assessed and personalised care plans supported staff to help people manage these risks effectively. There were reviews scheduled to update people's risk assessment and care plans. Staff supported people to access any equipment they needed to ensure their homes remained safe. People received their medicines safely.

People received personalised care as described in their care plans. Staff understood the outcomes that mattered to people and worked to ensure they achieved these.

People told us they received the help they needed and that staff were kind and caring. People and relatives also told us staff were respectful.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The provider had identified a need to improve the recording around decision making.

People received the support they needed to eat and drink safely and access to healthcare was supported.

People and relatives knew how to raise any concerns and were confident these would be listened to and acted upon. The registered manager spoke with people and their relatives frequently. There had been no formal complaints made.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 6 October 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Recommendations

We have made a recommendation about the provider's governance of the location.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Good Oaks Home Care - Dorchester and Weymouth

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector and an Expert 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes, flats and specialist housing.

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 notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 January 2023 and ended on 16 February 2023. We visited the office location on 1 February 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the

local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

#### During the inspection

We spoke with 5 people who used the service and 9 people's relatives about their experience of the care provided. We also received written feedback from 13 further relatives. We spoke with, or received written feedback, from 9 members of staff, the registered manager and a representative from the provider organisation. We also received feedback from the local authority quality monitoring team.

We reviewed a range of records. This included documents related to 4 people's care and support. We also reviewed records relating to the management of the service, including 2 staff records, rosters, policies and procedures, training records and quality assurance documentation.

# 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. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The service had struggled with staffing at the end of 2022, this situation was improving alongside ongoing recruitment. Staff told us they had needed to work long hours but told us the senior team respected their need for time off and appropriate rest.
- The staffing challenges also included the office staff and this meant the registered manager and a senior member of staff were carrying out additional duties alongside care provision. This did not impact on people who spoke highly of a responsive team in the office.
- Sufficient numbers of suitably qualified and skilled staff were deployed to meet people's needs. People told us the staff usually arrived when they expected them. One person told us, "The service is well organised and provides a rota on Thursday or Friday. Sometimes this changes but they always let us know."
- People and relatives commented they had regular staff, so they got to know them well. We heard lovely feedback about individual staff who people had clearly built a strong and trusting rapport with.
- Safe recruitment processes were in place but had not always been followed. Staff told us they had been recruited safely and appropriate checks had been made. However, we noted omissions in 2 files. We discussed this with the registered manager. They explained the risk management they had put in place but acknowledged this was not recorded or carried out in a structured way to ensure all appropriate measures were taken. They immediately ensured the appropriate actions were taken and recorded in line with legal requirements. They also implemented a checklist to ensure this type of omission could not be repeated. We did not identify any impact on people.

### Assessing risk, safety monitoring and management;

- Important information about the actions staff should take if people who took blood thinning medicines fell or knocked their heads was not available to staff. The registered manager assured this information was added to people's care plans in a prominent position and all staff were made aware of this update.
- People and their relatives all told us they felt risks were well managed. One relative described the support their loved one needed with their mobility and told us, "They are very good and my (relative) feels safe." One person told us, "I feel safe in their care." Another person reflected on how secure the staff left their property. Another person told us, "I feel safe when the carers are there."
- Individual risks to people and the environment had usually been assessed and were managed appropriately. Care records provided clear information around identified risks in order for staff to keep people safe from avoidable harm. Staff were confident both in describing these risks and how people liked to be supported to stay safe.
- Staff described how they reported any changes that impacted people's safety to the staff in the office and they all told us they were confident actions were taken. One person had recently had a new piece of equipment to help them move safely. Staff described why this had been needed and the process by which it

was actioned safely.

- A contingency plan was in place for staff to manage situations such as adverse weather or family members becoming unwell to ensure people continued to receive the care they needed.

#### Using medicines safely

- People were confident their medicines were managed safely. Staff felt confident that their training and competency assessments provided them with the skills to manage medicines safely.
- If people needed their medicines administered at specific times there were systems in place to support this.
- One member of staff had been administering medicines without a formal competency assessment. They had experience in giving medicines and no impact on people was noted. This was addressed immediately by the registered manager.

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

- All the people and relatives we spoke with during our inspection told us they felt safe with the staff, with repeated reflections on their kindness and compassion.
- Staff received induction training that covered their safeguarding responsibilities and had access to relevant information and guidance about protecting people from harm. Staff were able to describe with confidence the actions they would take to report any safeguarding concerns. They were confident any concerns would be acted on by the management team and knew which external agencies they could contact if this was appropriate.

#### Preventing and controlling infection

- People told us the staff wore their personal protective equipment (PPE) when they provided care. People made comments such as: "They wear their PPE."
- The provider organisation had ensured the infection control policy had been kept up to date and that staff and people had appropriate guidance and information.

#### Learning lessons when things go wrong

- The service kept a record of any incidents; this would include any accidents that occurred within people's homes. These incidents were reviewed by the registered manager to look at patterns and trends and to ensure appropriate action had been taken. The registered manager described how this oversight was being improved. The implementation of a quality assurance toolkit to support this work was highlighted on the service development plan for action in February 2023.



# 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. This meant 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

- Assessments were completed prior to people receiving support to ensure the service was able to meet their needs.
- People and family members told us they were involved in the assessment process. Comments from a relative reflected on their involvement, "They are very particular in involving (the person) in choices and decisions. They encourage conversation and discussions on (the person's) interests."
- Assessments were completed in enough detail to plan care that reflected people's preferences. Staff continued to contribute to the assessment as they got to know the person.

Staff support: induction, training, skills and experience

- Staff training had been impacted by the staffing challenges the team had faced. The registered manager acknowledged this and before the inspection had concluded they put a plan in place to support the staff team to undertake the training the provider had deemed essential. Most of the team were experienced in care work and had all undertaken shadow shifts to ensure they understood people's needs. The registered manager had been working alongside staff and gathered feedback from people, this meant they would identify any training needs that needed urgent attention during the time before staff were able to refresh their training.
- People and relatives all told us staff had the skills and knowledge to provide the right support. They made comments such as: "They are all well trained and good at their job.", "They are so effective at what they do; well trained and very experienced." And "They are well trained and very competent."
- Staff were assessed as competent to carry out their roles. We identified that this had not been undertaken and recorded in line with organisational policy for two members of staff. The registered manager acknowledged this omission and described the oversight they had of these staff members. They completed the provider's processes before the inspection was completed.
- Scheduled training included specialist training based on individual needs such as epilepsy awareness. It also reflected autism and learning disability awareness training that became a legal obligation in 2022.
- Staff felt supported in their role. They all told us the support made them feel like part of a team and confident to address any learning and development issues. One member of staff commented, "If I need support they would be there." Another member of the team described how they wanted to do further qualifications.

Supporting people to eat and drink enough to maintain a balanced diet

- People's needs associated with safe eating and drinking were assessed and care plans reflected the support they needed.

- People were protected from risks associated with poor nutrition; where required, staff completed records to monitor people's food and drink intake. Care records detailed the risks people faced and supported staff to identify any emerging risks.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records reflected calls made to the office by staff about people's health being actioned appropriately and health and social care input arranged. Relatives commented on the attentiveness of staff and how they noticed changes.
- During our inspection staff were liaising with professionals to ensure a person could safely use new equipment in their home.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (CoP) for them to authorise people to be deprived of their liberty. At the time of our inspection no one using the service was subject to any authorisations under CoP.

- People told us they were offered choice. Staff were clear about how they checked with people what they wanted during each care visit.
- All the feedback received from people and relatives highlighted how central to decision making they felt. However, the records did not always reflect the legal framework that the MCA provides for decisions about care and support. A representative from the provider explained they had identified additional work was needed to ensure these processes were implemented robustly in the service.

# 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. This meant 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 and family members all spoke positively about the caring nature of the staff and the care they provided. Comments included "They are kind and compassionate." And "They are caring, kind and friendly."
- People and relatives described trusting relationships between staff and the people they cared for. One relative told us, "(Relatives) knows their carers well. They are kind, patient and caring, respectful and trustworthy." Staff spoke about people with genuine warmth and affection. They told us people were at the centre of everything they did.
- Equality and diversity considerations informed the assessment process; the registered manager had a clear understanding of their role in ensuring people received appropriate and respectful care.

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

- People and their relatives told us they were asked for their views about the care they received. Staff described how they afforded people as much choice as possible.
- The registered manager and another senior member of the team had regular contact with people, and when appropriate their relatives, to discuss care and obtain people's views. Care reviews were being scheduled as staffing challenges subsided.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect and provided care and support in a way that made them feel comfortable. One relative observed, "They are very sensitive and will pick up how (loved one) is feeling each day." Another relative commented on how their loved one's dignity and privacy were respected as paramount by staff.
- People's care plans reinforced people's wishes to stay living safely in their home. Staff described the impact of the support they provided in enabling this.
- Staff understood the importance of respecting people's confidentiality. They spoke of the importance of their work with pride.

# 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. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's individual care needs and preferences were met by staff who followed person centred care plans. These plans were reviewed as necessary with the involvement of the person and their loved ones where appropriate. One relative told us, "They follow the care plan and are well trained. This plan was updated about 3 or 4 months ago."
- Staff had access to care plans and recent records. They told us the care plans were up to date.
- Daily records were completed outlining the care and support provided. This meant staff had access to up-to-date information about people's care and support needs.
- Alongside phone calls between staff and when appropriate relatives, a secure messaging service was used to ensure immediate action could be taken if people's needs changed.
- People, and their relatives, told us the staff were responsive to their needs. We received comments such as, "They are always responsive to (their) care needs according to the care plan." They also highlighted that staff were able to provide care as it was needed: "They follow the care plan and complete the tasks but are also responsive to any other needs too."

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

- Staff liaised with relatives and supported people to maintain their relationships when they needed this support.
- We heard moving feedback about the extra lengths staff had gone to support a person's emotional well-being following a bereavement.

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.

- The service recorded and shared information relating to people's communication needs. When appropriate, care records provided guidance for staff about people's communication needs.
- The provider had identified the need to develop this area of assessment and care planning.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew who to contact if they had any concerns. They were confident any issues would be dealt with. Comments included, "Nothing appears too much trouble" And "We have no

complaints."

- The service had a complaints procedure however there had not been any formal complaints made.
- Staff understood the need to act on any informal concerns and grumbles and this meant people felt heard and issues had been addressed quickly.

End of life care and support

- The service was not currently supporting anyone with end of life care. The registered manager told us they would ensure staff had appropriate training and support should this change.

# 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 requires improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality performance systems had not ensured that actions necessary to ensure robust safe systems were carried out. We identified examples of actions required for risk management, safe recruitment, training and the implementation of the MCA that had been identified as necessary through both internal quality assurance and a monitoring visit by the local authority. Some of these actions had remained outstanding since October 2022. Whilst we did not find evidence that people were harmed as a result of these delays, they were put at risk of unnecessary harm. Specific actions had not been added to an improvement plan with a time scale that reflected the importance. We discussed the specific issues identified with the registered manager and they addressed them robustly. They also provided assurances about the oversight of the improvement plan.

We recommend the provider identify current good practice related to the oversight of registered locations and update their practice accordingly.

- The registered manager had a plan to implement wider audits and quality assurance systems as staffing improved. A lack of staff in the office and direct care roles had impacted on their capacity to carry out these tasks. Risks had been mitigated by the regular contact the registered manager had with people and their relatives. The registered manager was explicit about only taking on packages of support that they could staff alongside ensuring oversight processes were fully implemented.
- The provider ensured policies and procedures were reviewed regularly and accessible to staff. This had included policies and procedures related to the Covid-19 pandemic.
- The registered manager understood their statutory responsibility to notify the Care Quality Commission of events related to the running of the service, as required by regulation.
- The registered manager and staff understood their roles and responsibilities; staff spoke very positively about their communication with the registered manager and other office based staff. We heard comments such as "They are very professional and very thorough." And "They stick with protocol and if I needed support they would be there."
- The registered manager and the provider organisation understood their legal responsibilities including those related to the investigation of incidents/events that occurred and the need to comply with duty of candour responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and provider promoted a culture of person-centred care. This was reflected in the positive comments received from people using the service and the comments made by staff.
- People were encouraged to share their views and felt listened to. They spoke highly of the staff and registered manager.
- People and family members told us they were happy with the service they received. We received comments such as, "Both the manager and office are well organised, and I would recommend them. I have no complaints or concerns." And "The company is really well organised and the office responsive. I have completed a questionnaire which was positive. I would certainly recommend them." And "I cannot fault the management, office, service, or carers. I would recommend them. Every aspect is lovely."

Engaging and involving people using the service, the public, staff, fully considering their equality characteristics; Working in partnership with others

- The service involved people and their families through regular conversations to allow them to put forward their views about the service they received. Reviews were being scheduled now that staffing challenges were resolving.
- Staff told us that they heard when people or relatives praised their work.
- The registered manager and staff worked with other health and social care professionals to ensure good outcomes for people.