

Good Oaks Home Care Limited

Good Oaks Home Care

Inspection report

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12 November 2019

14 November 2019

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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

About the service

Good Oaks Home Care is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 90 people were receiving care and support from the service.

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

People and relatives told us that the service provided staff who were caring and supportive. People received care that was responsive to their individual needs. Staff had a good understanding of how people preferred to have their care and support provided.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people. Staff supported people to take medicines safely.

Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People felt listened to and consulted when planning and agreeing what care and support they needed. People and relatives told us they could confidently raise any concerns, and these were addressed appropriately.

There were sufficient numbers of trained, experienced staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

Governance systems and oversight of the service was robust. Issues were identified, and actions taken to address any shortfalls.

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

Rating at last inspection

The last rating for this service was good (published 10 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Good Oaks Home Care

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, an assistant 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. Their area of expertise was with older people.

Service and service type

Good Oaks Home Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means 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. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection. The registered manager advised us that they would not be available on the first day of the inspection and made suitable arrangements to support the inspection in their absence.

Inspection activity started on 5 November 2019 and ended on 14 November 2019. We visited the office location on 5 November 2019 and 12 November 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed other information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and commissioning teams to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with eight people and three relatives or friends. We also spoke with the directors of the company, the registered manager and seven staff.

We reviewed a range of records including six care plans and medicines records, three staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included seeking staff opinions via email and contacting health professionals and commissioners to ask for their view of the service. We received feedback from 12 staff and four health professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.
- A member of staff told us, "I have completed a recent Safeguarding training course and this has assisted me to be more situationally aware of what is happening around me. I feel confident that I am now better equipped to recognise a safeguarding issue and would have the confidence to report it to my manager as well as blowing the whistle should the situation require this."

Assessing risk, safety monitoring and management

- The registered manager advised that a new care management system had led to improvements in the safety of people and staff. They said, "Staff use a secure app to log in and out of clients' homes. The system sends alerts for any missed visits and the Live View TV shows at a glance whether or not a carer has logged in to a client visit, and what activities have been completed at each visit. This ensures people are safe and don't have any missed visits. Therefore, important things like medication does not get missed. This improves lone working safety as well. If a carer does not log into a client's home when expected, the provider will ring them to see where they are and if they are safe. This will get escalated to their Next of Kin if contact is not made."
- Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- We asked people if they felt safe when being supported by Good Oaks Home Care staff. People told us they felt safe and well cared for and said things such as, "They are such good people and I trust them.", "I was apprehensive at the start but now I am confident with my carer." And, "I have great confidence in my carers."
- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff.
- There was a contingency plan in place in case of events that effected the service running safely, such as staff sickness, problems with the office or adverse weather.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. Everyone we spoke with confirmed that they had regular carers which gave them continuity in their care. People also recognised that some changes in staff were unavoidable due to sickness and holidays.
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so. One person told us, "We always have a weekly rota and we know who is coming."
- People said that staff generally arrived on time unless there were issues with traffic. Four people told us there were sometimes issues with staff not arriving at the time they expected on the rota. Staff told us that the rota's sometimes had to be changed at short notice and this was not always communicated to people. This meant that when they arrived for their visits people's perceptions were that they were not visiting at the scheduled time. The registered manager confirmed that they had recently identified this as an issue and were taking steps to improve this area.
- Rotas showed the suitable times for travelling between visits was scheduled for staff. Three staff told us they felt they did not have enough travel time on their rotas and we encouraged them to speak with the registered manager who had not previously been aware of this issue for them. The other care staff we spoke with confirmed that enough travel time was planned and they were able to request additional travel time if there was a recurring issue with the amount of planned travel time.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. One person told us, "Yes the carers prompt me each time when I need my medication."

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice.
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the registered manager so that any trends could be identified, and learning could be facilitated.
- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care needs and choices were assessed before the service started to provide any care or support and were then regularly reviewed.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans.
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems.

Staff support: induction, training, skills and experience

- People told us their needs were met by staff with the right skills, experience and attitude for their roles. A relative told us, "The carer we have is well trained and skilled." Two people raised individual issues with us which we fed back to the registered manager who agreed to take immediate action.
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A health professional told us, "The carer was well trained, safe in the use of the different equipment and happy to follow the advice of the occupational therapist."
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs. A member of staff told us, "After 26 years in the care business it was the best training I had ever received, not only informative but interactive also. In addition to the mandatory subjects, our trainer has introduced us to people living with certain needs to talk to us about how they feel when receiving care. It was so interesting. Fantastic."
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place.
- The registered manager advised that the service viewed staff training as a key element in providing good care. All staff training was provided "in-house" and the content of courses was regularly reviewed and amended. Since the last inspection, the induction programme had been increased from three to four days. Two people who were living with specific conditions also came to speak with staff about how it is to live with their conditions, their experiences and how they were affected. The registered manager told us, "This is often one of the highlights of the training and provides insight to staff, improving the effectiveness of care provision."
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

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

- People were supported by staff who understood their food and drink needs and preferences. One person told us, "All my meals are prepared how I like them."
- Care plans reflected the support the person needed to eat and drink.
- Staff had received training in how to support people with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life. A health professional told us, "Good Oaks staff are professional and reliable."
- Staff spoke knowledgeably about people's health needs and records showed they had been proactive in seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists.
- People told us this was done in a timely way and records confirmed this.
- Records showed that instructions from healthcare professionals were carried out.

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 for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 staff spoke highly about how caring and supportive the service was. One person told us, "I have some very nice, kind and caring carers." A relative told us, "My husband really rates them. They have a good laugh."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity.

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

- Everyone we spoke with felt included in how their care and support was planned and delivered. They confirmed they had opportunities to have their opinions heard.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff were respectful of their privacy, dignity and independence. One person told us, "The carers treat me with respect and dignity."
- A relative raised an issue they had observed when their relative could have had their privacy and dignity better protected. The registered manager was concerned to hear this. They explained that this was one of the fundamentals of care and was incorporated throughout staff training. They said they encourage all people and relatives to report such matters, so they can be addressed when they happen. All staff were reminded of the importance of the issue raised.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed. A health professional told us, "Clients are happy with the care and the staff. They always say staff are tactful and respectful. They are always very caring and are able to provide continuity of staff which is very rare."
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. All of the staff we met with confirmed that care plans and other records contained good detail to enable them to meet people's care needs. The registered manager told us, "The cloud-based care management system enables care plans, risk assessments and medication charts to be updated instantly. This means that carers have the most up-to-date information on each client at all times. Staff are able to access information about each client before they visit, so they are well informed before they start care."
- Some emails from staff reflected that they did not always feel there was sufficient, detailed information available to them. We raised this with the registered manager who explained that they believed this was most likely to relate to how staff were using the electronic systems to access information and were already in the process of arranging additional training on the electronic systems.
- Care plans were personalised and detailed clearly how the person wanted their needs and preferences met. Each person's plan was regularly reviewed and updated to reflect their changing needs. One person told us, "The carers and I have designed a workable daily routine which works well." Other people confirmed that staff either knew how they liked things to be done or they felt very able to guide staff in how they wanted things.
- The manager and staff were motivated to provide the best possible person-centred care and support for people. Information in care plans also included details of past employment, significant events and family history as well as current hobbies and interests. The registered manager also collected this type of information from staff, especially where they were to provide a live-in service. This information was then used to try to match people with staff which in turn meant people felt more settled and understood.

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

- The service provided a complimentary supported travel service for people who use the service to enable them to access the community. People who use the service would not be able to access the community without this service and it proves invaluable to them. The vehicle is wheelchair accessible and therefore most people are able to access the service. The care trained driver can take our client's on outings, to appointments, etc." We discussed this service with one of the drivers who provided examples of the positive

impact this service had on the health and well being of many people because they felt safe and able to do things which they may not have been able to do without this service.

- The registered manager had identified that some people were at risk of social isolation and had developed a plan to try to minimise this and therefore improve people's well being. The registered manager said, "we have held charity events in our office and clients have also attended. This has helped them to get out when they are ordinarily quite isolated. We have raised money for both Alzheimers Society and McMillan."

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.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how to complain if they needed to and felt confident that they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Complaints were acknowledged, investigated and resolved in line with this policy. A member of staff told us, "I have never heard any client complain about any of the care they receive from any carer that works for Good Oaks."

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives mostly expressed confidence that the service was well run. We received comments such as, "It's very well run." and "It's very efficient." Some people raised concerns about communication issues with the office staff which meant they had less confidence than they might have. The registered manager had identified this as an area for improvement before our inspection and was developing an action plan.
- Staff were confident in the management of the service as they recognised that it was not the management that had the communication issues although it was their responsibility to address this. They recognised that the management team provided good support both to people using the service and themselves. Lots of the staff told us they were very proud to work for the service. A member of staff told us, "I would recommend Good Oaks as a professional and responsible employer". Another told us, "I feel like Good Oaks is well led and [management] are approachable."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised.
- The registered provider continually monitored the quality of the service provided to people. Surveys were sent to people as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were continually checking to ensure that people received the best possible care and support.
- The registered provider and registered manager valued and recognised staff contributions. People and staff could nominate people who they felt had gone above and beyond in their duties for an award to recognised this. Staff received gift certificates. The registered manager told us, "This recognises staff for their hard work and encourages them to continue and to sometimes think outside the box."
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately and action was taken to address any shortfalls. Spot checks were carried out to ensure staff were following their training and meeting people's needs.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

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

- The registered manager and staff were motivated to provide the best possible person-centred care and

support for people. A health professional told us, "I have met [registered provider]. He is polite and clearly genuinely cares for his clients and wants to provide the best possible service even at short notice."

- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- The registered provider had recently asked the registered manager and staff to develop corporate values. The registered manager held workshops with staff to discuss this. Following the workshops, the values were put together from the staff suggestions. The service was incorporating these values into the culture and had included them in staff supervision and appraisal and support documentation.

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

- The registered manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

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

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys and reviews of their care. This information was used to improve the service and to highlight good practice or care.
- Quality assurance surveys were sent out to people annually. The most recent survey had been completed in July 2019. An analysis of responses and a report showed high rates of satisfaction. Some people had written extra comments and the report addressed these and included actions plans if necessary.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.
- During 2019, the service had won the Innovation in Care Award at the National Leaders in Care Awards 2019 for the Good Oaks Operating System and Carbon Neutral Status. The latter because they were the first homecare company in the United Kingdom to be 100% carbon neutral. They had been finalists in the Home Care Awards 2019: Best Training and Recruitment, Leaders in Care Awards 2019: Registered Manager of the Year, GHP Social Care Award 2019: Innovation in Care / Live-in Care Provider of the Year and Proud to Care Awards 2019: Innovation in Care.

Working in partnership with others

- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- The service was involved in the local Proud to Care campaign which raises the profile of the social care industry.