Good Oaks Home Care Limited

Good Oaks Home Care Ringwood

Inspection report

Suite 7B, Kingsbury House
Friday's Cross Mews, Christchurch Road
Ringwood
Hampshire
BH24 1DG

Tel: 01425472726
Website: www.goodoakshomecare.co.uk

Date of inspection visit:
26 November 2015

Date of publication:
13 January 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection was announced and took place on 25 and 26 November 2015. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available. This was the first inspection of this service.

Good Oaks Ringwood provides personal care and support to people who live in their own homes. At the time of our inspection they were providing personal care to 24 people.

The service was being led by an acting manager who confirmed that they had applied to be registered with the Commission. 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.

There were systems in place for the management and administration of medicines but we found that these had not always been followed. This meant that people may not always receive their medicines as they were prescribed.

The service did not always assess the risks to the health and safety of the people they provided care to. Where risk assessments had been completed, some identified hazards but no action had been taken to reduce or manage the hazard and some were in need of review because situations had changed.

Staff knew people well and understood their needs. However, care plans were not always sufficiently detailed and up to date to provide information for staff if they did not already know the person they were supporting.

People told us that their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff.

The provider had implemented satisfactory systems to recruit and train staff in a way that ensured that relevant checks and references were carried out and staff were competent to undertake the tasks required of them.

People knew how to raise concerns and complaints and records showed that these were investigated and responded to. Staff understood how to protect people from possible abuse and how to whistleblow.

There was a clear management structure. People and staff said the manager was approachable and supportive. There were systems in place to monitor the safety and quality of the service. Some of the audits that had been carried out were not fully effective in identifying shortfalls in the service provided. However, the acting manager had identified general concerns in these areas in July 2015 and developed an action

plan to address these issues.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not managed safely and risk assessments were not carried out to ensure that people and staff were protected from avoidable harm.

Systems were in place to protect people from harm and abuse. Staff knew how to recognise and report any concerns.

Care workers were recruited safely and there were enough staff to make sure people had the care and support they needed.

Is the service effective?

Good

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet peoples need's effectively. Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

Is the service caring?

Good

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's needs were met but care plans lacked information and changes in need were not always reassessed and planned for.

The service had a complaints policy and complaints were responded to appropriately.

Is the service well-led?

Good

The service was well led.

There were systems in place to monitor and assess the quality and safety of the service provided. Some of the audits were not fully effective as this had not highlighted shortfalls in medicines management, risk assessment and care planning identified during this inspection. However, the acting manager had created an action plan in July 2015 to address these areas because they were aware of general shortfalls.

There was a clear management structure in place. People and staff told us the acting manager was approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

Good Oaks Home Care Ringwood

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 checked 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 took place on 25 and 26 November 2015. One inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service; this included incidents they had notified us about. We also contacted the local authority safeguarding and contract monitoring teams to obtain their views.

A Provider Information Return (PIR) had not been requested from the provider. This was because the inspection was brought forward due to some concerns that were raised with us. The PIR 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 visited two people in their homes and spoke with two other people on the telephone. We also spoke with two relatives and spoke with or had contact with four staff. We spoke with the acting manager and one of the company directors. We looked at three people's care and medicine records. We saw records about how the service was managed. This included three staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

One person told us, "I think I have fallen on my feet! Their care is excellent. I never have to fear that they aren't coming and they are on time every day". The people who received care and support from the service that we had contact with told us that they felt safe with the staff who supported them.

A member of staff told us, "I can truly say that I have never visited a client and had cause to question the competence or work ethic of the carer who's been in before me. I always find my clients clean, comfortable and safe".

There were systems in place for the management and administration of medicines but we found that these had not always been followed. All of the people whose care records we examined had skin conditions and had been prescribed creams to treat this. We found that there was no assessment or plan of care relating to the skin condition for any of these people. There was no guidance in place to ensure that creams were applied in accordance with the prescriber's instructions. Not all of the creams had been recorded on the Medicines Administration Record (MAR). We also found that, for two people, there were instructions about which part of the body cream should be applied to but staff had also applied it to other areas of the person's body. This meant that people may not have received some of their medicines as prescribed.

MAR charts were created from care records held in the office and printed and sent to each person's home in time for staff to use from the beginning of each month. Office staff checked and signed the MAR's before they were sent. Some of the records we checked showed that people had been prescribed additional medicines part way through the month. In this situation, staff had handwritten the new medicine onto the MAR chart. We found that they had not fully recorded the name of the medicine and strength of the medicine or the times it should be administered and that the entry had not been checked and signed by a second member of staff to ensure that the correct instructions were being followed.

There was also a situation where staff took medicines out of the original container and left them in a container for the person to take at a time when staff were not there. This had not been risk assessed or documented in a care plan and staff were signing the MAR to say that all medicines had been taken when they had not witnessed this to be the case.

Staff had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been checked regularly. Staff were knowledgeable about each person's medicines and how to administer them. They were regularly "spot checked" whilst providing care to ensure that they were following the correct instructions for medicines and keeping suitable records. However, during their spot checks none of the shortfalls identified during this inspection had been highlighted.

Completed MAR's were returned to the office at the end of each month and a sample of these were audited. We found that in two out of the three audits we checked, the person carrying out the audit was also the person who had created the record. They had not noted any issues in their audit but we found that the person's name, date of birth and address had not been completed and there were no second signatures for

handwritten items.

The acting manager had already identified that medicines management and administration for the service were poor and had included improving this in their action plan for the service.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because people were not protected against the risks associated with the unsafe management and use of medicines.

There were systems in place to manage risk but these were not operating effectively. There were a number of different risk assessment forms in use at the service. These included the environment that staff worked in as well as the risks to people using the service when receiving care. Some risk assessment forms had been placed in people's files but not completed, some had been completed and had identified risks but no action to reduce or manage the risk with appropriate control measures or support from other professionals had been recorded. Risk assessments had not been undertaken for a number of areas. These included the use of bed rails, moving and handling using hoists, and the use of items such as hot water bottles. This meant that the provider had not undertaken appropriate action to assess, and mitigate risks to people receiving care. The acting manager had already identified that risk assessments for the service were poor and had included improving these in their action plan for the service.

These shortfalls were a breach of Regulation 12(2)(a) and 12 (2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.

The service had satisfactory policies and procedures in place to protect people from abuse. Staff received regular training in safeguarding and whistleblowing. Staff knew the different signs and symptoms of abuse and told us they were confident about how to report any concerns they might have. The acting manager had made notifications to CQC of any concerns that they had reported to the local authority.

There were systems in place to enable the service to respond to emergencies. For example, if staff arrived at a visit and found someone was unwell or if staff were unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior staff providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves. The acting manager confirmed that all office staff were also trained as carers which enabled them to provide additional staff at short notice.

There was an out of hour's on-call system in place so that people who used the service and staff could contact the service in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had had the occasion to call the out of hours service.

The acting manager told us that there were enough staff employed to provide care for everyone they looked after. Rotas for people who used the service during the week of our inspection showed that everyone had a named carer allocated for all calls. This meant that, even if the allocated care worker changed, people always received care from staff who had been recruited and trained by Good Oaks Ringwood and there was no reliance on agency staff.

The service had a satisfactory system in place to ensure that recruitment practices were safe. Records for three people who had been recruited to work as staff were checked. We found that procedures had been followed; each person's file contained proof of identity including a recent photograph, a Disclosure and

Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

Good

Is the service effective?

Our findings

People told us that they had confidence in the staff because they were kind and caring and understood their needs. One person commented, "My carers are really good, a couple are outstanding. They are kind and empathetic and well trained which makes me feel safe".

Everyone we spoke with was happy with the service. They confirmed that staff arrived on time and stayed for the allocated length of the call. People told us they never felt rushed. Staff told us that there was sufficient time to travel allocated between calls. Rotas for the week of the inspection showed that staff were always allocated a minimum of five minutes travel time between calls and sometimes more if a longer distance was involved. The acting manager advised that an electronic logging in system was being trialled by the service which would enable close monitoring of the time staff arrived and departed from their calls and also sent an alert to office staff if a call was missed.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards and undertook regular training updates in essential areas such as health and safety, moving and handling, infection control and first aid. The acting manager advised us that, since their appointment, although staff had received training, she had had some concerns about the levels of understanding and knowledge. They had carried out an assessment of each staff's understanding and were improving the training for staff to address the shortfalls that they had found.

Staff received regular supervision either through spot checks, one to one meetings and staff meetings in the office, as well as an annual appraisal. Staff told us that they always felt able to request additional support and training. Spot check and supervision records showed that these checks highlighted where additional training and support was required for staff and the acting manager confirmed that this support was provided.

Staff had been trained in the Mental Capacity Act (MCA) 2005. The acting manager advised that all of the people they provided a service to had capacity to make their own decisions but confirmed that assessments and best interest decisions would be undertaken if the need arose.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported to maintain good health. People gave us examples of health professionals such as occupational therapists; GP's and district nurses being contacted by staff on their behalf when they requested it or when their care worker identified a concern.

People told us that they were supported to have enough to eat and drink. They said that, where preparing

food and drinks was part of their care package, staff would offer them choices and ensure that they had any necessary support to eat their meals.

Good

Is the service caring?

Our findings

People told us that they received personalised care from staff who were caring and kind. They told us that the service was good at providing regular staff so that they almost always knew the staff who were coming to see them which they found reassuring.

A member of staff told us, "I've worked in many nursing homes and have never come across such a genuinely caring and dedicated team of carers. They regularly go above and beyond what is required to keep a client safe and as a result there is a really strong bond between clients and carers".

Discussions with the acting manager and staff evidenced that they were aware of people's needs, likes and dislikes. They described in detail how they provided the care to suit the individual. Care plans did not always include this information. The acting manager had already identified that care plans could be improved and had included improving these in their action plan for the service.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by the staff.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

Requires Improvement

Is the service responsive?

Our findings

One of the people we contacted told us, "They have been wonderful. I cant speak highly enough of them. The staff are mature and well trained. They are very caring which is most important to me and totally reliable. If I ask them to do something they will do it and even stay extra if I need it".

People told us that they received schedules once a week telling them when their staff would arrive and which care worker they could expect. They also confirmed that they were always informed of any changes to the rota.

People's care needs were not always fully assessed and planned for. For example, people with life limiting conditions and those with high levels of pain did not have care plans outlining what the condition meant to the person, how it affected them, how it may progress and any risks or possible complications that may occur.

Most care plans and risk assessments were up to date. However, some were in need of review due to changes in people's needs. For example, people had different moving and handling equipment to that recorded and risk assessed in their care plans. We also found staff were helping people with items such as continence care and shopping which were not assessed and planned for. Discussions with staff confirmed that they were aware of the changes and worked in accordance with people's current needs.

The acting manager had already identified that care plans required improvement and had included this in their action plan for the service.

This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.

There was a complaints policy and procedure that was given to people when they began receiving a service from the agency. People told us they knew how to complain and were confident that they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

A member of staff told us, "I have enjoyed working for Good Oaks from my very first day, but feel that the structure and clarity has improved hugely since our new manager started. I am certainly very happy and believe our customers are also".

Feedback from people, relatives and staff showed us that service had an open, positive and caring culture. This was because people were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings.

Staff confirmed that they were well supported and felt able to raise any issues or concerns either directly with the acting manager or in staff meetings which were held regularly. They also felt that they provided a good service to people.

There were systems in place to monitor the quality and safety of the service provided. However, these were not fully effective. There were audits of various areas including medication, infection prevention and control, accidents and incidents, care plans, complaints and health and safety. The recent audits completed for care planning, risk assessment and medicines management had not identified the shortfalls highlighted during this inspection. The acting manager's action plan, which was created in July 2015, had identified that the areas of care planning, risk assessment and medicines management required improvement and they confirmed that they were still working on these areas through staff training and improvement of documentation.

Surveys were sent annually to people who used the service. The most recent had been undertaken in the Spring of 2015. A detailed analysis of the responses had been carried out and a report summarising the findings together with an action plan to address the issues that were raised had been produced. We looked at this report and the previous one and noted that it showed that the service had improved following the previous action plan.

All of the staff we spoke with knew how to raise concerns and whistle blow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

During this inspection a number of different records were examined. These included care plans, daily records, medicines and staff records. A number of these records were not dated, timed or signed. In addition, some records were illegible. This meant that, in some instances, it was not possible to establish which was the most recent and current information. It also meant that other staff may not be able to read important information or know who to ask if they had queries about the entries that had been made. The acting manager had already identified this issue had included this in their action plan for the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Proper steps had not been taken to ensure that people received the care, treatment and support they required to meet their needs.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected against the risks associated with the unsafe management and use of medicines. The risks to people's health and safety whilst receiving care had not been properly assessed, and action had not been taken to mitigate any such risks.