

Silver Oak Care Ltd

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Inspection report

Suite 211 - Building 1
Stanmore Business and Innovation Centre, Howard Road
Stanmore
HA7 1FW

Tel: 07572211707

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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

Silver Oak Care Ltd – HSCA is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. At the time of inspection, the service provided care to five people who received personal care. The Care Quality Commission (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.

People's experience of using this service:

Feedback indicated that people were satisfied with the care and services provided. Care workers treated people with respect and dignity. People felt safe in the presence of care workers. They were complimentary about how the service was managed and told us that care workers were kind and caring. People's privacy, dignity and independence was respected and promoted.

Appropriate medicines management and administration processes were in place.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People were supported by care workers that they knew, who arrived on time and stayed their full allocated time. Recruitment processes ensured that care staff assessed as safe to work with vulnerable people were employed.

Risks to people were assessed and managed, this helped the provider to deliver care in a safe way. Care plans provided staff with the information to manage the identified risks.

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.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

Staff were competent and trained to carry out their roles.

The service was caring. We received positive feedback about the caring attitude and empathy shown by care workers. People were involved in planning and directing their own care and they were supported to remain as independent as possible.

Care plans were up to date and reviewed on a regular basis. Care workers supported people in line with their wishes. People told us they had no complaints about the service and were satisfied with how it was

managed. The provider had a complaints policy and procedure in place. Management were open and transparent throughout the inspection and responded to any requests positively.

Staff told us they were well supported by management. They were confident that management would listen and address any concerns if they raised them.

Management monitored aspects of the quality of the services through audits and checks.

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

Rating at last inspection and update

The service was registered with us on 22 July 2020 and this is the first inspection.

Why we inspected

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 

Silver Oak Care Ltd

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 Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Silver Oak Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes.

The service had a manager registered with the CQC. 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 two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 30 March 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). 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. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the site visit we met and spoke with director of the agency. The registered manager was unavailable on the day of the inspection.

We reviewed a range of records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person who received care from the agency and one relative. We also spoke with two care workers and the registered manager. We looked at three people's care records. We looked at training data, quality assurance records, policies and procedures.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care that was safe. When asked whether they felt safe in the presence of care workers, one person told us, "I feel safe with the carer. My carer takes good care of me." One relative said, "[They agency] have given me peace of mind when it comes to [my relative's] care. [My relative] is most definitely safe."
- The provider had policies in place to keep people safe from abuse. This clearly described what constituted safeguarding and what action should be taken should concerns be raised.
- Staff completed safeguarding training. Staff described their role in keeping people safe and the importance of sharing information.
- The director demonstrated a good understanding of the requirement to notify the relevant safeguarding authorities if safeguarding concerns were raised. She confirmed there had been no safeguarding concerns but was clear on what steps to take if an allegation was brought to attention.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe. Risk assessments were comprehensive and detailed and covered areas such as the environment, transfers and diabetes. These were person centred and included information about the level of risk and clear details of how to minimise the risks as well as the possible signs for staff to look out for. Risk assessments covered areas such as falls, moving and handling, seizures and diabetes.
- Staff we spoke with were aware of people's needs and could describe the actions they would take to keep people safe and to mitigate risk.
- Feedback we received indicated that care staff were punctual and there were no issues with lateness or missed visits. One relative said, "The carer arrives on time. There are no issues with lateness."

Using medicines safely

- The provider assisted one person with medicines support. This person's medicine support needs were documented in their care plan including the list of medicines prescribed, how and when they should be administered.
- The director explained that as the service provided care to a small number of people, they did not yet have an electronic medication administration recording system in place. This was something that the director was currently looking into. At present, the provider recorded medication administration on paper Medication Administration Records (MARs).
- We viewed a sample of MARs and noted that attached to these was a clear list of what was included in the blister pack along with details of the strength of medicines and how often the medicines were to be taken. MARs were completed with no gaps which indicated that medicines prescribed had been administered.

However, we noted that the format of MARs did not clearly illustrate which medicines were given at what time. We raised this with the director who took immediate action and amended their MARs template so that this information was clear.

- Staff were trained in the safe administration of medicines and we saw documented evidence of this.

Staffing and recruitment

- Policies and procedures were in place to ensure that staff recruited were assessed as safe to work with vulnerable adults.
- The provider completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- The provider was safely able to meet people's needs with the current number of care staff they had. There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support.
- people received care from a consistent group of care workers and spoke positively about this. This enabled positive and caring relationships to develop. One person told us, "I have the same carers so I know them well." One relative said, "They have given me peace of mind when it comes to [my relative's] care. [My relative] receives care from the same carers."
- The director explained that as the service provided care to a small number of people, they did not yet have an electronic system in place for monitoring timekeeping. Instead, care workers completed timesheets. We looked at a sample of these and found that care workers consistently documented what time they arrived at and left people's homes. This was also checked by management as part of audits.

Preventing and controlling infection

- We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Systems were in place to ensure people and staff remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with national guidance.
- People received care in a way that minimised the risk of infection. We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff had received training about infection prevention and control including COVID-19 and were able to describe how they were currently minimising the spread of infection. Staff told us they used Personal Protective Equipment (PPE) effectively and had access to an adequate supply.

Learning lessons when things go wrong.

- Whilst there had been no accidents or incidents since the service had registered with the CQC, the provider had systems in place to investigate incidents and accidents and learn from them.

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 as 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

- Before people received a service, their needs were comprehensively assessed. This was to ensure their needs could be met by the service and enabled the service to plan the resources required to keep people safe and ensure they were matched with the right care workers.
- A care plan was created following the assessment process. This detailed what care people needed. Care plans demonstrated that people's needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Staff were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- People's care was based on current guidance and standards. The provider had a set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.
- People were involved in their care and the care and support was tailored to their needs.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act 2010.

Staff support: induction, training, skills and experience

- Staff received support through induction, training and supervision. There were systems in place to ensure newly employed staff were inducted appropriately. The staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.
- The provider had a programme of training in place to ensure staff had the necessary skills to support people. Training records showed staff had completed training which included safeguarding adults, health and safety, first aid, Mental Capacity Act, equality and diversity, infection control and manual handling. All training provided was face to face. The director explained that this ensured staff received in person and practical training so that they could have open discussions and learn from one another.
- Staff were supported by management and there were arrangements for supervision and on-site spot checks. ● Staff told us that they felt supported and regularly met with the registered manager to discuss any concerns or training needs. One care worker said, "I am well supported here. It is very good. When I call, [the registered manager] always answers."

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

- At the time of this inspection, the provider did not support people with their meals. This was all carried out by people's families. People's support plans contained information about their dietary needs and preferences.

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

- People received the care and support they needed. Processes were in place to support people to access health care professionals where required to ensure they received the appropriate support where this was an assessed or identified need.
- Care workers were able to give examples of how well they knew the people they supported which enabled them to immediately observe changes in people's health and access appropriate support. .
- Detailed daily records of people's health and well-being were in place. Staff, people and their relatives where appropriate worked together to ensure people received effective care and support.

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. 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 how the MCA applied to their work. They asked people for their consent before they carried out any personal care and they offered people choices in all aspects of their lives.
- Staff received training in understanding the MCA legislation and its implications for people. Training records confirmed this.

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

- Feedback we obtained from one person and one relative indicated that they were satisfied with the care provided. They spoke fondly of care workers. One person told us, "My carer is helpful. [My carer] is caring and kind." One relative said, "The carers are incredible. They are always kind and caring. It is a really caring agency."
- Care workers told us that they had established positive and caring relationships with the people they supported and their relatives which helped them deliver person centred care which met people's needs.
- People's diverse needs, as defined under the Equality Act 2010, were respected. For example, religious and cultural needs had been documented in care plans.
- People received support, wherever possible, from the same care workers so that the care they received was consistent. The director told us that continuity of care was an important aspect of the care the agency provided.
- Staff received equality and diversity and training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like and helped them make sure people were always treated fairly.

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

- People were supported to express their views and be involved in making decisions about their care.
- People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- The director obtained people's feedback at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them, where they were able, to be as independent as possible. Care workers informed us that they always prompted people to carry out personal care tasks for themselves.
- Care workers we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. Feedback indicated that care workers were always respectful of people's privacy and dignity.
- Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's care records were stored securely in the office so only staff could access them.

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 received personalised care to meet their needs and wishes. Each person was treated as an individual and care was planned around their needs and preferences. Feedback indicated that care and support provided was tailored to people's individual needs. One person said, "Everything is done to my wishes. Carers listen to me." One relative said, "[The agency] have been accommodating and flexible. Always trying to meet [my relative's] needs."
- People had choice and control over how their care and support was provided. This helped to ensure people received support that was personalised and tailored to their needs.
- Care plans were person centred and focused on people's care, medical and social needs and how they wished to be supported.
- Care workers told us management communicated with them regularly about people's changing needs and the support they required. One care worker said, "Communication is good here. [The registered manager] always keeps me up to date. I am informed of changes promptly."

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.

- Care support plans contained detailed information about how people communicated and how staff should communicate with them.
- There was an AIS policy in place. The provider was able to tailor information in accordance with people's individual needs and in different formats if needed. The director explained that documents could be offered in bigger print or braille and could be translated.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- Feedback we obtained indicated that management were approachable and people felt able to raise concerns. One person told us, "I can contact office. They are approachable and listen, I wouldn't hesitate to contact them. I haven't needed to though." One relative told us, "If I had any questions or concerns, I would most definitely contact the office. I am really happy with the agency."
- At the time of the inspection, the service had not received any formal complaints since registered with the

CQC.

End of life care and support

- At the time of the inspection, the service was providing end of life care to one person.
- An appropriate care plan was in place which clearly stated the end of life wishes for this person.
- Care workers had completed end of life training and we saw evidence of this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff had a positive manner and outlook towards the support and work they completed. Staff we spoke with all had good knowledge and understanding of the people they were supporting.
- Feedback we obtained about the agency and management of the service was positive. One person told us, "I think the agency is running well. Management are doing a good job." One relative said, "The carers and management are friendly and supportive. [My relative] said that they are like a mother to her. They have amazing qualities."
- Staff told us they enjoyed working at the agency and felt valued. They were provided with various tools to support them if they needed guidance or advice about their role. This helped to provide a positive working environment.
- The director spoke passionately about the agency and how they wished to grow responsibly whilst ensuring management had clear oversight of the running of the service.
- Staff told us they were happy working at the service and felt supported by management. One care worker told us, "The agency is running well from my experience. I have worked for other companies and I can say that in comparison, communication here is excellent." Another care worker said, "Communication is very good. It is an exciting place to work. Staff are lovely and friendly. Management are respectful."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Management had overall oversight over how the service operated. Audits and checks were carried out by management and included checks on MARs, punctuality, care plans, daily records and staff recruitment. There was a quality assurance policy in place. The director explained that they had only recently started providing care to people and therefore they were still in the process of formalising checks and audits. The service was small, and staff told us management were regularly at the office, checking processes and documentation.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- Spot checks on staff were carried out to monitor how they were providing care, their timeliness and professionalism. Staff we spoke with confirmed this.
- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Staff performance was monitored through regular one to one supervision and spot checks. Staff

understood their roles and responsibilities, were motivated and had confidence in the registered manager.

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 director understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority.

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

- People were involved in the service, and able to feedback and comment through open conversations with management through reviews and questionnaires. One relative told us, "The agency found the appropriate carer for [my relative]. They found carers that were the right fit."
- The director told us that their level of contact with people meant they were able to monitor the quality of care delivered and where improvements were required implement these immediately.
- Staff felt well supported and involved in the running of the service. Care workers we spoke with told us they had regular contact with management through emails, messages, telephone calls and meetings. The director explained that since the service was small and had only recently started providing care to people, formal meetings had been limited. The last meeting was held in December 2021 and the aim would be for these formal meetings to be carried out quarterly with the next one being scheduled for April 2022.
- Where required, the service communicated and worked in partnership with external parties.