Care Quality Commission

Oxford Private Care Limited

Oxford Private Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service:
Oxford Private Care is a domiciliary care agency. It provides personal care to people living in their own homes in Oxford and the surrounding areas. It also provides a live-in service for people with more complex needs. The service was providing personal care to 139 people.

People's experience of using this service:
The provider demonstrated they had made significant improvements since our last inspection. We found the service had improved and met the characteristics of an Outstanding service in well-led domain and a Good service in safe, effective, caring and responsive.
The service was very well-led which resulted in provision of outstanding care. The service had a clear management and staffing structure in place. Office staff and care staff worked well as a team. Staff aimed to provide a high quality of service and they had a sense of pride working at the service.

The service had a track record of being an excellent role model for other services. The provider worked in partnership with other health and social care bodies to build seamless experiences for people based on good practice and people's informed preferences. It was clear other providers recognised the contribution the provider made to the health sector in ensuring people received high quality care. The management team and staff strove for excellence through consultation, research and reflective practice. The provider was actively involved in several coproduction projects aimed at improving people's quality of care.

The leadership, governance and culture drove high-quality, person-centre care. The provider had effective systems in place to monitor the quality and safety of the service that included the use of technology. Where the provider identified an area for improvement prompt action was taken to address it. Actions from the audits were used to further develop the service. The provider monitored service delivery on ongoing basis and effectively used feedback from people, relatives and staff to improve the systems, practices and people's experiences.

The provider had an excellent workplace culture for staff. Staff were highly valued by the provider and management team. Staff contributions were highly appreciated and celebrated. Staff told us they were proud to work at the service and called it a family business. Staff told us they felt part of the family and spoke very highly about the support they received and how they were encouraged to be fully involved in the development of the service.
We received positive feedback from all people and relatives. The feedback reflected staff were very kind, caring and committed. People complimented the continuity of care provided by regular staff which contributed to building of meaningful relationships. Staff exceeded in recognising what was important to people and ensured individually tailored approach that met people's personal needs, wishes and preferences was delivered. There was evidence the staff often went 'the extra mile' to meet people's needs.

People were supported by caring staff that knew them well and understood how to maximise their potential.

People were supported to maintain relationships with their families and friends and the value of relationships was central to the success of the service. People's independence was promoted and they received support to achieve their goals and reduce social isolation.
Oxford Private Care ensured people received safe care from skilled and knowledgeable staff. People told us they felt safe receiving care from the service. Staff understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely and people received their medicines as prescribed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health and to meet their nutritional needs.

Rating at last inspection:
At our last inspection we rated the service good. Our last report was published on 8 November 2016.

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 exceptionally well-led Details are in our Well-Led findings below.	**Outstanding** ☆

Care Quality Commission

Oxford Private 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 two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience's area of expertise was old people and dementia care.

Service and service type:
Oxford Private Care is a domiciliary care agency. It provides personal care to people living in their own homes in Oxford and the surrounding areas. It also provides a live-in service for people with more complex needs. It provides a service to younger adults and older adults some living with dementia and physical disability. Not everyone using Oxford Private Care receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had two managers 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. The registered managers were also the provider and directors of the service.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is a big service and the registered managers are often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection activity started on 09 April 2019 and ended on 10 April 2019. We visited the office location on 10 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:
Before the inspection we reviewed the information we held about the service and the service provider. 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 what improvements they plan to make. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We also reviewed the provider's previous inspection report. We received feedback from three social and health care professionals who regularly had dealings with service and/or visited people who received care from the service. We also reviewed the provider's previous inspection report.

We spoke with 18 people and 11 relatives. We looked at six people's care records and medicine administration records (MAR). We spoke with the registered manager, the care manager, the assistant manager and four care staff. We received written feedback from two care staff members. We reviewed a range of records relating to the management of the service. These included six staff files, quality assurance audits, incident reports, complaints and compliments. In addition, we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:
• Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure they were safe.
• People's risk assessment included areas such as their mobility, environment, nutrition or medicine management. Staff were familiar with and followed people's risk management plans.
• People told us they felt safe receiving care from Oxford Private Care. One person said, "Yes, I get on pretty well with the carers, I am very grateful for their company and I feel so safe with them".
• The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.

Systems and processes:
• People were supported by staff that knew how to raise safeguarding concerns. One member of staff explained, "If any safeguarding concerns, I would report to social services and safeguarding team if needed".

• The provider had safeguarding policies in place and the team reported concerns accordingly.
• The provider had a business continuity plan that included various emergencies.

Staffing levels:
• The service had enough staff to ensure people were safe. People told us they never experienced any missed visits. One person said, "I get on with the carers, they always turn up. They ring me when running a bit late".
• The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Using medicines safely:
• People received their medicines as prescribed.
• Medicine administration records (MAR) were completed fully and accurately. Staff supporting with medicines signed the MAR to confirm people had taken their medicines. One member of staff told us, "I have received medication training three times. Competencies are checked regularly".
• The provider had a medicine policy in place which guided staff on how to administer medicines safely. The policy took account of the local shared care protocols. Shared care protocols are a shared agreement between organisations which ensures safe management of a prescribed medicine.

Preventing and controlling infection:
• Oxford Private Care had infection control policies and procedures in place.
• The provider ensured staff were trained in infection control.
• People we spoke with told us staff followed safe infection control practices. One person said, "Yes, they

always wear smart uniforms and wear their aprons and gloves too".

Learning lessons when things go wrong:
• The provider ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, audit outcomes and accident and incidents were used as learning points to improve care.

Good

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA.

• People's rights to make their own decisions were respected and people were in control of their support. One member of staff explained, "People can make own choices and we assume that they are able to do so. We respect those choices".
• Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "If we have any concerns with people making unsafe decisions, we would report to the office".

Staff skills, knowledge and experience:
• New staff went through an induction which was linked to the nationally recognised 'Care Certificate'. The registered manager told us, "We are working with Health Education England Support Workforce Programme Board and providing input into the development of the Excellence Centre and Care Certificate standardisation pilot across three counties to enable training like the care certificate to be portable across providers".
• The provider facilitated the 'Grey Matter' training during induction. This was a knowledge-based programme which required new employees to evidence their learning throughout their new journey.
• Staff told us they felt supported in their roles through one to one meetings with their line managers. One member of staff said, "I just had my supervision. It's a one to one conversation and two-way process". People and their relatives told us staff were knowledgeable. One relative said, "They are all good. We have two carers three times a day who use a hoist. Usually one of the more experienced ones will come with a new one, they do shadow, they have done that quite often".
• Staff told us further training was available and the provider consistently offered it to ensure staff development.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• The provider ensured people's needs were assessed before they received care from Oxford Private Care to ensure those needs could be met and individual care plans put in place.
• People's records showed they were involved in assessment and care planning process. One person commented, "I started recently, they wanted to know what I needed to be done and a little about the family.

We have pets they asked about them. They asked what help was needed about tablets".
• People were positive about support received. Comments from people included, "I have not got any complaints or issues with them at all, we are all so pleased with them and all they do for us", "They are all good and know what they are doing. If they are held up in traffic and are going to be late, they will ring us up to warn us" and "The three carers who come are brilliant".

Eating and drinking:
• People's nutritional and hydration needs were met.
• Care plans gave detailed guidance on people's needs, including their preferences and any allergies.
• People's records showed staff worked closely with relatives to ensure adequate nutrition. One person commented, "They make breakfast for me, it is cooked nicely. If it is too hot they put cold milk in for me. They know what I like".

Staff providing consistent, effective, timely care and involvement of health professionals:
• People were supported to stay healthy and their care records described the support they needed. Where referrals were needed, this was done in a timely manner.
• Oxford Private Care was flexible enough to ensure people attended hospital appointments when required. One person told us, "They did call the doctor for me once. I was happy with how they did this".
• People and their relatives told us they were supported to access on-going healthcare support. One relative said, "If there is a little a problem and he says he feels sick, they will listen to him, think what to do and if he needs a doctor they will do this".

Good

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, compassion and respect:
• There was evidence available that staff valued people as individuals which in turn had a positive impact on quality of life. For example, one person lived with advanced stages of dementia and it had affected their memory and confidence. Staff took time to have meaningful conversations, share music and look at photographs which were part of the person's history. This helped the person to orientate themselves and recognise their family members. The person's family told us this had a positive improvement on the person's quality of life. They told us this was down to the attentive and thoughtful care the person received. One of the person's relative commented, "Staff are second to none. They pay careful and professional attention to detail and they are always concerned for [person's] wellbeing. By proactive and meticulous care [person] feels valued and potential problems have been avoided". This meant the staff saw the person first, and despite their advanced condition they provided compassionate care that enhanced the person's life.
• Oxford Private Care was a family run organisation, which successfully created a strong, visible and person-centred culture. The provider motivated staff to provide compassionate care and put people at the centre of care. People's feedback reflected this was achieved successfully. One person said, "They often go an extra mile for me and I feel free to talk, if I ever have to". A person's relative complimented, "My husband became quite poorly last July but then they arranged to come and visit in the evening as well for a few weeks and that was a godsend. We think they are very, very flexible and we can't speak too highly enough about them". This meant the service put people at the forefront of the care delivery.
• The provider collated the feedback from people received since our last inspection. We saw examples of people's feedback which demonstrated people consistently praised the team and the high level of care received. Some of the phrases people used to describe the care they had included, breath of fresh air, dependable and reliable, warm hearted and committed, excellent care, wonderful and pleasant. It was clear people were appreciative of the excellent care they received from the service.
• Staff demonstrated a real empathy for the people they cared for and shared with us numerous examples of when they'd gone the extra mile in meeting people's needs and ensuring outstanding care. For example, a person who experienced mobility difficulties could not visit their husband's grave. A member of staff went in their own time and cleaned and laid flowers on the husband's grave. The person was very touched and appreciative. It obviously meant a lot to the person. This also showed staff committed time to find out what was important to the person and they demonstrated empathy and consideration for the person.
• Another person suffered an accident at home. The member of staff called an ambulance and waited with the person reassuring them the whole time. The ambulance came after four hours and the staff member stayed until the person was taken to hospital. When we spoke to this person they said, "To me that is an outstanding service. It was late, and that girl had family waiting for her. Not once did she leave my sight. I am forever grateful". It was clear it meant a lot to the person and they were wholeheartedly appreciative of the member of staff showing true concern for their well-being.

• Staff were particularly sensitive to times when people needed caring and compassionate support. One person went to church every Monday and they could be known for getting very anxious about being late. Staff knew this person well and how important it was to meet their spiritual needs. Staff adapted the person's care plan to ensure the church visit was happening without any distress. Staff understood this was the person's highlight of the week and ensured they achieved this. This had a positive impact on the person and they were less anxious allowing them to enjoy the day.
•The provider ensured that staff in all roles were motivated and offered care and support that was compassionate and kind. The management team valued and respected their staff. We saw evidence that they did all they could to ensure staff completed their visit calls in a timely way. For example, one member of staff's car broke down. The director helped to get it fixed to ensure the staff member could still give care. The member of staff was very appreciative of this support. The provider had a supply of spare cars for staff to use in case of any problems. This meant people continued to receive care despite unplanned disruptions and staff were not at risk of losing work hours.
• There were more examples that the caring approach was demonstrated not only towards the people receiving care but also staff. Another member of staff had a personal emergency during calls and the provider supported the person to get home and arranged for another member of staff to complete the calls. We spoke to the member of staff and they said, "They (management team) genuinely care, not just about people but staff too. This is the best provider I have ever worked for and they have supported me endlessly with personal matters. Nothing is ever too much trouble". The member of staff went on to tell us this way of the provider leading by example meant the staff were motivated and empowered to provide quality care.
• The service ensured that staff focused on building and maintaining open and honest relationships with people and their families. The feedback from people reflected people successfully built meaningful, caring relationships with staff. One person told us, "I have had the same carer since the start, she is lovely and we get on extremely well. She is punctual and very conscientious. We are like friends". Another person said, "Yes, I get on pretty well with the carers, I am very grateful for their company and I feel so safe with them". Staff told us building relationships with people and their families were an integral part of delivering an excellent care. One member of staff said, "I build meaningful relationships by actively listening to them as individuals and their needs and wishes. I build trust by being reliable and supportive to both the client and the family members". Another member of staff told us, "It's very rewarding when people are pleased to see you. With many of them, we are the only people they see, so we make it count". The fact that staff knew people well enabled them to identify and act on potential problems before they arose. For example, picking up on warning signs when people did not look well or their behaviour appeared to be out of the ordinary.

Supporting people to express their views and be involved in making decisions about their care:
• Staff made sure that people got the support they needed and were particularly skilled when exploring and trying to resolve any conflicts and tensions involved. One member of staff talked to us about how they had managed to resolve a conflict between a person and their relative. They said, "All it took was a bit of patience and seeing things from the person's perspective. We had the training and we know when to move away or intervene". The family member had been grateful for the intervention and had been able to positively support the person.
• People's communication needs were identified in line with the Accessible Information Standard (AIS) framework. This ensured the provider met the requirements of the framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.
• Where required, information was provided to people in a format that was accessible to them and we saw accessible information was embedded in care plans. For example, we saw people who were non-verbal had an option of using texts and emails for communication.
• People's diverse needs including needs around equality were respected. The provider had relevant policies in place and the team were committed to treating everyone equally by providing a person-centred

approach. The provider's policy reflected their commitment to 'zero tolerance' approach to any discrimination. People's and staff's diverse needs, such as their cultural or religious needs were reflected in their care plans. Staff told us they treated people as individuals and respected their choices. One member of staff said, "I treat anyone as I would like to be treated".

Respecting and promoting people's privacy, dignity and independence:
• Promotion of independence was at the heart of the service's culture. The provider did all they could to ensure people were kept independent in their homes. They worked closely with healthcare professionals to ensure any need for extra care or equipment was expedited. One healthcare professional told us, "The service responds appropriately and in an acceptable timeframe to plan joint visits with me to identify any issues. I have evidenced staff going beyond the daily routine in order to respond to client requests and ensure independence".
• People's care plans highlighted people's capabilities and highlighted the importance to promote people's independence. People told us they were supported to be as independent as possible. One person said, "I try to be independent and do what I can for myself. They know this and do what I can't do". A relative told us, "The carers let her wash face or do anything she wants to do herself. They are very good that way".
• People's care plans highlighted the importance of respecting privacy and dignity. People and their relatives told us staff treated them respectfully and maintained their privacy. One person said, "They give me a bed bath and I have it downstairs and a bowl. They know I like my relative to go into the kitchen while I have a wash. They remind him to do this, so I can have a wash in privacy".
• The provider ensured people's confidentiality was respected. People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely. Staff knew how to maintain confidentiality.
• Staff were aware of the implementation of the General Data Protection Regulation (GDPR). From May 2018, GDPR is the primary law regulating how companies protect personal information.

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People's care plans included information about personal preferences and were focused on how staff should support individual people to meet their needs. For example, people's preferences of what time they preferred to have visits.
• Care plans included a list of 'tasks' to be completed during each call and each person's expected outcomes. The care plans had clear instructions about what was expected at each visit.
• People and their relatives told us they were involved in care plan reviews. One relative said, "A care plan yes, they review it about three or four months ago. If I want to make any changes I can ring them".
• The service had established links with the local community. They encouraged external social inclusion and integrated people with community resources. For example, people were invited to social events such as the carol concert held at the service's offices each year. One person told us, "I went to the day centre yesterday, it was good talking to other people. I cancelled my visits they [Service] were fine".
• People were encouraged and supported to maintain links with the community to reduce the risk of social isolation. For example, people who enjoyed attending coffee mornings and community centres. The service made people's care visit times flexible enough to accommodate their interests as well as any other social commitments. One person commented, "They are very good. They very occasionally take me to do a bit of shopping, they usually take me in to Summertown once a week and I get some money out; it does me good to get out and to get some fresh air".

Improving care quality in response to complaints or concerns:
• The provider had effective systems to manage complaints and the records showed any concerns raised were recorded, fully investigated and responded to as per provider's policy.
• People told us they knew how to make a complaint. One person said, "If I ever needed to make a complaint about something I would just go and speak to [Manager] she would sort it".
• There were many compliments received regarding good care.
• The service's complaints policy was available to all people, and a copy was kept within people's care records in their homes.

End of life care and support:
• The provider informed us no people received end of life support at the time of our inspection. The team would occasionally support people with end of life care and the service would work closely with other professionals to ensure people had dignified and pain free death. For example, they worked with Sobell House and Macmillan Nurses to support the people and their advocates in the design of their end of life care plan and management.
• Staff told us they knew how to support people during end of life care (EOLC). They talked about how they would maintain people's dignity and support families during such difficult times.

Outstanding ☆

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.

Outstanding:□Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.
• Oxford Private Care had a vision and values that put people at the heart of the service. Their values were; commitment to excellent service, professionalism at all times and respect for all we care for and work with. It was clear these values were well imbedded in day to day care.
•The provider had implemented 'Values based recruitment' to attract employees with attitudes and behaviours that were in line with their organisation's values. This had proven to improve recruitment and retention of staff and the staff were better at developing the skills needed for their roles. This meant people received better continuity of care from the same staff.
•People told us the way the service was run was exceptional. One person said, "They are a godsend. The managers come out and they know what care we are getting". Another person told us how they had recommended the service to a friend as they were so pleased with their care themselves. This meant people were satisfied with the quality of care they received.
• The staff complimented the provider and there was a very strong sense of belonging and pride of working at the service, reflected through feedback we had. Staff said, "With this being a family run organisation, they are very warm and welcoming. It makes a huge difference and I am part of that amazing family" and "I have never known a better company to work for". It was clear staff were strongly collaborative of the provider's objectives of high-quality care.
• The management team developed, discussed, promoted and implemented innovative ways of involving people in developing high-quality, outstanding practice that was sustained over time. It achieved and developed authoritative quality standards for the sector. Feedback from people and healthcare professionals spoke highly of the provider's influence and leadership within the service as well as the wider social care sector. We found they had embedded a positive, inclusive, open and transparent culture, focusing on delivering exceptional care. People experienced a service that went above and beyond their expectations and was dependable. One healthcare professional told us, "I have worked alongside the management of Oxford Private Care on a number of occasions. They are well tuned in to the needs of their employees and client's". An external professional told us, "Oxford Private Care strives to provide an outstanding service, investing in staff and systems to improve everything that it does. They have been a mover and shaker for improving quality and performance of domiciliary care in Oxfordshire; proactive in their engagement with other professionals and providing a critical friend to commissioners."
• The registered provider fulfilled their responsibilities in relation to the Duty of Candour to improve the sharing of information and further development of the high-quality service.

Working in partnership with others.

• The service had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. For example, the provider had been instrumental in working with the local authority to develop the trusted assessor model which prevented delayed discharge of people from hospital back to their own homes. This had a positive impact on people's quality of life as continuity of care was guaranteed with limited disruptions.
• Other care providers and health professionals recognised the contribution the provider made to the health and social sector in ensuring people received high quality care. The provider was the founding member and on the board of the Oxfordshire Association of Care Providers (OACP). OACP's goal was to develop care through market engagement, to provide training and represent care providers with health and care organisations in the county, including but not limited to Oxfordshire County Council and Oxfordshire Clinical Commissioning Group. The provider told us, "I share good practices with other providers. I want to see better care provided throughout the county".
• One external professional commented, "Oxford Private Care is an integral part of our local health and care system. In particular, the director, was a founding Director for a cross-Oxfordshire care association and remains core to what we do as well as being a leading advocate for partnership working, often representing the sector at meetings with health and local government to consider the pressing challenges that the sector faces. In my view, it is that stance of always looking outwards that makes Oxford Private Care a leading domiciliary care provider".
• The service had a systematic approach to working with other organisations to improve care outcomes. For example, the provider was also the founding member of the Live-in Alliance in Oxfordshire- an established group of local care providers in Oxfordshire focusing on offering alternatives to a residential care home. The alliance aimed to deliver a consistent standard of high-quality care, and by joining together services had the capacity to ensure staff could be deployed without delay. This meant the service always had resources to enable them to deliver live-in care in a timely manner, allowing people to stay at home.
•The management team and staff strove for excellence through consultation, research and reflective practice. The provider was a member of the Live-in care hub, a national association of Live-in care providers. One external professional told us, "I can confirm [Provider] has proved a consistent and positive voice in the room looking at how he can assist with the home care requirements the local authority has. He has contributed to discussions on trusted assessments, use of digital technology for care planning, recruitment initiatives and the multitude of delivery issues we are always dealing with". This meant the provider was at the forefront of provision of high-quality alternatives to residential or nursing care, allowing people the option of remaining in their own home.
•The provider also worked on a number of projects and initiatives with Oxfordshire County Council and the local Clinical Commissioning Group (CCG) including areas such as workforce development, recruitment and key worker housing for staff.
• The provider went above and beyond to ensure staff were supported and we saw a lot of evidence on how the provider went out of their way to ensure any possible workforce challenges were managed. For example, by lobbying for housing for keyworkers and carers. The director told us this was as they recognized staff recruitment had been challenging and this was mainly because Oxfordshire is an expensive place to live. The provider also worked with the local council to influence parking permits for carers with the aim to increase staff retention. This was aimed at improving staff recruitment and retention to ensure continuity of staff which in turn guarantees continuity of care. We spoke to staff and they were appreciative of these actions and were aware of the progress. One member of staff said, "This is the best company I have ever worked for. The manager is always fighting for us to ensure we can always give the best care". The provider also worked on other projects and initiatives with Oxfordshire County Council and the local Clinical Commissioning Group (CCG) including areas such as workforce development and staff recruitment.
• The provider told us they offered staff a wide range of contracts to allow staff flexibility. They also paid above minimum living wage, and this had already had a positive impact on staff retention. The provider had

received positive feedback from staff and people received better quality of care from staff they knew well.
• They also participated in a systemwide review to understand how people move through the health and social care system with a focus on the interfaces between services in Oxfordshire in 2017 and follow up review of the action plan in late 2018. This had resulted in identifying how agencies can work better together and improve the planning and delivery of care. This had enabled a sense of shared purpose, and a willingness to take a system-based approach to resolving challenges and planning for the future.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.
• Leadership at the service was exceptional and there was a clear and effective management structure. The provider, who was also one of the registered managers had been in the post for nine years. It was clear they were a huge driving force in ensuring people received excellent care not just at provider level, but nationally. This was evidenced by their excellent partnership working with others. The provider was supported by a dedicated training manager who oversaw all the staff training and development.
•Staff roles and responsibilities were clearly defined to ensure that the service ran efficiently. One member of staff commented, "We have a very clear structure and everyone is aware of their roles and responsibilities. It gives us a sense of ownership". Staff were complimentary of the clear roles which allow them to identify development pathways. For example, the provider was facilitating a pathway towards nurse training as well as assistant nurse training. As a result of this development, staff knowledge would be improved and people would continue to receive high-quality care.
•The provider formalised management responsibility and trained and supported those staff in leadership roles. For example, one manager had completed leadership training and other senior members of staff had the training booked. This aimed at improving staff involvement the management of the service.
• The service had a particularly strong emphasis on continuous improvement. The provider had invested in a new electronic record system. This provided effective oversight of what was happening in the service, concerns were responded to in a timely way and reviews of care were completed instantly. One of the benefits of the system was its ability to audit in real time which added security in ensuring visits and all tasks had been completed as planned.
•The provider assessed the quality and safety of the service through audits. Audits included the safe management of medicines and people's care records. We saw that these audits had identified shortfalls in medicines recording. As a result, the provider had brought in a training and quality manager who had identified staff training needs and ensured these were met. The recent medicine audits had shown improvements in staff recording. The provider also facilitated a 'weekly 100% club' aimed at rewarding staff who recorded correctly. This helped with ensuring records of care were accurate.
• The provider viewed staff engagement as an integral part of quality assurance. We found they had embedded a positive, inclusive and transparent culture, which mainly focused on delivering exceptional care. Staff input was valued and staff felt fully involved. For example, new systems such as the electronic recording system, had been introduced following discussions with staff. Staff then reviewed and fed back to the provider on how each system worked and any improvements required to make it effective.
• A member of staff had suggested increasing office hours to include weekends. This would provide greater opportunities for people and their families to access assistance over the weekend as well as improve support for staff working during the weekend. The provider told us they were in the planning stages to introduce this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
• The provider had developed a client charter which ensured their commitment to people. This was linked to the provider's values and vision which committed to providing an excellent service.
•The provider often commissioned an independent client survey. The feedback was very positive and

showed a very high level of satisfaction with the service. Most people said they would recommend Oxford Private Care.
• Staff told us there was good team work and they praised the team. Office staff often delivered care and this added extra contingency and provided a piece of mind in case of an emergency cover needed. There was an on-call system that ensured staff had a good support even outside the office hours. Staff told us the on-call system worked very well.
• Staff regularly received newsletters to update them on any changes or upcoming events or announcements. One member of staff told us, "We have weekly newsletters and general monthly ones. We also get teaching quizzes, we had one on mental health".
•The provider facilitated an annual internal carer awards ceremony. Winners were selected based on the feedback from nominations by people or their relatives. This made staff feel valued and boosted their morale.