

Oakville Homecare Limited

# Oakville Homecare LTD

## Inspection report

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Date of inspection visit:  
11 January 2017  
12 January 2017  
18 January 2017

Date of publication:  
15 May 2017

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 11 and 12 January and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Oakville Homecare is registered for the regulated activity of 'personal care'. At the time of the inspection the service was providing care to 76 people in their own homes. They were providing approximately 650 hours of personal care as well as domestic care and a sitting service. They currently employed 27 staff.

There was no registered manager in post. 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 inconsistencies in the reliability and timeliness of care that was being provided. People reported to us that they did not always know or could rely on the time care workers would arrive. Whilst there were arrangements for people to receive the weekly schedule of visits this was not received by all the people we spoke with. One person told us "I never really know who is coming and would like to." This inconsistency was reflected in the formal complaints received by the service.

The arrangements for the reviewing of people's care were not being followed. Whilst people spoke of being able to discuss their care the formal reviewing of care was not consistently taking place.

Staff were not receiving the supervision and monitoring of their practice to ensure they were undertaking their role as expected by the provider. There was lack of consistency when staff undertook their induction period to ensure they were competent and effective when working independently.

There was a failure by the provider to ensure the quality monitoring systems were effective in identifying areas for improvement and actions taken to address shortfalls in the quality of the service.

People spoke of care workers they could trust and felt confident in being able to provide them with safe care. One person told us "The carers are all very good, friendly and caring." Another spoke of having a trusting and caring relationship with the care workers who supported them.

Staff spoke of having received the training they needed to undertake their role. People told us they felt safe with staff particularly when they were using equipment such as hoists. One person said "I do not worry about the staff knowing what to do: they all seem well trained which makes me feel safe."

People were able to express a preference about having male or female care workers to assist them with personal care. People were supported by staff to exercise choice in their daily routines and retain as much independence as they were able to.

People received support which was focussed on their individual needs. One person told us "The carers see me as a person. They provide care with me rather than for me." Staff demonstrated a detailed understanding of people's specific needs and routines. These formed part of people's daily care plan.

The service had undertaken a questionnaire survey asking people their views of the quality of the care they received. There was 49% response rate and there had been positive feedback about the quality of care people had received. There was overall excellent or good satisfaction rate with the personal care being provided.

Staff spoke of wanting to provide a reliable service meeting people's needs. One told us "It is providing care to the person and they knowing they can rely on us." They also reflected the manager's comments in that they said how they wanted to provide a consistent and reliable caring service.

The provider had a clear vision for the service, which was to provide a quality home care service. They recognised the challenges facing the service particularly around monitoring the quality, identifying and making improvements, recruitment and retention and providing a competitive service.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People received risk assessments and plans were in place to manage these risks.

People were being protected from abuse because staff understood the correct processes to be followed if abuse were suspected.

People were protected from the risks associated with poor staff recruitment because required checks were undertaken.

### Is the service effective?

Requires Improvement ●

The service was not always effective

People were not being supported by staff who had completed a through induction and received supervision of their performance.

People benefitted from being supported by skilled and trained staff.

People's nutritional needs were assessed and monitored to protect their health and wellbeing.

### Is the service caring?

Good ●

The service was caring

People benefited from having regular care workers enabling consistency in care to be provided to people.

People were treated with respect and people trusted care workers being in their homes.

People could be assured their personal information and circumstances were kept confidential.

### Is the service responsive?

Requires Improvement ●

The service was not consistently responsive

People did not benefit from a service which was consistent around the reliability and timeliness of the service.

People did not benefit from a consistent approach to the reviewing of their care needs.

People felt able to make a complaint or voice their views about the quality of care they received.

People received support which was focussed on their individual needs.

### **Is the service well-led?**

The service was not consistently well led

The provider failed to ensure there was a robust and effective quality monitoring arrangements.

The provider recognised improvements were needed to ensure a well led service which was consistently meeting people's needs.

**Requires Improvement** 

# Oakville Homecare LTD

## **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 was planned to check 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 11 and 12 January and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During our inspection we spoke with 14 people who use the service. We also spoke with nine care staff, the manager of the service and operational director. We looked at the care records for six people. We also looked at records that related to how the service was managed, such as minutes of meetings, training records, four staff files and quality assurance audits.

# Is the service safe?

## Our findings

One person told us "I feel safe they (staff) know what they are doing when they use the hoist and he (partner) has no worries about this, he would tell me if he did." Other people told us they felt safe and confident about the care workers supporting them. Another person told us how they trusted the care worker when visiting and being unobserved whilst in their home.

Staff had a clear understanding of what may constitute abuse and how to report it. They told us if they had concerns they would report them to the manager or the provider. If they were unavailable, they would contact external agencies such as the local authority safeguarding teams to ensure that action was taken to safeguard the person from harm. Staff told us "I would definitely report anything that worried me especially if it was about someone possibly being abused." and "We have to try and make sure people are safe and that means reporting any worries we have." This meant staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the agency. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Recruitment files we looked at showed all appropriate checks had been carried out before staff began work.

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. Risk assessments included the risks associated with people's homes and risks to the person using the service. Care workers were able to tell us some of these risks for example about environmental risks and risks associated with a person who had diabetes. Where care and support workers identified further risks in a person's home they recorded these and discussed them with people. The risk assessments included those associated with the person's disability, behaviour and infection control. Risk assessments relating to assisting people with mobility recorded the number of staff required and the equipment needed to minimise risk.

There were arrangements in place to support people with their medicines. This included prompting some people and administering directly to the person. Records had been completed where people were dependant on care workers to ensure they received their medicines.

We were told by the manager staffing numbers and availability dictated the work the service would agree to accept. Assessment of people's needs before visits were agreed ensured there were sufficient staff to meet identified care needs. They told us the capacity to accept referrals was dependant on availability of staff and requests for support were refused if staffing was not adequate. There was ongoing recruitment because of increasing demand for the service to enable the service to respond positively to requests for support. The service had on call staff to respond if there was staff sickness to ensure there was some flexibility in meeting demand.

There were arrangements in place in the event of emergencies or care workers could not gain access to a person's home. Staff told us the on call manager was always available if needed in an emergency.



## Is the service effective?

### Our findings

Induction training covered several topics including Fire safety, Mental Capacity Act and equality and diversity. Induction and training is compliant with the Care Council for Wales (this provider is based in Wales) Induction Framework and Skills for Care requirements. Staff induction records documented the training undertaken and the certificates for these were in the records. However there was inconsistency in how the induction was recorded and undertaken with differing accounts of induction staff received. One staff member told us they would have liked more time having had 2.5 days induction and would have liked more time shadowing experienced colleagues. Another said "We were expected to know things but I was new to care work." Another said they had had two weeks shadowing. Another said they had completed two short shifts shadowing and had no formal conversations with the manager or senior staff about their induction.

The agency's policy on induction says that all new support workers complete a "Minimum of 5 days competency based induction." It also spoke of staff having a mentor for twelve weeks "Responsible for supporting the new member of staff." None of the staff we spoke with had had a mentor. This meant there was lack of consistency and the provider's policy had not been followed when staff undertook their induction period to ensure they were competent to work independently.

Staff told us they had received one to one supervision but this had not been on a regular basis. Supervision could take the form of spot checks, observational visits in a person's home and telephone supervision. This is where the service can monitor staff performance, identify training needs and staff can discuss any issues of concerns. The provider's policy stated: "All Employees will receive supervision at least every three months with their supervisor or line manager."

Staff records of seven staff showed two had no record of supervision, two had record of last supervision in June 2016 and two October 2016. One had had three supervisions over a period of three months. Of the seven only one had had an appraisal. The providers policy said "All Employees will receive an appraisal once a year."

Spot checks had been carried out but there was no consistency. These are observational visits looking at the performance of the care worker in relation to working practices such as use of protective clothing, providing personal care in a respectful way and respecting confidentiality. Of the seven staff, two had had one spot check each. None of the remaining staff had had these checks. This meant there was a lack of consistent performance monitoring through the undertaking of supervision.

This is a breach of Regulation 18 of the Health and Social Care Act 2008.

People told us they felt confident about the skills and competence of care workers. One person said, "I'm nervous of falling in the shower but I am fine when they are here to help." Staff understood people's needs and had received appropriate training to carry out their roles. Staff had received training in related topics

including Safeguarding, moving and handling, dementia and medicines. The service provided training in eight areas including those mentioned and Introduction to Work in Social care. The training matrix showed all staff, including newer staff, were booked on or had completed core skills training and refresher training in some areas such as moving people. One staff member told us "We get the training we need"

Staff supported people to eat and drink according to their care plans. Staff told us they cooked meals for some people and others preferred to do this independently but they always made sure people had ample food in their homes to have a good diet. Some people were supported in making sure they had regular meals. This was detailed in the person's daily plan of care. For one person it set out how staff should involve the person in making a choice about their meal and helping prepare. For another it spoke of ensuring the person did not have food which was out of date. Staff told us how they supported people with meals. One said how it was part of their daily routine "To make sure people have meals and drinks." We saw where one person had been referred to their doctor because of concerns about their diet. This meant people's nutritional needs were being monitored.

Most people who used the service were able to make decisions about what care or treatment they received. People signed consent forms when they began to use the service to state they agreed to the service being provided. One person said "They only do what you want them to do and always ask if there is more they can help with."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Staff all received training about the MCA during their induction period. Staff we met said everyone they worked with was able to make choices and they respected people's choices. One person told us "I tell them what I want and how I want it doing and they do it." Another said "They always ask me what I want for breakfast each day and make me what I want. This meant the service made every effort to ensure people's choices about how they received care were respected.

The service may on occasion support people with their health needs particularly if care workers identify concerns which indicate a person requires a doctor's visit. Staff had contacted people's GP on their behalf or if requested where there had been concerns about a person's health. In an emergency care workers will ensure people receive medical attention such as a person having had a fall.

# Is the service caring?

## Our findings

The service was caring

People told us they found care workers caring and kind. We did not receive any negative comments about the care workers and how they treated people. One person told us "Very kind, very friendly, always. They know what they are doing and without a doubt they treat me with respect no problems there." Another person said, "They come here and talk to me. They have got time for you and it is like meeting a friend."

People told us they dignity was respected. One person told us "No problem here (when asked about dignity) they keep me covered up and just wash the parts I cannot." Another person said, "They make sure I am not overlooked in front of the window when getting in or out of bed, they close the blinds."

People told us they had been able to build relationships with care workers. This was helped by people having regular care workers. One person told us "It is nice, you get to know them and they get to know you." Another person told us "You do tend to get the same carer which is good." Staff told us that whilst they had differing people to visit they did have what they described as "Regulars". This meant there was some consistency to the care that was being provided.

People described care workers as "Gentle" and said they treated them and their homes with respect. People told us "Oh yes they always clean up after they go, leave as the found it." and "I am always treated nicely by the staff".

People were able to express a preference about the gender of the staff who supported them with personal care and these preferences were respected. One person said they preferred a male and they had always had a male care worker. Another person said, "They know I won't have a man, they always send a woman in the mornings when I get dressed." This meant people's preferences were respected.

During our visits to people's homes we observed care workers interacting with people in a caring and respectful way. In one instance the person was asked what they wanted to do and where they wanted to be, i.e. to remain in their bedroom or go to their lounge. The person told us "The carers are very good they always ask what I want rather than assume."

People were involved in all decisions about their care and support and had input into their care plan. One person told us "I feel involved in my care, they (staff) are open to being told how to provide my care, what I want." Everyone we asked said the care plan had been written with them and they felt they continued to be in charge of the care they received. People said they were visited by a staff member to review their care plans to make sure the planned care was still meeting their needs.

Staff encouraged people to remain independent. One person told us that staff supported them to try to do what they could. A member of staff said that they would "Always encourage people to try, some days are better than others but I encourage them to do what they can". Another member of staff explained that they

supported someone to retain their independence by providing reassurance and reminding the person not to rush.

Peoples' information was kept confidential. One person told us "They never talk about other people they (care workers) are visiting. A member of staff said, "We don't talk about people to anyone". This meant people could be confident their personal information was kept confidential.

## Is the service responsive?

### Our findings

The service was not consistently responsive

There were inconsistencies about the reliability of the service. Nine of the fourteen people we spoke with told us there was an issue regarding the reliability and timeliness of care workers arriving within 15 minutes of the given time. The manager confirmed there was a fifteen minute leeway time for all visits. Comments from people about the timeliness and reliability of the service included: "They never rush me and they are always happy to spend a little more time than is booked if necessary." and "Sometimes they are late but they ring me if it is going to be more than 15 minutes." and "They never miss: my biggest worry is they do not keep regular times. When I question them they say they have lots of other work to do". and "More or less on time". One person told us they never knew what time the care workers were due to arrive.

Record of visits over a four week period for one person showed of 80 visits 38 were 20 or more minutes late. For another person who had 37 visits 10 were over 20 minutes late, a third person had received 33 visits and 24 of these were over 20 minutes late. There were monthly reports which gave information about the timeliness and reliability of visits. For two months for 16 people receiving a service these reports showed 7 late visits. These visits were all to provide personal care either helping people to get up or go to bed. The operation's director told the provider was installing a system where care workers would have to clock in when they arrived and left a person's home. This meant people could not always be assured they would receive a consistent and reliable service and this could potentially place people at risk.

This is a breach of Regulation 9 of the Health and Social Care Act 2008

People told how they had made complaints and the responses they had received. One person said, "I complained about all the different carers turning up but this has now been sorted. I know them all now." Another person said how they had complained about a care worker they did not get on with and the service changed their care worker. One person told us "They do their best to sort any problems out, very accommodating."

We looked at the number of complaints that had been made over the past year. There had been six complaints about the timing of visits. Changes had been made to resolve the person's complaint. We noted people had not received a written acknowledgment of their complaint or apology if the complaint had been upheld. The acknowledgement is part of the service's complaints policy and procedure. There was no reference in the policy about people receiving a letter telling them the outcome of their complaint and any actions that had been taken to address their complaint. This meant people were not formally informed of the outcome of their complaint as part of the service being open about their response to complaints.

There was a system in place to review care needs. These reviews were scheduled to take place after two

weeks of a person receiving care and thereafter at three monthly intervals. There was inconsistent feedback from people about their receiving reviews of their care arrangements. Some people told us they had had a review whilst others said they had not had a review since starting with the service. People told us they were aware of their care plan and some told us they had spoken to a care worker about changing their care arrangements. This meant people could not always voice their views about the quality of the care they were receiving or that it was continuing to meet their needs.

Staff told us they had not always received details of people's care needs before visiting the person. They told us they would have liked to receive a copy of people's care plans before visiting. They told us if this was requested it was available but this was reliant on them asking. They told us the information was available when they first visited the person's home. This meant communication was not always effective in ensuring all the necessary information was available to care workers and care was being provided as planned and needed by the person.

Each person had their needs assessed before they began to use the service. This was to make sure the agency was appropriate to meet the person's needs and expectations. The provider told us they would not offer to provide a service unless they were sure they could meet the person's needs. The service had undertaken a questionnaire survey asking people their views of the quality of the care they received. There was 49% response and the provider was looking at why there was not a higher response. However, the survey provided positive feedback about the quality of care people had received. There was an overall excellent or good satisfaction rate with the personal care being provided. We noted there were no questions asked of people about the reliability or timing of visits which people had told us was a problem.

People received support which was focussed on their individual needs. One person told us "The carers see me as a person. They provide care with me rather than for me." Staff demonstrated a detailed understanding of people's specific needs. One told us how they supported a person in a particular way with getting dressed and washed. Another said how they had a routine which had to be followed for one person because "That is how they liked things done."

Staff understood how they needed to respond if a person was unwell or for one person who was insulin diabetic what action they needed to take if the person's sugar was low.

People were confident about contacting the office if their care workers did not arrive or they had worries about the care they were receiving. One person told us "I will always contact the office if I am worried about anything. They always listen and try and do something."

## Is the service well-led?

### Our findings

Arrangements to monitor the quality of the service had not been consistently followed and were not effective. Monthly reports did not demonstrate how the service was performing or where improvements were needed. For example whilst they had identified the numbers of late or early visits there was no overview or indication of what actions was being taken to address these shortfalls. There was no audit of the reviewing of people's care arrangements or the supervision and induction of staff so the manager and provider could identify failures and take action.

The provider had undertaken internal audits six monthly. These had identified a deterioration in how the service was being delivered and management of staff from 93% in March 2016 to 79% in December 2016. The provider told us they were in the process of addressing these shortfalls by reviewing and improving the systems in place so they were more robust. This meant there had been a failure by the provider to ensure there was consistent quality monitoring and addressing of failures related to improve the quality of the service.

This was a breach of Regulation 17 Health and Social Care Act 2008.

The provider had a clear vision for the service, which was to provide a quality home care service. They recognised the challenges facing the service particularly around monitoring the quality, identifying and making improvements, recruitment and retention. We were advised during our inspection the manager had resigned and a new manager had been put in place. We have been told this new manager will be applying to the commission to be the registered manager.

Staff spoke of wanting to provide a reliable service meeting people's needs. One told us "It is providing care to the person and them knowing they can rely on us." They said how staffing had been a difficulty with a lot of staff leaving. The manager confirmed they needed to continually recruit staff and importantly try to retain staff. They also reflected the manager's comments in that they said how they wanted to provide a consistent and reliable caring service.

People and staff had told us the manager was approachable and a number spoke of being well supported by the management team. There had been management vacancies and whilst one post had been filled, namely a supervisor role, the provider was still looking to recruit further management roles. Staff felt there had been variable communication. One said, "The support varies and communication can also be variable but they (management) do always get back to you."

The service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care  There was a failure to ensure the reliability of the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was a failure to ensure there was a robust and effective quality monitoring of the service to identify areas for improvement.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There was a failure to ensure there was consistent practice in the undertaking of staff supervision and appraisals in the monitoring of staff performance.