Care Quality Commission

Oxford Aunts Limited

Oxford Aunts

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?	Good

Overall summary

We undertook an announced inspection of Oxford Aunts Domiciliary Care Agency (DCA) on 9 November 2015. We told the provider two days before our visit that we would be coming. Oxford Aunts provides personal live in care services to people in their own homes. At the time of our inspection 84 people were receiving a personal care service.

There was a 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.

People we spoke with told us they felt safe. People were supported by staff who could explain how they would recognise and report abuse. Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks.

Summary of findings

People benefitted from staff who understood and implemented the principles of the Mental Capacity Act (2005). The MCA is the legal framework to ensure that where people are assessed as lacking capacity to make decisions for themselves, decisions are made in their best interests. Care staff we spoke with had completed training on the MCA.

There were sufficient staff deployed to meet people's needs and staffing levels were matched to the individual needs of people. Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service.

Where people needed support with medication we saw that records were accurately maintained and fully completed which showed people received the medicine they needed when they needed them. People who needed assistance with their medicine were supported appropriately by trained staff.

People told us staff knew their needs, supported them appropriately and had the skills and knowledge to carry out their roles and responsibilities. Staff received regular supervision and had access to development opportunities.

People and their relatives spoke highly of the care that was delivered by the service. Staff we spoke with knew the people they were caring for and supporting, including their preferences and personal histories. People were supported to maintain their faith and religious needs.

People told us they felt involved in their care. People's needs were assessed prior to receiving care to ensure their needs could be met and people received personalised care. Care records contained details of people's personal histories, likes, dislikes and preferences. The service sought the advice and worked with healthcare professionals to meet people's needs.

The service sought people's opinions through a yearly satisfaction survey and a quality assurance questionnaire following each placement. Where people raised issues the service took action to improve the service.

There was an open and caring culture and staff spoke positively about the registered manager and care managers. Accidents and incidents were recorded and investigated. Information was logged onto an 'Improvement diary' allowing the registered manager and senior staff to review this information collectively to look for patterns and trends across the service. Information was used to improve the service.

Regular audits were conducted to monitor the quality of service. These were carried out by the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and action plans created.

Summary of findings

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. People told us they felt safe.

Staff had been trained and understood their responsibilities to report safeguarding concerns.

Staffing levels were matched to meet people's individual needs.

Good

Is the service effective?
The service was effective.

Staff had the training, skills and support to care for people.

Staff felt supported and received regular supervision.

The service worked with other health professionals to ensure people's physical health needs were met.

Good

Is the service caring?
The service was caring.

Staff were kind and respectful and treated people with dignity and respect.

People benefitted from caring relationships.

Good

Is the service responsive?
The service was responsive. People's needs were assessed to ensure they received personalised care.

Staff understood people's needs and preferences.

Staff were knowledgeable about the support people needed.

Good

Is the service well-led?
The service was well led. The manager conducted regular audits to monitor the quality of service. Learning from these audits was used to make improvements.

There was a whistle blowing policy in place that was available to staff. Staff knew how to raise concerns.

The service had a culture of openness and honesty.

Good

Oxford Aunts

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 9 November 2015 and was announced. The inspection team consisted of one inspector.

At the time of the inspection there were 84 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with five people, four relatives, five care staff, the registered manager, and three care coordinators. We reviewed seven people's care files, six staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; "I feel 100% safe with them", I have no problems when it comes to feeling safe" and "Oh of course I feel safe they are wonderful".

People were supported by staff who could explain how they would recognise and report abuse. They told us they would report concerns immediately to the care managers. Comments included; "I would let them know If I had a concern, I would contact the care manager and then I would go to the registered manager" and "I would inform the care managers first and then consider going to the registered manager". Staff were also aware they could report externally if needed. Staff comments included; "I would consider going to the police, social services, safeguarding and CQC (Care Quality Commission)", "I would contact you guys (CQC) or the police" and "If I was not happy with what the organisation was doing about it then I would go to the local authority".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to reduce the risks. For example, One person was at risk of accidental fires so the service had introduced weekly fire alarm tests to mitigate the risk of harm. There was also an evacuation plan in place for both the staff member and person. Another person had a list of actions and medications needed in case of an emergency which were stored in the fridge. Staff we spoke with were aware of these plans and followed this guidance. Other risks covered included moving and handling, environment and dietary requirements.

There were sufficient staff deployed to meet people's needs. The registered manager told us staffing levels were set by the "Skills of the staff member against the dependency needs of our clients" and "We do not take on anymore care packages until we have the right levels of staff, the safety of our existing clients comes first". The registered manager was able to evidence this with a waiting list for the service. Staff told us "They consider our skills and ask us our preferences before matching us". One relative we spoke with told us "Staffing is consistent".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. Staff members we spoke with confirmed this. Comments included; "I have never had such rigorous checks, I thought these people do it properly and that's who I want to work for", "They would not let me start until references and my past was checked" and "Oxford Aunts understand that these processes are there for a reason".

Most of the people we spoke with told us they did not need support with taking their medicine. Where people did need support, we saw that medicine records were accurately maintained and up to date. Records confirmed staff who assisted people with their medicine had been appropriately trained. One member of staff we spoke with told us "Before we take the job on we have to be signed off (to support people with medication) this is co-signed by the client so they know we are competent". One person who we spoke with told us "They support me with my medication and they certainly come across as they know what they're doing".

There were individual medication administration records (MAR charts) which documented when staff had assisted people with their prescribed medicines. These were fully completed which showed that people received the medication they needed when they needed them.

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. Comments included; "They are very good at matching the needs of clients against the skills of the workers" and "They know me so well they're great to have around". One relative we spoke with told us "We have had other people from other agency's come in and it's as if they just go through the motions, the staff at Oxford Aunts are highly effective, I can't praise them enough. I have had three different carers and they have all been great".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, manual handling, equality and diversity, food and hygiene, infection control, dementia and stroke awareness. Staff comments included; "The training is good", "The training is thorough and comprehensive" and "I really enjoy the interaction". Records confirmed that staff had to attend refresher training. We spoke with the registered manager about this and they told us If organisational "mandatory training is missed without a good reason and not rearranged. The staff can't work with us, end of".

One member of staff we spoke with told us about their recent induction into the service. They said "It's been a really good induction, it's not fast paced and the registered manger is really approachable. It's about me shadowing (other staff) at first and then they shadow me".

Staff received regular supervision (one to one meeting with line manager), spot checks and appraisals. Records showed staff also had access to development opportunities. For example one staff member requested further training in diabetes and this was put in place. Staff told us they found the supervision meetings useful and supportive. Comments included; "If I have an issue they always support me", "If you need a supervision they will bring it forward for you", "I feel it is as good as it should be, they listen and encourage you to learn" and "They always highlight actions for improvement". Staff told us they felt supported by the registered manager and provider. Supervision records highlighted areas where staff had worked well and areas where improvements were needed.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The MCA protects the rights of people who may not be able to make particular decisions themselves. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected.

Staff were able to demonstrate a good understanding of the principles of the MCA. Comments included; "It's about gauging whether the client has capacity to make decisions, it's there to protect the client and their individuality", "It's about peoples capability to make their own decisions when people get beyond this we need to keep them safe and cared for", "It should always be treated as time specific" and "The act is there to allow people to maintain their own self-respect in making decisions for as long as they can".

People told us staff sought their consent before supporting them. Comments included "They always ask me first", "They always ask my permission", "They don't do anything without first asking, and they certainly would not do anything I would object to". One member of staff told us "It's important to ask permission and tell people what's going on, this is not about me imposing myself and my beliefs".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, district nurses and dieticians. One person had been referred to their GP following a joint evaluation of care between the district nurse and a staff member. One person told us they were seeing a chiropodist and that they were being supported by a staff member. Another person told us "They don't mess about, they get me in the car and take me to the doctors if needed".

People told us they had plenty to eat and drink and most people said they did not need any support for this. One person we spoke with told us "They are here to help if I need it". Where people did need support care plans gave staff clear guidance. Care records highlighted people's allergies. One person's care records highlighted intolerance to certain foods. Staff were aware and understood this person's dietary needs. Staff we spoke with were able to explain to us how they ensured they monitored this. People were not at risk of malnutrition.

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. Comments included; “The staff are caring and reliable. They help you with anything you want”, “They are caring”, “I have had the same carer for four years. She’s great at making soup”, “They care for all my needs “, “They are very caring and understanding” and “Oxford Aunts only employ good caring people”. Relatives we spoke with told us “They are brilliant we are so lucky to have them”, and “What they do is micromanagement but in the best caring way possible”.

Staff told us they enjoyed working at the service. Comments included; “They are brilliant they care about the clients and they care about the staff”, “We’ve come through thick and thin together and we can really rely on each other” and “Money is not the sole motivation for the service, (we) take pride in delivering high quality care”.

People told us staff were friendly, polite and respectful when providing support to people. Comments included “Oh they are so polite, it feels like they are part of the family”, “They are very respectful to me” and “[staff name] keeps me interested in my appearance which is important to my dignity”. We asked staff how they promoted people’s dignity and respect. Comments included; “Clients should be allowed to live in their own home however they choose” and “We must treat everyone individually and respectfully. You do this by listening to their needs”. When staff spoke to us about people they were respectful and spoke with genuine affection. The language used in care plans and support documents was respectful and appropriate.

We observed evidence of when relatives had contacted the service with compliments. The compliments about the service were positive of the care people and their relatives had received whilst going through difficult and life changing events that included end of life care.

Care records highlighted people’s faiths and religious practices. People we spoke with told us that they were supported to follow their faith in the way that they like to. One relative we spoke with told us “Dad has struggled to get to church, I have tried to get the church to come to the house to deliver communion without success, however [staff name] have driven this and the church now come to deliver communion which is really important to dad” and “This Sunday [staff name] supported dad to get to church for remembrance day”.

People told us they felt involved in their care. Comments included; “Yes they encourage you to let them know what you want” and “They always include me in decisions”. Details of how people wanted to be supported were contained in their care plans. For example, one person’s care plan highlighted the need for staff to be within hearing distance when they were showering. We spoke with a staff member about this and they explained although this person “Likes their privacy and independence it’s also important to them that they feel safe”. Another staff member told us “We need to provide as much privacy as possible and not expose people. This job is also about enabling and encouraging our clients to do what they can”.

All the people we spoke with told us they were informed and asked for permission prior to visits from any other of the staff who may visit them. For example to carry out care plan reviews or staff spot checks. They also told us new staff were introduced by the registered manager or care managers prior to staff placements.

Good

Is the service responsive?

Our findings

People told us the service responded to their needs and wishes. One person we spoke with told us "[staff] supports me doing the things I enjoy, like going to the cinema, shopping for clothes and a weekly visit to the fish and chip shop". Relatives comments included; "They respond to [person's] needs in ways I don't even expect", "If they can make things easier for [person] then they will" and "I just ring them up and say we have a problem, they get straight back to you with a solution, they're approachable and great".

People's needs were assessed prior to receiving any care to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences For example one person's care records highlighted that they like to have yogurt with their cereal, listen to classical music and there were instructions on how this person liked to wear certain clothes. Another person's care records gave guidance to staff on how this person liked to have their hot drink with a slice of cake. Care plans were detailed, personalised, and were reviewed on a four monthly basis or before if required.

One care manager we spoke with told us "Our clients have a choice about their care and its important as care managers that we check in with them and make sure the carers are doing just that". Staff we spoke with told us "Our clients are individuals and it's important that we get to know them" and "We all know our clients likes and dislikes it's a big part of the job".

The service had an out of hours contact number for staff to report any changes in a person's needs. This was then followed up by the service in daily meetings that took place every morning. During our inspection we observed the morning meeting and it was evident that people's changing needs were being discussed.

People received personalised care. One person was supported by care workers after a period of time in hospital. Following further concerns about this person's health, the service sought the advice and worked with healthcare professionals. This was to enable them to meet this person's needs and support them to regain some of their independence. A staff member we spoke with told us "I highlighted my concerns to the occupational therapist and district nurse and they came straight out. The wound healed well and quickly as a result".

Staff we spoke with knew the people they were caring for and supporting, including their preferences and personal histories. For example one member of staff described how the person they supported liked the staff member "To use the correct etiquette at meal times because this is how they were brought up by their parents", and that the person "Really enjoyed a daily mental challenge". The staff member told us "[Person] is a very proud lady, I always ask her about the things that are important to her, like the flowers in the garden and what she would like for lunch". Other staff comments included "Our clients are individuals and it's important that we get to know them" and "We know our clients likes and dislikes, its important too".

One relative we spoke with told us how the staff had supported their relative following a fall. They told us "[Person] had a fall, following this they encouraged and motivated him to do his exercises and got him back on his feet".

People told us they were supported to avoid social isolation by engaging in a wide range of meaningful activities. These were personalised and individual to the person. For example attending garden centres and bridge clubs. One staff member we spoke with told us how they were working with one person in "Opening up social networks by encouraging them to invite friends around".

People knew how to raise concerns and were confident action would be taken. One person said "I have never had to raise a complaint, if I had a concern though I would just contact the office". One relative we spoke with told us "I complained once and it was dealt with brilliantly". Staff told us how they would support people to complain. One staff member said "I would listen to the complaint and then contact my care manager and include the client". Information on how to complain was given to people and their relatives when they started with the service.

Records showed there had been one complaint since our last inspection. This had been resolved to the person's satisfaction in line with the provider's complaints policy. The service sought people's opinions through a yearly satisfaction survey and a quality assurance questionnaire following each placement. Where people raised issues the

Good

Is the service responsive?

service took action to improve the service. For example, one person was unsure as to what the aim of a care plan review was for. As a result the service contacted this person and explained. The registered manager then amended the services assessment form to remind staff to explain the purpose of reviews and also to remind people of the use of advocates.

Good

Is the service well-led?

Our findings

People had confidence in the registered manager and told us they were helpful and friendly. One person we spoke with told us "If I had a problem I would just call [registered manager] they are so helpful".

Staff spoke positively about the registered manager and care managers and felt supported by them. Comments included "They are so friendly and supportive, you see this cup of tea that they have just put in my hand. It's not for show or your benefit. When you come in for a meeting the first thing they do is make you a drink and see if you're alright", "When they say they will follow something up they will", "They recognise difficulties and acknowledge them and go out of the way to help" and "[Registered manager] is fantastic, [they] are adaptable and approachable with great listening skills".

There was an open and caring culture in the service. One staff member we spoke with told us "This is not a blame culture, this is a development culture". The registered manager celebrated good practice and was supportive and reflective when addressing issues. For example, the registered manager had set up an 'online reflective diary' following recommendations that staff had made. This diary was then used to capture staff and management thoughts and feelings about their practices. This was then used to form topics in staff meetings and improve day to day practice. For example, the service had highlighted a recent case 'were a person on the services waiting list needed a rapid response care package', The registered manager told us "This is something we would not usually do, however following a discussion with staff and care managers we went ahead with it on this occasion". The feedback from the relative of this person was positive. As a result the service implemented 'A staff retainer package' by offering staff member's additional payment to be available to support people if needed".

Accidents and incidents were recorded and investigated. Information was logged onto an 'Improvement diary' allowing the registered manager and senior staff to review this information collectively to look for patterns and trends across the service. Information was used to improve the service. For example, one issue highlighted the use of shared computers. As a result the registered manager implemented a new policy so staff and people were aware of their own responsibilities.

Regular audits were conducted to monitor the quality of service. These were carried out by the provider. Audits covered all aspects of care including, care plans and assessments, risks, staff processes and training. Information was analysed and action plans created to allow the registered manager to improve the service. For example, the registered manager was able to provide evidence of how the service had adopted a national certificate in care to develop the services existing approach to training and inducting new staff. Staff told us they were actively involved by the registered manager in developing the service.

The registered manager was a member of two national forums used to discuss care and share good practice. In addition to this the registered manager had also taken a lead role in developing a group called 'The live-in information hub' that was designed specifically to discuss challenges and good practice for services delivering live in care. Staff we spoke with told us the "[Registered manager] is always bringing great ideas into the office" and "[Registered manager] brings back information from meetings and really encourages us to consider this information".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager of the service had informed the CQC of reportable events.

The manager told us that the visions and values of the service were "To deliver high standard of care, however, we must remember that we will never get the level of carers that we need unless we value our staff". Staff we spoke with confirmed and displayed these values. Staff understood the provider's whistleblowing policy and procedure and said they felt confident speaking with management about poor practice. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice.

The service worked closely with other healthcare professionals including GPs, occupational therapists dieticians and district nurses. Records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans.