

Oakhaven Care Limited

Oakhaven Care Limited

Inspection report

Pennington Chase
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Tel: 01590646440

Date of inspection visit:
25 January 2017

Date of publication:
20 February 2017

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?

Requires Improvement ●

Summary of findings

Overall summary

The inspection of Oakhaven Care Limited took place on 25 January 2017 and was announced. We gave the provider 48 hours' notice because this was a domiciliary care serviced and there were times when the registered manager was out of the office supporting staff or visiting people who used the service. We needed to be sure that someone would be in the office. The inspection involved a visit to the agency's office and telephone conversations with seven people who used the service.

Oakhaven Care Limited is based in Lymington, Hampshire. They are registered to provide personal care. The service provides care and support for adults living in their own homes and includes support for people with physical disabilities, sensory impairment and people living with dementia. At the time of the inspection, 59 people received personal care from the service.

A registered manager was 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.

Quality checks had not been completed regularly to ensure people reliably received all of the care they needed. Although staff were routinely recording accidents and incidents these were not effectively analysed and investigated to identify any trends or patterns.

Risks to people's wellbeing and safety had been effectively mitigated. We found individual risks had been assessed and recorded in people's care plans. Examples of risk assessments relating to personal care included moving and handling, nutrition, falls and continence information.

People told us they felt safe receiving the care and support provided by the service. Staff understood and knew the signs of potential abuse and knew what to do if they needed to raise a safeguarding concern. Training schedules confirmed staff had received training in safeguarding adults at risk.

Robust recruitment and selection procedures were in place and appropriate checks had been made before staff began work at the service. There were sufficient levels of staff to protect people's health, safety and welfare consistently and reliably.

People said staff were caring and kind and their individual needs were met. Staff knew people well and demonstrated they had a good understanding of people's needs and choices.

We looked at care records and found good standards of person centred care planning. Care plans represented people's needs, preferences and life stories to enable staff to fully understand people's needs and wishes. The good level of person centred care meant people led independent lifestyles, maintained relationships and were fully involved in the local community.

Staff felt supported by management, they said they were well trained and understood what was expected of them. Staff were encouraged to provide feedback and report concerns to improve the service.

There was a complaints policy and information regarding the complaints procedure was available. Complaints were listened to, investigated in a timely manner, and used to improve the service.

Feedback from people was positive regarding the standard of care they received.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

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 had detailed care plans, which included an assessment of risk. These contained sufficient detail to inform staff of risk factors and appropriate responses.

People were supported by trained staff who knew what action to take if they suspected abuse was taking place.

There were enough staff to cover calls and ensure people received a reliable service. Safe recruitment systems were in place.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had received training and supervision to carry out their role.

Staff protected people from the risk of poor nutrition and dehydration.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice.

People had their health needs met and were referred to healthcare professionals promptly when needed.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff who knew them well.

People spoke highly of the care they received and of the staff

who supported them.

People involved in all aspects of their care and in their care plans.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed information to staff on people's care needs and how they wished to be supported.

People's needs were assessed prior to them receiving a service.

People were provided with information on how to raise a concern or complaint. Concerns and complaints were responded to appropriately.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service lacked appropriate governance and risk management frameworks, which could result in missed opportunities to ensure consistently safe and good quality care and treatment.

Although staff were routinely recording accidents and incidents these were not effectively analysed and investigated to identify any trends or patterns.

The registered manager was well respected and approachable.

Systems were in place to seek the views of people who used the service and those acting on their behalf. People and their relatives felt able to approach the registered manager and there was open communication within the staff team.

Oakhaven Care Limited

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 25 January 2017. This was an announced inspection. The provider was given 48 hours' notice because the service provided domiciliary care in people's homes and we wanted to make sure the registered manager and other staff were available at the agency's office. One inspector completed the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection, we went to the office and spoke to the registered manager and one care co-ordinator. We reviewed the care records of 11 people. We looked at 10 staff files, supervision and training records and systems for monitoring the quality and safety of the service.

On the 26 and 30 January 2017, we made phone calls to seven people to get their feedback about what it was like to receive care from the staff at Oakhaven Care Limited. Prior to inspecting Oakhaven Care Limited, we also received the views of three relatives, six staff who worked for the service and two social workers. They agreed for their comments to be included in this report.

Oakhaven Care Limited was registered by the Care Quality Commission on 30 April 2013. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led. This was the first inspection of Oakhaven Care Limited since their registration.

Is the service safe?

Our findings

Accidents and incidents were recorded and the registered manager was informed if there had been any incidents. Staff told us they understood the process for reporting and dealing with accidents and incidents. If one occurred, they would inform the office and an accident form would be completed. We looked at the accidents and incidents for 2016. These records clearly stated what actions were taken to keep the person safe. However, accidents and incidents were not analysed and learnt from. Records did not demonstrate what preventative measures had been put in place to prevent a re-occurrence and protect the person. This has been expanded on in the well-led domain. We found that people's safety would not have been impacted; in regards to not analysing the recorded accidents and incidents in 2016.

Risks to people's wellbeing and safety had been managed effectively. We found individual risks had been assessed and recorded in people's care plans. We looked at comprehensive risk assessments, which covered the internal environment of the person's home, moving and handling risks, risks of falls, nutrition and hydration, and continence information. Visual checks were completed on equipment such as wheelchairs and bathing equipment. Additional risk assessments were completed in relation to people's specific needs. For example, there was a risk assessment, which outlined the risks to a person who was diagnosed with a condition that caused severe fatigue. There was sufficient guidance for staff to support the person safely. The care plans were reviewed if there were any changes in the person's care needs.

Care plans showed that each person had been assessed before care and support started so the service could be sure they were able to provide the right support. A member of staff told us, "The registered manager is fair and allocates appropriate time to everyone and are flexible in their approach to the changing needs of both people and staff." People's care documentation contained assessments such as health risks, mental health and sensory needs.

People told us they felt safe receiving support from Oakhaven Care Limited. One person said, "I feel comfortable with the staff who visit me, I know the agency do a thorough job in recruiting the right people and I never feel worried. I feel safe." Another person told us, "I absolutely feel safe. The staff offer me all the reassurance I need and would want."

Safeguarding policies were in place with additional policies on entering and leaving people's homes, handling their monies and property, confidentiality and dealing with emergencies. Training records showed all staff had attended safeguarding training annually. People were protected from the risk of abuse because staff understood the different types of abuse and how to identify and protect them from the risk of abuse or harm. Staff told us all concerns would be reported to the registered manager. If concerns related to the registered manager, they would report them to the appropriate local safeguarding authority or the CQC.

Staffing levels matched what was planned on the staff rota system. People told us their care worker arrived on time and that they were informed if there were any long delays. There were sufficient staff employed and deployed to deliver the care hours planned for people. The office was open between 9am and 5pm from Monday to Friday with one of three staff providing on-call cover 24-hourly Monday to Sunday.

People were protected, as far as possible, by safe recruitment practices. Staff files confirmed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). The DBS provides criminal records checks and helps employers make safer recruitment decisions. In addition, two references were obtained from current and past employers. These measures helped to ensure that new staff were safe to work with adults at risk.

People's medicine administration records (MAR) were accurate and clear. Staff told us they had attended training in medication, they were aware of the provider's policies on the management of medicines and that they should follow these. Training records confirmed that all staff received medication training. Staff had a good understanding of why people needed their medicines and how to administer them safely. There was clear guidance in the MAR charts on 'as required' medicines for occasional symptoms such as pain relief or anxiety.

Infection control policies and procedures outlined the need for staff to use personal protective equipment while providing personal care. Staff told us they understood the importance of good infection control practice and had access to all the personal protective equipment that they needed to carry out their role safely.

Is the service effective?

Our findings

Not all staff had received supervision sessions in line with the provider's probation procedure, which stated staff should receive supervision every 8 to 12 weeks. Ten staff files showed that the staff had only received one or two supervisions in the last year. However, staff told us they felt supported by the team and registered manager. One member of staff told us, "I get a huge amount of support from the registered manager. Any problems, if any, are dealt with quickly and effectively. I do have supervisions which are a great way of getting feedback." Another staff member told us, "My supervisions may not be regular, but I know I can approach my manager anytime. They [registered manager] are very supportive". Staff supervision is arranged to maintain levels of competency and to identify areas for development and improvement. We spoke with the registered manager about their plans for supervisions. They told us that part of their plan was to review the provider's policy and update it to reflect staff should receive three monthly supervisions per year. Following the inspection, the registered manager sent us their updated policy reflecting what they had told us.

Unannounced spot checks were completed on staff as a minimum of three times a year to check whether the member of staff was on time, were wearing their uniform and whether they met the person's needs. These spot checks were completed during part of a home visit and the results were passed to the office. Comments from one field supervision stated, 'person given assessed care. Staff member was respectful.' Another comment stated, 'correct personal protective equipment used.' This demonstrated that the service had a proactive approach to staff members' learning and development. It also highlighted areas where additional training may be needed to make improvements.

People were happy with the care and support provided by Oakhaven Care Limited. One person told us, "I am impressed by the quality of this service." Another person told us, "Oakhaven has a good organisation, their staff vary in competence, but generally the standard is good and I am generally satisfied."

All new staff completed a four-day face-to-face induction, which included all generic and specific training to enable staff to carry out their role. New staff shadowed staff that were more experienced and did not work on their own until they were competent and confident to do so.

Staff received generic training in first aid, health and safety, infection control, safeguarding, moving and handling, medication, mental capacity, food and nutrition. Training was refreshed as needed and certificates in staff files confirmed the training staff had completed. New staff studied for the Care Certificate covering 15 standards of health and social care topics, through on-line learning. A computer system held details of what courses had been completed by staff and notified the registered manager when updates were required.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Care plans contained mental capacity assessments and also included information regarding powers of attorney. Staff had a good understanding of mental capacity and put this into practice to ensure people's rights were respected.

At the time of the inspection, the registered manager had not needed to notify the local authority about who did not have capacity and needed their liberty restricted for their own safety. The registered manager demonstrated to us that he had a good understanding of this legislation.

Where people were supported with their meals, they said staff helped them in the way they needed, and showed a flexible approach. Staff said people chose what they wanted to eat and were assisted to prepare meals and drinks depending on their capabilities.

The care plans included key contact details of people's next of kin, case manager, GP, district nurse and relatives. People with more complex needs also had additional contact details of healthcare professionals such as occupational therapists, dieticians and the Speech and Language Therapy (SALT) team. Staff said that any changes in a person's behaviour or if someone was ill when they arrived would be reported to the office immediately to obtain advice and support. One relative told us, "Oakhaven Care have become an essential part of [persons] day, and provide all that has been asked for and more. They [staff] have provided an early warning of physical issues, and are great at assisting with a good state of wellbeing."

Is the service caring?

Our findings

People told us they had good relationships with the staff. One person told us, "I have been through so much in the last year with my health; the staff have been very supportive and caring in regards to this. The staff are extra caring." Another person told us, "They [staff] are all brilliant, the staff are attentive I am very happy with the support I receive".

The registered manager and care co-ordinator told us they understood why it was important to interact with people in a caring manner and to ensure that people were informed of any changes to visit times or any delays.

People said they felt comfortable with their care workers, and were treated like individuals. Staff knew people well; they had a good understanding of people's needs, choices, likes and dislikes. One person told us, "I am very satisfied with the service. They do their best to meet our needs." Another person told us, "I have help with companionship, household chores or taken out for shopping or my pleasure, entirely my choice and it has greatly improved my life and given me friends."

People and their relatives told us that they were involved in planning their care on a day to day basis and that staff listened to them. People told us they were given choices on a daily basis for example, how they wanted their care to be given and what they wanted to eat or drink. One person told us, "I am involved in my care plan; I am kept up to date. I have a copy of the care plan in my home and if I feel it needs updating, I tell my staff."

Staff were given enough time to get to know people who were new to the service and read their care plans and risk assessments. Staff told us although they knew what care people needed they continually asked people what they wanted. A social worker told us, "I have been very pleased with the care they [staff] have provided. They [staff] have kept me informed of the care being provided. Prior to starting the care package, they were willing to spend time on the telephone initially gaining an understanding what was required. I then met with a care coordinator who I introduced to the person. She spent time with [person] and understood their care needs as well as taking into consideration their overall well-being. Although the care was fairly straightforward there were some complexities around it, which the manager dealt with under some difficult and challenging circumstances."

People told us that they were treated with dignity and respect. One relative told us, "All the staff has great respect for [person] and their property."

People were provided with a 'Service User Guide' which contained information about the provider, including the values, who to contact with any questions they might have and how to complain. All of the people we spoke with confirmed they knew who to contact at the service if they had queries or changes to their care needs.

Is the service responsive?

Our findings

People were involved in decisions about the care and support and in reviewing care needs. One person said, "I am very much involved in reviewing my care needs, I insist upon this. There are certain tasks I like to do myself, while I still can and this is respected. My care plan reflects the areas I want to do myself and this is reviewed when needed."

Comments made by people who used the service from the last satisfaction survey in February 2016 included, 'Great respect for me and my property. The staff are lovely people, friendly and I look forward to every visit', 'All carers who visit me are kind and caring towards me' and 'I always confident that a carer will arrive to assist me'. Comments for improvement included, 'better notice of changes in regards to a carer or possible lateness of a visit.' An action plan had been put in place to address some of the issues raised by people including improved continuity of care, ensuring that people are informed of changes to their visit times and that staff remained at their visit for the full allocated time. This demonstrated that the service encouraged feedback from people to make improvements.

People's needs had been assessed before they began using Oakhaven Care Limited. People said the care plans reflected their support needs. The registered manager told us the assessments were carried out to ensure the service could provide the support people needed and they were used as the basis for the care plans.

Care plans included a detailed assessment of people's needs and included people's preferences and routines and had been completed with each person and their relatives where appropriate. Staff were able to provide examples of how they provided personalised care and support to people, which responded to people's needs.

Care plans were informative, comprehensive, and included people's religion, medical histories, social histories, health details and medical condition. Each care plan had additional policies, guidance and best practice documentation, which related specifically to the person's condition such as 'catheter' guidelines. Staff had received further training in subjects specific to the person they provided care and support for, such as catheter care and dementia awareness. People's daily care notes were completed and returned to the office monthly and provided clear details of the care and support provided for people in a person centred way.

Care plans showed that people had been involved in their care planning. Reviews were completed where people's needs or preferences had changed and these were reflected in their records. This showed that people's comments were listened to and respected.

People were given the choice of which care workers they would prefer to provide care for them. One person told us, "If there is someone I don't particularly like, I just tell the office and I don't see them again. However, this rarely ever happens. I like all of the staff who visit me. They do an amazing job."

People said staff arrived on time and no one we spoke to had experienced missed visits. The registered manager told us they inform people if staff are likely to be late. One person told us, "Individual carers are always considerate of the service users' needs and identify and report changes/concerns. Pleased and impressed by the care and punctuality given to date."

Staff told us they felt supported by the office staff and by the information available in people's homes, which included the care plan, daily notes, protocols and guidance. One person told us, "The staff in the office are very helpful and respectful. I do ring the office and usually find that they are helpful and polite to me". The staff in the office are all lovely as far as I am concerned." Another person told us, "The staff in the office listen and respond professionally."

People knew how to make a complaint and felt that they were listened to. The procedure to make a complaint was clearly outlined in the complaints procedure and the Service User Guide, which had been sent out to all the people who used the service. Records showed complaints and concerns were investigated and addressed in a timely manner including a record of the investigation outcomes. One person told us, "Occasion for complaint has never arisen, but we are confident that the team would respond swiftly to any concerns raised." Another person said, "[registered manager] is always at the end of the phone and issues are resolved very quickly". The service had received three complaints in the last 12 months. The complaints were acknowledged, investigated and a full written response sent out. Complaints were used to improve the service and to prevent similar issues from reoccurring.

Is the service well-led?

Our findings

The registered manager had failed to ensure that effective management systems were in place to assess, monitor and improve the quality of service people received.

In the past 12 months Oakhaven Care Limited have supported between 55 and 59 people. In 2016, only eight people had their medication records audited on one occasion by the registered manager. These audits reviewed the medicine administration records (MAR) and people's daily records, which were returned to the office. This was to identify if a review of care was needed and to check for any shortfalls in recording or documentation. When there were missing signatures from MAR charts these were picked up and the registered manager identified which member of staff was responsible and spoke to them directly to address the issue. The registered manager confirmed there were also a number of other people supported with their medication whose records had not been audited. The registered manager told us, he did not know if there had been any errors, which may have resulted in a negative impact on people.

In 2016, only five of the 59 people supported had their care plans audited. We noted that these audits had been detailed and had helped to identify shortfalls in the running of the service. For example, when staff were not following particular care plans, or staff documentation needed to be improved due to gaps in people's records. However, we found the auditing was not regular and not everyone's care was being audited. The registered manager told us he received regular feedback from staff, people and their relatives on all aspects of the service, for example medication and people's care plans every month, but had not always documented or recorded this. Therefore, the registered manager could not demonstrate actions taken to ensure the quality and safety of the service.

People could not always be assured that changes were made to improve the service as a result of accidents and incidents. Accidents and incidents were not analysed and learnt from. There were a number of people who had sustained falls but no investigation had been conducted into these and no action had been taken as a result, such as care plans and risk assessments being reviewed and updated. The current system to assess, monitor and improve quality and safety of the services provided was not effective to ensure people's needs were properly monitored and reviewed, to inform their care planning.

Appropriate systems were not in place to assess, monitor and improve the quality of the service. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed these findings with the registered manager at the time of the inspection, who agreed to date, he was relying on feedback from staff, people and relatives on the service they received rather than having an effective system in place that regularly audited each person's service to ensure each person had their needs and expectations met. The registered manager acknowledged this and told us he was working hard to strengthen the way in which problems were addressed. The registered manager showed us an audit tool designed in December 2016, which was due for implementation at the end of January 2017. Based on our findings, the registered manager updated this audit tool during the inspection, to ensure it covered all aspects of a person's service, including ensuring each person who received support with medication would

be reviewed monthly. The new audit tool examines people's care plans, staff files, training, recruitment, employee checks, complaints and daily notes. The registered manager told us, the audit would help identify staff induction records needed to be completed, staff training certificates to be placed in staff files and daily notes to be audited monthly to ensure that care was being delivered in accordance with the care plan. The tool included analysing medication errors, accidents, incidents, complaints, missed calls and safeguarding concerns. The registered manager told us, they would then analyse these results on a monthly basis to identify patterns or trends. This demonstrated an emphasis on striving to improve.

People and relatives described the staff of Oakhaven Care Limited as professional and caring. A social worker told us, "I would be happy to use Oakhaven Care with other people in the future and felt comfortable working with them."

Spot checks took place whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits, people were asked their views about the care they received and their views were documented. All views and comments were positive.

There was an open and positive culture which gave staff confidence to question practice and report concerns. The registered manager told us that staff meetings were held when needed. We looked at the minutes from two meetings in 2016, the most recent one being in September 2016 and found they discussed timesheets, staff sickness, staff holiday, personal protective equipment, the importance of confidentiality and professional conduct. The next team meeting was arranged for March 2017. The registered manager told us, they felt there was a lot of value in the team meetings and were trying to ensure they occur three monthly.

Staff said they liked working for the agency because of its friendly and supportive nature. One member of staff told us, "Best care company I have come across. They are a well led, organised professional company, who care about the staff as well as the people, in my experience, that is hard to find." Another member of staff told us "Oakhaven is by far the best agency I have worked for. They are thorough and very caring and give the best they are able to both the clients and the staff." Another staff member told us, "I am proud to represent them (Oakhaven Care Limited) in the course of my duties". Another member of staff told us, "I have worked for Oakhaven Care for just over a year now, and I thoroughly enjoy it. The managers are great, very approachable and understanding and easy to talk too. Oakhaven Care is a fabulous place to work."

Feedback from people's relatives about the service was consistently good. A compliments folder contained written messages of thanks and cards. Comments made by people and their relatives included, 'many thanks for such good care', 'we are very pleased with the service,' 'many thanks for the continued excellent care being provided, these visits are now the best part of [persons] day' and 'thank you for caring so compassionately for such a long time'.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Good governance Appropriate systems were not in place to assess, monitor and improve the quality of the service.</p> <p>(1) (2) (a) (b)</p>