

Oakfield Quality Homecare Limited

Right at Home Colchester and District

Inspection report

Wellington House
90-92 Butt Road
Colchester
Essex
CO3 3DA

Tel: 01206932792

Date of inspection visit:
10 March 2017

Date of publication:
05 July 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?

Good ●

Summary of findings

Overall summary

The inspection took place on 10 March 2017 and was announced.

Right at Home Colchester and District is a domiciliary care service that provides care and support to people living their own homes. The service operates in Colchester and the surrounding villages of Essex. At the time of our inspection there were approximately 30 people using the 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 were safe because staff had the information needed to recognise abuse and keep people safe.

People received safe care that met their assessed needs and the provider had processes in place to manage risk.

There were sufficient staff who had been recruited safely and who had the correct skills to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines so that people were supported to take their prescribed medicines safely.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and we found that the provider was following the MCA code of practice. The registered manager had a good understanding of the need to ensure people had the capacity to consent to their care and support.

People were supported effectively with their health needs. The registered manager supported staff to provide care that took people's wishes into account and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who knew them well. Staff respected people's choices and took their preferences into account when providing care and support.

Staff were supported by the management team to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

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

Staff had the information they needed to safeguard people from abuse or poor practice. There were processes to address people's concerns

There were sufficient staff who had been recruited appropriately and who had the skills to provide safe care.

Systems were in place for managing risk and for supporting people safely with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed so they had the information to provide care effectively.

The provider had processes in place to support people when they lacked the capacity to make decisions.

People's health and nutritional needs were met by staff who had clear information about people's needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect and provided care and support that respected people's dignity.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good ●

The service was responsive

People's choices were respected and their preferences were taken into account when staff provided care and support.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People were confident their concerns would be listened to.

Is the service well-led?

Good 

The service was well led.

Staff received support through the provider's supervision processes to provide people with good care and support.

Staff worked well together as a team.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

There was a strong management team in place and the registered manager worked closely with the provider to establish a stable leadership team.

Right at Home Colchester and District

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 10 March 2017 and was announced. The provider was given 48 hours' notice because they provided a domiciliary care service and we needed to be sure that someone would be at the office to provide support with the inspection.

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service. The Expert by Experience supported the inspection by carrying out telephone interviews with people who use the service and their relatives.

Before the inspection we reviewed the information we held about the service including information received and statutory notifications sent to us by the provider. Notifications include information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the visit to the service's office we spoke with the provider and the registered manager. We also spoke with two members of staff. The Expert by Experience spoke on the telephone with nine people who used the service and ten relatives about their views of the care provided.

We examined three sets of care records, three staff files and records related to the management of the service including training records, quality monitoring audits and information about complaints.□

Is the service safe?

Our findings

All the people we spoke with confirmed that they felt safe and comfortable with their care workers. Relatives told us that they had confidence that their family members were cared for safely. A person using the service said, "I feel safe. It's a homely set up."

A relative told us that having care workers in gave them reassurance that their family member was being looked after. They said, "We know there is someone there to keep [them] safe." Relatives told us, "It is important to be able to trust them. I feel I can rely on them and feel confident in the [staff]." A relative said that when they had to go on trips they had "every confidence" in the care and the service would contact them if there were any problems with their family member's care.

People told us that care workers were reliable. A person said, "They always come, even if they are a little behind." Another said, "They are occasionally late but given the fact that they are driving and the traffic conditions this is understandable. They phone me if they are running late." The majority of people spoken with were happy with timekeeping. One said, "They are always here in good time." and another, "They are normally on time." One person said, "Occasionally I have to ring up and ask why a carer is late, probably once or twice a month at most. They usually arrange to get someone out to me soon."

People using the service and relatives spoke with us about the importance of having continuity of care with regular care workers coming in. They told us this made them feel more secure, comfortable and safe because it was a familiar face. The registered manager explained that people had teams of regular care workers. Although they were not given a detailed rota in advance, people were familiar with their team. The majority of people told us that there was usually a team of around three or four over the course of a week. A relative said, "[My family member] has got to know all of them." A person told us they did not mind if a new care worker turned up as long as they introduced themselves and could do the job. One person said, "If they are new they come in and introduce themselves."

Staff had received safeguarding training to give them the knowledge needed to recognise abuse or poor practice. Staff spoken with were able to demonstrate that they understood signs that might indicate someone was being abused. Staff were confident that they could pass that information to the management team and actions would be taken.

People had a range of risk assessments relevant to their individual needs. Areas of risk that had been assessed in the care records we examined included falls prevention, moving and assisting manoeuvres and a nutrition and hydration assessment. These were routinely reviewed every six months as part of the service review programme. The registered manager said that risk assessments were also reviewed and updated in response to any changes to a person's care needs or when concerns were identified.

We saw from personnel records that there was a clear recruitment process in place. All necessary documentation was in place including a completed application form, relevant references and proof of identity. Checks were made on an applicant's right to work in the UK and Disclosure and Barring Service

(DBS) checks were sought before a newly recruited member of staff commenced work. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support.

Staff received training around handling medicines and a member of staff told us they felt the training was pretty good. They explained how they supported people with their medicines, which was usually in a monitored dose pack. They told us that there was a sheet with the person's medicines documented and they signed to confirm they had given it. They said, "If it's not on the sheet then we can't give it."

A person told us, "They will write down my medication and take the prescription to the doctor's for me and make sure it is delivered. They check on the supplies in the cupboard." A relative said, "The carers monitor and take primary responsibility for giving [our family member] their medication. They make sure that [they take] them."

The registered manager explained they supported someone who was on a medicine that required careful monitoring and management. They told us how they provided relevant training including signs to be aware of and the importance of reading the information daily and recording fully and accurately. `

Is the service effective?

Our findings

Training records were well organised and confirmed that staff received a range of training to give them the knowledge and information needed to provide effective support. Some training was updated annually including safeguarding, moving and assisting, dignity, nutrition, infection control and medication training. Other training was updated every two years and that included equality and diversity, person centred care, communication and the Mental Capacity Act.

A member of staff told us that they were reasonably new to care but they thought the induction and the training was good. People told us that they thought that the care workers were well trained and they confirmed that they thought they had the skills to do the job properly. One person said, "They are well suited to their occupation." Another said, "They are mostly mature [people] who are well trained." A relative explained that if their family member was unhappy with the way care was delivered they would be "agitated" but that did not happen and that was "a good sign."

Staff said they felt well supported. One care worker told us that they only had to ring the office if there was anything they were unsure of and they would get advice. If an issue came up when the office was closed, there was someone on-call to answer their queries. Personnel records confirmed that care workers received face-to-face supervision approximately every three months and there were also spot checks to assess their practice when delivering care and support. The registered manager explained that staff were encouraged to develop new skills and they had a policy to 'promote from within' so that staff had an incentive to work towards advancing their career.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found that the registered manager understood their responsibilities under the MCA to ensure assessments were carried out so that decisions were made appropriately. Care plans contained assessments of individual's capacity to make decisions. As part of the initial assessment of a person's needs before their service commenced, the registered manager clarified whether there was a legal power of attorney (POA) in place and what the POA related to, for example, property and financial affairs or decisions about health matters.

People told us they were happy with the support they received around eating and drinking. One person explained about the variety of food care workers prepared. They said, "I have a sandwich at lunchtime and a hot meal in the evening. I had duck breast, mashed potatoes and cabbage last night. Sometimes I have fish and chips or bacon and egg. I can choose." Another person said, "They will make a pot of coffee. If they don't know how to do anything they ask. They listen." A relative said, "I prepare meals and freeze them. They use up the stock in rotation. They also make [our family member] cups of tea, orange juice with warm water and

orange squash with lemonade – just how [our family member] likes it."

Relatives told us that care workers picked up on occasions when their family member was poorly or when something was wrong. A relative gave us specific examples of when care workers had noticed signs that medical help was required. On one occasion they alerted district nursing services and another instance when they saw that the person was in pain and called an ambulance. The relative said, "[My family member] was admitted to hospital" and explained that staff knew what to look out for even though they were not medically trained.

Is the service caring?

Our findings

We received numerous positive and complimentary comments about care workers, describing them, for example, as polite, understanding, nice, amicable, kind, gentle, friendly, cheerful and very helpful. A relative said, "They are gentle and caring. I've not come across one that isn't good. They just come and get on with it. They are like part of the family in a way." A person said, "I get along well with all of them. They have a bit of a laugh."

People confirmed that they were treated with respect and consideration. One person said, "They [staff] are courteous." A relative told us that care workers were, "Top drawer – they love my [family member]."

A relative told us that sometimes their family member was asleep when the care worker arrived and they would wake [them] up gently. They said, "One morning they couldn't wake [them] at all so they said they would come back later and they even called back on their way home. [My family member] is happy with them."

Staff knew people well and carried out small tasks that demonstrated they understood what made people happy. A relative told us that they talked to their family member about a specific hobby. A person said, "They are very thoughtful. They bring flowers into the lounge and make sure the water is changed. They put my nightwear on the radiator to warm."

People told us that care workers encouraged them to be as independent as possible. One person said, "They encourage me to walk about and do things." Another said, "They take me out in the wheelchair. They always ask me to make a shopping list. [The manager] says it is therapy for me to get out."

People told us care workers always treated them with respect and preserved their dignity when assisting them with personal care.

Is the service responsive?

Our findings

A care worker told us they did not feel rushed or under pressure to get to their next visit. They explained that they could stay longer if the person needed them in an emergency. They gave an example of when they had to call an ambulance for a person and they telephoned the office who arranged for another care worker to cover all their visits for the rest of the afternoon so that they could stay for as long as they were needed.

The registered manager explained the assessment process and said that it was important to match people up with the right care worker to help the package run smoothly and successfully. People were asked if they had preferences about who provided their care and support, for example if they would prefer support from male or female care workers. One person said, "I've never seen a male carer but I appreciated being asked." They also said, "We have a large dog and they never send carers who are afraid of dogs."

Care records confirmed that there was a comprehensive assessment in place with evidence of input from the person and, where relevant, from relatives or other representatives.

People told us they had been involved in the assessment process and drawing up their care plan. Most people said that their care plan was reviewed about every six months. Other people said their care plan was reviewed if there was a change to the schedule or "tasks" for any reason. They explained that they were asked for feedback on their care at the time of review.

People's care plans were kept in their homes and there was also an up to date copy maintained in the office. The care plans we examined were well organised and the information they contained was detailed and person centred. There was a contents sheet at the front of the care plan so that caregivers were able to find information easily. Staff understood people's care needs well and were aware of any changes.

The views and preferences of people were taken into account in the way care and support was provided. People told us that care workers listened to what they said and they had choices over what was done for them. One person said, "They are not here to take over." Another said, "They ask me what I want to wear. If I ask them anything they will do it." One person said, "The personal care is good – fantastic." And a relative told us, "They will do anything we want them to. We only have to say what we want and they will do it."

Care records contained information about the person's preferences, likes and dislikes. The care plans had a 'one page profile' at the beginning that gave care workers background information about the person, what their hopes and goals are and what they would like to achieve from the support of the service. We saw that one person had requested to be supported by a care worker who was able to drive their specific vehicle so that the person could get out and about. There was detailed information about people's preferred daily routine and how they wanted to be supported. A relative told us, "[Our family member] tells them what to do and they usually do it." And another said, "They don't tell they ask. They know [our family member's] routine. Before they leave they always ask if there's anything else they can do."

Relatives told us that care workers kept them informed about any issues that arose during their visits. One

relative said, "They take the initiative. One phoned the other day and said the kitchen needs a bit of a tidy up. I think that's caring. They are watching and seeing what needs to be done. They do washing and change beds on their own initiative."

The service had a complaints policy and procedure in place. A relative told us that they had raised number of issues with the service. We saw that the procedure had been followed, the concerns were fully documented and actions had been taken to resolve their concerns.

A person told us that they had raised an issue with the management team and it had been dealt with appropriately. They said, "One time a carer left early. I phoned the office and they said they would not charge for the call. I was happy with the response." Other people told us they were pleased with the way they were responded to if they rang up about anything. A relative told us, "I ring up if I have a problem. They have been good and helpful."

Relatives were complimentary about how the registered manager communicated with them if they had any concerns. One said, "[The manager] got back to me on the phone as soon as they received my email. They said it would be looked into." A person told us, "I've not had any complaints. If I did I would be able to talk to [the manager]. [The manager] is lovely and encourages me."

Is the service well-led?

Our findings

Relatives made positive comments about how the service was managed, especially about the good communication. They confirmed that they could contact the office and speak with the registered manager. One relative said, "I phoned [the manager] and had a good response. [They] always ring back and ask is there anything else you want to talk about?" Another relative said, "[The manager] phones me, updates me and keeps me informed."

The registered manager explained that the culture of the service was person centred and that they would engage with the family as well as the person using the service. They also felt that it was part of their role to support people to engage with the local community. Newly recruited staff signed up to the service's care worker promise document which clearly described what the member of staff could expect from their employer and what was expected from them. The provider set out the support, training and pay and conditions staff could expect as well as their expectations that they would make a difference to the people receiving a service by "personally delivering high quality empathetic care that goes the extra mile and by making a difference every day to the people they support."

Relatives and people using the service made positive comments about how flexible the service was and how they could request changes, sometimes at the last minute, and the manager would accommodate them. A relative said, "The management is good. If I decide to take [my family member] out or have a medical appointment and cancel within 24 hours it is not a problem. They are flexible and don't charge." Another relative told us that they had to ring up and cancel "on the spur of the moment" because of an appointment and the manager came round early to get their family member ready. A relative said, "A few weeks ago they sent a [care worker] an hour sooner because I had an appointment."

Two people using the service were also complimentary about the way the manager responded when they wanted cancel a call or change an arrangement. One person said, "I spoke with [the manager]. I wanted to change the schedule for the next week and they were OK with that." Another person told us, "I had to rearrange the times four or five times. They were flexible and helpful. They always accommodate it."

The provider made resources available for the efficient operation of the service including well equipped offices and the provision of personal protective equipment for staff such as gloves. There was a new electronic system in place to manage calls. Staff had a mobile phone app and had to 'tap in' to the system at the beginning of the visit and 'tap out' at the end so that visit times could be monitored.

The provider had systems in place for monitoring the quality of the service. The registered manager explained the system they used to review people's care and support. When they commenced a new package of care they carried out an initial review after one week to make sure the person was satisfied with the times of the visits and the care provided and further reviews were carried out after six weeks, six months and one year. In addition to regular reviews the management team carried out feedback visits to the person's home at least twice a year.

As part of their quality monitoring process, the provider carried out an annual survey when they sent questionnaires to people using the service and their relatives as well as health and social care professionals. The feedback in the most recent survey carried out was positive and complimentary. People described the service as first class, very supportive, reliable, professional and caring. Comments about staff included very kind, a credit to their profession and excellent care. An action plan was compiled from the information gathered from the questionnaires which identified areas where they wanted to develop or improve. The action plan set out what actions they were going to take, who was responsible and a timescale for completing. An update was sent to people when areas that had been identified for development had been actioned.

The registered manager worked within current guidelines to ensure their policies and procedures, records and management systems were in place and there were clear arrangements for monitoring and auditing records. All documents relating to people's care, staff recruitment and training were stored securely so that people could be confident that information held by the service about them was confidential.