High Oaks Farm Limited

High Oaks Community Care and Support

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

Summary of findings

Overall summary

High Oaks Community Care and Support provides a domiciliary care service. The range of people that use this service include older people, some of whom may be living with dementia, people with learning disabilities or mental health needs. At the time of this inspection one person was using the service for the regulated activity of personal care. The service was also providing support to a further four people in the community to do day-to-day things that may have become more difficult, due to their physical or mental health needs. For example, social activities and attending hospital appointments.

We inspected this service on 16 December 2016. The inspection was unannounced.

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.

Systems were in place to manage risks to people using the service and staff. Assessments were in place which gave staff clear direction as to what action they needed to take to minimise risk. These included safeguarding matters and the security arrangements for gaining access to a person's home and lone working.

Staff do not currently administer people's prescribed medicines, other than topical medicines such as creams and ointments. There was no proper record kept to reflect that these had been administered in line with the prescribing instruction. We recommend that a proper record of all medicines administered to people by staff should be kept in accordance with the Royal Pharmaceutical Society guidance: The Handling of Medicines in Social Care.

People's scheduled visits were consistently provided at the time they wanted them, and staff arrived on time. People received care and support that met their needs. They were involved in determining the kind of care and support they needed and were helped to retain their independence. People had sufficient amounts to eat and drink and were supported to access health care professionals, when they needed them.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults who used the service. This is by ensuring that if there are restrictions on their freedom and liberty these were assessed by professionals who considered whether the restriction is appropriate and needed.

A thorough recruitment and selection process was in place. This ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service. Staff knew the care needs of the people they supported well. This was because staff had received training that gave them the skills and knowledge to meet people's specific needs.

Staff felt supported by the management team and felt there was good leadership in the service. Staff were clear about the vision and values of the service as set out in the staff code of conduct. These referred to providing a service where people were empowered and treated with dignity, respect and equality.

Systems were in place to assess, monitor and further develop the quality of the service. This included obtaining and acting on feedback from people using the service, relatives, staff and other professionals. Arrangements were in place to respond to concerns and complaints.

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.

There were enough staff to provide the care people needed, at the time they needed it.

Systems were in place to manage risk, including protecting people from harm. Staff understood how to recognise abuse or potential abuse and how to respond and report these concerns appropriately

The recruitment and selection process ensured staff recruited had the right skills and experience, and were suitable to work with people who used the service.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions about their care and treatment was assessed. Staff were aware of protecting people's rights.

Staff were provided with training and support that gave them the skills and knowledge to ensure people's needs were being met.

People were supported to manage their health and nutritional needs.

Is the service caring?

Good

The service was caring.

People were involved in making decisions about their care.

Staff supported people to maintain their dignity and independence.

People were looked after by kind and caring staff.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

There was a complaints system in place. Complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

Staff were managed in a way that ensured they provided people with a safe standard of care.

People and staff were enabled to make suggestions to improve the quality of the service.

The provider had systems in place to assess and monitor the quality of the service and these were effective.

High Oaks Community Care and Support

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 16 December 2016 and was unannounced.

Before the inspection, we sent our Domiciliary Care Agency questionnaires to three people using the service, four staff, and three relatives to gain their views about the service. We received a completed questionnaire from one person using the service and four completed questionnaires by staff.

We looked at all of the information that we had about the service. This included the Provider Information Record (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

We spoke with one person using the service and one member of staff. We spoke with the service's registered provider representative, the registered manager and the deputy manager in the service's office.

We looked at one person's care records and records in relation to the management of the service and staff.

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Good

Is the service safe?

Our findings

Discussion with one person during the inspection and feedback received in our Domiciliary Care Agency questionnaire reflected that people using this service felt safe from abuse and harm from staff. People confirmed they had been introduced to staff before they had provided their care or support. They told us this made them feel safe as they knew who would be arriving at their home. The person spoken with told us, "I do feel safe, especially knowing someone is here."

Information in the returned staff questionnaires confirmed they had been provided with training on the identification and prevention of abuse to keep people safe. Staff were aware of the provider's safeguarding adults and whistle blowing policies and their responsibilities to ensure that people were protected from harm. Staff confirmed they had received updated safeguarding training. One member of staff spoken with had a good understanding of the procedures to follow. This was if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them.

Systems were in place to identify and manage risks to people using the service and staff. A range of policies and procedures were in place providing guidance for staff for lone working and gaining access to a person's home, including if there was no response. Security measures included the provision of staff identification badges so that people would know who they were. Assessments, including the security and safety of people's home environment, use of equipment and infection control, had been undertaken. Where risks had been identified measures had been put in place to keep people and staff safe. For example, to protect people from the risk of infection staff had been supplied with, and instructed on the use of personal protective clothing, such as aprons and gloves.

Discussion with the registered provider's representative confirmed there was enough staff available to meet people's needs. They informed us that staff worked across both of the registered provider's services, which included this community based service and their residential care home. This meant there was always enough staff available to meet people's needs. This was confirmed in conversation with one person, who told us, "Staff are always on time."

Three staff files examined confirmed a robust recruitment and selection process was in place. All relevant checks, including a police check and appropriate references, had been obtained prior to these staff starting work. The PIR stated when recruiting prospective staff they were assessed on key areas. This included how they demonstrated kindness, compassion, respect to others and promotion of people's dignity. A comprehensive staff induction included supervised working in the care home before working in the community. This enabled the registered manager to observe their interaction with people and helped to form a view of their suitability for the role. This ensured staff recruited had the right skills and were suitable to work with people who used the service.

The deputy manager told us that staff do not currently administer people's prescribed medicines. This was confirmed in discussion with one person using the service. They told us they were able to manage their own medicines, but would have preferred to have staff help them with their pain relief. Information provided in

the PIR states plans were in place to ensure that all staff were trained to administer people's medicines. This will ensure staff had the knowledge to support current people using the service with their medicines and new clients in the future. Although staff were not administering prescribed medicines in the form of tablets, they were applying prescribed topical medicines such as creams and ointments. We noted and discussed with the registered manager that staff were recording that they had applied a person's prescribed creams in their daily care notes. Where staff were applying prescribed creams and ointments a proper record should be kept and signed by the member of staff who has administered them.

We recommend that a proper record of all medicines administered to people by staff should be kept in accordance with the Royal Pharmaceutical Society guidance: The Handling of Medicines in Social Care.

Good

Is the service effective?

Our findings

The PIR identified that the provider had a proactive approach to the learning and development of their staff. A training programme was in place that ensured the needs of people were consistently met by staff who had the right competencies, knowledge, qualifications, skills, experience, attitudes and behaviours. Training covered a range of topics including safeguarding people and health and safety. Staff confirmed they were provided with training that gave them the knowledge to meet people's specialist needs, such as dementia and mental health awareness. Staff felt confident the training provided had given them the skills to meet people's specific needs. One person using the service confirmed this, commenting, "The staff are trained and know what to do."

The registered managed told us all staff had an induction which began on day one of their employment, and which they were expected to complete within the first 12 weeks. They told us the staff induction had recently been adapted to reflect the Care Certificate. This training included a set of standards that social care and health workers must apply in their daily working life. It is the minimum standards that should be covered as part of their induction training as a new care worker. One member of staff spoken with confirmed they had completed their induction when they first started working for the organisation. This had included shadowing an experienced member of staff, which had helped them to get to know the needs of the people they supported and cared for. They told us the training and support they had received during their induction had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively.

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. The member of staff spoken with confirmed they had received training in the Mental Capacity Act 2005 (MCA). They had a good working knowledge of how these principles should be applied to ensure people's human and legal rights were respected. The registered manager told us people had been assessed as having capacity and were supported to make choices about their care and treatment. This was confirmed in discussion with the person we visited during the inspection who told us, "I have given my consent and agree with all that is in my care records."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our visit there was no one who needed this type of authorisation.

We looked at one person's care records. Information in their daily care notes confirmed they were supported to manage and maintain their own health. Any issues regarding their health had been identified by staff and

dealt with promptly, by contacting their GP. The person we visited told us, and we saw for ourselves, they were supported by staff to maintain a balanced diet. We observed the member of staff ask them what they wanted for their lunch. It was evident that the person was able choose what they wanted to eat and when they wanted it.

Good

Is the service caring?

Our findings

Discussion with one person during the inspection and feedback received in our Domiciliary Care Agency questionnaire by a person using the service reflected staff were kind and caring. We observed the interaction between the person we visited and the member of staff was caring and friendly. The member of staff was respectful when talking with the person, referring to them by their preferred name. They displayed empathy and talked compassionately about the pain the person experienced. The person told us, "The staff are fine, they do as I ask, for example, if I am not feeling well staff do ask me if I want a day in bed, but I'd rather get up."

The PIR stated a person-centred approach was promoted in the service. Person-centred care takes into account people's needs, preferences and strengths and ensures they are involved in making decisions about their care and treatment. We saw that this approach was being implemented. The member of staff supporting the person we visited had a good understanding of their needs, their life history and were aware of things that may define them such as their cultural background, gender and personal preferences.

The PIR also stated that people's preferences around their personal care, for example whether they only wanted male of female support was taken into account. The person we visited confirmed when they had first started using the service they had requested female carers only. However, they told us since then, "I have had a male carer on the odd occasion. I am happy with this arrangement as we have developed a really good relationship; we share the same interests in sport."

The person using the service told us they had capacity to make their own decisions about their care and treatment. The registered manager told us where people did not have this support or wanted independent support advocacy support was available. [An advocate is a person who represents and works with a person or group of people who may need support and encouragement to exercise their rights and ensure that their rights are upheld]. The registered manager confirmed no one using the service was receiving this support at present. This showed us support was available that ensured people's wishes, needs and preferences were respected where they were unable to speak up or make important decisions for themselves.

The person we spoke with confirmed they had been involved in developing their care plan which had taken into account their needs and choices. Their care records showed they were involved in making decisions about the support they needed to maintain their independence. For example, they had stated that they wanted a member of staff to support them to walk as they had fallen in the past. The person told us, "This support gives me confidence and reduces my anxiety about falling."

Staff understood the need to promote people's privacy and dignity. Discussion with one person during the inspection and feedback received in our Domiciliary Care Agency questionnaire confirmed that people felt staff treated them with respect and promoted their dignity. The person we visited told us, "They [staff] always knock on the door and shout out before they come in to let me know they are here."

Good

Is the service responsive?

Our findings

Discussion with one person during the inspection and feedback received in our Domiciliary Care Agency questionnaire demonstrated that people were satisfied with the support they received. People confirmed they received their scheduled visits as agreed in their initial assessment, Staff arrived on time and stayed for the agreed length of time. One person told us, "The support I get from staff has helped me to stay as independent as I can be, although I have good and bad days, I feel more confident now."

The returned questionnaires showed that staff were provided with information about people's needs, choices and preferences before they started to provide their care and support. They stated that their work and travel schedule meant they were able to arrive on time and stay for the agreed length of time. The member of staff spoken confirmed this and with told us they had enough time during each visit to complete all of the tasks required to meet people's needs. The person we spoke with confirmed this, commenting, "The carers are flexible and do as I ask."

We looked at one person's care plan. This contained detailed information about the person and provided guidance to staff about the care and support they needed to meet their health and physical needs. The member of staff spoken with was able to describe the content of the person's care plan and knew their needs well. The care notes completed by staff contained good information and reflected the care and support provided. The PIR stated people's support plans were reviewed whenever their needs changed or four months, whichever was sooner. We saw the person's care plan had been reviewed on a regular basis. Where there had been a change, requiring the application of a prescribed topical medicine, for example, ointment to relieve pain, this had been updated in the person's care records.

The PIR identified that compliments and complaints were welcomed and this feedback was used to address issues and improve the service. This was confirmed by the person we spoke with who told us, "I raised my concerns with the deputy manager about staff not being able to apply my pain relief patches. Although, my relative helps with this, it would have been more helpful if staff could apply the patch. We had a good chat about it and I now understand that staff are unable to do this."

Staff confirmed they were aware of the organisations complaints policy and knew the process to respond to any complaints made. The registered manager told us any complaints and outcomes following investigation were discussed at staff supervision and shared at team meetings to learn from things that had not worked as well as expected.

Good

Is the service well-led?

Our findings

The registered provider had a range of ways in which people could feedback their experience of the service and raise any issues or concerns they may have had. The PIR stated people's feedback was key to the running of the service and regular telephone contact was made with them to ensure they were happy with the service they received. This was confirmed in discussion with the person we visited. They told us, "I am regularly asked by the deputy manager either by telephone or in person if everything is alright."

Systems were in place that enabled to the registered provider to assess and monitor the quality of the service. The registered provider had employed a specialist consultant who provided on-going support with areas such as planning, development and best practice. We saw that regular audits were taking place, including but not limited to people's care records and health and safety requirements. These showed that any shortfalls had been identified and the action taken to address these.

The PIR stated one of the key aims of the organisation was to meet the current and future needs of people using the service. To do this they had carried out surveys to ascertain what those needs were and had used the feedback to design and deliver services to meet people's specific needs. For example, the registered provider's representative told us the external consultant had sent questionnaires to people using the service and staff to obtain feedback on the quality of the service. Records showed that the registered provider, managers and the consultant held subsequent meetings on a regular basis to discuss the findings of the surveys and how the service could be improved. Following these meetings action plans were developed to show how improvements were to be made. For example, training was to be arranged so that going forward staff would be able to administer people's prescribed medicines.

We spoke with the registered provider's representative, registered manager and the deputy manager. All had a good understanding of their responsibilities to deliver a quality service. They told us they attended various training courses, seminars and conferences to keep themselves up to date with current legislation and good practice guidelines. The PIR stated that the registered provider had signed up the Social Care Certificate of Commitment initiative. This commitment was aimed at ensuring where people need care and support they should expect a high quality service. In signing up to this commitment, the registered provider had pledged that they would continuously strive to deliver high quality care so that the public would have confidence in the service provided at High Oaks. The registered provider's representative told us they were also on the management council for the Association Representing Mental Health Care and involved in other projects with Norfolk County Council and Social Care Institute for Excellence (SCIE) to promote best practice and consistency in care services.

The registered provider's representative told us they were in continual contact with the managers and administrator and therefore had a good understanding of day-to-day matters. This was confirmed in discussion with the registered manager who told us they had a good relationship with the registered provider's representative, with whom they had daily telephone contact. They said they felt supported by the registered provider's representative and met with them at least once or twice a month to discuss and plan improvements needed for the service.

Staff told us they felt supported by the registered manager. They confirmed they received regular supervision where they were able to discuss any issues they may have and talk about additional training and development needs. Staff told us that staff meetings took place on a regular basis, at least three to four times a year. They told us they could openly discuss any concerns or raise suggestions they may have at these meetings. Additionally, an annual staff training and improvement day was held to ensure staff were provided with information so that they understood and knew what was expected of them to carry out their roles.

People and staff spoke of an open and fair culture in the service. Staff told us the registered provider's representative visited the service's office regularly and they had their contact details so would speak with them directly, if they needed to. Staff said the registered manager had an open door policy. They said they felt comfortable approaching them at any time.

The PIR stated that the ethos of the care provided at the service was empowerment, inclusion and person-centred care. This was underpinned by a set of values which included: honesty, involvement, compassion, dignity, independence, respect, equality and safety. These values were set out in the staff code of conduct and formed part of their induction to ensure that they were understood and consistently put into practice. The registered manager and staff confirmed the provider's core values had been discussed at the annual training day, and frequently discussed at staff meetings and supervisions. Staff had a clear understanding of these values and we observed them treating people with respect and dignity throughout the inspection.