

SFB Care Limited

Good Oaks Home Care - Aylesbury

Inspection report

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Aylesbury
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Website: www.goodoakshomecare.co.uk

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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

About the service

Good Oaks Home Care - Aylesbury is a service providing care and support to people in their own home. At the time of the inspection the service was supporting 39 people. This included both younger adults, people with physical or sensory impairments, and older people. Some people using the service lived with dementia or experienced other mental health support needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us staff were caring, compassionate and provided safe care. Staff supported people to maintain their independence where possible and involved people in day to day decisions about their care and support. We received several compliments regarding the approach of staff. One family member advised, "We are really satisfied with this service...we're happy with them and feel [relative] is in good hands."

Staff, people and families told us the service was well-managed. People indicated the management of the service was accessible, supportive and approachable. Comments from relatives included, "The office are always easy to get hold of and sort things out" and "If there has been anything to sort out, they have got on and done it. They will also check everything is going OK whilst I am on [the phone]. They are all very approachable."

Staff provided consistently positive feedback about the responsiveness of the registered manager. The registered manager provided a positive role model for staff and had worked proactively with the nominated individual, office staff and head office to make improvements since our last inspection. We have made a recommendation in relation to governance record keeping.

People received person-centred care which was responsive to their needs. Staff could speak in detail about people they support, with knowledge about people's likes, dislikes and preferred routines. People's needs were assessed, and care plans provided a detailed and holistic picture of people's needs, wishes and preferred routines.

People were supported by staff who were suitably inducted, trained and supported. Staff deployment aimed to provide continuity of care, including enough travel time to deliver punctuality. One person told us, "I have a small team that come to see me. I get a weekly timetable and they are pretty much on time within it."

We found safe care and treatment was provided. People were safeguarded from risks of abuse and other risks, including infection control risks in relation to COVID-19. Safe medicines administration practice was promoted. The registered manager took appropriate action in response to accidents, incidents and

complaints to promote people's safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 April 2022) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the service ensure systems were operated to report incidents to CQC in accordance with requirements, and we also recommended the service review their approach, to ensure care is provided in a compassionate and supportive way. At this inspection we found improvements had been made.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Good Oaks Home Care – Aylesbury on our website at www.cqc.org.uk.

Recommendations

At this inspection we have recommended the service review their approach to ensure the recording of management and governance systems is effective in evidencing the management of risks to the quality and safety of the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Good Oaks Home Care - Aylesbury

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 March 2023 and ended on 13 March 2023. Two Experts by Experience made telephone calls to people and their relatives on 3 March 2023. We visited the location's office on 8 March 2023. We continued to review evidence until 13 March 2023.

What we did before the inspection

We reviewed information we had received about the service since the previous inspection. We also sought feedback from the local authority. We used the information the provider previously sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 7 people using the service and 15 family members. We also spoke with 11 members of staff, including 6 care workers, the care coordinator, the care supervisor, the registered manager, the operations director from the franchise head office and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from 2 additional members of staff.

We reviewed a range of records. This included 7 people's care and support plans, either in full or in part, as well as people's medicines records where they received support with this task. We looked at 3 staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service including policies and procedures, accident and incident records, compliments and complaints and audits of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the service had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. The service had appropriate safeguarding and whistleblowing policies in place, which staff could easily access electronically.
- The registered manager had a good understanding of different forms of abuse and made referrals to the local safeguarding authority where they identified concerns for people's welfare, such as risks identified of self-neglect.
- During our inspection we identified one incident where an omission of medicines had not been appropriately reported to the local safeguarding authority. The registered manager told us this had been accidentally "overlooked" and promptly contacted the safeguarding authority in response to our feedback. We were satisfied this was an isolated instance and found other concerns had been appropriately reported.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection risks to people were not clearly identified and managed. Risk assessments were either not present or lacked sufficient detail to help staff understand and respond to risks. Systems were not operated to promote learning from incidents to mitigate risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Following our last inspection the service undertook a care review for everyone using the service to ensure risks were identified and mitigated. The service had worked in partnership with the head office who developed new forms and tools to enhance risk assessment processes. For example, a tool used to assess a

person's risk of developing pressure sores had been improved to ensure this more effectively identified people at risk.

- The service helped keep people safe through formal and informal sharing of information about risks. Staff had electronic access to care plans and risk assessments and told us they read these before supporting people. The service also used an electronic messaging platform which was used to quickly inform staff about any new risks or safety concerns.
- People told us staff promoted their safety. Comments from people included, "They come to help me shower and keep me from slipping. They will do whatever I want them to though, they are all very good" and "They know what they are doing and they are keeping me safe. They have me sat down when I have my wash and walk at the side of me when necessary. They are always watching me and making sure I don't stumble".
- Staff monitored the safety of people's living environment and equipment in it well through checks and action to minimise risk. For example, where people had equipment to help them move the service ensured contact details of the company who serviced it were readily available.
- We found risk assessments and care plans now identified and included information about a range of risks including moving and handling tasks, risks of skin breakdown and environmental risks including fire safety.
- Whilst there had been significant improvements in risk management, we found risk assessments relating to the use of anticoagulant medicines were not fully personalised. These included information about the use of the medicine Warfarin for people prescribed different anticoagulants. We were satisfied however staff understood the risks associated with these medicines, which can include increased risks of bleeding and bruising. The operations director explained the template contained this standardised information and confirmed they would review this.
- Staff understood their role and responsibilities should accidents or incidents occur. Information about accidents and incidents had not been consistently documented in line with the provider's policy, however we were satisfied appropriate actions had been taken in response to incidents.

Staffing and recruitment

At our last inspection systems were not consistently operated for the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were safely recruited. Staff submitted an application form, completed an interview process and all required preemployment checks were carried out. These included references from previous employers, a medical questionnaire and disclosure and barring service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The service also obtained overseas criminal record checks where staff were recruited from abroad.
- The care coordinator knew people and staff well. This meant they could appropriately match staff with the right skills and experience to meet people's needs. People received a copy of their weekly visit rota so they knew which staff were scheduled to visit them. If the rota needed to change, such as in the event of staff sickness, systems were in place to ensure people were updated.
- Staff told us, and a review of the electronic rota system confirmed, that staff were given sufficient time to travel between people's homes. Records also showed staff timekeeping had improved since our last inspection. The registered manager explained that certain factors outside of their control, such as

roadworks, did at times impact timeliness and they provided examples where they had planned increased travel time to try to mitigate known issues.

- Systems were in place to ensure staff working outside office hours could receive immediate advice and support if they had any concerns for a person's safety or welfare.
- Comments from relatives in relation to timeliness included, "They usually turn up on time which is important to her. Sometimes a little late", "They are usually on time and although I do get different ones coming they are all very nice", "Their time keeping is not the best" and "As for timings, yes they're very good, you have to remember that...building and development of the HS2 has disrupted the whole area...so we understand about timing but generally they're good with timing of visits. Also they will always phone if they are running very late."

Using medicines safely

At our last inspection the service had not ensured the proper and safe management of medicines, including record keeping of the administration of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and their relatives told us medicines were safely administered. People's relatives advised, "They make sure [relative] has had a medication in a morning as she can be forgetful. There have been no problems that I am aware of", "[Relative]...needs his medication every four hours. They are very good at keeping to time" and "[Relative] does her own medication from a dossett but the staff will let me know if she has forgotten. There is good communication."
- People's care plans and risk assessments identified the level of support required with medicines, any requirements for the safe storage of medicines, and any known medicine allergies.
- Staff received medicines training, and their competency was assessed. Staff described providing safe medicines support, and new staff confirmed their competency had been checked before they provided medicines support without supervision.
- Systems were in place to ensure staff could inform the office of any changes or concerns in relation to medicines. For example, the registered manager showed us a photo staff had sent via the electronic system to highlight the prescribed dosage of a medicine had changed. The instructions for staff including the MAR had been updated to reflect the newly prescribed dosage.
- One person with a history of refusing medicines support required a prescribed medicine to be given covertly in food following a best interests decision made by a mental health professional. The person was also prescribed other medicines which were not approved for covert administration. Staff we spoke with understood which medicine could be given covertly, and could describe how they would check and record if the person had successfully taken their medicines.
- We received some mixed feedback regarding how effectively the service ensured people had sufficient stock of prescribed medicines. Comments from relatives included, "They also monitor and order the medication so she never runs out. It is one less thing for me to worry about", "If meds get low we've asked them to let us know but they don't", "Why can't they tell me or [relative] in advance when things are getting low like [medicines]" and "[Registered manager] has been amazing, so supportive. When they set up the care plan she noticed that the prescription from the hospital was wrong and she sorted it all out for me." We were satisfied appropriate systems were in place and that staff were reminded to inform the office if medicines stock was running low.
- The registered manager was working on strengthening the medicines audit process to ensure all medicine

records would be accurately completed. The operations director also advised their head office auditing processes would be updated to include quality checks of medicines audits.

Preventing and controlling infection

At our last inspection systems were not operated effectively to ensure appropriate infection control measures in response to the COVID-19 pandemic. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service promoted effective infection, prevention and control measures to keep people safe. Staff used personal protective equipment (PPE) effectively and safely. Staff completed e-learning and practical training in relation to infection control. Following training, a detailed competency assessment was undertaken to ensure staff were implementing infection control techniques.
- People and their relatives told us staff used PPE appropriately. A relative advised, "They always have their gloves and aprons on and still wear their masks so she's safe" and a person added, "They are wearing masks when they come and put gloves and aprons on when they are seeing to me".
- All relevant staff had completed food hygiene training and followed correct procedures for preparing food. For example, staff consistently told us they would wash their hands and change their gloves before handling food.
- The registered manager demonstrated their awareness of the risks associated with COVID-19. Appropriate risk assessments for COVID-19 were in place for both staff and people using the service.
- Where COVID-19 related risks had been identified appropriate action was taken. For example, records showed after a staff member had tested positive for COVID-19, the service acted promptly to inform people and their relatives of the potential risk. On a different occasion, we saw where people had contracted COVID-19, staff were immediately made aware and encouraged to follow infection control guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection effective systems were not operated to ensure the service worked in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People told us staff sought their consent and made sure they were ready before commencing a task. A person advised, "They ask me before we do anything and check what I need. They are all very responsive to how I am feeling."
- Staff empowered people to make their own day to day decisions about their care and support. Staff understood the importance of offering choices and could describe how they promoted this where people were less able to express themselves verbally. For example, a staff member explained if a person who experienced cognitive impairment was unable to verbalise what they wanted to eat, they would show the person a choice of meals to enable them to indicate their preference.
- Staff respected the rights of people with capacity to refuse their medicines and staff ensured that people with capacity gave their consent to medicines.
- Some people had appointed a lasting power of attorney to support with decision making in relation to their health and welfare, or finances and property. Records showed the service was seeking appropriate evidence where these arrangements were in place.
- Written records of MCAs and best interests decision making were documented. For one person with learning difficulties, an MCA included a variety of decisions including support with personal care, medicines, nutrition and hydration and accessing the community. We highlighted the importance of MCAs being decision specific and the registered manager was responsive to our feedback. The head office had already taken steps to improve the documentation used by staff to document MCAs and best interests decision making since our last inspection.

Staff support: induction, training, skills and experience

At our last inspection effective systems were not operated to ensure staff were suitably competent and had

the support required for their roles, including access to supervision in line with the provider's policy. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Robust processes were in place to ensure new staff received effective training and support upon joining the service. Staff were initially required to complete a selection of mandatory e-learning courses and attended an online training day with the company's head office to include an introduction to the organisation. A minimum of two further days of in-house training then followed including practical training in topics such as basic life support, moving and handling skills, and medicines administration. Staff were offered opportunities to shadow more experienced colleagues before working unsupervised.
- Staff new to care were supported to gain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Systems were in place to assess the competency of new staff and to conduct periodic reviews of staff competency via spot checks, known as support visits. An office worker who supported with these spot checks could clearly explain what areas they would observe and how they provided feedback to staff following their observations.
- We were satisfied supervisions had been carried out where concerns had been raised about staff performance and staff told us they could access advice and support from the management of the service as needed.
- Most relatives were fully satisfied that staff were trained to meet people's needs. Comments included, "I think they are well trained; they understand his needs and how to keep him safe" and "I have no concerns at all regarding the skills staff have, they care for [relative] really well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the delivery of care, using a care assessment template which asked staff to gather essential information. The service had been supported by the head office to improve assessment tools in line with best practice guidance since our last inspection, including the use of additional risk assessment tools. The level of detail included within care plans indicated that assessments had been undertaken in a holistic and detailed manner to capture people's needs, preferences and wishes.
- Some people were able to tell us they had a care plan in place. Some relatives advised they had been involved with their family member in developing the care plan, and some relatives confirmed care plans had been reviewed as required. A person explained, "They came out and went through everything that I needed and the plan covers all of that". Comments from relatives included, "The care plan is very good they are very conscientious about everything. If there is ever a problem, they contact me" and "We met with the coordinator to go through his needs and we have a very good care plan. We were all there, [relative] included and if things change, they will adjust it as needed."

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged and supported to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, and where needs had been identified, the service supported people with shopping and planning their meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible. One person was unable to feed themselves and required staff support. Staff described

how they would position the person upright and assist them to eat safely.

- Relatives confirmed people were offered choices of food and drink. Comments included, "We know she has plenty of fluids each day...She always has her fruit and biscuits to nibble on, they're always on the table for her", "Her food often isn't prepared brilliant, she's simple with her food it's not complicated stuff" and "They do all of [relative's] meals. I have been there when they ask whether she wants hot or cold, it's all her choice".
- We reviewed paper food and fluid charts for two people where staff needed to more closely monitor their intake. The registered manager had identified how staff recording could be improved, and recent team meeting minutes evidenced staff had been instructed to complete the charts with more detail.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service referred to and worked with a variety of other health and social care agencies to ensure people received effective care and had access to the healthcare services they required. This meant people could access services to support their wellbeing and help them to live healthy lives. For example, records for one person showed the registered manager was working closely with a social worker to ensure a person was referred for occupational therapy equipment aids and to ensure their GP was aware of a medicines concern.
- Professional feedback we received indicated the service worked cooperatively with other agencies to support effective care. A professional told us open and honest feedback they received had informed their own assessments and planning of care. They added that staff were found to be "friendly and effective" in their roles and office staff had been "supportive in providing critical information needed to inform assessments".
- Systems were in place to provide a timely and coordinated handover of information between staff. This included use of an electronic messaging platform which could be accessed by all staff. Staff told us this was effective because they could quickly and easily pass important information or concerns to office staff. Staff highlighted that office staff, including the registered manager, promptly and consistently responded using the system to acknowledge their messages and confirm action had been taken as required.
- One person told us staff had worked well with healthcare professionals when they required a suprapubic catheter, which is a hollow flexible tube that is used to drain urine from the bladder. The person explained, "They are well trained and certainly have the skills to look after me. I was recently catheterised in my tummy and they keep it clean. The District Nurse comes once a week and they communicate between them as to what needs doing."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection we recommended the service review their approach, to ensure care is provided in a compassionate and supportive way, to ensure care promotes and respects people's dignity, independence and diverse needs.

At this inspection we found improvements had been made and people were supported by staff who were kind and caring.

- People felt valued by staff who showed genuine interest in their well-being and quality of life. Some people described how they looked forward to staff visiting. People told us they felt supported by staff to remain as independent as possible and that staff knew them and their likes and dislikes. One person told us, "They treat me and my home with respect. They don't rush me, they let me do things at my own pace. They will chat to me when they've done. They do a good job". Another person added, "They all seem to know what they are doing and will sit and chat to me if they have time...They respect my property too."
- Staff supported people to express their views using their preferred method of communication. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- People and relatives provided consistently positive feedback about the caring nature of staff. Relative comments included, "The staff are very caring and compassionate" and "The carers are friendly, kind and chatty nice people...one is really lovely, she even gets upset when Mum's ill". People added, "They are very caring and treat me with respect" and "The staff are caring. I have no problems at all."
- Staff knew when people needed their privacy and respected this. Staff described supporting people in a dignified manner when helping with personal care. A relative advised, "So if Mum's a bit down or slow that's OK. They're so patient with her, yes mum's had quite a few ups and downs but they deal with her well...they wait patiently to do each task."
- Staff received training and information to enable them to fully understand and respect people's diverse backgrounds and needs. Training topics completed by staff included communication, dementia care and equality, diversity and human rights.
- People's personal information was kept secure and staff understood the importance of maintaining secure care records to ensure people's privacy and confidentiality was maintained. For example, throughout the inspection the registered manager ensured any sensitive information shared electronically was

encrypted to protect people's confidentiality. Staff explained access to electronic care plans was password protected. We observed safe storage of records at the office location.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection processes for assessing and reviewing people's needs were not fully effective in ensuring care met people's needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Staff provided people with personalised, proactive and co-ordinated support in line with their care plans. Care plans and risk assessments provided detailed information about people's identified needs and preferred routines. Comments from relatives included, "They understand what she wants and the way she wants things doing...They are all lovely people" and "They have been brilliant. They support her to do as much as she can for herself. She has been a different woman, she has so much more confidence...The staff put her chair by the window so she can watch the world go by. It is her favourite place...They never leave her struggling."
- New staff spent time shadowing with more experienced staff. This meant staff could gain knowledge about people's needs and wishes prior to supporting them. A person advised, "They usually try to send a new member of staff with one who knows me. If they send a new one on their own, they will read my book and we work together. They are all very organised and I look forward to them coming."
- Staff worked with people to promote their independence. One person told us, "They know me and understand what is wrong. They have helped me build my confidence with things like getting in the shower. They are there supporting me to be independent."
- People were asked if they would feel more comfortable supported by male or female staff to ensure any preferences could be met. Comments included, "[Relative] has mainly lady carers but they did ask if she would mind male carers, which [relative] has no problem with", "They did ask if [relative] had any preference regarding the gender of the carers" and "Yes, they did ask if I would be comfortable with either a male or female carer. It doesn't matter to me as long as they help me."
- The deployment of staff promoted continuity of care. Most people and relatives spoke positively about continuity within staff rotas. Relative comments included, "She don't always get the same carers, sometimes some are the same but I must say they are fairly consistent now", "There was one particular carer that [relative] really liked and got on with and they did try their best to ensure there was some consistency" and "There is a rota and they do keep as much consistency as they can. There seems to be one main regular

carer but they are all very caring and lovely."

- Relatives told us the service had been responsive when people's needs changed. Comments included, "The past review was about two weeks ago. We went through everything together and it seems open for us to make suggestions", "The manager has been out to our house to see Mum and check everything was OK or if anything needed changing" and "We reduced the visits to mornings only and she and I am happy with that number of visits, it suits us both."

Improving care quality in response to complaints or concerns

At our last inspection systems were not operated effectively for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- The service ensured people understood how to raise concerns or complaints. A person told us, "I would speak to the office if I was unhappy with anything. There is a folder here explaining how to raise a complaint and such. However, so far there have been no problems".
- People and their relatives told us that either they had no concerns, or that any concerns raised had been promptly addressed. For example, a relative commented, "I think she's in safe hands now. There were a few hiccups with one of the carers who we thought was...a bit careless but...that was acted on quickly." People also advised, "If I needed to complain I would ring the office. They are very helpful and will get back to me if they can't sort whatever it is straightaway" and "I don't have any complaints but if I did, I would contact the office or my daughter would."
- We found the service's complaints log had not been fully updated with the actions taken in response to complaints. We asked the registered manager to evidence actions they had taken, and this information was readily accessible during our visit. We were satisfied the service treated all concerns and complaints seriously, investigated them, and provided a prompt and effective response.

Meeting people's communication needs

- People's communication needs were clearly identified. Care plans identified where individuals needed support to communicate effectively, for example, due to cognitive impairments or sensory loss.
- Staff had good awareness, skills and understanding of individual communication needs. For example, we spoke with staff who supported a person living with dementia who experienced occasions of distressed behaviour. Staff demonstrated a good understanding of what could cause the person distress and how they adapted their communication approach to ensure the person was reassured and engaged before commencing any care tasks.
- Some relatives provided positive feedback about staff communication skills. Comments included, "They look after [relative] really well, they really understand her and I know she can be difficult at times but this doesn't throw them, they respond to how she is and communicate well with her", "She's very hard of hearing and difficult to communicate with...but they do well enough with her" and "I am very impressed with Good Oaks; they are providing good care...[Relative] can be angry and...staff deal with her really well....The carers adapt to her mood as much as they can and are very understanding...They are supportive to me too."
- A smaller number of relatives raised concerns about staff ability to communicate effectively in the English language. Comments included, "A lot of the newer carers can't even speak English properly. Sometime they have to get things translated", "Sometimes I have a bit of a problem understanding...because some of them have strong accents...However they're all friendly and chatty", "There have been a couple of language

misunderstandings but they have improved since I raised the issues" and "The carers are all nice people, communication can sometime be a bit difficult because of the accents, Dad has a problem with accents." We spoke with more than half of the staff team via telephone and found these staff could communicate confidently in English.

- Staff received training in topics such as communication and record keeping, learning disabilities and autism awareness, and dementia care.

End of life care and support

- Training records showed 6 staff who had joined the organisation since June 2022 had received training in relation to palliative and end of life care. Records also showed 7 staff who had been employed prior to June 2022 had not yet undertaken the same training. We shared feedback and following our visit the nominated individual confirmed that all remaining staff had been enrolled on the training.
- People were supported to express their needs and wishes as part of end of life care planning, where this was appropriate at the time of assessment. One person was receiving palliative care and an end of life care plan reflected their wish to remain comfortable at home with support, and to avoid admission to hospital.
- Staff we spoke with, who had experience of providing end of life support, described how they would deliver sensitive and dignified care. Staff supporting one person receiving palliative care explained how they respected the person's wishes not to receive full personal care during visits when they felt more tired or unwell. Staff described providing the person with emotional support and explained how they worked to ensure the person remained comfortable. A staff member commented, "I carefully do [person's] personal care...try to do as careful as possible to make sure I don't put [person] in anymore pain."
- The registered manager and staff had met another person's wishes in relation to how they wished their body to be cared for after death in line with their religious beliefs.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection management systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided, including the management of risks relating to the health, safety and welfare of people using the service. The service had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Regular audits of daily records and medicines administration records (MARs) were conducted. We found MAR audits had inconsistently identified recording errors, however the auditor who had recently taken over the task was able to explain how the audits should be correctly completed.
- Some records inconsistently evidenced how the service monitored and improved safety and quality. For example, the service had not fully implemented the provider's recording process for accidents and incidents, and the complaints log was not updated with all outcomes. We were satisfied however the registered manager had taken appropriate action, and supporting evidence was accessible during our visit. The registered manager acknowledged that due to their workload some documentation had not been fully updated.

We recommend the service review their approach to ensure the recording of management and governance systems is effective in evidencing the management of risks to the quality and safety of the service.

The service was responsive to our feedback. The registered manager explained that staffing shortages in the office meant some admin tasks, such as updating the complaints log, had not been completed in a timely manner. The service had reviewed office staffing levels and were working to internally develop an additional member of staff to support in the office.

- Following our last inspection the registered manager, nominated individual and office team had worked proactively with the franchise head office to drive significant improvements and return the service to compliance with regulations. The impact of these changes was reflected in significantly more positive

feedback received from people, relatives and staff during this inspection. The head office had improved systems and processes to incorporate best practice guidance, such as the use of a recognised assessment tool to identify people at risk of developing pressure sores.

- The service and head office demonstrated commitment to continuous learning and improvement. For example, the head office had developed an internal training 'academy' and after identifying the need for office staff to receive training tailored to their roles, was rolling out new training courses including effective complaints handling and auditing.
- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs. The nominated individual worked alongside the registered manager and focused on supporting the service with staff recruitment and training. Both managers attended 'train the trainer' courses to enable them to deliver training for the staff team.
- The service invested in staff by providing them with training to meet the needs of people using the service. For example, the nominated individual provided evidence to show that following mandatory induction training, new staff were invited to participate in further learning courses to enhance their knowledge and skills.
- The service had been supported by the head office with the completion of some audits to enable the registered manager to focus on wider improvement work. We found a head office audit, conducted in December 2022, provided a detailed overview of compliance. The audit indicated improvement plan actions required completion by the 27 January 2023 however, at the time of our visit the audit actions hadn't been signed off as completed. The registered manager explained that due to staffing capacity certain tasks had been prioritised. We were satisfied a service improvement plan was in place which was regularly monitored.

At our last inspection we recommended the service review their approach to ensure effective systems are operated to identify and report incidents to CQC in accordance with requirements.

- At this inspection we found further examples of notifications which had not been reported to CQC in line with requirements. A notification is information about important events which the service is required to tell us about by law. Records showed the service had already identified that some notifications had been missed and had restarted sending notifications to CQC. We asked the service to submit the missing notifications retrospectively and they promptly did so.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the service had failed to effectively seek and act on feedback from relevant persons, including staff and people using the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Relatives told us there was open, accessible communication with all staff and the office, which helped them to be involved in people's care. Comments from relatives included, "They communicate really well with me" and "The office is really good; they have set up a group email with all of the family so we all get the same messages at the same time. Everyone is aware of everything then. It works really well."
- Some relatives accessed the service's electronic care application, which helped to facilitate positive engagement. Comments from relatives included, "We like the App [because] we can see what is going on each day and how long they've stayed for. Also we can see what the carers have done" and "We like the

App...and we now have rota sheet so can see who's coming which was needed...it helps too [because] I can wake Mum up and get her ready for whoever is on the list and we can also see when the carers have come and gone."

- An annual quality survey was undertaken in July 2022. The results had been analysed and the registered manager explained how this feedback had been used. Most people we spoke with could not recall participating in a formal process to seek their feedback, but told us senior staff did ask for their views, either directly when providing care, or when they phoned to speak with someone at the office. People's comments included, "I can't recall any surveys or anything", "I've not had a visit from a senior person yet but they have been on the phone asking me if everything is alright" and "I think they are concerned about how I feel. Sometimes they send someone to check how everything is going and to make sure the carers are doing things properly".
- Staff attended team meetings and supervision meetings. Staff also had access to an electronic messaging platform. Staff told us the management of the service was approachable if they had concerns or suggestions, and told us they received immediate feedback. A staff member advised, "We do quite regular staff meetings, all staff invited to the office and discuss all the changes that have been made, new clients come in, how service can be more improved and if we have any needs or problems to be discussed."
- The service had worked closely with the local authority following concerns identified at our last inspection. At this inspection a local authority commissioner shared an action plan that had been developed with the service, which was monitored to show their progress towards agreed objectives. The professional commented, "I was meeting with them on a fortnightly basis and they made a lot of improvement in areas [including] care plans, staff meetings/supervision, feedback from [people], training [and] recruitment and retention of staff."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person-centred support from staff who knew them well. Staff were kind and caring, and promoted people's choice and independence. One person told us, "I don't think there is anything they could do better for me, they always ask if there is anything else before they leave. They support me to stay in my home".
- People and relatives provided positive feedback about the responsiveness and supportive nature of office staff and the registered manager. One person told us, "There is good communication and you can always get hold of [registered manager] if you need to". Comments from relatives included, "[Registered manager] has been really great with helping me, so supportive. I can't thank her enough" and "It is a very difficult situation and [registered manager] has been brilliant not just with me but helping the carers to understand how [relative's] condition has affected [them]. I think she has shown great leadership. It is a completely different experience than with the last company... [Registered manager] is so good and we discuss everything. I couldn't manage without her and the carers support."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. All staff spoke highly of the registered manager and told us under their leadership significant improvements had been made.
- Staff consistently told us the registered manager acted quickly and effectively when they reported any concerns for people's welfare. Comments from staff included, "Since [registered manager] is the manager, think everything is improved, when I report something to [registered manager they] will action it immediately" and "I've noted [registered manager] actions [issues] quite quick...she's good, her communication skills are great, think everything has improved since last year a lot."
- Staff feedback, and records of supervision and team meetings, showed the registered manager provided clear and constructive feedback to staff, highlighting any areas where improvements were needed. We found staff respected the registered manager as a positive role model and understood their expectations.

This helped to ensure staff understood their responsibilities and were motivated to deliver care using a consistent, person-centred approach.

- The service and franchise organisation promoted a positive culture built around shared values. The national Good Oaks franchise organisation worked with local branches as part of a carbon neutral accreditation scheme. This calculated the carbon footprint of the company and then offset carbon emissions through tree planting and solar panel investment to achieve carbon neutral accreditation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a duty of candour policy in place. The provider understood their responsibilities in relation to the duty of candour.
- Staff gave honest information, suitable support, and applied duty of candour where appropriate.
- At the time of our inspection, no serious incidents had occurred requiring formal investigation as a notifiable safety incident. The service apologised to people, and those important to them, when things went wrong. For example, we reviewed the formal response sent to a family member following a medicines incident. The letter included open and honest feedback, including an apology and confirmed the actions the service was taking.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations. This helped to give people using the service opportunities to improve their wellbeing and enabled their support to be provided safely. For example, records showed the service had worked closely with a range of professionals including a physiotherapist, registered nurse, social worker and external specialist moving and handling trainer to meet one person's complex needs.
- The service worked effectively with commissioners to support people receiving care via their local authority, in some cases providing short-term help when people returned home from hospital. A commissioning professional commented, "In the past few months the provider has been really helpful and quick in regards to their responses in being able to pick up packages of care at short notice...We as a service continue to trust Good Oaks and use their services often as they have become ever reliable."
- The registered manager worked in an open, honest and transparent way with other agencies. During our visit we observed the registered manager speaking via telephone with the local authority to provide detailed feedback about their concerns for someone's wellbeing. Another professional commented on their experience of working with the service, advising, "Good Oaks are providing [care]...for one of my clients, who has very complex needs...[Person is] absolutely delighted with the support. I find the current Good Oaks management very approachable and flexible."