Five HealthGroup Limited

GoodOaks Homecare Derby

Inspection report

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Date of inspection visit:
17 August 2022

Date of publication:
14 September 2022

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
GoodOaks Homecare Derby is a domiciliary care service. It provides care for people living in their own houses and flats in Derby and Derbyshire. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 50 people who received personal care at the time of the inspection. 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 had care plans and risk assessments in place to help ensure they received safe care. Care staff followed these however, we found one occasion where staff had provided additional care without a care plan, and the provider took action to remind staff to follow people's care plans. The provider assessed and took action to reduce the risks from infection, including those associated with COVID-19. However, we received some feedback care staff had not always worn face masks. We made the provider aware and they took action to remind staff to follow government guidance.

Checks were made on care staff when they applied to work at the service to ensure they were suitable to work in care. The provider worked to try and provide care calls at times that were suitable for people. Processes were followed to help ensure the safe management of medicines. Systems were in place to help reduce the risks associated with abuse and avoidable harm. Actions were taken so improvements could be made if something had gone wrong.

People's care needs and any equality characteristics were assessed. Care plans recorded how people's needs could be met and prevent discrimination. Care staff received support and completed an induction and training programme. This helped them have the skills and competencies required for their roles. Where people received help with their nutrition and hydration, care plans detailed how this should be provided. The service worked effectively with other agencies to help people live healthier lives and access healthcare services and support.

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

People were well-treated, and their equality and diversity needs respected. The provider promoted a caring culture for people and a caring work environment for staff. People were supported to be involved in their care decisions and their views were asked for and known. People's dignity was promoted and respected and people were supported to maintain their independence. People's privacy was respected.

Care was changed as people's needs changed so that they continued to receive a responsive service that

met their needs. People retained choice and control over their care needs. People's communication needs were assessed and informed care plans so people received their care in a way they understood. People were helped maintain their relationships and avoid social isolation. Systems were in place to respond to complaints, comments and feedback to further improve services.

Arrangements for the management and governance of the service were clear. Audits and checks were used to ensure the quality and safety of care and to meet regulatory requirements. Risks were assessed and the service looked to identify where it could improve further. The provider had a commitment to be open and honest when things went wrong. The service was led with an open and approachable management style and promoted person-centred care outcomes for people. People and staff were engaged and involved in the service. The service worked well in partnership with others.

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

Rating at last inspection
This service was registered with us on 23 November 2020 and this is the first inspection.

Why we inspected
This was a planned inspection based on the date of registration.

Follow up
We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

GoodOaks Homecare Derby

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 Care Act 2014.

Inspection team
This inspection was completed by one inspector.

Service and service type
GoodOaks Homecare Derby is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing in Derby and Derbyshire. The service was supporting 50 service users with personal care at the time of the inspection.

Registered Manager
There was not a registered manager at the time of this inspection. The manager was in the process of applying to become the registered manager, they were not at work at the time of the inspection. Both the provider and the registered manager are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service one day's notice of the inspection. This was because we needed to be sure that arrangements could be made for us to review records in the office.

Inspection activity started on 17 August 2022 and ended on 26 August 2022. We visited the office location on 17 August 2022. Phone calls were made to people and their relatives on 18 August 2022. We spoke with care staff on 18 August 2022. We continued to review evidence the provider sent us until the 26 August 2022.

What we did before the inspection
We used information received about the service since it registered with the Commission. The provider was

not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four relatives of people who used the care service. We spoke with both directors, one who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the operations director, the care coordinator, the office manager and three care staff.

We reviewed a range of records including the relevant sections of three people's care records and medicine records. We looked at three staff files in relation to recruitment. We reviewed other records related to the management and governance of the service, including policies, quality audits and staff training records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Care plans and risk assessments were in place to help care staff provide people with their planned care in a safe way. One person's daily notes showed they had asked staff to support them with a task which was not included in their care plan. The provider responded immediately and assured us they would remind staff to follow people's care plans.

● Assessments were detailed and helped to reduce risks to people. For example, instructions for when care staff used a hoist to transfer a person were clear and promoted their safety. Risks of care staff working and providing care in people's own homes had been assessed along with other risks such as the risk from fire.

Preventing and controlling infection

● Policies and procedures were in place to prevent and control risks from infection and these reflected the latest government guidance on COVID-19. Staff had a clear understanding of these and checks were in place to monitor compliance. However, one relative told us care staff did not always wear facemasks in line with government guidance. We made the provider aware who assured us they would take action to remind staff and complete further checks on staff practice.

● The provider checked to make sure care staff tested themselves for COVID-19 in line with government guidance.

● Risks from infection were assessed and monitored. When people developed an infection, their condition and recovery was monitored. This included risk assessments for COVID-19 and monitoring of any infection, its treatment and outcomes.

Staffing and recruitment

● Some relatives told us care staff could sometimes arrive at varying times and one relative told us they intended to speak with the provider to improve this. Other relatives told us they were satisfied with their call times.

● Call times were kept under review and we observed office staff worked with people to try an improve their call times to their satisfaction where this had been raised with them.

● Recruitment checks were completed on care staff when they applied to work at the service. These included details of previous employment and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helped the provider make judgements on applicants' suitability to work at the service.

● The provider told us they had an on-going process for the recruitment of care staff to ensure enough staff were available.

● Relatives told us care staff had enough time to complete people's care and it did not feel rushed. Care staff

told us they did not feel pressurised and could fit their work around their other responsibilities. There were sufficient staff to meet people's needs.

Using medicines safely

● Care staff had been trained and their competence to administer medicines assessed. Policies and procedures were in place for staff to follow and these reflected good practice guidance for the safe management of medicines.

● Medicines administration record (MAR) charts were used by care staff to record what medicines people had been offered. These included when skin creams had been prescribed to people. These records helped to show people received their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to help protect people from the risk of abuse. Information to help promote people's safety was provided to them. Care staff had been trained and understood how to identify and report potential abuse.

● Policies and procedures were in place to protect people from the risk of abuse. The provider had made safeguarding referrals to the local authority when they had identified concerns.

● Relatives told us they felt care staff provided care safely. One relative told us, "[My family member] tells me they feel safe and that all the carers are fine and they have no problems with them."

Learning lessons when things go wrong.

● Accidents and incidents were reported and reviewed to see if any improvements to people's care could be made. Staff knew how to and had reported any accidents and incidents when they occurred. These had been reviewed by senior staff in the service who had taken follow up actions as required.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's health and care needs were in place. For example, risks from falls, medicines, and use of equipment.
- People had any equality characteristics assessed and these were reflected in care plans. For example, if people required adjustments, such as requiring care staff who could communicate in languages other than English.

Staff support: induction, training, skills and experience

- Staff received training to gain the skills and experience they required for their work. Staff completed an induction and training programme and their skills and knowledge were maintained. From 1 July 2022 all care staff are required to receive training on how to interact appropriately with people who have a learning disability. Care staff had either completed this training or it had been allocated to them to complete. The provider told us further training was scheduled at the next team meeting.
- Care staff received support to work effectively. All care staff we spoke with told us they felt supported and received feedback on their work from senior staff. Assessments had been completed on staff to confirm their competency to work and to identify any further support or training required.
- Care staff completed 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.

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

- People were supported to maintain a balanced diet. Where people received support with their meals and drinks their dietary preferences and any allergies were recorded in care plans. Daily care notes showed care staff offered people choices to meet their preferences.
- Care staff had been trained in food safety. This helped to ensure they provided effective care when people needed support with their meals and drinks.

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

- Assessments identified where referrals to other services could help people. For example, referrals had been made to the fire service and this had led to improved fire safety measures in people's homes.
- Contact information on other healthcare professionals who provided care to people was included in care plans. This helped care staff understand people's needs and the role of other professionals. For example, district nurse teams and the local renal team.

Ensuring consent to care and treatment in line with law and guidance
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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Processes were in place to support decision making in line with people's best interests should it be identified they did not have the mental capacity for a specific decision. The provider told us they were reviewing records to ensure these were completed only when needed and this was still in progress.
● Policies were in place to ensure people's rights were supported in line with the MCA. This meant people received appropriate support to help understand decisions about their care and support and the provider understood how to contact local advocacy services if needed.
● Care staff had been trained in the MCA. Care plans reflected the importance of people's consent to their care. This helped to ensure people's rights were respected.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were well supported, and their equality and diversity needs respected. Equality and diversity policies detailed how care provision could be tailored to respect different religious and cultural beliefs. The times of care calls were planned to ensure they did not interfere with people practising their faith.
- Relatives we spoke with told us care staff treated people well. One relative told us, "Care staff are wonderful." Recent feedback from a social care professional stated the service was supportive and had gone the extra mile for the person concerned.
- The provider took steps to provide a caring service to people and a caring environment for its staff to work in. The provider sent birthday cards to people and staff. Staff were given appreciation and celebration gifts at times such as religious festivals. Care staff told us they felt valued.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in their care decisions. One relative told us when their relative had their care assessment, "I was invited to meet [the assessor from GoodOaks Derby] and so I was there [with family member] and involved."
- People's views were asked for and respected. Care plans contained people's views on their care and daily care records showed people were asked for their views and preferences. For example, people were asked what they would like to eat.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted. Staff were supported to sign up as 'dignity in care' champions. Dignity champions work to make sure dignity and respect are central to care services to give people a positive experience of care.
- Care staff told us their moving and handling training was practical and so they experienced a hoist transfer. They told us this enabled them to empathise with people when they were hoisted.
- People were supported to maintain their independence. One relative told us their family member was becoming more independent. They said, "Their health seems to be improving and they are getting more ambulant and they can direct what care they need."
- People's privacy was respected. People received information on how their personal and confidential information was kept safe. Care plans reflected the principles of privacy, dignity and independence.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as 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

- People's care was personalised and responsive. One relative told us they could easily request changes to any care their family member needed. For example, changes to the care calls needed. They told us as their family member's care needs changed, this was especially helpful to them.
- People had choices and control of their care and care plans reflected this. Care staff we spoke with told us how they respected people's choices. One care staff told us, "I listen to what the person wants."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans reflected people's communication needs and detailed what actions were required to ensure people's communication needs were met. For example, where gestures could usefully support a person's understanding.

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.

- People's relationships, interests and involvement in their communities was supported. Where possible, timings of care calls were planned to help people attend social and cultural events. This helped prevent social isolation.
- Visits from care staff helped people avoid social isolation. Care staff told us they enjoyed chatting to the people they cared for. One care staff told us, "They like to talk and are jolly, we will talk about the weather, their family, their dreams."

Improving care quality in response to complaints or concerns

- Systems were in place to review concerns or complaints. People were given information on how to complain and relatives told us they would feel confident to do so if this was needed. No formal complaints had been received at the time of our inspection.
- The provider acted in response to feedback to make improvements. For example, improving care call times so they were more suitable for a person.

End of life care and support

- No-one was receiving end of life care at the time of our inspection. The provider told us this could be

provided should it be required. Where any advance decisions had been taken by people, these were known and details included in their care plans.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

- Roles and responsibilities for the management of the service were clear. There was a manager in post, and they had started the process to register with the Care Quality Commission. Both directors were involved in the day to day running of the service, along with an office manager and care co-ordinator. An operational manager provided support and governance oversight. The team worked together to ensure government oversight of the quality and safety of services.
- Risks and quality were assessed, monitored and audited. Checks were completed regularly to help inform managers whether people received a quality service. These checks helped to identify where improvements could be made and provided and checked whether any trends and themes could be identified. Actions were taken when checks found improvements could be made. For example, we saw care staff were reminded to correctly use the system to show they had left a call to ensure accurate call records were in place.
- Scrutiny processes were in place to review the effectiveness of the service. These had been completed by an external consultant and the operational manager. These had identified recommendations for improvement which had been implemented. Tracker systems were also used to ensure functions of the business operated as planned. For example, that care plans were reviewed and care staff received supervision.
- Plans were in place to help minimise the risks of adverse events. A business contingency plan outlined roles and responsibilities and what actions to take should an adverse event occur.

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; Continuous learning and improving care

- Processes were in place to ensure openness and transparency in investigations. A duty of candour policy was in place. This provided guidance on how to meet this legal duty should things go wrong.
- The provider had sought to learn any lessons and improve the service when things had gone wrong. Accidents and incidents were reported and reviewed by senior staff to ensure all appropriate actions had been taken and whether any improvements could be made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had a clear aim to provide quality care that was person-centred and inclusive. This was clearly communicated to care staff in team meetings and in correspondence to people, families and staff.

● The provider was open and inclusive in how they ran the service. Care staff told us they felt valued and listened to, staff supervision and staff meetings were held. Relatives told us they could approach and contact the management team.
● People and staff were engaged and involved in using the service. Feedback from care quality questionnaires had been analysed and help to identify where the service was doing well and where it could improve further. Care staff took on lead roles for areas of care, for example in medicines and end of life care.

Working in partnership with others
● The provider worked in partnership with others. Relatives told us they felt involved and had been able to contribute to the care planning process for their relatives. Relatives told us input from other professionals was also included. One relative told us, "The assessment was guided by the feedback from the physiotherapist and occupational therapist, [GoodOaks Derby] have copies of these."
● The provider knew how to refer to other services so people could get the help they needed. Care plans recorded other professionals who were involved in people's care. The service had identified when input from other services could assist a person and had made referrals when appropriate.