Barchester Healthcare Homes Limited

Red Oaks DCA

Inspection report

The Hooks
Henfield
West Sussex
BN5 9UY
Tel: 01273 493043
Website: www.barchester.com

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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

Overall summary

Red Oaks DCA is registered to support people who require support with personal care. The service was set up to provide services to older people living in their own homes within the grounds of the provider's nursing home at the same address. At the time of the inspection one person was receiving a service.

The inspection took place on 7 December 2015 and we gave the provider forty eight hours' notice in order to make sure the people we needed to speak with were available. The last inspection of this service was completed on 13 November 2013 and no concerns were identified.

The service had a registered manager. 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.

Summary of findings

A completed satisfaction survey we received from a person who used the service indicated a very high level of satisfaction with the service provided. They agreed or strongly agreed with all of the positive statements on the survey such as 'My care workers have the skills and knowledge to give me the care and support I need'. And 'The support I receive helps me to be as independent as I can be'.

Management and care workers spoke affectionately about the person they provided support to whom they had known for many years. They described to us a bespoke service that was centred on the needs, wishes and preferences of the person who they clearly knew well. It was evident the care provided was responsive to the changing needs and wishes of the person and care workers respected the persons privacy and treated them with dignity. A care worker described in detail the care this person needed and also told us the person liked to be independent and do things for themselves which they supported them to do.

Care plans described the person's needs and preferences and care workers were aware of the person's personal history and the people that mattered to them. It was clear that the person and their relatives were consulted about decisions about the persons care and were involved in regular reviews of their care plan.

There were systems in place to ensure people received safe care and there were sufficient care workers employed to support them. When care workers were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure they were safe to work within the care sector. Care workers were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Care workers were skilled and knowledgeable. They had received essential training and there were opportunities for additional training specific to the needs of people show may use the service in the future, such as caring for people living with dementia or epilepsy. Care workers were supported in their role and received one to supervision meetings with their line manager and formal personal development plans, such as annual appraisals were in place. The registered manager and care workers had received training and worked in accordance with the Mental Capacity Act 2005 (MCA).

Risks associated with the environment and equipment had been identified and managed. Whilst no one receiving a service needed any support with medicines, there were systems and procedures in place for the safe management and administration of medicines. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Systems were in place for the safe management and administration of medicines.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training to ensure they had the competencies they needed to fulfil their roles and responsibilities.

Staff supported people with their health care needs and liaised with healthcare professionals as required.

Care workers had a good understanding of peoples care and had received essential training on the Mental Capacity Act (2005) (MCA).

Good

Is the service caring?
The service was caring.

People were well cared for, their privacy was respected, and they were treated with dignity and respect by kind staff.

People were encouraged to remain independent and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Good

Is the service responsive?
The service was responsive.

People and their relatives were asked for their views about the service.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

There were systems in place to respond to complaints and people knew who to speak with if they had a concern.

Good

Is the service well-led?
The service was well-led.

The service was managed well and care workers felt they were listened to.

Good

Summary of findings

Management and staff were clear about their roles and responsibilities and lines of accountability.

Quality assurance was measured and monitored to help improve standards of service delivery.

Red Oaks DCA

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 checked 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.

The inspection took place on 7 December 2015. This visit was announced, we gave the provider 48 hours' notice of our visit so that the people we needed to speak with were available. The last inspection of the service was completed on the 13 November at which no concerns were identified.

On this occasion we did not request the provider to complete a provider information return (PIR). A PIR is a document completed by the provider which provides statistical information about the service and a narrative detailing how the provider ensures people receive a, safe, effective, caring, responsive and well-led service.

One inspector undertook this inspection. Before our inspection we reviewed the information we held about the service and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

On this occasion the person receiving a service chose not to speak with us but we gained this person's views by way of a satisfaction survey which we sent to them and collected on the day of the inspection. We spoke with the registered manager, the care manager and a care worker. We looked at the person's care records, four staff files and other records relating to the management of the service, such as complaints, accident/incident recording, staff duty rota's and audit documentation.

Good

Is the service safe?

Our findings

There were systems in place to ensure the safety of people using the service. One person who had completed satisfaction survey indicated the person completing the form strongly agreed with the statement 'I feel safe from abuse and or harm from my care and support workers'. At a review of a person's care in August 2015 it was recorded the person was 'Happy with their care and feels safe'.

There were sufficient numbers of care workers to provide support. The registered manager told us there were three care workers that regularly provided support to people living in their own homes. They explained that eight other staff who worked at the providers nursing home on the same site had also been trained to deliver personal care and could provide cover in an emergency for example if a care worker took unexpected leave or was running late. The general manager told us they had not had any missed calls and that most of the care workers lived in the local area so even in extreme weather they are able to get into work. They told us they also had bank staff who could provide cover if needed and that they never used agency.

The satisfaction survey we received indicated that the person completing the form was always introduced to new care workers before they provided them with any care or support and that they arrived on time and stayed for the full duration of the call. The care manager and care worker confirmed this. There were arrangements in place to ensure care staff could gain entry to the person's property in case of emergency for example if they did not answer the door when they were due a care call. People's properties were fitted with an alarm they could use in an emergency and there were systems in place whereby if needed the agency would be alerted if a person used their alarm. The general manager explained that because people lived on site, they would be able to respond to any such call within minutes.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed care workers had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. A care worker described the different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Risk assessments had been completed which were specific to the person's needs for example the risk of them falling. The assessments outlined the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. Risks associated with the safety of the environment and equipment were identified and managed appropriately. Care workers had access to protective equipment such as gloves and aprons and had completed training in relation to keeping safe such as access and lone working.

There were systems in place for the recording of accidents and incidents and for any trends and themes to be identified. A care worker described to us the actions they would take if someone fell and told us they would inform the care manager, complete an accident form and make a record in the person's file if this happened.

Records showed care workers were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential care workers were safe to work within the care sector. One care worker told us they had worked at the providers nursing home for several years before

At the time of the inspection no one receiving a service required any support to manage their medicines. However care workers had received medicine administration training and there were systems in place to ensure the safe management of medicines should the need arise.

Good

Is the service effective?

Our findings

Care workers had the skills they needed to provide effective care and had received training relevant to their role, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. They completed an induction when they started working at the service and 'shadowed' experience members of staff until they were assessed as competent to work unsupervised. A satisfaction survey we received indicated the person completing the survey strongly agreed with the statements 'My care workers have the skills and knowledge to give me the care and support I need' and My care workers complete all of the tasks that they should do during each visit'.

Care workers received support and professional development to assist them to develop in their roles. Training records confirmed that regular training updates were provided. They had access to a range of training they may need to support the specific needs of people who may use the service in the future such as supporting people living with dementia or epilepsy. There were formal systems for development including one to one supervision meetings and annual appraisals. Supervision is a system that ensures care workers have the necessary support and opportunity to discuss any issues or concerns they may have. A care worker told us they had scheduled supervision meetings with their line manger where they could sit down in private and have a one to one discussion. They told us they felt supported in their role and that they were listened to.

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. 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. Management and care workers understood and worked within the principles of the Mental Capacity Act 2005 (MCA). A care worker told us that they would always ask for consent before delivering care. The care manager told us that a person they supported "Has capacity and can make their own decisions." Care records reflected that the person had capacity and of who the person had nominated to manage their finances on their behalf. A survey we received indicated the person completing the form strongly agreed with the statement 'If I want them to the agency will involve the people I choose in important decisions'.

There were systems in place for people to have an initial nutritional assessment and their dietary needs and preferences were recorded. Care workers were not supporting anyone who received a service to prepare their meals however they had completed training in food hygiene and had access to relevant training and guidance should the need arise.

The general manager and care worker told us they encouraged people to contact health care professionals when required or would so for them if they requested. Records confirmed they monitored the person's general health and well-being. The person's care plan detailed their medical conditions, visits to their GP, hospital appointments and visits to the chiropodist. They also detailed the contact numbers for the health care professionals involved in providing support to this person.

Good

Is the service caring?

Our findings

It was evident that management and care workers had formed caring relationships with the person who received a service from them for many years and that they knew the person well. The most recently employed care worker had known the person for five years and the care manager had known them for 22 years. They both referred to the person with affection and were able to describe to us the relationships that were important to them. A satisfaction survey we received indicated the person completing the form strongly agreed with the statement 'My care workers are caring and kind'.

People's care was provided in the way they wanted it to be. The care manager and care worker told us they regularly consulted with the person about their care. They also told us who the person wished the agency to consult with when making these decisions and this was documented. They told us the person made their own choices about their care and how they would like it to be provided and this was recorded in the person's care plan. A satisfaction survey we received indicated the person completing the form strongly agreed with the statement 'I am involved in decision-making about my care and support needs'.

People's independence was promoted. A care worker had a firm understanding of the importance of people remaining independent. They explained the person they supported was independent and told us "(person's name) likes to try to do things for themselves. I support them to do that. If they can't manage, then I'll help". A satisfaction survey we received indicated the person completing the form strongly agreed with the statement 'The support and care I receive helps me to be as independent as I can be'.

People's privacy and dignity was respected. Everyone we spoke with was familiar with the preferred term of address for the person they supported and this was clearly documented within the person's care plan. A care worker told us they always knocked on the person's front door and waited for a response before entering even though they had access to a key to their property. They had a clear understanding of the principles of privacy and dignity and had received relevant training. A satisfaction survey we received indicated the person completing the form strongly agreed with the statement 'My care workers always treat me with respect and dignity'.

We were told and records confirmed that the person was supported by the same three care workers. They said the person had never expressed a preference for one carer or another but if they did then their preferences would be accommodated. A satisfaction survey we received indicated the person completing the form strongly agreed with the statement 'I receive care and support from familiar, consistent care and support workers'.

Good

Is the service responsive?

Our findings

It was evident from our conversations with the registered manager, care manager and care worker that they provided a bespoke service for the person they supported. The care provided was centred on the person's needs, wishes and preferences which were at the heart of the support they provided.

It was clear that management and the care worker knew the person's likes and dislikes and that the support they provided was flexible and could respond to the persons changing needs and wishes. A care worker was able to describe to us in detail exactly how the person wished to be supported. They told us the support the person varied from day to day depending on how they were feeling but that they adapted the care they delivered to accommodate the person's wishes. For example they explained that sometimes they arrive for the morning call the person is already up and dressed and would like them to stay and chat which they did. On other occasion's they need more help for example to help get dressed and fasten buttons.

The care manager and care worker knew how the person liked to spend their time. They told us they always let the person know what activities and entertainment was being provided at the nursing home and they often went over to join in with the activities or go to see the entertainment.

There were systems in place for people's needs to be assessed and care plans developed to meet those needs. Care plans contained personal information, which recorded details about the person and their life. This information had been drawn together by the person, their family and care workers. Records confirmed that showed that the relevant people had been involved in reviewing care plans and that they contained up to date relevant information. Everyone we spoke with knew the person they supported well and had a good understanding of their preferences and personal history.

Each section of the care plan was relevant to the person and their needs. For example there was information and guidance for staff in relation to the person's mobility, daily life and personal care needs. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs.

There were systems in place for complaints to be recorded investigated and responded to.. The procedure for raising and investigating complaints was available for people and their relatives. A satisfaction survey we received indicated the person completing the form strongly agreed with the statement 'I know how to make a complaint about the care agency' and agreed with the statement 'The staff at the care agency respond well to any complaints or concerns I raise' There were also systems and processes in place to consult with people, relatives, staff and healthcare professionals. A satisfaction survey we received indicated the person completing the form strongly agreed with the statement 'The care agency has asked what I think about the service they provide'. Regular meetings and satisfaction surveys were carried out, providing the management with a mechanism for monitoring people's satisfaction with the service provided.

Good

Is the service well-led?

Our findings

Feedback from the person who completed the satisfaction survey, the registered manager, care manager and care worker spoke highly of the provider and the service overall. The care manager and care worker both commented on the fact they enjoyed their work and felt supported by the registered manager and provider. Their comments included "Red Oaks is a great place to work" and "Staff don't leave because it's a really fabulous place to work and we have a fabulous staff team. I'm incredibly loyal to Red Oaks it's been such a great place to work". One person who completed a satisfaction survey strongly agreed with the statements 'I am happy with the care and support I receive from this service'. And 'I would recommend this service to another person'.

The providers' web site states 'We believe every one of the individuals we support deserves dignity, choice and independence. For us, recognising individuality means listening to what people tell us and ensuring every day is thoroughly enjoyable. Our approach includes jointly written care plans designed to help us learn about personal likes and dislikes as well as helping to set care and rehabilitative goals encouraging independence. We help the people we support keep up community links and welcome those visits from family and friends that can be so important.' It was evident from our inspection that the care workers and management alike worked to these principles and carried them out in practice. They all spoke about involving the person and that care was planned and organised around the person's needs and wishes.

Everyone we spoke with was clear about their role within the organisation and the line of accountability. The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC) and to notify the CQC of events that affected the health and safety of people who used the service and had done so within the required timescales. The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. They attended a local manager's meeting to discuss any developments and look at how they could improve the services they provided. Up to date sector specific information was also made available for care workers, including guidance for example around moving and handling techniques and skin care.

The provider undertook quality assurance audits to ensure a good level of quality was maintained for example staff training and people's care records were checked to make sure they were up to date and accurate. There were systems to analyse the results of the audits in order to determine trends and introduce preventative measures. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example training that care staff needed to complete n order to keep up to date with good practice guidelines and updates required to people's care plans.

There were systems in place for care workers to raise concerns under the providers whistle blowing policy and staff were aware of this policy. The care manager and care worker knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this if need be. A care worker told us "I know about whilst blowing" they explained they would report any concerns about poor practice to their line manager and that if the manager was not available or it was a manager they were concerned about "There's a number we can ring". We were told that whistle blowers would be protected and viewed in a positive rather than negative light, and care workers were willing to disclose concerns about poor practice.