

Four Oaks Healthcare Ltd

Four Oaks Healthcare Ltd

Inspection report

Fort Dunlop
Fort Parkway
Birmingham
West Midlands
B24 9FE

Tel: 03337720156

Date of inspection visit:
27 April 2021

Date of publication:
26 May 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Four Oaks Healthcare Ltd is a community based care provider that provides personal care to people living in their own homes. At the time of inspection 60 people were receiving a service and all were in receipt of the regulated activity of personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they did, we also consider any wider social care provided.

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

Staff had received training in safeguarding and knew how to keep people safe. The registered manager understood their legal requirements within the law to notify us of all safeguarding incidents. However, the provider's use of the electronic system had failed to ensure statutory notifications had been sent to CQC as required by law in a timely manner.

Staff had been recruited safely and were trained and supported to provide the best possible care for people. Medication was administered safely.

People's support needs were assessed regularly and planned to ensure they received the support they needed. Some care plans were very detailed whilst others required further information to guide staff. The provider carried out regular audits of the service to ensure people received good quality care and to drive forward improvements.

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

Rating at last inspection

The last rating for this service was requires improvement (published December 2019).

Why we inspected

We undertook this focused inspection to check on specific concerns we received about the support people experienced. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from these concerns. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-led findings below.

Four Oaks Healthcare Ltd

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

The inspection was carried out by two inspectors, an assistant inspector and an expert 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. We also had support from a nurse specialist.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 short notice of the inspection. We were mindful of the impact and added pressures of the COVID-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID -19 pandemic.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This 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 eight people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, care manager, care-co-ordinator and care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and updated regularly. Risk assessments we reviewed varied in the level of detail they contained to support staff to meet people's needs. Some risk assessments lacked detailed information, for example, how to move someone safely whereas others were very detailed, for example, how to support someone with catheter care. Staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe. We spoke with the registered manager and they told us they would update any risk assessments that required more detailed information.
- The provider had an electronic monitoring system in place which informed staff of people's care needs and what support was needed in their care call. An alert was raised if staff did not complete all the tasks required and this enabled the provider to follow up any issues in a timely manner.
- The provider had an electronic call monitoring system where staff logged in and out of calls. If the call was not logged into within an allocated time, the person using the service and/or staff were contacted to ensure they were safe and well.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People told us they were supported by staff who were well trained. One person said, "They [staff] are well trained, they know the way to handle me on the hoist, they wash my legs very carefully, they know I have delicate skin, I am very happy with them".

Systems and processes to safeguard people from the risk of abuse;

- We reviewed safeguardings that had been raised since the last inspection and found the provider had shared the information with relevant health professionals and had taken steps to investigate and take appropriate action to keep people safe.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records we observed showed people received their medicines as prescribed.
- Staff received training and regular competency checks to ensure they were administering medicines safely.

Preventing and controlling infection

- Staff wore Personal Protective Equipment (PPE) in line with government guidance and all people we spoke with confirmed this.
- Staff received training in infection control and understood the importance of high standards of cleanliness to protect people from the risk of infection
- Staff told us they were provided with a good supply of PPE.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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 registered manager understood their legal requirements within the law to notify us of all safeguarding incidents. However, the provider's use of the electronic system had failed to ensure statutory notifications had been sent to CQC as required by law. The registered manager had identified this in September 2020 but this was not rectified until we identified this during the inspection and we asked for notifications to be sent in retrospectively. This meant we did not receive important information contained in these notifications in a timely manner. Statutory notifications enable CQC to monitor what is happening in a service and use this information to help keep people safe.
- The registered manager understood the duty of candour and was open and honest with us throughout the inspection about where they had made improvements and where improvements could still be made to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's electronic monitoring system flagged up alerts when tasks needed completing and these were monitored daily. The system also alerted when care plans/risk assessments needed updating or when staff were due training. The system enabled managers to have oversight of the service and action any discrepancies or areas of concern promptly. Whilst the system had identified where care plans/risk assessments needed updating, the provider had not identified where some risk assessments required more detail to guide staff. This meant new staff or staff who were not regular to a person may not have sufficient information to meet that person's support needs safely.
- The provider's electronic call scheduling system flagged up alerts when staff had not logged in or out of a call as scheduled. The alert system enabled the provider to action any discrepancies or concerns in a timely manner. For example, we identified where a call had been logged out of early and the provider had followed up on this and was able to tell us the reason why this had happened. People we spoke with gave us mixed feedback on the timing of calls. One person told us they had to have their medicines at a specific time due to their health condition. They told us, "They are on time, not late." A relative told us, "When they [staff] turn up late, it causes problems. Three out of five domiciliary care staff we spoke with told us they did not always get enough travel time between calls. The registered manager told us an alert would be generated if a call was scheduled without sufficient travel time and we saw evidence of this. They told us they had experienced some difficulties during the pandemic where they had to change staff and/or call times at short notice but

that they would take on board the feedback we received and look at how improvements could be made.

- One of the allegations that triggered this inspection was missed calls. We did not receive feedback from any of the people or relatives we spoke with about missed calls nor did we find evidence in records that missed calls were a regular occurrence.
- Spot checks and competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.

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

- People we spoke with gave positive feedback about the management of the service. One person said, "It is a good service, I have no complaints."
- Staff we spoke with told us they felt comfortable talking to the management team and felt listened to. One staff member told us, "No issues, good management, good communication, they listen to you."

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

- The provider told us in information they sent to us prior to the inspection that they carried out regular care reviews with people and we saw evidence of this during the inspection.
- The provider carried out surveys to get feedback about the service to improve the quality of the care provided.
- Family members had access to an online app which gave them updates on the care being provided and enabled them to communicate easily with the office.

Continuous learning and improving care

- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs.