Optalis Limited

Care At Home - Oxfordshire

Inspection report

Nicholson House
Turner Road, Gainsborough Green
Abingdon
Oxfordshire
OX14 5TT

Tel: 01235523880
Website: www.optalis.org

Date of inspection visit:
01 August 2017

Date of publication:
21 August 2017

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

This inspection took place on 1 August 2017 and it was announced. The provider had short notice that an inspection would take place. This was because the service provides a domiciliary care service to people in their own homes and we needed to ensure that the registered manager would be available to assist us.

Care at Home Oxfordshire is a domiciliary care service and extra care housing providing care to people in their own homes in and around Oxford. At the time of the inspection the service was supporting 22 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe receiving support from the service. Staff had a clear understanding on how to safeguard people and protect their health and well-being. People were supported with their medicines as prescribed.

Care at Home had enough suitably qualified and experienced staff to meet people's needs. The provider had robust recruitment procedures and conducted background checks to ensure staff were suitable for their roles.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where risks to people had been identified, risk assessments were in place and action had been taken to manage the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff received adequate training and support to carry out their roles effectively. People felt supported by competent staff that benefitted from regular supervisions (one to one meetings with their line manager), spot checks and team meetings to help them meet the needs of the people they cared for.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and applied its principles in their work. Where people were thought to lack capacity to make certain decisions, assessments had been completed in line with the principles of MCA.

People's nutritional needs were met. People were given choices and were supported to have their meals when they needed them. Staff treated people with kindness, compassion and respect and promoted people's independence and right to privacy. People received care that was personalised to meet their needs. People were supported to maintain their health and were referred for specialist advice as required.

People were provided with personalised and flexible care. Staff knew the people they cared for and what

was important to them. Staff had developed caring relationships with people over time. Staff supported and encouraged people to engage with a variety of social activities of their choice in and around the community.

Care at Home looked for ways to continually improve the quality of the service. Feedback was sought from people and their relatives and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

Leadership within Care at Home was well structured, open and transparent and promoted strong organisational values. This resulted in a caring culture that put people using the service at the centre. People, their relatives and staff were complimentary about the management team and how the service was run.

The registered manager informed us of all notifiable incidents. The registered manager had a clear plan to develop and further improve the service. Staff spoke positively about the management support and leadership they received from the management team.

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.

Risks to people were managed and assessments were in place to manage the risks and keep people safe.

People were protected from the risk of abuse as staff had a good understanding of safeguarding procedures.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to support people effectively. Staff received training and support to enable them to meet people's needs.

People were supported to have their nutritional needs met.

Staff had good knowledge of the Mental Capacity Act 2005 and applied its principles in their day to day work.

People were supported to access healthcare support when needed.

Is the service caring?

Good

The service was caring.

People were treated as individuals and were involved in their care.

People were supported by caring staff who treated them with dignity and respect.

Staff knew how to maintain confidentiality.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care plans were current and reflected their needs.

People's views were sought and acted upon.

People knew how to make a complaint and were confident complaints would be dealt with effectively.

Is the service well-led?

Good

The service was well led.

People and staff told us the management team was open and approachable.

The leadership created a culture of openness that made staff and people feel included and well supported.

There were systems in place to monitor the quality and safety of the service and drive improvement.

Care At Home - Oxfordshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out by an 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. The inspection took place on 1 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to support our inspection.

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We obtained feedback from commissioners of the service.

We spoke with seven people and four relatives. We looked at three people's care records and medicine administration records (MAR). We spoke with the registered manager, care team leader and five support staff. We reviewed a range of records relating to the management of the home. These included five staff files, quality assurance audits, minutes of meetings with people and staff, incident reports, complaints and compliments. In addition we reviewed feedback from people who had used the service and their relatives.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe receiving care from Care at Home. They said, "Yeah, I feel very safe with them [staff]. I'm very happy", "I definitely feel safe here" and "I don't feel isolated, help is always available at the end of the bell". It was clear from the atmosphere that people were generally comfortable around staff.

Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. Staff had attended training in safeguarding vulnerable people and had good knowledge of the provider's safeguarding procedures. Staff were aware of the different types and signs of possible abuse and their responsibility to report and record any concerns promptly. Staff told us, "Abuse can be physical, financial, emotional or neglect. We report to the team leader and manager", "We know people well and can tell if something is wrong" and "If I suspect something I can ring the safeguarding team, police or CQC (Care Quality Commission)".

Risks to people were identified and risk management plans were in place to manage those risks. Risk assessments included risks associated with: mobility, medicines, bathing, nutrition and environment. For example, one person's care plan identified they were at risk of falling. There was a risk management plan in place to guide staff on how to minimise the risk. We asked staff about this person and they knew how to support the person in line with the person's risk management plan. Records showed people had Personal Emergency Evacuation Plans (PEEP) in place.

People received their medicine as prescribed and the service had safe medicine administration systems in place. The provider had a medicine policy in place which guided staff on how to give medicines safely. There was accurate recording of the administration of medicines. Medicine administration records (MAR) were completed to show when medicines had been given or if not taken, the reason why. Staff had completed medicines training and their competencies were assessed every six months. One member of staff told us, "We get training in medicines at induction and then yearly. We also get spot checks as well as competency checks often".

Records showed people were supported by sufficient numbers of staff. Staff told us staff levels were enough to meet people's needs. Staff comments included; "Staff levels are ok but tighten when staff go on holiday or are off sick", "We have enough staff. We are a small team but work very well together" and "We never use agency staff, never". People told us their received their calls as agreed. People said, "Carers turn up on time", "I've been told off for not using the buzzer when I fall over. Whenever I do use it, someone arrives within four minutes" and "The carers always do more when they come in". Records showed there were no missed calls recorded.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with

vulnerable people.

Good

Is the service effective?

Our findings

People we spoke with told us they received care from staff who had the skills and knowledge needed to carry out their roles. People's comments included; "The carers are all very capable. Can't fault them", "Oh yes, they surely know what they are doing" and "They can't do enough for you, you'd be surprised what they do for us".

Newly appointed staff went through a two week induction period which gave them the skills and confidence to carry out their roles. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognized standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Induction incorporated e-learning as well as face to face training. This was followed by a service specific induction which included training for their role and shadowing an experienced member of staff. One member of staff commented, "Induction was very good and made me confident. I shadowed for a couple of weeks".

Staff had completed the provider's initial and refresher mandatory training in areas such as; safeguarding, moving and handling, social care essentials, equality and diversity and emergency first aid. Staff also had access to development opportunities and specific training. Staff told us they had requested training in dementia and it had been provided. Staff received specific training from other healthcare professionals, for example, district nurses and hospital staff for delegated tasks. These included application of stockings and administration of medicines like warfarin (blood thinning medicine) and inhalers. Staff also had access to further development opportunities. Staff we spoke with had completed national qualifications at levels two and three.

Staff told us they felt supported and received regular supervisions (a one to one meeting with their line manager) and an annual appraisal. Staff told us they found one to one time with their team leaders and manager useful. Staff practice was monitored using regular spot checks to ensure they were competent in the skills and knowledge required for their role. One member of staff said, "We have regular spot checks, competency checks and supervisions. I had my appraisal last month".

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected.

Staff understood their responsibilities in relation to MCA. Staff told us, "We always presume every individual has capacity to make a decision even an unwise one", "We do a best interest decision if someone lacks capacity and it will be a least restrictive one" and "We assume capacity and support people to make

decisions and be least intrusive".

People's consent was sought before any care or support was given. Staff we spoke with told us they would explain the support to be given and seek the person's consent. We saw in care files that people, gave consent for care they received and family members and advocates were consulted to ensure decisions were made in people's best interest. For example, all files reviewed showed people gave consent for sharing information with healthcare professionals as well as photography.

Where people required support to meet their dietary needs this was detailed in their care plans. People told us they were supported to have meals of their choice. Their comments included; "We are always fed well" and "Care at Home encouraged us to use the facilities more, come in for lunch if you want".

People were supported to access health professionals when needed. People's care plans showed people had been referred to GP, district nurses and out of hour's services when needed. People told us they were supported to access on going health care. They said, "When I had a water infection, they helped me to get the GP out. They came in at lunch time and regularly to check and to chat" and "Carers called an ambulance for me when I fell. They are good like that".

Good

Is the service caring?

Our findings

The Care at Home management team and staff demonstrated a compassionate approach and genuine warmth for the people they supported. They showed a commitment to not only keeping people safe, but to ensure people genuinely felt cared for. Staff demonstrated empathy towards the people they supported. People told us how caring staff were. They said, "I fell over the other day and was all shaken; they sat me down and gave me a cup of tea", "There is a good atmosphere here, I wind them [carers] up all the time" and "The mannerism and stance are absolutely outstanding. Staff attitude to the job is just absolutely right".

Staff understood the importance of building relationships but were aware of their responsibility to remain professional. Staff told us they knew people they supported well and they had built meaningful relationships with them. Staff comments included; "Residents get to know us very well", "Most of us have worked here for more than five years. We have got to know people and understand what is important to them" and "Relationships are built over time. We use personal profiles and family support to get to know people". Most of the staff had worked in the service for a very long time. Staff spoke about people in a caring way and showed kindness by being patient and taking time to talk with people about things that mattered to them. People told us staff knew them well. One person said, "We see the same faces all the time and they get to know us well".

People told us they were treated with dignity and respect by staff. One person said, "They know how I like things and respect that". Another person told us, "They don't have to do a lot for me but ask everyday if I want anything else, they ask me every single day". Staff had received training in dignity and respect and ensured people received their care in private and respected their dignity. Staff told us how they treated people with dignity and respect. Comments included; "Treat people like I would like to be treated", "Recognising everyone is an individual and respecting their choices" and "During personal care we close windows and curtains to ensure privacy". Care records reflected how staff should support people in a dignified way and respect their privacy. People could request the gender of staff they preferred. Care plans were written in a respectful manner.

People were involved in their care. Care plans had been signed by people to confirm they agreed with the way their care needs would be met. People were involved in reviews of their care. People told us, "We talk about the care plan and agree on changes" and "Last month we did the review. Not a lot of changes but I have a say in that".

People told us they were encouraged to maintain their independence. One person told us, "They tell me not to sit on my bum all day, they encourage me". Another person said, "The girls are good at giving me time to help with simple things like making a cup of tea". Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time and did not rush people. This enabled people to still do as much as they could for themselves with little support. One member of staff told us, "We have the time to let people do what they can". Another member of staff said, "During personal care we ask people what they can and what they cannot do. We do not take over care".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Staff told us they understood and respected confidentiality. Comments included; "We only share information on a need to know basis", "We do not take confidential calls in public" and "We do not discuss residents with anybody else apart from professionals with people's consent". Records were kept in people's home as well as password protected computers.

The provider's equal opportunities policy was displayed in the home. This stated the provider's commitment to equal opportunities and diversity. This included cultural and religious backgrounds as well as people's gender and sexual orientation.

Good

Is the service responsive?

Our findings

The management team and staff at Care at Home enabled people to live their life as they wished. People's needs were assessed prior to accessing the service to ensure these could be met. Staff met with people, their relatives and healthcare professionals to complete the assessments. These assessments were used to create a person centred plan of support which included people's preferences, choices, needs and interests.

People's care plans contained details of when care calls were required and the support people required at each visit to ensure their assessed needs were met. Care calls were organised to fit into people's personal routines allowing them to continue with activities that were important to them. For example, one person's care plan detailed when the person preferred to be supported to wash and dress so they could attend a day centre.

People's support plans were personalised and contained detailed daily routines specific to each person. People had 'One page profiles' which captured what was important to people, what people liked and needed. This enabled staff to provide person centred care whilst respecting people's preferences and wishes. Staff used this information to engage with people and know them better. We asked staff about specific people and they knew how those people wanted to be supported.

Support plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the support plan had been updated to reflect these changes. For example, one person fell and was hospitalised. When the person was discharged, they had new medicines. Staff updated the person's support plan and risk assessments to reflect the changes and daily records showed staff followed the advice. The service increased the person's calls to accommodate administration of medicines. People told us they were involved in the review of plan of care. People told us, "We talk about the care plan and agree on changes" and "Last month we did the review. Not a lot of changes but I have a say in that".

People told us they had access to a range of activities which they could be involved with, including group and one to one activities. For example, coffee mornings, seated chair exercises, bingo and singalong. People told us they enjoyed attending activities. One person told us, "The Wantage Male Voice Choir are coming". Some people chose not to attend activities and staff respected that.

People's views and feedback was sought through support plan reviews, tenant meetings and surveys. People told us they attended meetings and were involved in care plan reviews. One meeting highlighted suggestions people had made relating to the menu and we saw their suggestions had been actioned. The annual satisfaction survey in 2016 showed people were happy with the care received.

People told us they knew how to make a complaint and the provider had a complaints policy in place. This was given to people and was also available on request. One person told us, "All I have to do is ask and they will sort it". People spoke about an open culture and felt that the service was responsive to any concerns raised. The service had not received any formal complaints in the last year. However, they had received many compliments and positive feedback about the staff and the support people had received.

Good

Is the service well-led?

Our findings

Care at Home was led by a registered manager who was supported by an area manager and two team leaders. At the time of our inspection the registered manager had been in post for eight months. We saw significant changes had been made since the registered manager's appointment. They demonstrated strong leadership skills and had a clear vision to develop and improve the quality of the service.

There had been significant changes within the last year since the provider took over. People were complimentary and appreciative of the changes and the stability the provider had brought in. Staff were appreciative of the provider and the positive changes they had implemented. Staff told us, "We have been through a lot of changes, good ones" and "I have been here a long time and have seen a lot of changes. We have improved and work so much better as a team".

There was a clear management structure and chain of command in place, with staff being aware of their roles and responsibilities. Staff spoke positively about their work and we observed open communication between staff and members of the management team. Staff felt that they could approach the registered manager or other senior staff with any concerns and told us that management were supportive and made themselves available. Staff told us, "This is an open and honest organisation to work for" and "We can go anytime to team leaders or manager and discuss any issues". The registered manager and team leaders knew people, staff and visitors well. They took time to stop and speak with everyone, showing empathy and support for all. We saw staff mirrored this approach and maintained this positive culture that was embedded into the caring ethos of the service.

The registered manager told us their biggest achievement had been, "Changing the responsibility culture and allow staff to show their abilities. This made staff feel worthy". The registered manager worked across four services and delegated some duties. However, he had clear oversight of Care at Home. Staff were appreciative of any developmental opportunities and embraced the delegation of duties. One member of staff told us, "The management team is empowering. They push you to do better and explore your abilities".

People and their relatives clearly knew the registered manager and team leaders who were visible around the service throughout our inspection. People told us the service was well managed. Comments included, "I can go to or ring the office anytime. They always have time for me", "I'm so happy that things are working out here. They manage it so well" and "Nothing wrong with the place at all. Shows good management".

Staff were complimentary of the registered manager, the team leaders, the support they received and the way the service was managed. They told us, "Manager is fair. He knows us and is available to us any time", "Manager is really nice and supportive" and "I feel supported by the management team. They listen and no problem is too small. Very approachable".

Staff told us there were good communication systems in place. Staff had daily handovers and regular team meetings were held where staff could raise concerns and discuss issues. Staff also used a communication book and daily logs to update each other on any changes. One member of staff said, "We have regular team

meetings where we discuss customer issues, training and incidents. The communication within the team is amazing".

The provider had effective quality assurance systems in place to assess and monitor the quality of service provision. For example, quality audits included medicine safety, catering, infection control and care plans. Quality assurance systems were operated effectively and used to drive improvement in the service. For example, one records audit identified some care plans missed consent to photography. Actions were completed and recording in this area was improved.

The provider had a clear procedure for recording accidents and incidents. Accidents or incidents relating to people were documented, thoroughly investigated and actions were followed through to reduce the risk of further incidents occurring. The registered manager audited and analysed accidents and incidents to look for patterns and trends to make improvements for people who used the service. Staff knew how to report accidents and incidents. One member of staff told us, "It depends on the type of incident. At times we call 999 or the GP and then complete an incident form".

The provider had a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. One member of staff said, "We have a whistle blowing policy in the office. We can whistle blow any bad practice or residents being treated unfairly".

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.