

Oaktree Homecare Services Limited

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Inspection report

Central House, 1 Ballards Lane
Finchley Central
London
N3 1LQ

Tel: 02080145570
Website: www.oaktreehomecare.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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:

Oaktree Homecare Services Limited is a domiciliary care agency. It provides personal care to adults living in their own homes, with a range of disabilities. At the time of the service it was providing care to 13 people.

People's experience of the service

Recruitment processes and procedures were not always safe. Essential checks on staff had not always taken place on staff before they started working for the service. This meant people were potentially placed at risk of harm.

People and their relatives told us they were very happy with the service. They told us staff were kind, competent and staff continuity meant that staff understood their likes and dislikes and how best to support them. They also told us the service was flexible and care staff met their cultural and religious needs.

Staff received training and supervision to enable them to carry out their role effectively. People received their medicines safely and as prescribed.

Risks identified with people's health, medical and care needs had been assessed and documented with clear guidance on how to minimise the identified risk to keep people safe.

Safeguarding systems and processes were in place to keep people safe and staff knew what to do in the event of any safeguarding concerns.

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

People were supported to access external health professionals to help promote good health and wellbeing. Health and social care professionals spoke well of the service provided. They told us the registered manager was responsive and had worked very effectively with people with complex health conditions and social situations.

Quality assurance processes were in place and included spot checks, reviews and a survey of people's views. However, the registered manager recognised the need for formalising these processes further. The provider had purchased a new electronic care system to be implemented before the end of 2020 which would support management tasks as well as care planning and staff rosters.

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 28 January 2019 and this is the first inspection.

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

Why we inspected

We carried out an inspection of this service on 24 November 2020.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good 

Oaktree Homecare Services Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and their relatives to get feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

This inspection was announced. We gave the registered manager 48 hours of our inspection to ensure they were in the office when we visited. Inspection activity started on 24 November and ended on 30 November 2020. We visited the office location on 24 November.

What we did before the inspection:

We reviewed information we had received about the service which included statutory notifications and safeguarding alerts.

During the inspection:

We spoke with the registered manager, the office manager and two members of care staff.

In addition to talking with three people who used the service and four relatives, we reviewed recruitment records for three staff members, including training and supervision records. We checked accidents and incidents, quality assurance processes and five care records. The service was not currently supporting anyone with medication, but we viewed a historic medicine administration record.

After the inspection:

We asked for additional information regarding training and recruitment, safeguarding and processes to ensure compliance with best practice in relation to Covid-19. We also received feedback from two health and social care professionals who worked with the service.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff recruitment was not entirely safe. We were not confident that the provider had fully satisfied themselves of the character of staff prior to them starting work. Whilst criminal checks were in place prior to staff starting work, we found there had been a period of six weeks without references for one staff member. The registered manager told us that referees had been spoken with prior to this staff member starting work, but there were no records of these calls. The taking up of references is an acceptable way to show the provider has complied with this requirement, along with criminal checks.
- However, by the time of the inspection the provider had received two references for this person. The recruitment policy at the time of the inspection was contradictory as it was unclear whether one reference or two were required for staff. However, this has since been updated to require two references in line with best practice. At the time of the inspection, two references were in place for all current staff.
- People and their family members were happy with the care as staff were consistent, arrived on time or phoned if they were running late. One person told us "I have one visit twice a day and this young lady is on time, polite and she makes me feel safe with her." A family member said "We never had missed visits. I think my relative is at ease with her carers because she knows they are there to help and they are very good with my relative."
- People and their relatives told us staff had enough time to complete the tasks required. One person said, "They are ever so careful with me and they never leave before I am settled even if it takes a few minutes to catch my breath." A family member told us "They don't rush and are actually very sweet and gentle."

Assessing risk, safety monitoring and management

- Staff had the information to safely support people in their homes as people's risks were set out clearly in care records. Risk assessments covered a range of areas including falls, personal care and management of medicines. There was a separate risk assessment for the home environment.

Using medicines safely

- We had no concerns regarding the safe management of medicines. The service had only supported one person with medicines since setting up the service. At the time of the inspection no-one was supported with medicines.
- The registered manager could show us medicines management was part of the induction and staff were competency checked at the point of offering a medicines support service to people.
- For people receiving support with medicines, the service carried out an audit of MAR and assessed staff competency at regular intervals in line with best practice.

Systems and processes to safeguard people from the risk of abuse

- The service had policies and processes in place to safeguard people from abuse. We had received notifications appropriately from the service.
- Staff understood their role in safeguarding vulnerable adults.
- People were protected from the risk of harm, abuse and discrimination. One person told us, "I feel safe with my day agency because they are really lovely girls and they know how to help me, they do listen what I am saying." A family member said, "I do feel that my relative is safe with her carers."

Preventing and controlling infection

- The service was effective in preventing and controlling infection. Staff had received training in infection control, and in particular the safe management of Covid-19. Staff had access to personal protective equipment (PPE) such as masks, gloves, aprons and over shoes. One person said, "She is always with mask and gloves, when she is helping me here she wears an apron as well but if she needs to go outside shopping she needs to take it off and put a new one on when she is back, she carry all those extra." Staff explained, "We cannot support people if they don't let us wear PPE." Everyone told us care staff used gloves and aprons.

Learning lessons when things go wrong

- It was clear the service learnt and made improvements when things went wrong. We could see that forms were completed when incidents occurred and the registered manager could show us the learning from incidents. For example, following one safeguarding, staff confirmed they would ensure they call an ambulance rather than assist a person off the floor themselves.

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 guidance standards and the law

- The registered manager worked to deliver care in line with best practice standards and the law.
- The registered manager assessed potential new referrals to ensure people's care needs could be met by the service. The registered manager provided care when the person first started at the service to enable them to accurately assess their needs and record people's preferences and routines. We saw care records were personalised in line with best practice and integrated the views of the person, family and professionals who were familiar with the care needs of the person.
- They also risk assessed the person's health and well-being and the home environment for health and safety purposes, and the fire risk to the person.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- Staff were effective in supporting people to live healthy lives and provided a good standards of care to people. Care records showed the involvement of other health professionals, and the service worked with local health professionals to support people's health and well-being.
- For example, one person told us, "I think they noticed quickly that I struggle with bending and now they make sure I have everything that I need around me and nothing on the floor. They also suggested that I speak with GP so somebody can get me a 'grabber' (piece of equipment), in case I drop something." A relative told us a carer had offered good advice as, "They suggested different bed railings and rails in the toilets."

Staff support: induction, training, skills and experience

- Staff were supported in their role and we received positive feedback on their skills and experience. One person told us, "Since they started, I only had one carer and I am very happy with her and I asked that they don't send anybody else because she is good at what she is doing." Relatives told us, "Carers learned quickly about my relative's condition and asked us many times so they can learn his likes and dislikes" and "I think the carer who supports my relative must be retired or from medical background because they seem very knowledgeable and well educated. We feel very confident they are able to support my relative with complex needs."
- Staff received a comprehensive induction and completed the Care Certificate on starting work with the service. 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.
- Staff told us they received spot checks and we could see from the training matrix that staff received

training in key areas such as moving and handling, safeguarding and infection control.

- The registered manager carried out spot checks to ensure staff worked to good quality standards. Staff confirmed, "They turn up on us unannounced to make sure we are doing the job properly."
- The service ensured staff received refresher training in key areas including manual handling and safeguarding.

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

- People received the assistance they required to keep hydrated and fed. Feedback included, "I think his current condition improved since he has the carers because they make sure he eats and drinks at least while they are there. The carer only reheats food, but he struggled to even re-heat meals, so now the carer does not leave until my relative finishes the meal."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS.

- People's rights were protected. Staff knew to ask consent before providing care. One person told us, "She is very polite and asks my permission for everything, even if she needs to go and clean something."
- Care plans noted people's capacity to make decisions.

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

- We saw people were treated well and their cultural and religious needs were met.
- People receiving the service and their relatives told us staff were kind and caring. One person said, "I am very frail and carers are gentle with me all the time."
- A relative told us, "They are very nice people and are very nice with my relative. They talk to her and think of her as real person, even though she can hardly do much they try their best to engage with her. At the end of each visit they always thank her and make sure she knows when they will be back. I could not wish for more and better service than what we already have."
- Staff were able to tell us how they supported people with their religious or cultural needs. For example, by not providing care when people wanted to pray, wearing shoe covers, or ensuring they did not give them food forbidden by their religion. The staff team were from a range of religions and cultures. One person told us, "I expressed preferences to male carer, due to my religion and they sent me a good carer who help me and who listen what I say." A relative said, "We made a preference as a family due to my relative's cultural belief, we always have the same carer, who knows my relative's needs maybe even better than us."

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

- At the initial assessment people and their relatives were involved in the setting up of the care plan and discussed how they wanted their care provided. People were asked at review and when the care staff were spot checked if people were happy with the care.
- People told us, "We work well together" and "They know my routine and they know to recognize when I need to stop and have a break."

Respecting and promoting people's privacy, dignity and independence

- Care records promoted people's independence. One person told us, "I can describe my carer as pleasant, polite and hard-working, who always make sure I have what I need, sometimes even noticing things I don't!" A relative said, "We know they truly care for her as a person and try to make the best quality of time she has left. It's not much she can do for herself and she is weaker by the day and sleeps a lot but somehow they blow inside her a new streak of life every time they come, cheering her up by doing her hair differently, or painting her nails."
- Staff told us, "When doing personal care, I shut the curtains or doors and ask family members not to come in."
- People's care records highlighted what they could do for themselves and relatives told us independence was encouraged by staff. Staff went out of their way to support people during the Covid-19 pandemic. One relative told us, "I think the carers my relative have, have made his life under this difficult condition so much

better. Beside the obvious cleaning, tidying, washing work, one of carers helped him set up his [technology] so we could see each other. They showed him what to do and it was wonderful to see him using something that previously was sitting in the box. I was well impressed when I received the call one day and he came up with his carer on the screen."

- The service ensured people's care records were kept securely. Information was protected in line with the General Data Protection Regulations.

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 good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care and support plans were detailed and covered a wide range of needs including mobility, skin care, mental capacity and mental health, and their physical health needs. They also set out people's needs, preferences and routines.
- People and their relatives told us their needs were met and, in a way, and time that suited them. Several people and their relatives commented on the flexibility of the service. Comments included, "Agency asked us at the start about preferred time and we told them what we think it would be best time for us." "What I like also about this agency is that they are so flexible. I often have hospital appointments and I never know when I will be back home. What we usually do is I give a carer a ring when I am done and leaving hospital and she comes and meets me at home so I don't miss any of visits."
- The service had an electronic system which detailed people's care needs. This provided guidance for staff as it set out the tasks to be completed at each visit. There were also paper copies of tasks for staff at the house. This meant there was clarity when working with people with memory problems or when other multidisciplinary staff were working with a person.

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 were supported to maintain family relationships and relatives spoke highly of the staff and their interactions with them. People were supported with their care so they could then continue with activities that were important to them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints had been dealt with in line with the policy.
- There had been very few complaints since the service started operating. Everyone told us they knew how to share their views with the manager if they wanted to. One relative said, "I think that my relative is more than happy at this moment, we are not people who complain or constantly ask for more, my relative is well looked after."

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.

- The service followed the AIS. People and their relatives had no complaints regarding the way staff

communicated with them, and care records contained detailed information on people's communication needs.

End of life care and support

- The service provided end of life care to people. They spoke with the person and their family carers regarding the care they wanted. There was a specific end of life section within the care and support plan.
- Health and social care professionals told us the service worked well in conjunction with them to provide good end of life care.
- Staff had access to emotional support should they need it, in working with people at end of life.

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; 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

- Aside from the issue with staff recruitment, we had no concerns regarding how this service was managed. The registered manager carried out all management tasks including supervisions, spot checks and reviews of care. Although these systems were not currently systematically recorded, the registered manager was aware of the current limitations and had commissioned a new electronic care, management and rostering system to start in December 2020. This would enable systems to be set up with prompts for management tasks including supervision, training, spot checks and reviews.
- Staff understood safeguarding and the registered manager was aware of their role, responsibility and had acted with transparency and candour.

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

- The service provided a person-centred, open and inclusive service. People and their relatives spoke extremely highly of the care provided by the registered manager and staff team. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- People and relatives spoke well of the service provided to them and this helped people achieve the best outcomes. A relative said "I would mark this agency nine out of 10 because my relative is very pleased with service and quality of care." A person told us "I would mark them nine and a half out of 10, they do all they can and we are very happy with service they offer."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with people and their families. We saw that survey questionnaires were sent out. The service was collating the responses and intended to expand their quality checks in the coming 12 months.
- People and their relatives told us they received calls asking them if they were happy with the care provided, "We would recommend it as carers are of caring nature and empathetic not just to people they care for but the family as well. They offer a full package" and "I would recommend this agency because it

offers good care and the managers are approachable and flexible and they understand how hard is for families and relatives, especially in this today's situation."

- Staff told us their views were listened to, and they could give their views on how the service operated. Covid-19 had altered the way teams met, but staff told us they received information from the office via their phones and there was always a member of the management team available to them.

Continuous learning and improving care

- Covid-19 had brought many challenges for all care providers in 2020 and the service was working to embed best practice in all areas of care.

- The registered manager and director were keen to further improve the service and following the inspection had made further improvements with plans to carry these on into 2021.