

Oxford Aunts Limited

Oxford Aunts

Inspection report

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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 ●

Summary of findings

Overall summary

Oxford Aunts provides personal live in care services to people living in their own houses and flats in the community. It provides a service to older adults. At the time of our inspection 86 people were receiving a personal care service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. The provider had safe recruitment and selection processes in place, these included completing checks to make sure new staff were safe to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. People's care plans contained risk assessments which included risks associated with peoples care. There were sufficient staff deployed to meet people's needs.

People continued to receive effective care from staff who had the skills and knowledge to support them. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to maintain good health.

The service continued to provide support in a caring way. People benefited from caring relationships with staff who treated them with dignity and respect. People were involved in their care and supported to remain independent.

The service continued to be responsive. People received personalised care by staff who understood people's individual needs and preferences. People's changing needs were responded to appropriately.

The service continued to be well led by a registered manager and care provider who were open, honest and transparent. The registered manager continually monitored the quality of the service.

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 remains good.	Good ●
Is the service effective? The service remains good.	Good ●
Is the service caring? The service remains good.	Good ●
Is the service responsive? The service remains good.	Good ●
Is the service well-led? The service remains good.	Good ●

Oxford Aunts

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 was 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 took place on 16 November 2017 and was an announced inspection. We told the registered manager two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be in. This inspection was conducted by one inspector.

Before the inspection we looked at previous inspection reports and notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

We spoke with nine people, three relatives, five care staff, two coordinators and the registered manager. We looked at seven people's care records, four staff files and medicine administration records. We also looked at a range of records relating to the management of the service.

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they felt safe. One person we spoke with told us, "They are very nice people, they make me feel safe and well looked after".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "Firstly I would make sure the client was safe. Secondly I would contact my manager. If I thought there was an immediate concern then I would dial 999 and also contact social services".

People's care plans contained risk assessments which included risks associated with; moving and handling, pressure damage, falls and environment risks. Where risks were identified plans were in place to identify how risks would be managed. For example, one person was at high risk of falls. This person's care record contained a 'falls management plan' which gave guidance for staff on reducing the risk associated with each care task. Staff were aware of this guidance and told us they followed it.

There were sufficient staff deployed to meet people's needs. One person told us, "[Live in carer's] breaks and holidays are always covered by someone I have already met, I have never had any problems and they are always here when they are supposed to be". A relative told us, "When we need a replacement carer we always get to speak with them first and review their (profile). It really suits our needs".

The provider had safe recruitment and selection processes in place. These included completing checks to make sure new staff were safe to work with vulnerable adults. Staff were not able to become live in carers until references and disclosure and barring service checks (DBS) had been received. One staff member said, "They are very thorough with background checks, we have to have all of our checks done before we can do anything".

Medicines were managed safely and people received the medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. One person told us, "They always make sure I take (medicine). They are good at encouraging me".

People told us they were protected from the risk of infection. The service had Infection control policies and procedures in place. Staff we spoke with told us they followed safe infection control practices. One staff member said, "We get infection control training, it all depends on the needs of the client, but we ensure we wear protective clothing and adhere to hygiene standards".

Is the service effective?

Our findings

The service continued to provide effective care. People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were supported to complete an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff completed training which included: infection control, moving and handling, dementia, safeguarding, equality and diversity and Mental Capacity Act. Staff we spoke with told us they received regular supervision (supervision is a one to one meeting with a manager)

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member said, "We must always assume capacity". Another staff member said, "We must protect people's rights to sometimes make unwise decisions".

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's care record gave guidance for staff on how best to support a person with a medical condition that affected the person's eyesight.

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included the GPs and occupational therapists. Visits by healthcare professionals, assessments and referrals were all recorded in people's care records.

People's nutritional needs continued to be met. Care plans gave detailed guidance on people's needs, including their preferences, special dietary needs and any allergies. A relative told us, "Our live in carer is a competent cook, [persons] nutritional needs are met and he is very much involved with all of the shopping".

Is the service caring?

Our findings

People continued to benefit from caring relationships with staff. People's comments included; "[Live in carer] is great, we get on so well together. She is friendly and kind". A relative said, "They deliver care to a very high standard".

Staff we spoke with described how the caring culture of the service was supported by the provider and the registered manager. One staff member said, "It is very much driven from above. They check up regularly on how we are delivering the care. When they do their checks they speak to the client and us separately to ensure they get a true picture of our practice. They are very up to date on how care should be delivered and what is best practice for our clients".

People were involved in their care. Care plans demonstrated that people were involved in developing their care plans. We saw evidence that care plans were reviewed regularly. One person said, "We arrange a meeting to discuss things. In fact I am due a review soon". A relative told us, "We get two reviews a year".

People were treated with dignity and respect. When staff spoke about people to us they were respectful and they displayed genuine affection. Language used in care plans was respectful. People told us they were treated with dignity and respect. One person told us, "They always make sure I am covered up, they treat me perfectly well".

People's diverse needs were respected. Discussion with the registered manager and staff demonstrated that the service respected people's individual needs. The registered manager told us "Equality and fairness are two of our core values and inform all our operations, communications and training". A staff member said, "We must respect people's beliefs and wishes, regardless of their sexual preference or anything that makes them an individual. I am here to provide a high level of care regardless of people's individual needs and beliefs". The provider's equality policy covered all aspects of diversity including ethnic background, language, culture, faith, gender, age, sexual orientation or any other aspect that could result in people being discriminated against. Records showed staff had received training in equal opportunities and diversity.

People were supported to remain independent. One staff member described how they had recently supported a person to maintain their independence in carryout personal care tasks for themselves. The staff member told us, "Independence is what keeps people going". One person we spoke with told us, "They take me out shopping, (exercise classes) and to church once a week. They always get me to do what I can for myself".

People's personal and medical information was protected. The provider's policy and procedures on confidentiality were available to people, relatives and staff. Care plans and other personal records were stored securely.

Is the service responsive?

Our findings

The service continued to be responsive. People's care records contained details of people's personal histories, likes, dislikes and preferences. People's care plans guided staff on promoting independence. For example, people's care records gave guidance for staff on supporting people to be independent during personal care tasks that matched their individual wishes and needs.

Staff we spoke with were knowledgeable about the person centred information with people's care records. For example, one member of staff we spoke with told us about a person's favourite pastimes and the person's dislikes. The information shared with us by the staff member matched the information within the person's care plan.

The service was responsive to people's changing needs. For example, we saw evidence of how the service had responded to changing needs in relation to a person's mobility. The service referred the person to their G.P and an occupational therapist. As a result, additional equipment was fitted within the person's home to support them further with their mobility needs. The impact of this was that the person's quality of life improved.

People's opinions were sought through regular surveys. We saw the results of the last survey which were very positive. A relative told us, "We are regularly asked for our thoughts".

People knew how to raise concerns and were confident action would be taken. One relative we spoke with told us, "They deal with complaints swiftly and effectively". Systems were in place to record and investigate complaints. Records showed there had been four complaints since our last inspection. Complaints had been dealt with in line with the provider's policy.

At the time of our inspection people were not receiving end of life care (EOLC). However records confirmed that staff had received appropriate training in EOLC. We also saw evidence of how the service worked closely with a local hospice.

Is the service well-led?

Our findings

The service continued to be well-led. 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 were positive about the service and the registered manager. One person told us "[Registered manager] has rung me on a few occasions. She is very nice and seems to mean well". One relative said, "The service is well led right from the top" and "[Registered manager] is respected and respectful to others".

Staff told us the service was well-led, open and honest. One staff member told us, "I feel Oxford Aunts are the elite of live in care, the leadership and the team are excellent. It's not just about the client care it is also about caring for staff, the leadership team are so well balanced".

The registered manager monitored the quality of the service provided. A range of audits were conducted by the registered manager that included, care plans, risk assessments medication and the day to day running of the service. The registered manager also monitored accidents and incidents and analysed information to look for patterns and trends. Findings from audits were analysed and actions were taken to drive continuous improvement. For example, a recent of audit of care plans had identified inaccurate information relating to a person care. As a result the care plan was updated and a review of the persons care was carried out.

Accidents and incidents were recorded and investigated. The registered manager used information from the investigations to improve the service.

There was a whistleblowing 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 whistleblowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

Services that provide health and social care to people are required to inform the Care Quality Commission (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.