

Oxleycare Ltd

Tidworth, Hampshire

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

Oxleycare Limited, Tidworth, Hampshire provides a live-in care at home service for adults throughout the south of England. At the time of our inspection 29 people were receiving personal care from the service. The service was last inspected in January 2014 and found to be meeting all of the standards that were inspected.

This inspection took place on 30 September 2016. It was an announced inspection which meant the provider was given short notice that we would be visiting. This was because the location provides a home care service. We wanted to make sure the registered manager, or someone who could act on their behalf, would be available to support our inspection.

There was a registered manager in post at the service. 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 and associated Regulations about how the service is run.

People who use the service and their relatives were positive about the care they received and praised the skills and knowledge of the staff and management. Comments from people included, "I am very pleased with Oxleycare, I think they provide an excellent service"; "I have no negatives, Oxleycare is the best provider I have been involved with"; and "We have been using Oxleycare for a few years now and have never had cause for concern".

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them.

Staff understood the needs of the people they were providing care for. Staff were appropriately trained and skilled. They received a thorough induction when they started working for the service and demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs. Comments from staff included, "I feel safe in the knowledge that I am always able to refer back to Oxleycare and that I can discuss any and all concerns with them. There is always someone available"; "All this training has definitely improved and refreshed my skills and knowledge in providing the highest standard of care"; and "The training does help to keep us up to date with new ideas and gives us confidence going forward".

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure. People and their relatives felt they could contact the office if needed and they also had contact numbers out of office hours, in case of an emergency.

The provider regularly assessed and monitored the quality of the service provided. Feedback from people and their relatives was encouraged and was used to make improvements to the service. Staff felt they were well supported by the management team, with comments including, "Oxleycare management team are all

experts in their field, have worked in care, and give sound, relevant guidance when needed. They care about their clients and carers"; "(They provide) excellent support, trust and confidence in their staff abilities, allowing them to work independently using their learned skills and knowledge"; and "I find the staff at Oxleycare fantastic and very supportive. I have felt supported all the way."

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.

People who use the service said they said they felt safe when receiving care.

There were sufficient staff to meet people's needs safely. People felt safe because staff treated them well.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were included in their care plans and staff supported people to stay healthy.

Staff understood whether people were able to consent to their care and were aware of action they needed to take where people did not have capacity to consent.

Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

Is the service responsive?

Good ●

The service was responsive.

People were supported to make their views known about their care and support. People were involved in planning and reviewing their care.

Staff had a good understanding of how to put person-centred values into practice in their day to day work.

People were aware of the complaints procedures and action had been taken to investigate and respond to any complaints received.

Is the service well-led?

The service was well led.

There was a strong leadership team who promoted the values of the service, which were focused on providing individual, quality care. There were clear reporting lines from the service through to the management team.

Systems were in place to review incidents and audit performance, to help identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service, their representatives and staff and were used to improve the quality of the service.

Good ●

Tidworth, Hampshire

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 took place on 30 September 2016 and was announced. The service was previously inspected in January 2014 and found to be meeting all of the standards that were inspected.

The inspection was completed by one 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. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider.

As part of the inspection we spoke with nine people who use the service, four relatives and friends, the registered manager and three members of management staff based in the office. We received feedback from 23 care staff after we contacted them by e-mail. We also received feedback from an assessor of external qualifications who had worked with the service. We looked at the records relating to care and decision making for five people and records about the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when care staff were staying with them. Comments included, "Yes I feel very safe" and "Of course, I couldn't ask for a nicer person". Relatives also told us they were confident people were safe when staff were providing care. One relative told us, "Definitely I'm sure (my relative) feels safe. I have no cause for concern".

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were given information about different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with.

There were arrangements in place to deal with emergencies. Staff confirmed there was an on call system in place which they had used when needed. This enabled staff to receive support and guidance from the registered manager or care manager if needed. Staff said this system worked well and they received the support they needed. The registered manager told us staff were issued with emergency cards to keep on their person, which instructed emergency services who to contact if the member of staff was incapacitated. This was important as staff provided live-in care and any illness or incapacity on their part may leave people using the service without the support they needed.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. People had been involved in the process to assess and plan how risks would be managed. Staff demonstrated a good understanding of people's needs, and the actions they needed to take to keep people safe. Processes were in place to review risks following incidents and make changes to the way staff worked where necessary. Staff said they received a good handover from the previous carer at the start of their live-in period.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions or whether they have been barred from working with vulnerable people. We checked the records of three of the most recently employed staff. These showed that staff were thoroughly checked before they started providing care to people.

Sufficient staff were available to support people. The service provided live-in carers and the period of time staff were placed with people varied between a week and a month. The period of time was determined by the specific needs of the person using the service and the complexity of the support provided. All of the staff we spoke with said they felt there were sufficient staff to provide the care people needed. We saw that alternative arrangements were made promptly when allocated staff were unable to complete their placement, for example as a result of illness.

People who were assisted with medicines felt confident in the support they received from staff. People's care plans contained clear information when they needed support to take medicines. Staff kept a record of medicines they had supported people to take. Staff had received medication training to ensure they were aware of their responsibilities and knew how to provide safe support for people. Any errors in administration of medicines were thoroughly investigated and action taken to prevent a recurrence of the incident.

Is the service effective?

Our findings

People and their representatives told us staff understood their needs and provided the care they needed. People felt the care was good and there was a good process to match them with care staff who had the right skills and experience. Comments included, "I am very pleased with Oxleycare, I think they provide an excellent service" and "I feel very lucky to have such a lovely girl here, I don't know how she puts up with me". People said there were good systems for staff to hand over important information when a new live-in carer started. The registered manager told us they put a lot of effort into matching people with staff. This was particularly important as the staff were providing live-in care and spending up to a month living with the person.

Staff told us they had regular phone calls with their line manager to receive support and guidance about their work and to discuss training and development needs. The registered manager told us that due to the dispersed nature of the workforce, they relied on regular phone calls to provide support and guidance to staff, as it was difficult to physically meet with them. Staff told us they felt well supported, with comments including, "I phone Oxleycare on a weekly basis to give them an update on client and can ask them for advice on any problems that may occur with client or myself. Oxleycare also do home visits where any problems can be addressed face to face"; "I feel safe in the knowledge that I am always able to refer back to Oxleycare and that I can discuss any and all concerns with them. There is always someone available"; and "There is 24/7 telephone support for both assistance and in an emergency. I submit a weekly report on the current situation with my clients and receive an occasional call from the office to discuss a particular matter or just for assurance and contact".

Staff said they received regular training to give them the skills and knowledge to meet people's needs. New staff completed an induction and there was an on-going training programme for all staff on meeting people's specific needs. Training was provided in a variety of formats, including on-line, external qualifications and sessions from health and social care professionals about people's specific needs. Where staff completed on-line training, they needed to pass an assessment to demonstrate their understanding of the course. Staff told us the training they attended was useful and was relevant to their role in the service. Comments from staff included, "All this training has definitely improved and refreshed my skills and knowledge in providing the highest standard of care"; and "The training does help to keep us up to date with new ideas and gives us confidence going forward". One member of staff, whilst positive about the training they had received, suggested "More creative ways could be found to connect and offer group training. For example more use could be made of on-line platforms". The registered manager had a record of all the training staff had completed, which was used to keep an overview of the training needs of the staff group and plan the courses required.

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 legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection.

The service had a record of one person who had appointed a lasting power of attorney, which related to both finances and health and welfare decisions. This was clearly detailed in the person's care plan. Staff had completed a mental capacity assessment, which had concluded the person lacked capacity to make some decisions about their care and welfare. The decisions about the person's care had been agreed with the person holding the power of attorney.

Although the records relating to a person who lacked capacity to make some decisions had been completed well, other people's records contained some information that was difficult to understand and did not follow the principles of the MCA. The care planning document asked whether the person had 'full capacity at this time' but did not give space to record what decisions were being referred to or acknowledge that a person may have capacity to take some decisions but not others. The registered manager was aware of this omission and was in the process of developing new care planning documentation, which would follow the principles of the MCA. Despite the unclear information in some records, staff had a good understanding of people's needs in relation to their capacity to make decisions.

Where people were assisted with meal preparation, they were given a choice. People told us staff provided good support for them to prepare and eat meals. The registered manager told us they assessed the cooking skills of staff as part of their recruitment to ensure staff were able to cook meals in the preferred style of people using the service.

Is the service caring?

Our findings

People and their relatives told us they were treated well and staff were kind and caring. Comments included, "(My carer) is very nice and I appreciate her hard work, I don't know how they do it, they have so much patience"; "I love my carer she is so kind. I don't know what I would do without her" and "(My relative) is well cared for". One relative told us the carers look out for them as well, which they appreciated.

Staff had recorded important information about people, for example, personal history and important relationships. People's preferences regarding their personal care were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided, for example people's preferences for the way staff supported them with their personal care needs. Staff demonstrated that they had developed a strong relationship with people who used the service and spoke about them with warmth and affection. This information was used to ensure people received support in their preferred way.

The care plans demonstrated that people, or their representatives, were involved in making decisions about the support they received. People, and their relatives, said they had opportunities to express their views about the care and support they received. People we spoke with and their relatives explained they felt involved in planning and directing the care they received.

People were supported to have annual review meetings with the registered manager or other senior staff to discuss how their care was going and whether any changes were needed. Details of these reviews and any actions were recorded in people's care plans. In addition to these face to face reviews, there were regular telephone calls to discuss the care provided and whether any amendments were needed.

Information about people was written in a respectful manner. The registered manager told us they tried to promote good manners and high standards from staff. They said dignity and respect were regularly discussed and was a strong focus in the induction of new staff. The registered manager said the management team set the tone by respectful discussions about people at all times and set expectations by modelling the behaviour they expected from staff. This was supported by the feedback we received from staff and our observations of staff interactions and telephone calls during the visit.

Is the service responsive?

Our findings

People and their relatives told us the staff were able to meet their needs in the way they wanted them met. Comments included, "I have no negatives, Oxleycare is the best provider I have been involved with" and "We have been using Oxleycare for a few years now and have never had cause for concern".

People knew who to contact if they had any concerns about their care, or if any changes were needed. Staff told us the registered manager and care manager discussed people's needs with them regularly, including during their weekly phone calls to the office. We saw that these phone calls were logged each week, with a list of actions where necessary. Staff said the service responded promptly to ensure people were receiving the care they needed. Changes were made in consultation with people and their representatives.

Each person had a care folder, which contained a detailed, individual care plan and records of the care staff had provided. People were aware of their care plan and said they and their relatives were involved in the development of it. People and their relatives felt the staff knew what was in the care plan and that the care records reflected the care that was provided. Care plans were individual to the person and people said their plan was reviewed regularly and changes were recorded and updated.

People said they were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. The provider told us the complaints procedure was provided to people when they started using the service. Staff were aware of the complaints procedure and how they would address any issues people raised in line with it. Most people said they had no complaints about the service they received, however they knew who to contact if they did have a complaint and were confident any concerns would be investigated. One person told us the registered manager had responded promptly to resolve a complaint they had, commenting "We had a concern about a carer, but it was quickly resolved by the Oxleycare manager".

The service had a complaints procedure, which was included in a pack of information provided to people when they started to use the service. The service had a log of complaints, which demonstrated they had been investigated by the registered manager and a response provided to the complainant. The registered manager had followed up concerns with staff where necessary and action had been taken to prevent a recurrence of the issue.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a care manager, care co-ordinator and a compliance and training manager. The registered manager had clear values about the way care and support should be provided and the service people should receive. These values were based on respect for people and a desire to support people to stay in their home for as long as possible. Staff valued the people they supported and were motivated to provide people with a high quality service. Comments from staff about working for Oxleycare included, "I have no concerns about Oxleycare and am very proud to be one of their carers. Oxleycare are very "caring" about their staff, as well as their clients"; and "I have been with them for two years now and find them totally professional and always ready to lend a sympathetic ear to any issues which may arise".

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered manager and care manager gave them good support and direction. Comments included, "Oxleycare management team are all experts in their field, have worked in care or as nurses, and give sound, relevant guidance when needed. They care about their clients and carers"; "(They provide) excellent support, trust and confidence in their staff abilities, allowing them to work independently using their learned skills and knowledge"; and "I find the staff at Oxleycare fantastic and very supportive. I have felt supported all the way."

There was a quality assurance process which focused on the way care was being provided. This included quality checks completed by the registered manager and other senior staff to ensure care staff were working in agreed ways, reviews of care records and meeting with people using the service to receive feedback. In addition to the checks by the management staff, people were asked to fill out an evaluation of the care they received. Information from the audits and reviews was used to develop an action plan to address any shortfalls and improve the service provided

The management systems included reviews of incidents and accidents to ensure action was taken to prevent a recurrence. There were systems in place to review incidents in the service and the registered manager was aware of her responsibility to submit notifications to CQC of specific notifiable events so the service could be monitored.

The external qualifications assessor told us they had observed good practice in the way systems and policies were reviewed. The assessor said the management team used the review to identify where improvements could be made and developed plans to implement the improvements.

There were regular management team meetings. These were used to review how the service was operating and to plan how any issues or improvements were going to be managed. These meetings included the operational management team and directors of the company.

Due to the dispersed nature of the workforce, the service did not hold team meetings for care staff. Staff did have weekly contact with the management team whilst they were on a placement, which was used to keep

them up to date and to reinforce the values of the organisation and how they were expected to work. Staff also reported that they were encouraged to raise any difficulties and the registered manager worked with them to find solutions.