

South West Care Group LTD

Good Oaks East Dorset

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

About the service

Good Oaks East Dorset is a domiciliary care agency that was providing personal care to older adults living in their own homes. At the time of our inspection 17 people were receiving the service. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were supported by staff trained to recognise potential abuse. Risks to people were understood and actions were in place to reduce avoidable harm whilst respecting people's freedoms. Recruitment practices were robust and there were enough staff with the right skills and values to meet people's needs. The registered manager explained they had encountered staffing issues due to COVID-19, however they were taking all necessary steps to minimise disruption. Some people said there had been some inconsistency with staff, however they appreciated receiving a letter from the registered manager which explained the issues, and explained it is an issue across the board. The letter detailed the action the service was taking to minimise disruption. Infection Prevention and Control (IPC) practices were in line with current legislation.

Assessments identified people's care needs and choices. Staff received the training and support needed to enable them to carry out their roles and responsibilities effectively. Staff knew people well, which meant they were able to recognise and respond to their changing care needs, and worked alongside other professionals to ensure effective care. 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 consistently spoke positively about the care they receive, felt involved in decisions and had their privacy, dignity and independence respected. Staff were described as being, "Very caring" and "Kind" to people as well as their relatives.

Staff knew people well and provided care that reflected the individual's needs, choices and lifestyle. A complaints process was in place which people felt able to use if needed. At the time of this inspection, no one was receiving end of life care, however if a person was nearing the end of their life, they would be involved in end of life planning. Staff felt confident they would receive the training and emotional support they needed to care for people at the end of their life with the support of other agencies such as district nurses.

There was a clear management structure in place. The registered manager described the culture as being open and transparent. Staff spoke positively about the organisation, communication and said they worked well as a team. Staff said they were confident in making suggestions and felt very supported by their colleagues and the management team. Regulatory requirements had been met. Quality assurance

processes were in place, multi layered and effective at driving improvements.

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

This service was registered with us on 10 August 2020 and this is the first inspection.

Why we inspected

This was a planned first inspection so that we could rate the service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Good Oaks East Dorset

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with two people and seven relatives about their experience of the care provided. We spoke with two members of staff, a care co-ordinator and the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including audits, complaints and compliments.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe, however one person said they had to mention that staff weren't always securing their door properly, and taller staff putting things away out of their reach. This was feedback to the registered manager for further investigation and immediate action was taken. Another person told us they felt; "Absolutely safe, I have no concerns. They always make sure the property is secured and key put back in the key safe." Other comments made included; "[Staff name] was amazing and they couldn't have had a better person there at the time, they were very happy with how [staff] dealt with the incident."
- Staff had been issued with personal alarms to help staff feel more secure, especially as they worked alone and covered rural areas at this time of the year with shorter daylight hours .
- People were supported by staff that had been trained to recognise signs of abuse and understood the actions needed should they suspect abuse had taken place.
- Records demonstrated that legal requirements to report safeguarding concerns were being met. Information had been shared appropriately with external agencies, such as the local authority and CQC.

Staffing and recruitment

- People were supported by staff that had been recruited safely. The process included exploring employment gaps, obtaining and verifying references and carrying out a criminal record check to ensure the applicant was suitable to work with older people.
- Consistency of staff and timings of some calls varied. For example; one person said they, "Always get the same carers, the same ones quite regularly." And "They send a rota, it is not often correct and the person it says is coming is different, it's a bit unsettling." The registered manager showed us a copy of a letter they had sent to people at the beginning of September which explained the staffing issues and what the service was doing to minimise disruption. This included not taking on any more care packages until they had recruited staff to provide the care. The service was actively trying to recruit staff.

Assessing risk, safety monitoring and management

- Assessments were carried out to identify any risks to people and to the staff supporting them. This included any environmental risks in people's homes and any risks in relation to the care and support needs of the person.
- Staff knew people well and were able to tell us the actions needed to minimise the risk of avoidable harm whilst ensuring people's freedom of choice was respected.
- The service provided each staff member with a mobile phone which had an app linked to an electronic care system. This would identify any issues regarding delayed visits. There was always a senior member of staff on call and staff said they knew who to contact if necessary.

Using medicines safely

- People had their medicines administered by staff trained in safe medicine practices and who had their competencies checked regularly by senior staff.
- Where safe to do so, people were encouraged to manage their own medicines. This promoted people's independence .
- Medicines were safely managed. The electronic care system supported this, for example, by highlighting if medicines had not been given.

Preventing and controlling infection

- Policies and practices were in line with the latest government IPC guidance.
- Staff had completed infection, prevention and control training and demonstrated a good knowledge of safe practices. Regular checks were carried out to check competencies and provide any additional support.
- Personal Protective Equipment (PPE), such as gloves, aprons and masks, were in good supply. Staff had completed additional training during the COVID-19 pandemic, such as how to safely put on and take off PPE. One person said, "They [staff] are very careful regarding all PPE and washing their hands."
- Staff were participating in the COVID-19 testing and vaccination programmes.

Learning lessons when things go wrong

- There were robust systems in place to monitor and learn from incidents and accidents. Electronic records were monitored for any themes or patterns, and the registered manager took appropriate preventative actions where necessary.
- Learning was shared with staff either electronically, during supervisions or at team meetings.

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 standards, guidance and the law

- Assessments had been completed which provided information about the care and support people needed and reflected their cultural and lifestyle choices. This information had been used to create person centred care plans.
- Assessments were completed using assessment tools that reflected best practice and met legal requirements.
- The service worked hard to match staff to people's preferences and needs as well as personalities. One relative said, "An amazing carer who managed to get [person] to respond, and is the first person (staff) who has persuaded [person] to have a shower, (staff member) general manner was really lovely."
- Staff received training and regular updates on changes to guidance or the law. This ensured they were providing effective care and support to people in line with best practice.

Staff support: induction, training, skills and experience

- Staff received an induction, on-going training and support which enabled them to carry out their roles effectively. A staff member told us, "I feel very supported, I have regular training and can ask for any specific health related training I may need in order to provide care to people."
- People told us staff carried out their roles effectively. One person said, "Yes definitely, well trained, the ones I have." Another told us, "Most of the girls are alright and they do say if there is anything else we can do for you."
- Appraisals took place annually and provided opportunities for discussion about completing professional development such as diplomas in health and social care.

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

- People had their eating and drinking needs and choices understood and met. This included any cultural dietary needs people may have.
- Staff had completed food hygiene training ensuring food preparation was carried out safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs. Records showed us that people were supported to access the healthcare services they needed, such as district nurses.
- Staff worked collaboratively with other agencies ensuring positive outcomes for people.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had their rights upheld as the principles of the MCA were followed. Records showed people, or their legal representative had signed to consent for care to be provided.
- Staff supported people to make their own decisions and respected choices they made. Examples included meal choices, preparation and assistance with personal care.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible. One person said "They (staff) always say would you like me to do this or would you like help with that. They keep asking, is there anything else we can do to make life easier."

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

- People and their families spoke positively about the care they received. A relative said, "They (staff) have been very good, besides helping [person] they help me." A person described staff showing, "Compassion on a human level, they chat and it isn't awkward. I feel comfortable and relaxed. They are not walking on eggshells and we can have a laugh and joke, it makes the day a little better."
- Staff respected people's lifestyle choices. Staff had completed equality and diversity training and demonstrated they were knowledgeable about people and what was important to them.
- The service's recruitment and selection process was robust, and identified whether potential staff had the values and work ethics that the service wanted of new staff.

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

- Staff understood people's communication needs. This meant staff were able to support people to be involved in decisions about their care.
- Records showed people had been involved in decisions such as whether they would prefer a male or female care worker and this had been respected.
- If people needed independent support with making decisions staff were able to signpost to advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy, dignity and independence respected. One relative said, "[Person's] movement is quite limited, [person] can get out of bed or [their] chair, they (staff) give [person] time to do it for [themselves]. They just give [person] time to do it and all the carers do this."
- Personal data was stored securely to ensure confidentiality was maintained.
- Respect for privacy and dignity was at the heart of the service's culture and values. Staff described, "Treating people as I would like myself or a loved one to be treated."

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 ensure people have choice and control and to meet their needs and preferences

- People had person centred care plans that reflected their care needs and choices. These were monitored so updates could be made and reviewed annually with people and, if appropriate, their families.
- Staff knew people well, which meant they were able to recognise and respond to changing care needs.
- Changes to people's care needs were communicated between the office and staff via an electronic care app, which meant up to date information could be shared immediately. Staff said they had access to updated information in "real time."

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 carer's.

- People's communication needs were clearly assessed and detailed in their care plans. This included any sensory aids such as spectacles and hearing aids. One person suggested it would be helpful if staff wore name badges as the person found it difficult to see their ID badges and struggled to identify staff when they were wearing masks. In response, all staff now wear name badges.

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to in a timely way. The complaints procedure included information on how to appeal to external organisations if people were not happy with the complaint outcome.
- People and their families told us they felt able to raise a complaint with the office, should they need, and that it would be dealt with appropriately.

End of life care and support

- No one was receiving end of life care at the time of our inspection. However, the registered manager said they would ask people, and relatives their preferences regarding end of life care and provide training for staff as required.

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.

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

- The service had a robust management structure in place. Staff described this as, "Open and transparent." One staff member said, "I have worked for several other companies, but the management of Good Oaks is much better".
- People and relatives told us the registered manager and senior staff were known to them and approachable. We observed them being kind, caring and extremely knowledgeable about people and their relatives.
- The registered manager planned and promoted person-centred, high-quality care and good outcomes for people. Compliments received showed this was evident and appreciated.
- Staff felt encouraged and supported to gain further qualifications and to bring any matters to the attention of the registered manager.
- Staff felt appreciated in their roles. An awards system was in place, which recognised staff going the extra mile and included positive feedback and compliments from people and their families.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed they fulfilled these obligations, where necessary, through contact with families and people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had a good understanding of their responsibilities for sharing information with CQC. The service had notified us about any changes to their regulated services or incidents that had taken place. This is a legal requirement.
- The provider had created five values; professionalism, respect, integrity, dedication and empathy. This detailed what was expected from staff and what staff could expect from the provider. These values formed part of the recruitment and supervision process to monitor suitability and performance.
- There was a clear management structure in place and staff were aware of their roles and responsibilities.
- The service continued to learn and develop which resulted in improved care for people.

Working in partnership with others

- The service had developed links with other agencies in developing best practice guidance which staff followed. This included CQC, Public Health England and Skills for Care.