SFB Care Limited

Good Oaks Home Care - Aylesbury

Inspection report

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Website: www.goodoakshomecare.co.uk

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04 February 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Good Oaks Home Care - Aylesbury is a service providing care and support to people in their own home. At the time of the inspection the service was supporting 64 people. This included both younger adults, people with physical or sensory impairments, and older people. Some people using the service lived with dementia or experienced other mental health support needs.

The service offered both regular daily visits to people receiving personal care and live-in staff members providing a 24-hour support service. At the time of our inspection one person was receiving live-in support.

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
We found risks to people using the service were not clearly identified and managed. We also identified concerns in relation to safeguarding people from abuse, the safe management of medicines, concerns regarding staff testing for COVID-19 and a lack of robust oversight in relation to accidents and incidents. Most people told us they felt safe, with comments including, "I do feel safe when the staff are here" and "Very good, very nice, very capable." Some people were concerned staff were rushed, and staffing rotas had not been consistently well managed. One person told us, "Staff are always in a rush."

Some people told us staff provided kind and caring support, with comments including, "Even if I am feeling rotten the staff will make me smile, they are very good" and "I have a good rapport with the staff and I am happy with the care." Some people raised concerns they felt rushed by staff and told us they struggled to understand and communicate with staff effectively. We have made a recommendation in relation to people receiving care which is dignified and compassionate.

Care assessments and care plans did not always promote person-centred care. Care reviews had not been carried out at frequencies required by the provider, and care plans contained varying levels of detail about people's needs and preferences. Some people received care from male and female staff, and we were not satisfied people's preferences for staff gender had been fully explored, documented and met. We also identified concerns in relation to the recording and management of complaints, although some people told us their concerns or complaints had been handled satisfactorily.

People were supported to access health and social care support from other agencies. Professionals told us the service worked cooperatively with others to help people access healthcare services. People were supported to have enough to eat and drink, and staff told us how they supported people who needed more assistance or encouragement to eat and drink well.

A new manager had commenced work less than one month before our inspection. The service was well

supported by the franchise head office, but we identified concerns the service had not been well managed. For example, the service had not consistently implemented learning from previous audits and a number of policies had not been adhered to, such as timescales and frequencies for audits, care reviews, staff supervisions and staff competency and spot checks. Most staff spoke positively about the management of the service which had an open culture. We were also satisfied the new manager understood regulatory requirements and there was a service improvement plan in place when we inspected. We made a recommendation in relation to notifying CQC of incidents in line with requirements.

People were supported to have maximum choice and control of their lives and staff supported /did them in the least restrictive way possible and in their best interests; the policies and systems in the service did not consistently support this practice.

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 22 July 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care, safeguarding people from abuse or neglect, staffing and recruitment, consent to care, person-centred care, complaints management, and governance arrangements.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe. Details are in our safe findings below.	**Inadequate**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was not always caring. Details are in our caring findings below.	**Requires Improvement**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Good Oaks Home Care - Aylesbury

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector and two Experts 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 houses and flats.

The service did not have a manager registered with the Care Quality Commission. A new manager had joined the service less than one month before our inspection. When a manager is registered with the Care Quality Commission, 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 a short period notice of the inspection because it is a large service and we needed to be sure the provider had sufficient time to notify people and their families of the inspection before their views were gathered.

Inspection activity started on 27 January 2022 and ended on 10 February 2022. We visited the location's office on 1 February 2022, 2 February 2022 and 4 February 2022.

What we did before the inspection
We reviewed information we had received about the service since it was registered with the Care Quality Commission on 22 July 2020. We also sought feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke with 19 people using the service and 22 family members. We also spoke with 14 members of staff, including the new manager, nominated individual, co-owner, operations director, care coordinator, HR and recruitment officer, two team leaders and six care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also received email feedback from two additional members of staff.

We reviewed a range of records. This included 14 people's care and support plans, either in full or in part, as well as people's medicines records where they received support with this task. We looked at five staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service including policies and procedures, accident and incident records, compliments and complaints and audits of the service.

After the inspection
We continued to review records shared electronically and continued to seek clarification from the provider to validate evidence found. We sought feedback from professionals and received a response from five professionals during the inspection process.

Inadequate

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 of this newly registered service. This key question has been rated Inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Records held by the current management of the service did not include all safeguarding concerns identified or investigated. CQC were aware of an additional safeguarding concern and the inspection identified two further safeguarding concerns which had been identified by the service. This meant the nominated individual and new manager did not have a full accessible record of safeguarding concerns and therefore would have been unable to fully consider any themes, trends or learning for the service.
- Records were not easily accessible at our site visit to evidence actions taken by the previous registered manager to investigate safeguarding concerns. This included an allegation made against a member of staff which we were advised was unfounded. The previous registered manager had informed CQC a management visit and staff spot checks were undertaken after a person developed a pressure sore but records were not accessible to evidence these actions were taken.
- The service had failed to identify and report some potential safeguarding concerns in a timely manner. One person had disclosed concerns in August 2021 regarding how their relative supported them, and were described as "very upset". The service offered additional assistance but the local authority confirmed the concerns had not been reported until December 2021. We also identified concerns a person using the service was at risk of self-neglect and had not accepted staff support with personal care for at least three months. The person's social worker confirmed the concerns had not been reported prior to our inspection.

The service had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The new manager confirmed they would carry out an urgent review for the person who regularly refused personal care support. We were satisfied the manager understood their responsibilities in relation to safeguarding adults and already had a good knowledge of local safeguarding procedures. A service improvement plan created by the new manager, prior to our inspection, noted the safeguarding folder should be kept up to date and appropriate action taken in the correct time frame when concerns were raised.

- Most people told us they felt safe. People's comments included, "I do feel safe when the staff are here", "I feel absolutely safe with the staff" and "I do feel safe and I am happy." Some people indicated they had not always felt safe. Some people told us they felt rushed when receiving support. We also found one person, and a separate family member, raised concerns regarding staff being heavy-handed whilst supporting them. A family member commented, "One of the carers was a bit rough with my [relative] and pulled them around a bit. We have asked not to have those ones again."

● Care assistants understood signs of abuse and their responsibility to raise safeguarding concerns to the management of the service. Staff had received training in relation to safeguarding adults and children from abuse during induction. Some staff were unclear about how to access the service's safeguarding policy, but we were satisfied staff understood the importance of reporting concerns about people's wellbeing.
● The service had a detailed safeguarding policy in place, which clearly outlined types and signs of abuse. The policy was accessible to staff electronically. The service operated in Buckinghamshire but the policy instead included a link to Oxfordshire's local safeguarding guidance. This was promptly updated by the operations director during our inspection. The policy also referred to the service having a safeguarding lead and safeguarding champions, however we were advised this had not been implemented.

Assessing risk, safety monitoring and management
● Risk assessments were either not present, had not been updated in a timely manner, or lacked sufficient detail to help staff understand and respond to risks. For some people using the service we noted an absence of risk assessments in relation to areas such as moving and handling, use of bed rails, use of home oxygen and risks of skin breakdown. Records lacked sufficient detail to help staff understand risks in relation to medical needs, such as epilepsy, diabetes or use of a catheter. We also identified an absence of risk assessments where people expressed distressed verbal or physical behaviours which could present a challenge for staff.
● Care assessments had failed to accurately document some people's medical conditions, meaning staff did not have sufficient information to help them understand and safely respond to health needs. Where medical conditions had been noted, sometimes these were poorly spelt, used acronyms which staff may not have understood or contained limited information about how the condition impacted the person. For example, one person was receiving palliative care and their care records did not include any medical diagnoses. Another person had a diagnosis of epilepsy which was described as "episodes of staring blankly" with no additional information about how staff should monitor and respond if a seizure occurred.
● Some people using the service were prescribed emollient creams. Emollient creams can be easily transferred from skin on to clothing and bedding, and testing has shown increased fire risks when fabrics are contaminated. Therefore, a risk assessment should be in place. We found risk assessments were not in place, and some staff we spoke with were not aware of the potential risks.
● Some people using the service were prescribed anti-coagulant medicines. An anticoagulant medicine is a blood thinning medicine, and risks can include bleeding and bruising more easily than normal. Risk assessments in relation to use of anticoagulant medicines had not been documented, and some care staff we spoke with were not aware of the risks associated with these medicines.
● Fire risk assessments had been completed for some people using the service, but we were not satisfied risk assessments accurately considered people's ability to escape from a fire. Risk assessments which stated people did not have a reduced ability to escape from a fire included a person who used a Zimmer frame, a person with dementia who lacked insight into their needs, and a person who had previously required help from the fire service to exit their home.
● Staff supported some people to use equipment such as electric hospital type beds and lifting aids such as hoists. We found some records did not indicate who was responsible for maintaining equipment, and records did not show when servicing had been undertaken to ensure equipment remained safe for use.

Risks to people were not clearly identified and managed. Risk assessments were either not present or lacked sufficient detail to help staff understand and respond to risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The new manager explained all care plans and risk assessments would be reviewed to ensure relevant risk assessments were in place, containing accurate and sufficient

information. The new manager had already booked a review with one person to risk assess the use of a new bathing aid and was working to schedule further reviews following our inspection visit. This was part of a service improvement plan created by the new manager prior to our inspection.

● Most people told us they felt safe when supported by staff with their care. People were satisfied staff used key-safes appropriately to ensure their homes remained secure. One family member advised, "They know what the risks are for [person's name] and have had help to minimise the risks from the occupational therapist and physiotherapist. If there are any problems with his skin they will let me know."
● Although risk assessments lacked detail, staff were able to explain how they monitored and responded to risks. Staff provided feedback regarding maintaining people's skin integrity, safe moving and handling, support with catheter care, monitoring people at risk of falls, and assisting people who were reluctant to accept support with personal care and nutrition and hydration. Staff understood the importance of monitoring and reporting any concerns for people's welfare to the office.
● The new manager had reviewed risk assessments in relation to the safety of staff in the office and a fire risk assessment was also in place for the office premises. The office was situated in a serviced building with good security measures in place to safeguard staff and people's records.

Using medicines safely
● Some people using the service were supported to apply prescribed creams. Some medicine administration records (MARs) did not include prescribed creams, meaning MARs did not contain an accurate record of their administration. For example, one person was supported to apply two prescribed creams. The person's MAR did not include the two creams. A care plan informed staff "monitor pressure sore areas and apply cream" but did not specify the types of cream in use, where cream should be applied, and the recommended thickness and frequency of application.
● Some people were prescribed as and when required (PRN) medicines, such as pain relief or medicines to support with bowel movements. Medicines risk assessments we reviewed did not state the purpose of the PRN medicines, or provide guidance for staff to help them identify when a person may require a PRN medicine, or how to assess whether the PRN had been effective in managing the person's symptoms.
● One person required medicine to prevent blood clots. The person regularly refused their medicines, and we found their care plan and medicines risk assessment contained contradictory information about whether medicines should be left out for the person to take later. Daily records showed three occasions where medicines were left out, but notes were not made to confirm if staff had later observed whether medicines had been taken. One staff member we spoke with was not aware of the arrangement to leave out medicines. We asked the service to contact the GP to seek further guidance.
● The service's medicines policy advised that everyone using the service had a medicines "passport" containing details of their current medicines to accompany the person to hospital or appointments. This would support the safe handover of information when a person moved between services and would enable any changes of medicines to be easily recorded and returned with the person. We found the policy had been inconsistently implemented as not everyone using the service had a medicines passport containing details of their prescribed medicines.

The service had not ensured the proper and safe management of medicines, including record keeping of the administration of medicines. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The manager worked to identify medicines records which required additional detail or amendments to MAR records. The manager also advised medicines passport documents would be updated as part of the service's improvement plan.

● Most people told us they received safe medicines support, although one person and one family member explained they experienced problems when staff were running late. A family member commented, "I am not happy about the communication with [relative's name]. [Relative] self-medicates and needs to eat food with the medication, but staff do not say if they will be late so [relative] delays eating breakfast and taking medication."
● One person using the service experienced mental ill health and was sometimes reluctant to take prescribed medicine. A professional explained the service had been proactive in working with them to monitor the person's compliance with medicines. The professional noted the service would often liaise with them if the person hadn't taken their medicines, enabling the mental health team to intervene quickly.
● The service used an electronic medicines recording system which enabled changes in people's medicines to be quickly updated. One person had been prescribed a short course of antibiotics. The manager showed us a message sent to staff using the service's electronic messaging system and the person's medicines care plan had been promptly updated to add the administration of antibiotics as an additional task for staff.
● Staff received training in the administration of medicines and described providing safe medicines support. A staff member explained they would check the electronic medicines system, wash their hands and change their gloves, and advised they would check "Right time, right name, right dose, right route…[I] ask [person] 'would you like me to give medication, would you like to take medication'" before updating administration records.

Preventing and controlling infection
● Records did not evidence staff uptake of COVID-19 tests. At the time of our inspection staff were required to send a weekly PCR COVID-19 test via post for analysis, and a government system of daily lateral flow home tests was being introduced. The nominated individual explained prior to the new manager's arrival, some but not all staff had shared evidence of testing, but records had not been organised to show which staff were undertaking tests, or the frequency of these tests. This could have placed people at increased risk from COVID-19 infection, as robust systems were not in place to monitor staff uptake of testing. The new manager had commenced recording for week commencing 17 January 2022 which showed six care staff had not undertaken the required PCR test for that week.
● Risk assessments had not been undertaken for staff and people who may be at greater risk from COVID-19 infection. For example, some staff could have been at greater risk due to pregnancy or ethnicity, and some people using the service had underlying health conditions affecting their breathing, such as asthma, chronic obstructive pulmonary disease (COPD) or emphysema.
● The service had sought evidence of staff COVID-19 vaccination but were not aware of best practice guidance which stated NHS appointment cards were not considered sufficient evidence of vaccination. This meant the service had accepted copies of NHS appointment cards as evidence of vaccination.

Systems were not operated effectively to ensure appropriate infection control measures in response to the COVID-19 pandemic. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The service confirmed risk assessments would be undertaken for staff at greater risk from COVID-19 and identified staff who would be required to provide additional evidence of vaccination. The manager had already taken steps to improve staff uptake of testing. We reviewed detailed instructions sent to staff to explain how to take and register a COVID-19 test. The service had also received a bulk supply of lateral flow home test kits to enable staff to start daily tests.

● Staff received training in relation to infection control, including additional e-learning about COVID-19. Staff informed us they had always been given sufficient supplies of personal protective equipment (PPE)

throughout the pandemic. We observed good stocks of PPE and COVID-19 test kits at the office location.
● People and their families confirmed staff wore appropriate PPE to protect them from risks of infection. Care plans included reminders for staff at each visit to wear PPE and carry out appropriate hand washing techniques. One person commented, "The staff wear masks, aprons and gloves and when they are finished, they put it all in the bin." Another person added, "I was safe in COVID [pandemic], the staff still wear gloves and masks."
● A workplace COVID-19 risk assessment had been reviewed in January 2022. This outlined measures in place to promote staff safety and well-being during the pandemic, including access to handwashing facilities, cleaning and social distancing guidelines for the office environment, access to regular testing for COVID-19 and resources to support staff mental health.
● The service asked all staff to sign a COVID-19 code of conduct pledge. This encouraged staff to take extra steps to reduce the risk of COVID-19 infection, such as avoiding mass gatherings, avoiding use of public transport and practicing social distancing. As part of the code of conduct staff were asked to take their temperature before each shift. Some staff we spoke with confirmed they did not take their temperature each day, but all staff told us they would follow the new testing requirements in relation to daily lateral flow testing.

Learning lessons when things go wrong
● We reviewed the three accident and incident records logged by the service. Records identified actions taken by the service to respond to people's immediate needs, such as contacting a district nurse, applying pressure to a wound and contacting a relative. The records did not include further investigation or analysis to consider how incidents occurred or identify any actions which could be taken to try to prevent a reoccurrence. The management oversight on one record stated, "No further investigation as family took over."
● The service's accident policy stated an accident/incident form should be completed as soon as possible following an incident. The policy also stated, "All accident and incident reports are reviewed monthly and action taken where required to prevent where possible further occurrences." We found several incidents including falls and seizures had not been documented using an accident form, and instead were logged within a staff messaging application. There was no evidence the service had undertaken a monthly analysis of accidents and incidents to identify where further action may be required to prevent reoccurrence.
● We found people's risk assessments and care plans had not been consistently updated in response to incidents. We reviewed the records for one person who had fallen on the 5 January 2022 and 7 January 2022. The person's care plan and falls risk assessment had not been reviewed. The falls risk assessment stated the person had no history of falls and was considered at low risk of falls. This meant staff referring to the person's records did not have accurate information about the risk of falls.

Risks to people were not clearly identified and managed, and systems were not operated to promote learning from incidents to mitigate risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager of the service was responsive to our feedback and we were advised by the operations director staff would receive further guidance in relation to recording and reporting. This was also included within the service's improvement plan. We were satisfied the new manager understood actions which should be taken in response to accidents and incidents.

● Staff understood their responsibility to report incidents of concern. A staff member explained how they would respond to a fall, advising, "[I] will call ambulance, inform office, will try to make sure [person is] as comfortable as can be on the floor, not allowed to move the [person]… exception if [person] can stand for

themselves…put chair [so person can use this to stand]."
● Although written records were inconsistent, staff provided verbal feedback regarding how risks were managed following incidents. For example, the care coordinator provided feedback about a person who had experienced a series of falls. The care coordinator explained they had been in contact with the social worker, occupational therapist and hospital. Email evidence showed the service had requested an increase in the person's support. The care coordinator also explained they had spoken with the hospital and occupational therapist about the person's walking aids and poor footwear, to review factors increasing the person's risk of falls.

Staffing and recruitment
● We identified one person's staff file did not contain evidence of a DBS check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We found an administrative error had occurred, which meant another person's DBS confirmation had been added to the staff file of someone with a similar name.
● The service failed to provide a written account of gaps in some staff member's employment histories or obtain a full history of employment since leaving education. For example, one staff member's application form noted they had left college in 2004 and worked in their country of origin between 2004 and 2016 before arriving in the UK. The service had not documented this person's employment history prior to July 2016.
● The service's recruitment policy specified staff should have "a minimum of two references, one of which must be from their current or last previous employer and one to show the person is of good character." One staff member had one reference, and had been unable to provide a second referee. We observed two staff members had refused permission for their employer to be contacted, and provided character references. Where it was not possible to obtain references in line with the policy, risk assessments had not been documented to evidence how the service was satisfied to proceed with recruitment, or consider how staff would be suitably monitored upon employment.

Systems were not consistently operated for the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback and immediately applied for a new DBS check for the member of staff and explained they would not be deployed until this was received. Prior to our inspection the service had already identified the need to review staff files and a HR and Recruitment officer provided feedback and access to their notes which showed they were identifying and responding to discrepancies such as absence of full employment histories and the need for additional references.

● A structured recruitment process was in place. Staff submitted an application form, attended for interview and completed a numeracy and literacy test. Staff completed a medical questionnaire to assess their fitness to work and staff files contained a recent photograph and proof of identification (ID). Interview questions were used to assess whether the person demonstrated the experience, skills, knowledge, and values required for the role.
● People and families provided varying feedback as to whether staff arrived on time, and stayed the right length of time to support them. People did not receive a staffing rota of planned visits. People's comments included, "The staff comes on time regular as clockwork", "Most of the time the staff arrive on time" and "Their time keeping is terrible... they don't let me know...I don't know when they are supposed to come as I don't see the rota…there is no fixed time…they can come very late…it makes me feel very anxious."
● We reviewed a sample of visit records, staff rotas and staff visit login times. Records showed staff often

stayed less than scheduled visit times, staff were not always provided with sufficient travel time on rotas, and some staff switched visits on their rota, instead of completing visits in the scheduled order. The new manager told us they were committed to improving staff rotas and had identified some people did not require the scheduled visit time, and had contacted the local authority where visits could be safely reduced. Most staff told us they felt they were given sufficient travel time, and often staff visited people in the same local areas which helped to minimise driving time.

● Completed visit logs did not appear to consistently present an accurate record of staff visits. Staff could log visits manually or by scanning in electronically in the person's home. For example, one staff member had logged lunch visits for two people simultaneously and logged into a third visit at the same time they logged out of the second visit. The postcodes showed the addresses were approximately an eight minute drive apart. The service's co-owner explained staff had now been asked to log visits electronically and stated this would be monitored to ensure compliance.

● Although we identified concerns regarding the accuracy of visit records, electronic systems enabled office staff to monitor visits in real-time. The care coordinator explained systems were monitored daily to ensure no visits to people were missed. The service also had an on-call system to enable staff to seek advice and support during their shift. All staff we spoke with confirmed the office was easily contactable if they needed to speak with someone.

Requires Improvement

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

- Some records did not evidence people had consented to receive support. We reviewed the records for a person with full mental capacity who had used the service since December 2020. The service's electronic system enabled a person's signature to be added to their care assessment. There was no signature recorded or explanation as to why a signature was missing. We identified the same concern in relation to a person who had used the service since March 2021.
- The service had failed to record mental capacity assessments (MCAs) for some people experiencing an impairment of their mind or brain. This meant the service had not documented MCAs to explore whether some people could give informed consent to receive care from the service. For example, one person using the service was living with dementia and we were advised had limited verbal communication. There was no mental capacity assessment or best interests documentation in place.

Effective systems were not operated to ensure the service worked in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The new manager sought retrospective consent from some people using the service and advised MCAs would be carried out where there was a reasonable belief people may lack capacity to consent to care.

● People and their relatives told us staff sought consent to support them. People's comments included, "Yes I signed a consent form" and "They did at the beginning and now it is a routine."
● Staff received training in relation to MCA and understood the importance of seeking consent and offering choice. A staff member commented, "[I] must [work] with [people's] consent and choice, from the personal care, from the dressing, from the food…everything." Another staff member explained they were aware they needed to inform the office if they had any concerns about a person's mental capacity, advising, "[If I] notice something going wrong, [person] bit confused, not eating well, not drinking well…get me worrying, inform office…district nurse can come…will speak with GP."

Staff support: induction, training, skills and experience
● Processes for staff competency assessments, spot checks and supervisions had been inconsistently implemented. This meant we could not be assured all staff had been assessed as competent in areas such as medicines administration and moving and handling before working independently. One staff member told us they had prior care experience and shadowed a care worker for three visits before working independently without an assessment of competency from a senior member of staff. Records showed one staff member had started work in late February 2021 with no recorded observation of the person's work documented until December 2021. The staff member's first supervision had been carried out in November 2021, several months after commencing employment, and the meeting had been conducted by a colleague, not the person's supervisor.
● Staff had been issued Care Certificates after completing e-learning. 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. It is made up of the 15 minimum standards that should form part of a robust induction programme. The Care Certificate should not be issued following training alone, as staff need to demonstrate how they are meeting the minimum standards in their day to day work.
● The service held data of staff training, although we were advised information may not be fully accurate and up to date. The new manager was working to review the data and create a new training matrix. The existing data indicated no staff members had completed diabetes awareness or epilepsy awareness training. Records also indicated only three staff had completed managing behaviour training, and end of life care training. At the time of our inspection the service supported people with diabetes, epilepsy, end of life care needs and some people experienced distressed behaviours which staff were required to respond to appropriately.

Effective systems were not operated to ensure staff were suitably competent and had the support required for their roles, including access to supervision in line with the provider's policy. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback and we were satisfied the new manager understood the requirements of the Care Certificate. The service had identified the absence of competency assessments for some staff, and seven competency assessments commenced prior to our inspection. Some assessments were partially complete as additional observations were required to observe the full range of tasks staff completed. The manager told us they planned to schedule supervisions with all staff. The service also planned to improve induction training and we were advised topics such as diabetes, epilepsy, end of life care and supporting behaviours would be added to induction learning.

● Staff were offered face to face induction training, annual refresher training and access to e-learning courses covering a variety of subjects including nutrition, dementia care, oral health, food safety and infection control. Staff were able to access further study, although one staff member explained there had been a delay of around six months when they asked for access to a National Vocational Qualification (NVQ)

course. The nominated individual told us they were committed to supporting staff to access training and career progression within the company, and we noted a number of care staff had been given the opportunity to support with office tasks including auditing and staff spot checks.

● People and families told us they believed staff had received training to support them, although some people felt training could be improved. Positive comments from people included, "The carers are very competent" and "They seem capable." Other people's comments included, "It is basic training…they do not all seem to have common sense…the screen tells them what to do" and "My commode [is] not being cleaned properly, they just rinse it with water. I have all the bleaches and wipes, this is a matter of training." A family member added, "Basic training yes, sometimes a [incontinence aid] will be left on the bed dirty, I feel I need to visit [relative] every day to see if all is well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

● People's needs were assessed prior to the delivery of care, using a care assessment template which asked staff to gather essential information. This included family and professionals contact information, such as GP and pharmacy, information about the person such as preferred social activities, their physical and mental health needs, communication needs, assessing skin integrity and planning the care required.

● We observed care assessments had been carried out with varying levels of detail, meaning some assessments did not present a holistic view of people's physical, mental health and social needs. We also observed where risks had been identified, in some cases staff had not documented relevant risk assessments as part of the care assessment process.

● People indicated they had been involved in the assessment of their care needs and made some decisions about their support. Some people and families indicated they did not know the contents of their care plan. People's comments included, "I have a care plan, it is up to date", "I have the care I need" and "Yes they did [ask person about their needs], it is all done electronically, I can't read what they do as I don't have the tech or the eyesight to do it." A family member commented, "I had to ask for [relative] to have a hair wash, this had not been added to the care plan."

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

● People were supported to have enough to eat and drink. Some people's care plans contained limited information about their food preferences, but we were satisfied staff were aware when people needed greater encouragement or assistance to ensure sufficient nutrition and hydration. One person was living with dementia and lacked insight into their care needs. Although the person sometimes indicated they did not want a meal, staff left the person with food which they could eat later. Another person needed additional calorie intake and staff prepared milkshakes.

● Some people provided positive feedback regarding staff support with eating and drinking. A relative commented, "[Relative] is very fussy how he likes his food and his porridge, they do it exactly how he likes." Another person added, "The staff tell me what is in my fridge and I choose from that, they always leave me a drink."

● We identified concerns regarding the dietary intake for one person who was supported to eat and drink unhealthily. Staff explained the person ordered their own shopping, which meant staff could not offer healthy meal choices. The new manager explained they would meet with the person to review their needs.

● A small number of relatives expressed concerns regarding the quality of support at mealtimes. One relative explained their relative had stopped a staff member from putting a metal tin in the microwave. One person's representative also expressed concern staff did not stay the allocated visit length and would "stick in a microwave meal in [microwave] oven and run." It was explained staff would plate up the meal and leave, but did not tidy up after themselves, leaving the person to wash out the packaging, place this in the recycling waste and clean up any mess left by staff from preparing the meal.

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

● Although records had not fully documented the contact between staff and other agencies, feedback from people, staff and families showed people were supported to access a range of healthcare services. These included GP, district nurses, occupational therapy, hospital discharge teams and mental health teams. Records also showed the service had made contact with the local authority where it had been identified people required longer or additional visits to help meet their care needs.

● The new manager understood the importance of recording and had consistently documented their contact with other agencies. We reviewed records for one person, which showed the manager had liaised with the GP, pharmacy and mental health team when a person's medicines had run out and required an urgent prescription.

● Family members confirmed staff had accessed healthcare support appropriately when urgent care was needed. One family member advised, "A few times they have called for an ambulance when [relative] was unresponsive and then called us." A second relative added, "Once when they arrived [relative] was on the floor, they called the ambulance."

● One professional told us staff had accompanied a person to healthcare appointments. The person experienced mental ill health and needed to attend appointments for physical health issues. The professional explained the person could be reluctant to attend appointments. They advised the care coordinator had developed a good rapport with the person, and offered to attend the appointments, to ensure the person attended.

Requires Improvement

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 Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Some people described receiving care which was not always dignified or respectful. People's comments included, "Sometimes they just do the job and go and are in rush", "Each person is different some are heavy handed", "They are mostly nice…the staff do not hurt me but they are in a hurry" and "I am afraid of getting in the shower, they are always with me in the shower, I do feel rushed sometimes." A family member added, "A couple of the carers are great but one or two are not and they really don't care."
- Many people felt there was a language barrier when communicating their needs. A family member commented, "Some staff are difficult to understand especially wearing their masks." Some people explained staff only completed tasks assigned on the electronic care system, and described staff being in a rush to complete these tasks. Staff daily records were task focused, although we did see some examples of staff initiative to identify where people needed a bit of extra support. For example, one staff member described cleaning a person's glass table and making some additional snacks for them to enjoy later.
- Whilst some people told us they were happy for staff to leave early when tasks were finished, other people may have benefited from meaningful engagement to reduce social isolation. A family member advised staff left early on several occasions and they planned to request a review to ask if staff could chat to the person after finishing tasks, adding "I do not think the staff sit and chat to [relative]."
- Staff described some people as having "mental health" or "mental issues" which we were concerned as a generalisation could lead to assumptions about people's diverse needs. The care assessment for one person stated they had an impairment or disturbance of the mind or brain, without giving information about the nature of the impairment. Another care assessment stated the same person had low mood and depression. When we asked a staff member to clarify what they meant by "mental issues", it was explained, "She lies making up stories, she's imagining things." It was established the person may have a learning disability and we were concerned staff did not appear to have informed insight about their diagnosis.

We recommend the service review their approach, to ensure care is provided in a compassionate and supportive way, to ensure care promotes and respects people's dignity, independence and diverse needs.

The service was responsive to our feedback and explained work was already underway to address concerns raised, including in relation to shorter than scheduled visit times. The new manager explained visit times would be reviewed and monitored to ensure they were appropriate, and staff would receive feedback

regarding the standards of care expected. The service planned to identify people with learning disabilities and told us they would work with the local authority to transfer people's care to other care providers trained to offer support to people with a learning disability or autism.

● Some people described receiving care from staff who were respectful and supportive. People's positive comments included, "They are kind people", "The carers are very nice, they are respectful and kind", "Staff help me in the bath and they are respectful" and "They make sure I am given privacy; it can be embarrassing but I am treated with dignity and respect."
● Some people told us staff supported their emotional needs through compassionate social interactions. People's comments included, "We spend time chatting and laughing", "We do chat about everything" and "They are all lovely people. They have a chat with me, I lost my [spouse] so I am all alone. So they have a chat with me."
● Staff described supporting people in a dignified manner when helping with personal care. A staff member explained, "When go [into person's] room, have to knock on door, make sure no one can see from outside, close the curtains, ask them how they like to be washed, how they like to be dried, [ask] for everything."
● Some care plans noted where people could carry out tasks for themselves, such as being able to wash certain areas of their body or preparing food and drinks. Staff explained they encouraged independence and gave examples such as encouraging a person to make a meal with their assistance.
● People's personal information was kept secure and staff understood the importance of maintaining secure care records to ensure people's confidentiality was maintained. Staff explained access to electronic care plans was password protected. We observed safe storage of records at the office location.
● At the time of our inspection we were advised the service had not supported anyone who had required an advocate as part of their care assessment or review meetings. Many people had close family members who supported them with decision making. The new manager confirmed they would consider whether people could benefit from advocacy support when carrying out reassessments of people's needs.

Requires Improvement

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 Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People's needs were assessed, which for some people identified protected characteristics or described a person's culture or background. Care plans contained varying levels of detail and did not present a holistic picture of people's needs, preferences, likes and dislikes. In some cases basic information such as medical conditions had not been documented. Some assessments identified people experiencing low mood or anxiety, but did not provide sufficient guidance for staff about how to support people's well-being. One person's care plan stated, "I suffer with low mood and sometimes do not feel like talking much, please be patient with me" with no further guidance included about how to support the person's emotional well-being.

● The provider's policy required a care review after one month, and then at minimum annually. The service was also required to carry out a service quality monitoring review at three and nine months after a person started to receive support. We found reviews and quality monitoring had not been carried out in line with the provider's policy. For example, we identified two people receiving care since April 2021 who had no reviews or service monitoring documented. A family member commented, "Only once or twice has staff vacuumed…I don't honestly know if it is on the care plan or tasks list…perhaps I should ask for a review, it has been five months and a review might help."

● We received variable feedback regarding whether people were given choice about timings of visits and who supported them, including preference of staff gender. Where people required support from two staff, rotas had been created with only male and female staff teams. One person commented, "The care is late it should be 7.30am but often it is 8.30am start, it was the company who decided on the time the carers would call. If we call and say anything, the office say, 'oh well'." One person whose daily records showed they had been frequently supported by male staff added, "No, I do not want men all the time but once in a while [would be ok]." Another family member commented, "No [were not consulted], but once we asked we got what we wanted." Other people's comments included, "I never know who I am going to get" and "I don't get a choice of the time my carer comes and the timing makes me anxious."

● Some people received support from regular staff, and other people advised this was variable. The records for one person showed a lack of consistency, with eight different staff members deployed in two weeks. This did not support the delivery of person-centred care. Some people explained when regular staff were absent, care plans did not enable person-centred care. One person commented, "Sometimes someone new comes, and I have to explain to them what to do." A family member advised, "Sometimes if the regular carer is off they don't know my [relative's] routine or where things should be put."

Processes for assessing and reviewing people's needs were not fully effective in ensuring care met people's needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The new manager shared a service improvement plan on the first day of our inspection. The service planned to carry out a review for everyone using the service to ensure care plans were updated, completed in detail and agreed by the person or their representative as appropriate. We were advised the service was seeking people's preferences regarding staff gender and planned to amend rotas to enable people to receive support from two female members of staff where this was their preference.

● Some people told us they had been involved in decisions about their care plan, and were aware staff had access to this electronically. One person commented, "I have a care plan, it is up to date, everything is done on their phones now."
● Some people were satisfied with the care they received and told us this met their needs. People's comments included, "They can change and be flexible", "They do what is needed", "I am happy with the care" and "I have the care I need."
● Staff described providing support to people on a regular basis, which enabled staff to better understand people's needs and monitor and respond when changes occurred. Staff described how they worked to meet people's needs. One staff member explained, "We always make sure needs are met…give [people] what they need, make sure they are happy, time to speak to them, listen to them if need anything, if any concerns raise it."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● Care plans included information about people's ability to communicate verbally, and any conditions affecting the person's hearing or eyesight. Where people had an identified communication need, some records contained limited guidance for staff. For example, the care assessment for one person living with dementia noted they had difficulty communicating their needs. The care plan provided limited guidance for staff, stating, "I can be very verbal sometimes this is due to onset dementia, please be patient with me." The care plan offered no further guidance on how to promote effective communication with the person.
● We received variable feedback from people and their families regarding whether staff communicated in a way people could understand. Some people were satisfied with communication, with one person commenting they had a good rapport with staff. Several people highlighted that many staff spoke English as a second language. Some people felt this impacted their ability to understand what staff were saying, including one person who also spoke English as a second language. One family member commented, "There is a language barrier, most have English as their second language and then they are wearing masks."
● Staff described how they took steps to try to overcome communication barriers caused by wearing masks. A staff member explained, "Now with masks not easy…I was just trying to show them if won't understand, would show them object or raise voice." Another staff member described supporting someone with limited verbal communication and explained how they closely observed their eyes and facial expressions to identify any signs of pain or discomfort.
● The service's accessible information policy stated the service should consider making standard documents using an easy-read format. Easy-read documents use plain English and feature images or photographs to aid people's understanding. The service supported some people living with dementia, and two people using the service may have had a learning disability. We found easy-read documents were not in

use. The new manager told us when carrying out reviews they would ensure people were given accessible information to meet their communication needs.

Improving care quality in response to complaints or concerns

● Feedback from relatives, information from staff and the service's provider information return identified concerns and complaints which had not been logged using the service's system for recording complaints. This meant systems had not been effectively operated to identify, record and respond to complaints as records were incomplete or were not accessible at the time of our inspection.

● The service's quality management policy, revised June 2021, stated analysis of people's feedback should include, "Monthly analysis of complaints and compliments." At the time of our inspection we observed no evidence monthly analysis had taken place, and the inconsistent recording of complaints meant it would have been challenging to reliably review and analyse information.

● A small number of people felt their concerns and complaints had not been appropriately addressed. One person advised, "It makes me frustrated when the office ignores me. The office isn't helpful." A relative commented, "I have contacted…about the staff leaving early, there has been no response although they promised to look into the matter."

Systems were not operated effectively for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The new manager understood the importance of recording and had utilised the service's electronic system to log new complaint investigation records. The operations director explained staff would receive additional training in relation to recording and reporting information. A service improvement plan created prior to our inspection visit noted that all concerns and complaints should be logged using the electronic system.

● Most people and their relatives were satisfied the service had appropriately responded to any concerns or complaints. A person commented, "[My] only concern was about charging, as soon as I phoned up they resolved it." A relative also commented, "I once raised a complaint…I saw that [relative] had not taken his tablets, they should have checked that he had taken it. The office apologised."

● The service had a complaints policy in place, and people received information about how to raise a concern, compliment or complaint, as part of a welcome guide to the service.

● The service had logged three complaints since November 2021. These records showed complaints had been acknowledged, investigated, and actions taken to resolve people's concerns. Records showed complaints had been acknowledged within 72 hours, and on two occasions within 24 hours.

● The service had also received a number of compliments. These were displayed in the office to share people's positive feedback with staff. One compliment addressed to all staff read, "I owe much of my continuing recovery to your wonderful care and kindness. I don't know what I would have done without you."

End of life care and support

● The service had an end of life care policy in place which reflected national best practice guidance. Training records indicated a small number of staff had received training in relation to end of life and palliative care.

● We observed the service had received positive feedback from a family regarding the support offered to their relative at end of life. The compliment included, "We would like to thank the carers who looked after my [relative] in the last weeks of his life. Without exception they were all very kind and treated him with utmost respect. They should all be very proud of the job they do so well."

● Staff we spoke with, who had experience of providing end of life support, described how they would deliver sensitive and dignified care. A staff member explained, "[I] check [person's] skin, wash and [apply] cream…change the [person's] position at all the visits, make comfortable…[support person] slow and gently."
● We reviewed the records for one person receiving end of life support. Their care plan noted their preferred name, stated they lived with a family member and a pet, and noted they did not wish to be admitted to hospital. The care plan contained limited additional information about the person, meaning it was not holistic or person-centred.

Requires Improvement

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 Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had not demonstrated improvements following an audit conducted by the franchise head office in February 2021. The audit identified concerns regarding care records for some people, such as incomplete mental capacity information, a lack of detail about medical conditions and absence of certain risk assessments. We were advised it was the responsibility of the service to carry out the audit actions. Our inspection identified multiple similar concerns within records, indicating the service had not adequately implemented learning from audits to improve the wider service.
- Medicines administration record audits had not been consistently conducted in line with the service's governance policy. Audits of daily records had been carried out inconsistently over the previous six months, with a greater number of audits being completed in December 2021 following the departure of the previous registered manager. Most audits contained no actions and some audits had failed to act on the concerns we found, such as one person's continued self-neglect, which a December 2021 audit noted, "No issues are identified, only sometimes refused personal care".
- The service had not conducted audits and quality checks in line with the provider's policy. For example, care reviews and quality monitoring had not been carried out at the frequencies specified by the provider. We also found no evidence the service had carried out a monthly analysis of compliments and complaints, accidents and incidents, and safeguarding concerns. This was required as part of the provider's quality management procedures.
- In some cases where the service had identified concerns, these had not been promptly and fully addressed. For example, correspondence from April 2021 identified concerns regarding staff rotas. At our inspection we found the service had recently taken steps to start improving rotas, but further work was needed.
- Electronic records did not contain a complete and contemporaneous record in respect of each service user. The electronic notes system had been used inconsistently to log contact with people, relatives and professionals. Some concerns and complaints, accidents and incidents, and safeguarding correspondence had not been correctly documented using the electronic system. This meant when reviewing people's records some information was not easily accessible.

Management systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided, including the management of risks relating to the health, safety and welfare of people using the service. The service had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. This was a breach of Regulation 17 (Good Governance) of the Health

and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback and had already commenced work to make required improvements. The national franchise head office carried out a yearly full service audit in December 2021. This identified various areas of non-compliance which the service would be required to address. The new manager had also produced a service improvement plan which was shared on the first day of our inspection. This included actions to improve electronic recording, conduct reviews and quality monitoring, and complete monthly quality checks and audits.

● Providers and registered managers are required to notify us of certain incidents which have occurred during, or as a result of, the provision of care and support to people. During our inspection we identified two safeguarding concerns identified by the service, however notifications had not been submitted to CQC in accordance with requirements.

We recommend the service reviews their approach to ensure effective systems are operated to identify and report incidents to CQC in accordance with requirements.

● We found other notifications had been submitted in line with requirements and we were satisfied the service's new manager understood regulatory requirements, including when information should be shared with CQC.

● The national head office offered support and assisted with compliance monitoring. The nominated individual explained input from head office was helpful and supportive, giving examples of head office advising on best practice and offering support to address staffing concerns. The operations director had commenced monthly support calls with the service to discuss matters including recruitment, quality monitoring, barriers to growth and support needs. The operations director told us they would spend more time at the service to ensure the new manager had access to support to make required improvements.
● The national Good Oaks franchise organisation worked with local branches as part of a carbon neutral accreditation scheme. This calculated the carbon footprint of the company, considering factors such as office energy usage and staff mileage. The organisation then offset carbon emissions through tree planting and solar panel investment to achieve carbon neutral accreditation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The national Good Oaks head office completed an annual quality survey with people and families using the service in June 2021. The service noted there was a 48% response rate and advised they would continue to look at ways to support people to give feedback. The survey showed the service had received mainly positive feedback. The report included a number of recommendations to be taken forward by the service. We found no evidence an action plan had been put in place by the previous registered manager.
● The previous registered manager had infrequently held staff team meetings. We were advised a couple of team meetings had taken place and the nominated individual had observed the registered manager meeting with smaller groups of staff. It was unknown if the previous registered manager had taken notes of these meetings, and therefore it was unclear how these meetings had been used to engage staff in developing the service. Staff also confirmed staff meetings had been held infrequently.
● Most people and family members told us they had not been asked to give feedback about the service or their support. Most people and families could not recall being asked to complete a survey or questionnaire about the service. A small number of people and families indicated they had been asked for feedback.

The service had failed to effectively seek and act on feedback from relevant persons, including staff and people using the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback. The new manager explained a staff team meeting had already been booked and one to one meetings would also be scheduled with all staff. The service planned to carry out a review for everyone using the service which would include listening and acting on people's feedback about their support.

● The manager and provider were committed to developing and improving the service in response to feedback from stakeholders. The service evidenced actions being undertaken following a visit by a commissioning agency in November 2021. At the time of our inspection the service was meeting fortnightly with commissioners to discuss their progress.
● The manager identified opportunities for staff to get involved with the service's improvement plan. A team leader was supporting the manager with staff competency assessments. An experienced care assistant had been identified to support the manager with reviewing care plans and the HR and recruitment officer was supporting with work to audit staff files.
● Most staff told us they felt well supported by the current management team and although formal team meetings and supervisions had occurred infrequently, staff were satisfied they could share informal feedback with managers. One member of staff explained in the past they had raised concerns in relation to the welfare of people receiving support and issues with staff rotas and were not satisfied their concerns had been listened to or fully acted upon.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Some people did not know who was managing the service. A new manager had started less than one month before our inspection and was introducing themselves to people and families. One family member had concerns about staff visit lengths, and told us the new manager was helpful, advising, "I've spoken with the new manager…she was very supportive and aware there's a problem…so hopefully she will sort it out. Things have improved in general in the last few weeks but the short visits were quite normal prior to this."
● Some people and families provided positive feedback regarding the management of the service. People's comments included, "I have got a good relationship with Good Oaks. We will now have a monthly call with them" and "Seems to be very good, they did what we asked which was brilliant and changed the carers." Some people were less satisfied with the service, with one person commenting, "I would not recommend the service…[I] had a different company and wished [I] had stayed with that company."
● We found the culture of the service was open and transparent. The nominated individual, new manager and all staff we spoke with presented as caring and motivated to take steps to improve the quality of the service. Staff spoke with pride about their job roles and many staff had previous care experience.
● The new manager explained they were committed to building a rapport with all staff to embed effective communication and set clear expectations about the quality of care people should receive. The manager planned to hold one to one meetings with all staff and had scheduled a staff meeting. The manager told us they would highlight whistleblowing procedures to ensure staff understood how they could raise any concerns.
● Staff spoke positively about the new manager, nominated individual and co-owner. The service had an open door policy, an employee of the month scheme and the nominated individual was committed to developing staff. The care coordinator advised, "In this office will never see a closed door…don't think ever had better directors than this, very supportive." Another staff member told us the nominated individual was a positive role model, advising, "Approachable, friendly, never bossy."

● Staff noted the new manager was responsive when staff asked for advice using the service's electronic messaging system. A staff member commented, "[New manager's name] knows what she's doing, has right attitude and experience to be in management position." Another staff member added, "I really enjoy working at Good Oaks…I honestly feel with [new manager's name] on board, the leadership will improve exponentially. However, she has not been in the role long enough to make these changes yet."

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 service had a duty of candour policy in place. At the time of our inspection, no serious incidents had occurred requiring a formal written duty of candour response. We reviewed the formal response email to a complaint which demonstrated the service had provided open and honest feedback, including an apology, and noted actions the service had taken.

● The provider understood their responsibilities in relation to the duty of candour. The operations director explained if a serious incident occurred, an internal investigation would be carried out and relevant external agencies would be notified. The operations director advised the service was committed to being "open and honest" with people and their families when incidents occurred.

Working in partnership with others

● Professionals provided positive feedback regarding the service's engagement in multi-agency working to support people with complex needs. Professionals told us the service was responsive when concerns were raised. A professional explained, "[There is a] challenging situation, [service] seem to be managing it really well, had some meetings about moving forward…very useful and helpful." Another professional added, "[Service are] professional with contacting me if anything [they are] concerned about…since new manager has been in place …very prompt with responding to me… if [they] don't have it [information] on hand, they do their research and come back to me."

● The service worked with commissioners to support people receiving care via their local authority, in some cases providing short-term help when people returned home from hospital. A commissioner explained the service was currently having difficulties providing the number of hours of care agreed and there had been other administrative issues. We were satisfied the service had paused accepting new packages of care to focus on service improvement. At the time of our inspection the service met with commissioners fortnightly to discuss their progress.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care Processes for assessing and reviewing people's needs were not fully effective in ensuring care met people's needs and preferences.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Effective systems were not operated to ensure the service worked in accordance with the requirements of the Mental Capacity Act 2005 and associated code of practice.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Systems were not operated effectively for identifying, receiving, recording, handling and responding to complaints.

Regulated activity	Regulation

Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Management systems were not operated effectively to assess, monitor and improve the quality and safety of the services provided, including the management of risks relating to the health, safety and welfare of people using the service. The service had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user. The service had failed to effectively seek and act on feedback from relevant persons, including staff and people using the service.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not consistently operated for the safe recruitment of staff.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Effective systems were not operated to ensure staff were suitably competent and had the support required for their roles, including access to supervision in line with the provider's policy.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not clearly identified and managed, and systems were not established to promote learning from incidents to mitigate risks to people. Risk assessments were either not present or lacked sufficient detail to help staff understand and respond to risks. Records did not evidence safe medicines administration of medicines including topical creams had consistently taken place.

The enforcement action we took:

We served a warning notice.