Four Oaks Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Four Oaks Healthcare Ltd is a domiciliary care service providing personal and nursing care to 90 people at the time of the inspection. There were two parts to the service; standard domiciliary care which involved staff attending to people living in their own homes periodically throughout the day or week. The other part was a more intensive support which involved staff living in people's own homes 24 hours a day. People were living all over the country, and it was not only based in one area. Those who needed support included older people and younger adults.

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
Risks were not always assessed and planned for which may lead to inconsistent care. Staff knew how to recognise safeguarding concerns, however we have made a recommendation about staff knowing to report their concerns to the local safeguarding authority. People were supported to have their oral prescribed medicines. We have made a recommendation about 'when required' medicines and topical medicines. There were enough staff to support people and recruitment checks were made on staff. Lessons were learned when things had gone wrong and action was taken to protect people. People were protected from the risk of cross infection as staff used correct procedures.

Systems were not always effective at identifying omissions and ensuring the quality of care was improved. The electronic system being used was still relatively new so was not fully embedded and improvements were still being made. People and staff felt positive about the management team. People and staff were asked for their feedback. The registered manager was aware of their responsibilities with duty of candour, notifications and displaying the previous rating. People and staff were asked for their feedback. The service also worked in partnership to ensure effective outcomes for people. The service was continuously learning and implementing new ways of working.

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. Our feedback about capacity assessments was acted upon. People had access to a range of other health professionals and were supported to have food and drinks that were appropriate for their needs. Staff received training to be effective in their role.

People felt staff were kind and felt they were treated with respect. People were supported to maintain their dignity and be involved in decisions about their care. People were supported to maintain their independence.

People were supported in a way that matched their preferences and staff had care plans to follow. People felt able to complain and had been satisfied with the response had they needed to raise concerns. People could access information in a way that suited their needs. End of life plans were not always in place or detailed, however no one was imminently at the end of their life at the time of our inspection.

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

Rating at last inspection
The last rating for this service was good (published 21 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Four Oaks Healthcare Ltd

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 two assistant inspectors who assisted with making phone calls to people and staff.

Service and service type
This service is a domiciliary care agency. It provides nursing and personal care to people living in their own houses and flats.

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 we needed to get people's contact details and plan calls to them, with their consent.

Inspection activity started on 25 September 2019 and ended on 2 October 2019. We visited the office location on these dates. Phone calls to people, relatives and staff took place in between these two dates.

What we did before the inspection
We used the information we held about the service, including notifications, to plan our inspection. A notification is information about events that by law the registered persons should tell us about. 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 asked Healthwatch for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch did not have any information of concern to share. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of care staff as well as the registered manager, live-in care manager and two care coordinators.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service including audits, questionnaires, complaints and meeting minutes.

After the inspection
We continued to seek clarification from the provider to validate evidence found and they provided evidence of the action taken following our feedback.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People did not always have their risks assessed and planned for.
- For example, one person could become agitated. Their care plan indicated they had no violent or aggressive behaviour. However, staff told us the person could become physically aggressive with them and there were incidents of agitation recorded by staff. This had not been identified by systems in place. This meant there was a risk the person could be supported inconsistently.
- Another person was being supported by staff to use oxygen equipment during the day. This was not included in the person's plan, although there was guidance about prescribed oxygen levels present in the person's home. The person was also using a nebuliser and staff were supporting them with this. This was also not detailed within their care plans. This meant there was a risk they may have received inconsistent care. Their care plans were updated following our feedback.
- We saw good examples of plans in place for people that required support with their percutaneous endoscopic gastronomy (PEG). A PEG is a tube going into a person's stomach that food, drink and medicines can be passed through to support someone who may struggle to swallow.
- Staff told us they could get details about people's risk from the online system they used and a secure application (app) on their phone; "Risk assessment are on the app." However, these risks were not always available as detailed above.

Using medicines safely

- Regularly prescribed oral medicines were managed safely. However, 'as required' medicines and topical creams were not always being managed safely.
- Some medicines were to be taken 'when required', also known as PRN medicine. There was not always additional guidance for staff to be able to recognise when this medicine was required. This meant there was a risk people may not always receive their medicine when needed.
- Staff were recording in care notes that they were supporting a person to apply creams, however this was not on a Medication Administration Record (MAR) and was not in the person's plan. This meant there was a risk of them being supported inconsistently.

We recommend the provider ensures sufficient guidance is available for staff for 'when required' and topical medicines.

- Staff were able to have MARs updated quickly, as there was a function on their phone app to take photos of prescription labels so any changes could be actioned quickly.

● Staff were trained to administer medicines and felt confident in doing so, one staff member said, "I received good training about administration and recording of medication on induction."

Staffing and recruitment
● Overall staff were recruited safely; checks were made on their employment history, identity, whether they had any criminal convictions and references from past employers. Whilst staff were recruited safely, the process needed to be made more robust. Some expired documentation was being used as proof of identity and addresses were not always checked closely, as some were different.
● The registered manager was aware of their responsibilities to ensure risk assessments were in place should a staff member have a criminal conviction.
● There were enough staff to support people safely. One relative said, "The calls are usually on time, I'd say eight out of ten they are on time." People told us staff usually turned up on time, although they were not always informed if staff were going to be late.
● Staff told us their rotas were generally achievable. One staff member said, "We have enough time allocated to do everything properly, I chat to clients as I go along and there is time after too. I get enough time to travel to different clients."

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse as staff understood there were different types of abuse and staff all told us they would report this to the management team. Staff were also able to report concerns through the app on their phone directly to management. Staff did not know they could also tell the local safeguarding authority if they were unable to report their concerns to the management team.

We recommend the provider supports all staff to be aware of their responsibility to report concerns to the local safeguarding authority.

● Following our feedback, information was added on to the electronic system which advised staff to alert the local safeguarding authority if they were unable to raise concerns with the management team.
● People told us they felt safe. One person said, "I can trust them around the house."
● A relative gave us an example where staff had contacted them when a stranger had visited a person's house; "We have gardeners visit every six months. The carer checked with me who they were. I was so chuffed. The carer had my relative's best interests at heart. I trust them. It was above and beyond."
● One staff member explained safeguarding to us, "It is protecting the client from abuse in different forms, physically, emotionally and financially. I would tell my manager or CQC."
● Appropriate referrals were made to the local safeguarding authority and action was taken to keep people safe.

Preventing and controlling infection
● People were protected from the risk of cross infection. One relative said, "They [staff] wear aprons and gloves for personal care."
● Staff confirmed they understood good infection control practices, one said, "The most important thing is washing hands and use PPE [personal protective equipment], clinical waste is separated, and I keep the house clean."

Learning lessons when things go wrong
● Lessons were learned when things had gone wrong.
● Staff were able to report concerns immediately through the application on their phone, so senior carers or management could see what concerns were. This enabled them to take action or contact the carer if they

needed support. Incidents reported this way were analysed on a monthly basis to spot trends. Staff could receive updated information about people via emails to ensure they received it.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.
- People were not having their decision-specific capacity assessed by the service. This meant the principles of the MCA were not being followed. Following our feedback, the registered manager agreed to resolve this omission and they provided us with evidence of the assessments they were putting in place.
- Despite this, other principles of the MCA were being followed. People were asked their consent before being supported. One person said, "They don't do anything I don't want them to do."
- Staff understood the principles of the MCA. One staff member said, "You can't force a client, I would encourage them or go back later." Another staff comment was, "Give people freedom and options, don't give them too much pressure".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- People had access to other health professionals when needed. One person said, "My carer helped me when I had a fall, they arranged a check-up with my GP." A relative told us, "One carer recently spotted an infection in my relative's leg and immediately informed us and the GP."
- If a person had a serious or complex health condition, Four Oaks Healthcare Ltd worked collaboratively with the clinical teams who also supported the person to ensure staff were fully aware of the person's needs. Staff spent time shadowing staff in clinical settings to receive training to get to know the person.
- People had their health conditions detailed in their plans and staff were aware of these. People and relatives told us they felt staff generally supported them well with their health conditions.

● If people experienced falls, they referred to the falls team for additional support for the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People had their needs assessed prior to the support starting. Some people would have their needs referred to the service by the local authority; basic information would be provided to see if the service could meet their needs. An assessor would then visit the person to get more details and formulate a care plan.
● One person told us, "There was an interview when they started, we went through tasks." One staff member said, "We always have information about new clients and they are met by the assessor for the first visit."
● The care manager explained, "We try to make it right from day one, we ask the type of carer they would like to have in their house. We can change the carer if it doesn't work out."

Staff support: induction, training, skills and experience
● Staff received training to be effective in their role. One person said, "The carers seem well trained; very, very competent in knowing exactly what to do." One relative said, "Staff are well trained, they use the correct equipment for manual handling. They are knowledgeable about my relative's condition."
● Staff told us they received effective training. One staff member said, "I had an induction doing online training, all the mandatory elements. Then I went to the office all day to do training on manual handling, first aid and practical things." Another staff member said, "I had five days training before I started, this was manual handling, infection control, MCA, I can't remember them all, but I feel like I have enough knowledge to do my job."
● Staff had training in specialist areas to support people who had specific health conditions and their competency in specialist areas was checked.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported appropriately to have food and drinks of their choice, appropriate to their needs.
● One person said, "My carer does the cooking for me. They ask what I want to eat. Sometimes I have ready meals. They cook me some dishes which I enjoy indeed."
● Staff told us they felt confident supporting people with their nutritional needs, one staff member said, "I help with meal preparation and helping clients to eat, the information is in the care plan, but most clients can tell me what they want or like and dislike."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were well treated. One person said, "My carer is a very caring person, and knows very well what my problem is before I voice it myself." Another person said, "They are a nice bunch of staff."
- One relative said, "They enjoy the carers company… So far they have been very happy with all of the carers who came."
- People's diverse needs and protected characteristics were taken into account, we saw these were discussed with people as part of the care planning. For example, their gender and religion.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in decisions about their care. People and relatives told us they were involved in developing their care plans.
- One person said, "I tell them what I want, and they just do it." A relative said, "They [staff] are kind and caring, they listen to my parents."
- A staff member gave us an example of supporting a person to make decision, "The person says what they want. I give them a choice. I show them things."

Respecting and promoting people's privacy, dignity and independence
- People were treated with dignity and respect. One person said, "Yes [staff] treat me with dignity, keep me covered, at that they are perfect."
- One relative said, "They [staff] keep my relative's dignity, give them choices, for example what to wear. They give my relative space and encourage their independence." Another relative commented, "My relative prefers to get to know the carers first before getting undressed for personal care – they [staff] have been understanding of it and not too pushy."
- Staff could describe to us how they supported people keep their independence and dignity. One staff member said, "I always ask first, I knock [person's name] bedroom door and use a towel to cover them up when washing."
- People were supported to remain independent. People could stay in their own homes and the service was able to provide a 24-hour service to enable this, if necessary.
- Staff had access to an application on their phone which gave them details about people's needs. Information was kept securely. One staff member said, "The phone is locked, and the app has a confidential PIN number too." The usage of the app was also monitored by the management team so it could be checked that it was not being mis-used.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- No one was imminently at the end of their life at the time of our inspection, although some people were poorly.
- The detail included in people's end of life plans was variable. Some contained detail about the medical support they would need and details about pain relief. However, other plans had limited detail.

We recommend end of life plans be reviewed with people and written in line with best practice.

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

- People had personalised care that met their needs and preferences. One relative told us, "They adapted to my relative's needs and young age. My relative prefers young carers and that's been accommodated." Another person said, "I requested support from female carers only and that's been accommodated."
- People had a care plan in place which detailed the tasks they needed support with. One staff member told us, "Information is on the app but talking to them is the best way to get to know them about their lives and families and where they used to work and that, I get enough time to talk to clients when I do my visits."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and relatives could access their information on an electronic app and there was information in people's homes on paper which could be produced in alternative formats.
- The care manager explained some people preferred using text messages to communicate, rather than speaking on the phone, and this was respected.

Improving care quality in response to complaints or concerns

- People felt able to complain and knew how to. One person said, "I feel free to go to them [the management] but I've never had to. They've never given me any concern." One relative said, "If I had a complaint I'd just give them a call."
- Another relative told us they had complained before, "We had a few complaints. I phoned the head office and apologies were given – I was satisfied with that outcome." Another relative told us they had complained; "I raised a concern, and they seem to have dealt with it."
- We saw complaints were investigated and action taken when issues had been reported.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Overall people were happy with their care and support. However, systems were not always effective at identifying areas for improvement and omissions in documentation.
- For example, systems had not identified that mental capacity assessments were not being completed and that guidance around 'as required' and some topical medicines was insufficient.
- It had not always been identified that MARs had multiple gaps so it appeared medicines were not always being given; upon further investigation it appeared to be an issue with the system as staff had recorded administering medicines which had not populated the MAR but not all gaps had been investigated.
- Some care plans for those who had 24 hour support lacked detail regarding the activities they liked to partake in, although people were being supported appropriately. People who may need a detailed and personalised end of life plan did not consistently have one in place.
- Processes, such as spot checks or supervisions, had failed to identify that staff were unable to answer where they could report their safeguarding concerns to, outside of Four Oaks Healthcare.
- The registered manager was clear about their role; notifications were being submitted and the previous rating was being displayed, as necessary.

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

- People felt positive about the management team. One person said, "I have no concerns about the management, they have always been the most helpful." A relative said, "The management is very good. If we report any problems, they get on the top of it."
- Staff felt supported in their role and could ask for help when needed. One staff member said, "They are supportive, and I can call them for anything." Another staff member said, "I can talk to them if I have problems. I send a message and they will call back or I just call them, they listen to me."

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 and care manager was clear about their role and responsibilities. They told us, "It is about being open and transparent. If anything happens, we inform the CQC or ask for advice. This is a people business, there will always be problems. For example, if there was a medicines error we would contact the GP, we would tell the person and apologise."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and staff were engaged in the service, surveys were sent asking for feedback and staff had meetings.

● One person said, "They send out paperwork, they call up and ask. I'm capable of airing my views." A relative said, "They ask for survey forms and I've had a couple of meetings with a supervisor to review the situation." We saw action was taken following feedback, such as reminding staff they could request more training if they felt they needed it.

● We saw an example documented whereby a person had commented upon a staff member's sexuality. The management team discussed this with the person to protect their staff member from discrimination.

Continuous learning and improving care

● The service was continuously working to learning and improve. An electronic system had been introduced to provide staff with the information they needed to support people, to record the support given and to monitor the service. The management team were starting to use new features on the system to have further oversight of people's care.

● As the service being provided was spread over the country, it was difficult to have regular sight of care records. By using the electronic system, the management team could access information in almost real-time and monitor more efficiently.

● The registered manager acknowledged they were still learning how to use the system to its full potential and ensuring processes were embedded.

Working in partnership with others

● The service worked in partnership with other health professionals and local authorities to ensure people's needs were supported.