

Continued Care from Oakville Ltd

Continued Care from Oakville Ltd - Harrogate

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

About the service

Continued Care from Oakville Ltd – Harrogate is a domiciliary care service providing personal care to people living in their own homes. It provides a service to older adults, people living with dementia, younger disabled adults, adults with a learning disability or autism and children. When we inspected there were 144 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People spoke extremely positively about staff care, kindness and understanding. Managers fostered a culture continually improving, high quality and compassionate care. The provider had continued to introduce innovative practices and new ways of working including throughout the Covid-19 pandemic. For example, the introduction of the electronic system had fostered excellent trust for families and enhanced collaboration and communication. One person told us, "From my experience they are exceptional, they keep good records of everything, communication with me is first class and they have given me peace of mind."

Effective infection prevention and control systems were in place to protect people. People told us they felt safe and well cared for. They said staff were well trained and had an excellent understanding of their needs and preferences.

Enough staff were employed to meet people's needs in a timely way. Medicines management procedures were in place. People did not report any concerns regarding their medicines.

The provider acted proactively to make sure staff continued to receive training throughout the Covid-19 pandemic. This included training videos on how to use personal protective equipment safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for

granted. Right support, right care, right culture is statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture.

Right support

People received personalised support. Staff knew people and understood what was important to them and the best way to provide care to them. People told us staff had developed creative ways to communicate and to increase their self-confidence and maximise independence. "[Name] needs to be stimulated and alert and have fun and they [Staff] do all these things for them."

Right care:

There was a positive staff culture that was person-centred and inclusive. People received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

Right culture:

The quality of the service provided reflected the need for people with learning disabilities and autism to live meaningful lives that include control, choice, and independence. The service had a strong emphasis on continuous improvement and research was carried out into current best practice.

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

Rating at last inspection

The last rating for this service was outstanding (published 15 January 2019).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Continued Care from Oakville Ltd – Harrogate on our website at www.cqc.org.uk.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Continued Care from Oakville Ltd - Harrogate

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 17 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

The inspection team comprised of an inspector, an assistant inspector, a member of the CQC medicines inspection team, 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 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 contacted the registered manager three weeks before site visit activity began so they had time to share documents we needed to view and could arrange telephone calls for us with people using the service and relatives.

Inspection activity started on 17 November and ended on 26 November 2020.

What we did before the inspection

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

During the inspection

We spoke with 10 people who used the service and 21 relatives. We reviewed care records and associated medicine records for five people. We looked at a range of records relating to the management of the service including safeguarding and complaints records, meetings, staff recruitment and training, reviews and audits. We spoke with seven members of staff including the registered manager, area manager, four care workers and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We checked a sample of policies. We reviewed written feedback from people who used the service, relatives and healthcare and social care professionals.

After the inspection

We continued to seek clarification from the nominated individual and the registered manager to validate evidence found.

Is the service safe?

Our findings

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

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 safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems were in place. Staff had received appropriate training on safeguarding and understood how to protect people from harm.
- People told us managers were responsive and acted upon any issues raised with them.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm.
- Staff assessed people's environment and equipment was assessed for safety. Care plans described the control measures for staff to follow to keep people safe.
- People said they felt safe, "Exceptionally so. They [Staff] follow all safety protocols to the letter."

Staffing and recruitment

- People received care in a timely way. The registered manager monitored the amount of staff needed based on people's care needs, activities and appointments. A social care professional who confirmed this said, "They are keen to get the right support for an individual but also will make us aware when care can be reduced."
- The provider operated a safe recruitment process.

Using medicines safely

- Medicines were managed safely. An electronic medication administration record system had recently been introduced. Managers had access to live data in relation to missed calls and missed or omitted medicines. Staff also audited a sample of MAR charts on a monthly basis. Where errors were found during checks we saw they were investigated.
- Topical medicines were managed safely, and carers had sufficient information on how and where to apply.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Effective systems were in place for the management of good infection and control procedures. Staff had received up to date training on the use of personal protective equipment (PPE) to help prevent the spread of healthcare related infection.
- People confirmed staff were knowledgeable about infection control, wearing personal protective equipment and following all the guidance on keeping people safe and free from infection. One person said, "Staff always wear masks, gloves and aprons and disinfect everything, so I feel very safe indeed with them."
- The provider had fully considered the effect of the pandemic including the impact on staff and infection prevention and control. For example, staff had enough time between calls to go home to shower and

change. This minimised the risk of transmission of infection. One staff told us, "We have never run out of PPE. We have extra protection if we need it and we have time to change between calls."

Learning lessons when things go wrong.

- The provider had systems in place to look at any matters when things went wrong. They responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. A staff told us, "It is a really open and honest culture. They [Managers] help us to look openly at mistakes and support us to rectify them. "
- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.
- People told us managers responded quickly to make changes and deal with any emerging issues or problems.

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- People consented to their care and treatment and were involved in decisions about their care.
- People told us the staff respected their views and asked for consent. One person said, "Staff always ask first before they do anything, and I decide what to have done and in what order. They are so 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 outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People were wholly positive about their care and said staff were exceptionally kind and caring. Comments included, "They [Staff] are all so understanding and caring, I cannot praise them enough. I have a lot of trust in them," and, "We are treated with the utmost care, kindness and understanding. It is entirely due to their excellent care, understanding and knowledge and kindness that has enabled [Name] to live at home."
- Staff spent time getting to know people, to develop good relationships and understand their way of communicating. One relative said, "They [Staff] communicate using gestures, which {Name} knows and understands."
- A Wellbeing and Engagement Facilitator encouraged staff to explore innovative ways to support people. For example, staff had collected parcels from one person they supported and delivered these to their relative who was living in a care home.

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

- Staff encouraged people to make their own decisions about care and support. One person told us, "[Staff] always listen to me and act on anything I want."
- People's care was kept under review to ensure the very best support teams and trusting relationships were established. This had a positive impact on people's wellbeing and enhanced staff development. One said, "I have learnt so much from [Names of people using the service]. As much as I helped them, they helped me to grow."

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. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- There was a culture within the service of putting people at the heart of care planning and delivery. The mobile electronic system allowed staff to plan, record and monitor people's care in real-time. It also allowed people and their relatives (with agreement) to remotely access and view records.
- People told us staff had an excellent understanding of their needs and preferences. One person who told us they had recently been in hospital said, "They [Staff] sorted out exactly the care I needed when returning home so it was all covered by them."
- Social care professionals told us the service was focused on providing person-centred care and said the service was responsive and had positive outcomes for people. For example, for one person their living conditions had improved, and this had reduced the demand on emergency services.

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

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Effective arrangements were in place to support people with their communication needs.
- Staff said they had received training to use different approaches to communicate effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider had considered how people could be supported to maintain relationships and reduce social isolation.
- People told us they valued the time staff spent with them. The provider had made sure they kept in touch with people through regular calls and videos for people to see office-based staff and to demonstrate what staff look like dressed in PPE.
- The provider does a lot of work in the community, fundraising and to raise awareness. There was an initiative for a coffee morning every month for people to meet up and have a coffee and a drink, which is currently suspended owing to the pandemic.

End of life care and support

- Managers and staff worked closely with other healthcare professionals including GPs and palliative care teams to support people.
- Staff knew about people's wishes regarding end of life care and relatives were involved in the planning of care delivery.

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 outstanding. At this inspection this key question remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- All staff shared a strong commitment to the organisation's vision and values. Innovation and new ways of working enhanced the way the service operated and was used to actively involve people and their relatives in their care. For example, the electronic system enabled people and families (with people's agreement) to access their care records and communicate directly with office staff.
- People told us they had complete confidence in the service and would recommend it to others. One person told us, "Exceptionally happy in all they do, exceptional management and most definitely recommend them." Another said, "All brilliant, fantastically managed. I would not hesitate to recommend them and have already done so."
- Highly effective management systems continue to safeguard people and promote their wellbeing.
- People's views were included in all aspects of quality monitoring with wide-ranging systems in place to engage with people. These were used to develop targeted actions to ensure continuing high standards of person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff at all levels understood their roles and responsibilities. The provider had continued to drive continuous improvement and development throughout the Covid-19 pandemic. Training videos were used, to support staff with First Aid Training during the Covid pandemic.
- The provider sourced Skills for Care Well-led four-day programme for managers, providing opportunities to explore issues and challenges.
- Staff spoke positively about the support and leadership during the pandemic including access to training opportunities. One said, "My motivation comes not just from the challenges and rewards of helping people live independently in their own home, but also from the importance my employer places on developing my career. Every day is different, and I love the variety of care provided in the community."

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

- The provider had fully considered the impact on the needs of people with protected characteristics and safely support everyone through the pandemic. One staff member told us, "We were given both practical

and psychological support when we had to shield. This included shopping, moral support, advice and access to PPE."

- The Wellbeing and Engagement Facilitator had developed initiatives to support people's emotional health and reduce isolation. For example, staff communicated with people through newsletters, updates on policy changes and regular telephone and video calls.
- There was a strong sense of corporate responsibility. For example, staff held fundraising events such as the recent sponsored walk for the Mental Health Foundation; the provider supported individual staff members who undertake voluntary work in the community.

Working in partnership with others

- The service had established excellent working relationships with social workers and commissioners of care. Their feedback was entirely positive. One social care professional who told us the service was extremely responsive said, "I feel that the staff have good insight into the Care Act Regulations. They are particularly good at identifying moving and handling issues."
- Managers and staff had extensive links with the local community and key organisations, reflecting the needs and preferences of people in their care. Wide-ranging links to the community also supported service development. For example, a workshop was held with volunteers from the Samaritans who spoke with carers and staff about the work they do, how to help clients, family and friends get in touch with them if needed and support people in distress.