

Christian Care Homes

Oak House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oak House is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 20 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

Feedback from families and relatives was positive. A relative told us, "The service is excellent, we are in fact really pleased with it. I can't praise them enough."

There was room to improve written guidance to staff. However, people received support from a small staff team who knew their needs well, and we found minimal impact from the lack of detail in care plans.

The registered manager and provider were passionate about serving the local community. They engaged well with people and their families. Senior staff were involved in providing care and checked the quality of care regularly, making improvements where necessary. Concerns were dealt with promptly.

There were enough staff to meet people's needs. Staff knew how to support people from the risk of abuse. The registered manager and staff supported people and families to manage risk. People received their medicines as prescribed. Staff supported people to minimise the risk of infection.

The registered manager enabled staff to develop their skills and provide good quality care. Staff supported people to eat and drink in line with their preferences. Staff worked well with people, families and professionals to promote people's health and wellbeing.

Care was respectful and unrushed and focused on supporting people to remain independent. Staff supported people to engage in their local community. Care was personalised around people's needs and preferences. Staff reviewed and adapted support as people's needs changed.

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people

and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support:

Staff focused on people's strengths and promoted what they could do.

Right Care:

People could communicate with staff and understand information given to them because staff supported them consistently.

Right Culture:

People and those important to them, were involved in planning their care.

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 05 July 2021 and this is the first inspection. The service had been dormant for approximately a year after being registered.

Why we inspected

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

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Oak House

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 1 inspector and an Expert by Experience who made phone calls to people and families for feedback about the service. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4 April 2023 and ended on 13 April 2023. We visited the location's office on 5 April 2023.

What we did before the inspection

We reviewed information we had received about the service, including information from a monitoring phone call we carried out with the service in 2022. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager and 3 care staff. We reviewed a range of records. This included 3 people's care records and 3 staff files. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the visit to the service, we continued to seek further clarification from the registered manager. We had contact with 3 people using the service, 7 relatives and 1 professional for feedback about the service.

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

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to ensure people were protected from the risk of abuse. Staff had received safeguarding training to ensure they had up to date information about how to promote people's safety. There was an open culture where staff felt able to speak up if they had concerns about a person.
- The registered manager had experience in investigating safeguarding concerns. They had referred to the local authority, as required, when a person had sustained an injury.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe with the staff who supported them. A person said, "I am safe. The staff are very good. You cannot fault them."
- There was an inclusive culture where staff worked with people and relatives to minimise risk to people's safety. A relative told us, "One of the supervisors called us to tell us that the carpet in [Person's] bedroom was very thick and it was hard for the carer to use equipment safely. We fitted lino instead which makes everything much easier."
- Staff carried out personalised risk assessments which provided practical advice to staff and made people's lives safer. For example, staff assessing a person with memory loss had recognized they were at risk of dehydration and provided guidance to staff to ensure the person had enough to drink.
- Staff completed accident and incident forms. The records showed they had taken action where necessary, such as contacting emergency services promptly or getting in touch with next of kin. The records reflected an open approach, focused on keeping people safe.

Staffing and recruitment

- People, relatives and staff told us there were enough staff to keep people safe. The registered manager told us they did not accept new referrals until they could be sure they had enough staffing to meet their needs. When required, the registered manager and deputy stepped in to provide care.
- Staff told us rotas were well organised. A member of staff said, "People always know who is coming. We are a small staff team and if one of us is off people know all the other staff." People told us they appreciated the consistency of care staff.
- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions. Staff told us they had received all the necessary checks before they could start working at the service.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. A person told us, "They are really good and do my eye drops for me as if I try, they don't go where they should. They also give my medicines and they record what they have given me."
- Staff who administered medicines had received relevant training, and senior staff had assessed their competency. Care plans gave guidance on the support people needed with their medicines. Senior staff had considered whether people needed to take medicines at a particular time, such as half an hour before eating, and included this information in care plans and when managing risk.

Preventing and controlling infection

- The provider was supporting people to minimise the risk of infection in their homes. A relative said, "They are very hot on cleanliness and leave my bathroom; toilets and kitchen clean and tidy especially all the sinks."
- Staff used personal protective equipment (PPE) effectively and safely, in line with existing guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans included personalised information about people but did not always give detailed guidance to staff on how to carry out specific tasks. The registered manager agreed to review the care plans to address this. In particular, we discussed how this would be a priority should they decide to provide care to people with more complex needs, including people with learning disabilities or autistic people.
- We found no impact to the lack of detail in care plans for the people currently being supported at the service. This was because care was provided by a small group of care staff under the direct supervision of an experienced registered manager, who ensured a high quality of care was delivered. A relative told us, "The carers work as a team ensuring all relevant information is passed onto one another. We as a family are so impressed."
- Senior staff met with people to carry out an assessment, to make sure they could meet people's needs. A person said, "Someone came to see me to talk about what I thought I needed. They told me the carers would be able to meet my needs. A couple of carers have gone over and above the plan. They record everything they have done in the book."

Staff support: induction, training, skills and experience

- Staff had the skills to meet people's needs. All care staff completed the Care Certificate, even if they were experienced in care. This reflected the registered managers high expectations in relation to consistency and quality of care. The 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.
- We had positive feedback about staff skills and experience. A relative told us how they had raised concerns regarding the confidence of a new member of staff and they had been re-trained and supported to develop their skills. Another relative told us, "Staff encourage [Person] when they are resistant, for example to having a wash. They are very persuasive and will say, 'If we do this then I can get you a nice cup of tea'."
- Staff told us training was practical and prepared them well for their role. Training was provided internally, which meant it could be provided flexibly, as required. The provider's trainer had trained staff on new equipment required for a person they supported. The registered manager recorded staff training to ensure there were no gaps.
- Staff told us they had support and time to develop their skills before having to work on their own. A member of staff told us, "I told the registered manager I needed more sessions after the first shadow sessions with a senior carer, to help me learn how to use equipment and they arranged it, no problem."

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

- People were supported to eat and drink in line with their care needs. Daily records reflected how staff were led by peoples' preferences.
- Staff provided personalised support for people with their nutrition and hydration, such as sitting with people with memory loss to ensure they ate and drunk enough. They supported people to be involved with meal preparation. A person told us, "With their help in the past I am now able to microwave my own meals and get my own drinks."

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

- Staff communicated well with people and families about their health needs. Staff supported or encouraged people to contact external professionals, such as GPs when necessary. A relative described how staff had kept in touch with them to resolve a complex situation, going shopping for a person and contacting relevant health professionals.
- There was a good understanding of people's holistic needs, such as the importance of reducing loneliness. There were numerous examples where staff promoted people's physical and emotional wellbeing.

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 found the service was working within the principles of the MCA. Senior staff had carried out an assessment of a person's capacity and provided practical guidance to staff around where they might need to make decisions in a person's best interest to support them to remain healthy. A relative told us, "Staff do understand [Person] as to when and how they can make choices."
- Care plans gave clear information about whether a person had capacity to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were treated with respect and told us how caring staff were. A person said, "They are all very kind and I wouldn't want any other agency looking after me. They cheer me up when I feel down."
- Care was unrushed. A relative told us, "Care staff never rush [Person]. They do on occasions go over time especially if [Person] is a bit slower in the shower or has asked them to do something extra."
- Staff told us the service had a kind atmosphere. A member of staff said, "I would have my mum with this service because it's so caring, we are like a big family." People told us staff did little things which made all the difference, such as putting their pyjamas on the radiator at the beginning of a visit so they were warm when they had to get dressed.
- Senior staff had considered people's cultural and religious needs when setting up care. For example, whether staff needed to make sure a person was ready to go to their place of worship.
- Staff offered choice to ensure people were involved in decisions about their care. Care records show staff listened to people and adjusted what they were doing at each visit, as requested. A relative told us, "They do ask for consent and will respect [Person's] decisions." They described how staff worked patiently with the person to encourage them to accept care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. People gave us examples where tasks were split, and they were encouraged to do as much as possible." A person described how this support varied, depending on how they were feeling each day and how reassurance was helping them gradually regain skills.
- Staff were respectful when speaking about the people they supported. We had positive feedback about how well staff respected people's privacy. A relative said, "The care staff are very good at protecting [Person's] dignity and privacy. They always close the doors and close the curtains when they have a wash."
- There was a positive culture around respecting anonymity. Systems were set up so personal information was only seen by the staff who were working with a person.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care was personalised around individual's preferences. A person said, "They are very flexible and will change the times of my call if I have a hospital appointment. They are also very good at increasing and decreasing the number of calls I receive depending on my physical condition."
- Senior staff met with people to review their care and ensure it continued to meet their needs. A relative told us, "We have been told they are happy to review [Person's] care at any time as and when required. We have found this works really well for us and feel comfortable asking for changes,"
- Staff supported some people to remain in contact with their local community. A relative told us, "They have now arranged for [Person] to attend a social group. The staff ensure [Person] is up, dressed and had their breakfast ready to be picked up."
- Staff recorded the support provided each day. These records reflected the flexibility of the service, with staff responding to the people's needs and preferences at each visit.

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 staff were skilled at communicating with people. They knew people well and understood how best to communicate with them.
- Care plans gave some guidance about communication though currently there was no one with complex needs in this area.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. The service had received no formal complaints since they had opened.
- People told us they had no complaints but would feel able to speak out if they had concerns. Relatives told us they occasionally raised minor issues and these were addressed promptly by the registered manager. A relative said, "If we or the carers ever have any concerns, then the manager will talk to us about it and they are brilliant at sorting out any problems."

End of life care and support

- The registered manager had developed links with key healthcare professionals, such as the local hospice, which they would use as required.
- Care plans considered people's wishes at end of life, which included making sure they had the contact details for next of kin.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Feedback was positive. A relative told us, "The manager is excellent as is the service. I spent my working life in care and I can tell you that I think this Agency is the best I have ever experienced."
- The provider and registered manager led by example and promoted a positive, open and respectful culture. The registered manager had high expectations around quality of care. They were focused on enabling people to remain living independently in their homes.
- The provider was passionate about supporting people in the local area and focused on this when they developed their services. The staff we spoke to were proud to be part of the local community. A member of staff told us, "We have built up a good rapport with people. It's nice to bump into them at the café in the village."

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

- The registered manager also managed the provider's care home. They had a well-established, effective senior staff team which ensured the services were well led in the registered manager's absence. Staff and people told us they could always contact the registered manager or other senior staff if they needed to.
- The registered manager told us covering two services had many benefits, for example staffing could be shared in an emergency. The smaller care agency benefitted from the provider's resources such as experienced training officers.
- The quality of care and records were audited regularly. The audits were practical, and action was taken to improve things when concerns were found.
- The involvement of senior staff in providing direct care and the consistency of care staff was key to maintaining the quality of the service. The registered manager told us they did not plan to grow significantly and were aware they would need to review their management and governance arrangements if this changed in the future.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; 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 senior staff were still involved in care in people's homes, which included working alongside care staff. The registered manager told us, "I go out on all new care calls so I know who they are and they all know who I am." Staff, people and their representatives spoke highly of the registered

manager, describing how approachable and open they were.

- The registered manager gathered feedback about people's experience of care. The effective review process meant people and their representatives views were regularly considered and used to make the service better.
- The focus on providing a service to local people meant senior and care staff developed positive relationships with partners in the local area.