

Good Oaks Home Care Limited

# Good Oaks Home Care

## Inspection report

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21 April 2017

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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

This inspection was announced and took place on 20 and 21 April 2017. We told the provider 48 hours before our visit that we would be coming to ensure that the people we needed to talk to would be available. This was the first inspection of this service.

Good Oaks Home Care has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Good Oaks Home Care provides personal care and support to people who live in their own homes. At the time of the inspection they were supporting around 70 people living in Dorset.

People told us their care and support needs were met and that staff were kind, caring and respectful. People also said they felt safe and had confidence in the staff that worked for the service.

Staff knew people well and understood their needs. Care plans were detailed and regularly reviewed. This meant that there was always information for staff to refer to when providing care for people.

The provider had implemented satisfactory systems to recruit and train care workers that ensured relevant checks and references were carried out and staff were competent to undertake the tasks required of them. The number of staff employed by Good Oaks Home Care and the skills they had were sufficient to meet the needs of the people they supported and keep them safe.

People were protected from harm and abuse wherever possible. There were systems in place to reduce and manage identified risks and to ensure medicines were managed and administered safely. Staff understood how to protect people from possible abuse and how to whistle-blow. People knew how to raise concerns and complaints and records showed that these were investigated and responded to.

There was a clear management structure in place. People and care staff said the registered manager was approachable and supportive. There were systems in place to monitor the safety and quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Systems were in place to protect people from harm and abuse.  
Staff knew how to recognise and report any concerns.

Staff were recruited safely and there were enough staff to make sure people had the care and support they needed.

Medicines were managed safely and staff competence was checked.

### Is the service effective?

Good ●

The service was effective

Staff received induction and ongoing training to ensure that they were competent and could meet people's needs effectively.  
Supervision processes were in place to monitor staff performance and provide support and additional training if required.

People were supported to have access to healthcare as necessary.

People were supported to eat and drink if this was required.

### Is the service caring?

Good ●

The service was caring.

Support was provided to people by staff who were kind and caring.

Staff understood how to support people to maintain their dignity and treated people with respect□

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and

delivered to meet their needs. Staff had a good knowledge and understanding of people's needs.

The service had a complaints policy and complaints were responded to appropriately.

### **Is the service well-led?**

The service was well led.

There was a clear management structure in place. People and staff told us that the registered manager and senior team were approachable and supportive and they felt they were listened to.

Feedback was regularly sought from people and actions were taken in response to any issues raised.

There were systems in place to monitor, assess and improve the quality and safety of the service provided.□

**Good** ●

# Good Oaks Home Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 April 2017. One inspector undertook the inspection.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service; this included incidents they had notified us about. Additionally, we contacted various health and social care professionals and the local authority safeguarding and commissioning teams to obtain their views of the service.

We received completed questionnaires from 17 people, 18 staff and 3 relatives or friends. We visited 2 people and met 1 member of staff. We spoke with the registered manager and office-based staff who were involved in supporting people who used the service. We looked at four people's care and medicine records. We saw records about how the service was managed. This included three staff recruitment and monitoring records, staff schedules, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

# Is the service safe?

## Our findings

People who received care and support from the service told us that they felt safe with the staff who supported them. One person told us, "All of the carers are happy and cheerful. They are chatty and respectful. They always put things back where they came from and never leave me without checking I have everything that I need. I think it all reflects good management".

People were protected against the potential risks of abuse. The provider had a comprehensive policy and procedure in place that reflected current national and local guidance. There was a training programme to ensure staff were aware of the different types of abuse, possible signs of abuse and the action they should take. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents and concerns.

There were systems in place to identify risks and hazards in order to support and protect people. Assessments were carried out and plans were in place to minimise these risks. These were regularly reviewed and updated.

There were systems in place to enable the service to respond to emergencies, for example, if staff arrived at a visit and found someone was unwell or if staff were unable to complete their shift meaning that people would not receive their care. This usually involved managers and senior staff providing additional support, contacting health professionals, arranging extra staff or providing additional care themselves.

There was an out of hour's on-call system in place so that people who used the service and staff could contact the service for advice and support or in emergencies. Staff and the people we spoke with all confirmed that they had received help and support when they had occasion to call the out of hours service.

The registered manager told us that there were enough staff employed to provide care for everyone they looked after. Rotas showed that everyone had a named carer allocated for all calls. Rotas also showed that appropriate time to travel between visits was allowed for.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Recruitment records were checked. Satisfactory procedures had been followed; each person's file contained proof of identity including a recent photograph, a Disclosure and Barring Service check and evidence of people's good character and satisfactory conduct in previous employment. They had also completed fitness to work questionnaires and provided evidence of their right to work in the United Kingdom where necessary. This made sure that people were protected as far as possible from individuals who were known to be unsuitable.

There were satisfactory systems in place for the management and administration of medicines. Staff had been trained in the administration of medicines and records showed that their competency to administer medicines safely had been checked regularly. Staff were knowledgeable about each person's medicines and how to administer them. They were regularly 'spot checked' whilst providing care to ensure that they

were following the correct instructions for medicines and keeping suitable records.

People told us they received their medicines on time and as they required. Care plans and medicine administration records (MAR) were detailed and up to date. The registered manager showed us that all completed MAR were returned to the office and a sample of these were audited. If any issues were found, the staff concerned were spoken with and record was made of this. In some cases, additional training had been provided.

## Is the service effective?

### Our findings

People told us they had confidence in the staff because they were kind and caring and understood their needs. One person commented, "They've never let me down. They are particularly careful about following the doctor's instructions".

Everyone we spoke with was happy with the service. They confirmed that staff arrived on time and understood their needs. People told us they never felt rushed. Staff confirmed that there was adequate time allowed on the rota between visits so they never felt they had to rush.

People received support from staff with suitable knowledge and skills to meet their needs. Staff confirmed that they received the training they needed in order to carry out their roles. Records showed that all staff had completed induction training in accordance with national standards and undertook regular training updates in essential areas such as health and safety, moving and handling, infection control and first aid.

Staff received regular supervision either through spot checks or one to one meetings and staff meetings in the office, as well as an annual appraisal. Staff told us they always felt able to request additional support and training. Spot check and supervision records showed that these checks highlighted where additional training and support was required for staff. The registered manager confirmed that this support was provided.

One member of staff told us, "They are a fantastic company to work for. very understanding and helpful. They always do lots of different training to keep our skills up to date".

Staff had been trained in the Mental Capacity Act 2005. The registered manager confirmed that all of the people they provided a service to had capacity to make their own decisions but that mental capacity assessments and best interest decisions would be undertaken if the need arose.

People and relatives confirmed that staff always checked with the person before providing care and gained their consent to provide the care needed. Care plans contained consent forms and these had been signed by the people receiving care or the person they had nominated to do this for them.

People were supported to maintain good health. Health professionals such as occupational therapists, GPs and district nurses were contacted by staff on people's behalf when they requested it or when their staff identified a concern.

People told us they were supported to have enough to eat and drink. They said that, where preparing food and drinks was part of their care package, staff would offer them choices and ensure they had any necessary support to eat their meals.

## Is the service caring?

### Our findings

People told us they were treated with kindness and respect. They said that they were able to develop a relationship with regular carers which made them feel comfortable and cared for especially when receiving personal care. 100% of the questionnaires completed by staff confirmed that they believed that everyone at Good Oaks Home Care always treated people with respect and dignity. One of the people we contacted told us, "The care workers are all very pleasant, caring and helpful and take good care of me. They are very professional and hard working."

People who used the service and their relatives told us that the staff were friendly and caring as well as considerate of people's choices and preferences.

Care plans included information about people's preferences, likes and dislikes. The registered manager and staff were aware of people's needs and described in detail how they provided the care to suit particular individuals. For example, staff had taken photographs of how one person liked things to be laid out on meal trays, how their bed should be arranged at night time to ensure their comfort and how and what things should be left within reach of the person before staff left a visit. The person concerned was very pleased with the staff member's initiative and told us how much easier it had made things for them.

All of the people and relatives that we spoke with confirmed that they had been consulted about their care plans and were involved in making decisions about their care. They also said their needs were met by the staff that visited them.

Our visits to people and completed questionnaires highlighted that people did not always have the opportunity to meet new care staff before they started to provide support. People told us that they did not always feel comfortable receiving support from someone who was a stranger to them. The registered manager showed us that, through their own quality assurance work, they were aware of this issue and trying to arrange shadow visits for new staff whenever possible.

Staff confirmed that they knew about requirements to keep people's personal information confidential. People confirmed that staff did not share private information about other people with them.

## Is the service responsive?

### Our findings

People told us that they received schedules once a week telling them when staff would arrive and who they could expect. People said that they were mostly, but not always, informed in advance of any changes to the rota. The registered manager showed us an analysis of their own recent surveys that had identified this issue within the service and had recently put measures in place to improve this area.

People, or their relatives, were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. Staff confirmed that there was enough information in care plans to enable them to meet people's needs and added that, if they had any queries, there was always support available from senior staff and the registered manager. One member of staff told us, "Care plans are a lot easier to read and are always kept up to date".

People's needs were reviewed regularly and as required. Where necessary, health and social care professionals were involved. One person told us how the staff were always willing to call the GP or any other support if it was required.

Where people required support with their personal care they were able to make choices and be as independent as possible. This was clearly reflected in the care plans and in the feedback we received from people.

There was a complaints policy and procedure that was given to people when they began receiving a support from the service. People told us they knew how to complain and were confident they would be listened to should the need to complain arise. There was a clear system for receiving, investigating and responding to complaints. We looked at two recent complaints and found that they had been investigated and responded to appropriately.

## Is the service well-led?

### Our findings

Feedback from people, relatives and staff showed us that the service had an open, positive and caring culture. This was because people were consulted about the service they received and there were regular opportunities for staff to contribute to the day to day running of the service through informal discussions and staff meetings. One professional told us, "The management team is always ready and happy to receive any feedback and if there are any hiccups, which are very rare, the problems are always sorted very promptly".

There was a clear management structure in place. People and staff told us that the registered manager and senior staff team were approachable and supportive and they felt they were listened to. One member of staff told us, "I honestly feel this company give a very high level of care. I feel valued and appreciated".

Of particular note was that the service were finalists for the Skills for Care Accolades 2016/2017 for 'Best Employer of under 50 staff'.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were audits of various areas including medication, infection prevention and control, accidents and incidents, care plans, complaints and health and safety. The registered manager had examples of MAR chart and daily record audits where they had identified issues and addressed these with the staff concerned. When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends.

People were actively encouraged to give their views about the service, either through regular reviews of their needs or satisfaction surveys. Systems were in place to ensure that all responses were analysed, actions were identified and checks that the actions had been completed were made. The provider also undertook an overall analysis of all satisfaction surveys to identify common issues. One of the issues that they had identified was the need to improve communication with people using the service, especially with regard to changes in the rota. This was an issue that was also highlighted through our visits and questionnaires. The registered manager discussed the actions that were being taken to improve this area.

All of the completed staff questionnaires, and discussions with staff, confirmed that they were well supported. Staff felt able to raise any issues or concerns either directly with the registered manager or in staff meetings which were held regularly. They also felt that they provided a good service to people.

Staff knew how to raise concerns and whistle blow and this was also confirmed in the questionnaires. There were regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

The registered manager had notified the Care Quality Commission about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The manager told us they kept up to date with current guidance, good practice and legislation. They said they kept up to date by attending provider forums, external workshops, conferences, local authority meetings and regularly reviewing guidance material that was sent via email by the Care Quality Commission and other independent supporting bodies