

Oaktree Homecare Services Limited

# Oaktree Homecare Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Oaktree Homecare Services Limited is a domiciliary care agency that provides care and support to people in their own home. At the time of this inspection, 75 people were using the service.

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

We identified issues with the management of the service. We found there were insufficient risk assessments in place to provide safe guidance to staff when providing care. Care plans lacked personalised information, and we found gaps in records to show that complaints were dealt with in line with best practice.

The service had grown significantly since the last inspection and we were concerned that there was insufficient management oversight and input to ensure quality care was provided. We found contradictory information on some care plans in relation to mental capacity assessments, and mobility issues. We found some complaints documentation had not been completed to evidence actions taken, although people told us complaints were dealt with.

The management team knew people's needs and we found staff to be well-informed, so this mitigated against some of the concerns identified.

The service had some systems in place to monitor and improve the quality and safety of the service provided. These included spot checks and reviews, although review documentation was not always fully completed.

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; but the completed documentation did not always evidence this practice.

People and their relatives found the care staff kind and caring, and skilled to do their job. People were treated with dignity and respect.

People and their relatives told us they felt safe. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Staff recruitment was safe, and people told us they usually had a consistent team of care staff.

Staff told us they enjoyed working for the service and received support and training to carry out their role. Records evidenced that supervision and training took place.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

The inspection was prompted in part due to concerns received about the consistency and quality of the service. A decision was made for us to inspect and examine those risks.

#### Rating at last inspection

At the last inspection we rated this service good (18 December 2020).

#### Enforcement and Recommendations

We have identified breaches in relation to insufficient risk assessments and the governance of the service.

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

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led safe.

Details are in our well-led findings below.

**Requires Improvement** ●

# Oaktree Homecare Services Limited

## 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 undertaken by two inspectors and an Expert by experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

#### Service and service type

Oaktree Homecare Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We carried out the inspection visit on 8 June 2022. It was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

#### What we did before inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts. The agency was not asked to complete the Provider Information Return (PIR). 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.

#### During the inspection

We went to the service's office and spoke with the registered manager and other members of the management and office staff. We also spoke with three care workers.

We looked at seven care records and three staff records. We also looked at training and supervision records and various documents relating to the management of the service.

After the inspection visit, we spoke with seven people who used the service and four of their relatives. We received feedback from one health and social care professional who worked with the service.

# 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 requires improvement. At this inspection this key question has remained the same.

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.

- Care records did not provide sufficient information to staff to care safely for people, as we found gaps in risk assessments. . For example, for one person at risk of choking, due to being fed intravenously, it was unclear whether care staff could give the person water or not. The registered manager clarified staff should not give water to the person, rather the family could moisten the person's lips with a light sponge. We also found that for this person there was insufficient information for staff related to care of the skin around the intravenous feeding site.
- We found a number of risk assessment documents to assess people's risk of skin breakdown were not completed accurately or not fully completed. We found that a person with diabetes did not have a risk assessment in place to provide information for staff on the risks associated with this health condition.

We found no evidence that people had been harmed however, this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the lack of risk assessments with the registered manager who told us the service was starting to use new paperwork which set out needs and risks more clearly. We were sent a completed document in the new format following the office visit. The registered manager told us they would prioritise setting out risk assessments for those people at the highest risk of harm.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Systems and processes to safeguard people from the risk of abuse;

- The agency had systems in place to protect people from abuse and avoidable harm. Staff knew what to do and to whom to report if they had any concerns about people's safety.
- People we spoke with told us they felt safe using the service. Comments included "Oh yes, she is there to help. I've had some nasty falls and she makes me feel safe. She will always walk in front of me on the stairs. She is like family and has seen me through my worst times." Another person told us they felt safe, "Yes, they nice to me and they talk to me."
- A member of staff told us, ""We always observe people, if anything is different, we report it."

Staffing and recruitment

- Staff were safely recruited and all checks including references and criminal disclosure checks took place. • People told us they received care, most of the time, from a consistent staff team. Comments included "Five days a week same carer then Friday is someone else. Two carers a time," and "The same carer for a few days then I get a different one but I know them." People welcomed the consistency of care staff. A relative told us "One carer, the same lady, she won't let them in otherwise."
- Missed calls were not an issue with people and their relatives, however, several people and their family members told us they were rarely told when staff were running late, and they found it very difficult to get through to the office.
- We discussed these issues with the registered manager who told us they were resolving issues with the phone system, and they were addressing lateness by care staff.
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.

#### Using medicines safely

- We found issues with recording in relation to medicines management, as there was insufficient information on some care records in relation to medicines management. It was not always clear how medicines were to be given, and the role of care staff. We discussed this with the registered manager who explained that for these people the family took the role in supporting with medicines management, but this was not always clear. They said they would review documentation.
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.
- Policies and procedures were in place to support the safe management and administration of medicines. However, we were aware a recent review by the local authority had highlighted issues with medicines management which the registered manager was addressing. The registered manager told us they were now auditing medicines administration records monthly.

#### Preventing and controlling infection

- The agency had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Care staff had access to the required personal protective equipment (PPE) including gloves, aprons and masks.

#### Learning lessons when things go wrong

- Systems were in place to share learning from incidents and accidents. No incidents or accidents had taken place, but the registered manager could evidence how they shared learning following issues raised by people, or informal complaints obtained at spot checks. The service communicated with staff via team meetings and electronic messaging systems.



# 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 good. At this inspection this key question has deteriorated to requires improvement.

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

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

- We found gaps in initial assessment documentation.
- We found the initial assessment forms varied in how accurate they were, and whether they were fully completed. We found a number of documents which were not signed or dated. This meant it was impossible to tell whether a person's needs had changed. We discussed this with the registered manager and care co-ordinator staff who told us people did not always want to provide information to assessors. However, they had not stated this on the form, but had left sections blank.
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.
- The registered manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

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

- Recording in relation to health care and professional involvement of others, required improvement. Whilst the service supported people with their health conditions, and staff understood people's health care needs, their care records did not always evidence this.
- We found community health professionals had been involved with one person due to skin integrity, and intravenous feeding, but this was not indicated on the care plan.
- People's care plan had details of their GP. We asked people if staff understood their health condition. Comments included "Yes," and "Yes, definitely, she has been through it with me the whole time." Relatives also confirmed staff understood how to support their family member.
- However, people had access to health professionals as required. Also, staff told us if they were concerned about a person's health and wellbeing, they would relay these concerns to the registered manager for escalation and action.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 them of their liberty. We checked whether the service was working within the principles of the MCA.

- Documentation in relation to mental capacity was not always in place.
- Whilst people told us staff asked for consent before offering care, the service had not completed mental capacity documentation sufficiently well. We found gaps in forms, and sometimes contradictory information.
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.
- People told us staff knew their routines. One person told us "Yes, they always make sure that I am alright." One family member said "Yes, I have been on the phone while they are there and yes they do ask her (before providing care).
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions. They told us "Consent, I always ask and talk to the person gently" and "I explain what I am doing and always remain calm."
- Staff confirmed that they had undertaken training in relation to the MCA.

Staff skills, knowledge and experience

- Staff were supported through training and supervision.
- Staff had undertaken training in a range of topics so that they could do their job well. This included specialist training for the use of hoists.
- We asked people and their relatives if they thought the staff were good at their job. A person told us "Most definitely. I don't know what I would do without them," another said "Yes, I wouldn't like to do what some of them have to do. Oaktree are wonderful." A relative confirmed "Yes, they look after her well and are efficient."
- Staff received an induction and newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- Supervisions were happening to allow staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter enables the provider's representative to observe the member of staff as they went about their duties and check they were meeting the organisation's standards and expectations.
- Staff felt well supported. One staff member told us "The managers are supportive." Another said "The managers are good, very understanding and they respond quickly."

Supporting people to eat and drink enough with choice of a balanced diet

- We had no concerns regarding the staff ability to support people with food and nutrition.
- Staff supported people with eating, either preparing breakfast or warming up meals prepared by family members or ready-made meals.
- A relative told us "Yes, they help her to eat as she will forget to."

# 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 remained the same.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people well and people and their relatives told us that staff were kind and caring. People told us "Yes, they are very kind and caring," and "Yes, they are very nice." Relatives confirmed "Yes, they are. They sit with her and have tea."
- People appreciated the help offered "They ask me if there is anything else I would like them to do."
  - Staff were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People told us their individual needs and wishes in respect of their values, culture and religion were respected.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed independence was promoted. People told us "Yes. they let me do as much as I can," and "Yes, they do know I want to be independent." Another added "Yes, I can't praise her enough and she really encourages me. We talk and she listens." Relatives confirmed. "Yes, she likes to be independent."
- We asked people and their relatives if they were involved in their care planning. A number of people had care set up following hospital discharge. Comments included "The hospital sorted this out," and "I think it was the hospital." But a relative said "Myself and social services." The service reviewed people's care after six weeks to get their views, and review needs.
- We asked people and their relatives if they were treated with dignity and respect. Comments included "She is very good. I was very embarrassed but its ok now and she made it all ok, very professional," and "Yes, I don't particularly want anyone in the toilet with me and they understand and will always shut the door."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# 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 good. At this inspection this key question has deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Current care planning documentation did not evidence a personalised service.
- The service was in the process of developing new care plans which set out more clearly people's needs and were outcome focused. They also contained more personalised information.
- However, we saw a number of care and support plans that were incomplete. Talking with staff and people and their families, the staff understood people's needs well, but the records did not always reflect this.
- We found review notes on some records, but there were gaps, and some reviews were not dated. For one person, the registered manager told us they had undertaken the review, but could not locate the notes on the day of the inspection. .
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.
- People told us they were happy with the care and support provided. Most people told us the timing of the care package suited them and had been asked if they had a preference for the gender of the care staff.

Improving care quality in response to complaints or concerns

- Documentation in relation to the management of complaints was not up to date.
- People were given information about the service and how to complain when they first started to receive support from the service.
- Most people knew how to make a complaint, but had not felt the need to. One person told us "They are obliging, if I have complained they take it on board."
- We reviewed records of complaints and although the office staff could tell us what actions had been taken, we found that records did not always reflect accurately the actions taken. This meant that it was difficult to confirm that complaints were dealt with in a timely way, and lessons learnt.
- We judged that these issues related to overall governance and adds to the evidence for a breach of Regulation 17.

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's communication needs were assessed at the initial assessment, and this was recorded, so staff knew the preferred way to communicate with people.

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

- Staff supported people to maintain social relationships with family and friends, and understood the importance of developing and maintaining relationships with people they supported to avoid social isolation.

End of life care and support

- At the time of the inspection end of life care was not provided at the service. However, the staff were accessing training on end of life care, and the registered manager had plans to link up with commissioners to up-skill staff further.

# 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 good. At this inspection this key question has 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; 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

- We found there was insufficient management oversight of documentation at this inspection. We found evidence of incomplete care and support plans and initial assessment forms. Complaints logs were not completed properly to show actions taken, and there were gaps in risk assessments to guide staff in caring for people. There was insufficient management oversight of the paperwork related to people's mental capacity. Care records lacked clarity regarding the management of medicines, although we were not concerned that people were at risk of harm.
- We were not confident that the management team was operating effectively. Paperwork was not reviewed and although the office staff were clearly working hard, their work was not sufficiently scrutinised for accuracy and completeness.
- The service had grown substantially since the previous inspection, and we were not confident that all recording systems were in place to monitor the quality of the service. Although some audits took place, they had not identified all the issues raised at this inspection.
- The registered manager was in the process of introducing a new care and support plan. They were of the view that this would improve the quality of care documentation. We acknowledged the improved documentation, but were concerned without sufficient management resources, oversight of care documentation may remain an issue.
- We found two safeguarding incidents that had not been notified to CQC in line with regulatory requirements, as they were sent in after prompting from CQC. The incidents had been addressed by the local authority and the service had carried out investigations in line with requirements. The registered manager had not met the requirement of notifying CQC.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective governance of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In other ways the service was well led. People and their relatives were happy with the care; staff enjoyed working at the service, received appropriate training, and we found the staff to be supported and informed.

- Audits of daily logs were taking place and the registered manager was reviewing medicine administration records sheets on a monthly basis. The management team were aware through their own audits and feedback from the local authority that the care planning documents needed improvement, and the service had started to address this.

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

- The service worked effectively with people and their relatives.
- People using the service, relatives and staff were complimentary regarding the registered manager, and said the service was well managed. People told us, "I think its brilliant," and "Very well managed, yes." The only issues people and their families raised related to difficulties contacting the office via phone, and not knowing if staff were running late. We raised these issues with the registered manager who told us the phone system was being upgraded at the time of writing this report, and they were addressing issues of lateness with staff.
- Most people had been asked their views on the service. Comments included, "Yes, she called and asked if I was ok," and "Yes, they came over a few weeks ago with a survey." The service was using a survey to gather people's views on the care provided.
- Staff enjoyed working for the service. Comments included "The manager is good, and [care co-ordinator] gives a lot of advice," "I love it" and "I really like it here."
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service

Working in partnership with others; Continuous learning and improving care

- We found the service welcomed feedback from the inspection team, and took action when issues were identified at spot checks or through complaints. The management team were aware they were a growing service and needed to embed improved management systems.
- The Local Authority told us they had identified issues with paperwork at the service, and the registered manager was working to make improvements in line with Local Authority suggestions.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure they had assessed the risks, nor mitigated against the risks, when providing care to service users.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that effective systems and processes were in place to assess, monitor, mitigate and improve the quality of the services.</p>