

Oxfordshire Home Care Ltd

Good Oaks Home Care - Abingdon and Didcot

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

Good Oaks Home Care - Abingdon and Didcot is a domiciliary care service providing personal care to people living in their own homes. 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. At the time of our inspection there were 7 people receiving personal care.

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

We found safe care and treatment was provided. People were safeguarded from the risk of abuse and other risks, including infection control risks in relation to COVID-19. Safe medicines administration practice was promoted. The registered manager took appropriate action in response to accidents, incidents and complaints to ensure people's safety. There were sufficient staff to meet people's care needs and safe recruitment processes were in place.

Staff were appropriately trained and supported in their roles and told us they felt valued and listened to. Staff worked with other health and social care professionals when required to ensure people's needs were met.

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

People told us staff were caring, compassionate and provided safe care. Staff supported people to maintain their independence where possible and involved people in day-to-day decisions about their care and support.

People received person-centred care which was responsive to their needs. People's needs were assessed, and care plans provided a detailed and holistic picture of people's needs, wishes and preferred routines.

Staff, people and their relatives told us the service was well-managed. People indicated the management of the service was accessible, supportive and approachable. There were systems in place to monitor the quality and safety of the service.

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

Rating at last inspection and update

This service was registered with us on 19 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide the

service with a rating.

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 ●

Good Oaks Home Care - Abingdon and Didcot

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. 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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the registration of the service. We used the information the provider previously sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 3 people using the service and 5 family members of people using the service. We also spoke with 9 members of staff, including 8 care workers and the registered manager. We reviewed a range of records. These included care records for 3 people, 3 staff files in relation to recruitment and a variety of records relating to the management of the service. We looked at policies and procedures, and quality assurance records.

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

- People felt safe with the care staff that supported them. One person told us, "I am treated very well", another person said, "They are helpful and patient".
- Staff were trained to recognise signs of abuse and knew how to act if they had concerns. A member of staff told us, "I would report the witnessed or suspected abuse to the Good Oaks manager".
- The service had appropriate safeguarding and whistleblowing policies in place, which staff could easily access electronically.

Assessing risk, safety monitoring and management

- There were risk assessments in place giving clear guidance to staff on any risks associated with people's care. These were reviewed as necessary to ensure they were up-to-date.
- Risks associated with people's home environment were assessed and managed to help keep people and staff as safe as possible.
- Presenting risks were regularly reviewed to ensure people were safely supported. People were usually supported by regular staff who understood their needs and could respond swiftly as and when people's needs and risks changed.

Staffing and recruitment

- Staff were safely recruited. Staff submitted an application form, completed an interview process and all required pre-employment checks were carried out. These included references from previous employers, a medical questionnaire and disclosure and barring service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People spoke positively about the consistency and reliability of the service. One person told us, "I have the same 1 (staff). The carer clocks in every day with them." Another person's relative told us, "They are always here between 8am and 9.30am. If I am going out in the evening, they are extremely punctual."
- The service had enough staff to ensure people received a reliable and consistent service that met their needs.

Using medicines safely

- Medicines were safely managed. People received their medication when needed and as prescribed.
- Staff understood their roles in medicine management and relevant training was provided with regular supervisions in place to review practice.
- There were protocols in place to ensure safe administration of 'as required' medicine (PRN).

Preventing and controlling infection

- The service promoted effective infection, prevention and control measures to keep people safe. Staff used personal protective equipment (PPE) effectively and safely.
- All relevant staff had completed food hygiene training and followed correct procedures for preparing food.
- Guidelines and procedures in place during the pandemic had been followed.

Learning lessons when things go wrong

- There were systems in place for recording any accidents and incidents. We saw that falls had been recorded and analysed even if they had not occurred at the time of a call. These were reviewed by the manager to ensure that appropriate action had been taken in response to the fall. For example, external healthcare professionals and healthcare emergency services were contacted as a result of falls.
- Staff recognised incidents and reported them appropriately.

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

- People's care needs were assessed before the service started to provide them with care and support. Assessments and care plans were completed for people in consultation with people themselves and their relatives. These assessments then formed the basis of people's care plans which were personalised and gave staff guidance on how people preferred their care and support to be delivered.
- The assessment process considered people's protected characteristics as part of the Equalities Act 2010 for example, age, religion and disability.
- Appropriate policies and guidance were in place and accessible to all staff which reflected current best practice, guidance, and legislation.

Staff support: induction, training, skills and experience

- Staff received appropriate training to support people using the service and additional training could be requested if staff felt they needed more support in a particular area. We saw that staff had received training reflecting people's needs, for example training in diabetes.
- Staff told us, and records confirmed, that competency checks were taking place to ensure staff had the required skills and followed best practice. A member of staff told us, "I had 1 spot check a few weeks back. I received the feedback and believe everyone was content with the visit."
- People told us that staff were well-trained, familiar with their needs and respected people's wishes. One person told us, "It's evident when they put me in the right direction, for example when I dress."

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

- People were supported with their hydration and nutritional needs when this was a part of the care and support agreed. People and their relatives praised staff for offering them choices about what they would like to eat and drink. One person told us, "They cook for me. 'The eye eats the meal,' is the saying. If you look at it, you can't resist it. The permanent carer cooks well and it is well presented." Another person's relative told us, "I see my mum every day, but even then, I am given food information. The carer is very good at presenting nutritious food in tempting ways. She makes swaps. All mum's diabetic stats have gone down. All stats are better."
- People's care records contained detailed information about the level of support they needed with food and drink preparation.
- Staff were aware of people's individual dietary needs and for those who required specialist diets, staff supported them appropriately.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked in partnership with health and social care organisations where appropriate, sharing information about people to ensure the care and support provided was effective and in their best interests.
- People's care plans set out the support they needed from staff to maintain their health. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.
- People were supported to access when required a range of health care professionals such as GPs, physiotherapists, occupational therapists and the pain clinic.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff had received training in relation to the MCA. People's consent to their care and to sharing information was recorded clearly in their care records.
- Staff understood the principles of the MCA and how to implement this. They ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so. A member of staff told us, "The Mental Health Capacity is designed to protect people who lack the mental capability to make decisions for themselves regarding their care and treatment. It applies to people aged 16 and over. It covers decisions like what to wear or what to buy or serious life changing decisions like whether to move into a care home or undergo surgery."
- Records showed people were involved in making decisions about the care and support they received.

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

- People were complimentary about the care and support they received and said they valued the bonds they had developed with the staff. One person told us, "They are very caring. They are absolutely kind and patient. The permanent 1 and the temporary 1 are all delightful. I was in a nursing home, but it was not a place for me. I am more alive here."
- People and their relatives told us staff were genuinely caring and took interest in improving people's health and their quality of life. One person's relative told us, "Mum is extremely well cared for. The carer is creaming mum's legs, and looks after her feet and back. She washes mum's feet every day. The diabetic nurse said mum's feet are in good shape. She gets a warm foot bath every day."
- The caring culture within the organisation was embedded at every level. The registered manager role promoted an approach which focused on the importance of providing people with care that was compassionate, kind and made a difference to their lives.

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

- People, their relatives, staff and health professionals were all involved in decisions regarding ongoing care and support. One person told us, "I am very much involved in my care. We have a routine. We have a good relationship with each other. We discuss what we will eat. They make a shopping list together. They ring the list through to my daughter."
- The management team were in regular contact with people and their families to seek feedback about the service including their views on how to improve the care they provide.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and staff did all they could to encourage support and involvement.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives gave examples of how staff maintained their privacy and dignity when providing care and support. One person's relative said, "Mum's lounge has a full length glass door, so [staff] would say, 'Let's close the curtains.' She's really good."
- Staff supported people to be as independent as possible with decisions about their care and support needs. A member of staff told us, "I have the client do as much as she can for herself, especially regarding self-care. I will hand her different toiletry products which she will then apply herself. She chooses her clothes and I just help when she is struggling with certain garments. We play games and do chair exercises to keep her physically and mentally aware."
- People's personal information was kept secure and staff understood the importance of maintaining

secure care records to ensure people's privacy and confidentiality was maintained.

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

- People's care was person centred, meeting their needs and preferences. People's preferences had been recorded and staff were responsive to people's needs as they changed. The registered manager worked with people to ensure changes were made quickly, keeping staff updated.
- Without exception, people and relatives described having a small team of consistent staff who knew how people preferred their care and support to be delivered and arrived when expected.
- Staff knew people well. They were aware of what their interests and hobbies were, what things were important to them and what events and hobbies they enjoyed.

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.

- The communication needs of people had been met. Care plans detailed each person's preferred communication method to help inform staff.
- Staff took the time to understand people and checked this understanding back with people.
- When necessary, information could be provided in alternative formats to meet people's requirements.

Improving care quality in response to complaints or concerns

- The service ensured people and their relatives understood how to raise concerns or complaints. One person told us, "It's in the terms and conditions." Another person's relative told us, "I was left a folder with instructions."
- The provider had a complaints policy in place. The service had not received any formal complaints.
- The registered manager dealt with informal complaints and concerns before they escalated. For example, 1 informal complaint resulted in a change of care staff supporting a person.

End of life care and support

- There was no one on end-of-life care during the inspection. However, staff were trained in palliative care to support people as their needs moved towards end-of-life care.
- We discussed end-of-life care planning with the registered manager. They told us they would be investigating end-of-life training for staff for the future.

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

- People and their relatives praised the leadership of the service. One person told us, "All our family like them (the management team). They are very kind and efficient." Another person's relative told us, "Staff are lovely, and they are well organised. We tried a couple of agencies. Good Oaks Home Care is outstanding. They restored our faith in the process."
- The registered manager and staff team promoted a person-centred culture to ensure people received personalised care that considered the organisation's values along with treating people as individuals.
- There was a friendly, open, positive and supportive culture throughout the service. Staff told us the registered manager was always available for advice and guidance and led by example. Staff told us they felt well supported in their roles, felt valued and were confident in approaching the registered manager at any time for support or guidance.

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 was aware of their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events.

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

- Processes and systems were in place to monitor the quality and safety of the service. These were effective at identifying areas for development or improvement.
- The registered manager had a clear vision for the direction of the service and a desire for people to have the best quality care and achieve the best possible outcomes. They were clearly committed to their role and had a clear understanding of people's needs and of the service they managed.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. Staff were positive about how the service was run and the support they received from the registered manager and support managers.

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

characteristics

- People and their relatives told us there was open, accessible communication with all staff, which helped them to be involved in people's care. One person told us, "[The registered manager] comes occasionally to see the carer and talks to me. She was here last week." Another person's relative told us, "We discuss things face-to-face. [Name] manages Good Oaks from Didcot. I talk to him a lot."
- Staff attended staff meetings. A member of staff told us, "Team meetings are very beneficial as it allows the sharing of information between carers who have experienced different situations. Like PEG feeding for instance." A percutaneous endoscopic gastrostomy (PEG) feeding tube is a way to give food, fluids and medicines directly into the stomach by passing a thin tube through the skin and into the stomach.
- Staff described how they respected and promoted people's rights, choices and differences. Staff demonstrated an understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care.

Continuous learning and improving care; Working in partnership with others

- The leadership team and staff worked effectively with health and social care professionals to meet people's needs. This included cooperation with GPs, community nurses, occupational therapists, physiotherapists and pharmacists.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.
- Lessons had been learnt when things went wrong, and staff were confident in reporting any concerns.