

Laurel Tree Care Limited

# Home Instead Senior Care North Oxfordshire

## Inspection report

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Date of inspection visit:

21 January 2019

22 January 2019

Date of publication:

18 March 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

About the service:

Home Instead Senior Care North Oxfordshire are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection the service supported 36 people. People had a range of health needs with some people living with the experience of dementia.

Rating at last inspection:

At the last inspection the service was rated good (report published 2 September 2016). For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk). At this inspection we rated the service outstanding.

People's experience of using this service:

- People using this service received exceptional care from a well led service. People consistently told us how they were supported with great kindness and respect. We received overwhelmingly positive feedback from people, relatives and professionals on how staff had developed caring relationships with people and their relatives.
- The culture of the service was one of building positive relationships with people, assisting them wherever possible and going the extra mile to make sure people were happy and safe. People spoke about looking forward to the visits from staff. One person told us, "Wonderful service, fabulous staff and management."
- People were placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of the service's culture and values. Everyone told us staff asked them before carrying out tasks and involved people in deciding on how they wanted to be supported.
- The service was exceedingly well run. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. There were systems to assess the quality of the service provided. The registered manager and director worked hands on with the staff team, training staff to a high standard, knowing people's needs and ensuring these were being met.
- Staff worked in partnership with external health and social care professionals to ensure they supported people well. The lessons were learnt where appropriate to improve the service further.
- People were supported by consistent and very well trained staff. There was a particularly strong emphasis on continuous improvement with staff attending training on a range of subjects to ensure they supported

people appropriately. This included the provider supporting staff to study for additional qualifications in areas such as end of life care. Staff spoke highly of the support they received. They confirmed they had regular supervision to ensure they carried out their roles effectively. Staff said they enjoyed the work especially as visits were no less than one hour and so staff could carry out all their tasks and spend time with people.

- People and their relatives told us they received safe care. Staff understood their responsibilities in relation to protecting people from the risk of harm. Risks to people's well-being and their environment were detailed and updated when the circumstances changed. People received support to take their medicines safely and as prescribed. Regular checks on staff and their ability to do their jobs in a safe way meant people could be reassured they were receiving good quality care.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

## 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 exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

# Home Instead Senior Care North Oxfordshire

## **Detailed findings**

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by a single inspector and one expert by experience made telephone calls to people using the service and their relatives. 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:

Home Instead Senior Care North Oxfordshire are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two working days' notice of the inspection site visit because the registered manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be available.

Inspection site visit activity started on 21 January 2019 and ended on 22 January 2019. We visited the office location on these dates to see the manager and office staff and to review care records and other documents

relating to the running of the service.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We also read a sample of feedback from people and relatives who had provided their views on the service via a UK home care website.

During the office site visit we looked at records, which included four people's care and medicines records. We checked recruitment, training and supervision records for three staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager, the director, the care manager, a senior staff member and care co-ordinator. We telephoned six people and five relatives to gather their views about the support received. We received feedback, via email, from nine care staff, eight relatives, a friend of a person using the service and a legal professional who was involved in one person's life.

After our site visit three external health and social care professionals gave us their views about the service.

Following on from the visit the registered manager and director also sent us additional evidence.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe using the service. Their relatives all felt people were safe whilst receiving support from staff.
- People and their relatives confirmed staff stayed for the agreed length of time and usually were on time. Everyone told us there had never been a missed visit. Systems were in place at the service to monitor the times of visits to ensure people always received their planned visits.
- People benefitted from staff who knew how to raise safeguarding issues. One member of staff told us, "I would take a course of action that included a) Immediately (or as soon as possible) phoning my company management/supervisor at or near the client's home and/or b) Removing the client if advised and if necessary."

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and updated when people's needs changed. Risks which affected their daily lives, such as mobility, environment, communication, skin integrity and nutrition were clearly documented.
- People were safely supported by equipment that was serviced and checked on a regular basis.
- There was a business continuity plan that included different scenarios and what to do in the event of various adverse occurrences, in particular in adverse weather conditions.

Staffing and recruitment

- People were supported by consistent staff. People told us they felt there was enough staff and they knew which staff were coming to see them. A relative said, "We get a regular email informing us of the staff rota and are informed if there is to be a change to the rota."
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- People, if needed, were supported to take their medicines safely and as prescribed. A relative confirmed staff recorded the medicine tasks carried out. Records we viewed confirmed this.
- The medicines policy and procedure had recently been updated and was in line with current legislation and good practice guidelines. The registered manager had spent time with all staff ensuring they were

aware of this revised document and that they understood the changes.

#### Preventing and controlling infection

- The staff were trained in infection control. The staff had access to protective personal equipment which was available in the office.
- The provider carried out checks on staff to ensure they were following infection control procedures when carrying out monitoring visits in the community.

#### Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. We viewed records and saw appropriate action had been taken where necessary.
- Management were keen to develop and learn from events. Staff were encouraged to reflect on where things could have been improved and used this as an opportunity to improve the service for people and for staff. For example, we saw there had been an issue in supporting someone with their medicines. The member of staff was taken off carrying out medicine tasks until they were re-trained and observed doing this safely and correctly.

# 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

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 and relatives, if appropriate, were involved in the assessment process. People's needs were assessed prior to receiving a service to ensure staff could meet those needs. Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice.
- Where possible, staff were matched to people's needs and requests to promote a positive working relationship between each other. A member of staff confirmed this by telling us, "They [management] are careful to match up the correct clients to the correct carer, which I feel is very important."

Staff support: induction, training, skills and experience

- People felt staff had the right skills to support them. New staff received an in-depth induction to the service, which included meeting the people they would support. They spent time shadowing experienced staff and were assessed throughout their induction period and beyond to ensure they carried out the different care duties effectively.
- We saw staff had received training in areas important to their work, including specialised care. For example, compressed stockings, catheter care and administering eye drops. All staff confirmed they received a good range of training and that they could ask the registered manager for additional or refresher training in any subject. One staff member told us, "I was trained to use oxygen and fill cannisters when needed."
- Staff studied the City and Guilds dementia course to ensure they had a detailed understanding of this subject and how it affects people and their relatives.
- Staff were well supported in their roles and had regular one to one and group meetings. Staff spoke highly of the support they received from their line manager. One staff member told us, "I can contribute my views to meetings". A second staff member said, "They [management] are always there to give support and advice if needed."

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

- People were supported with their meals if needed. Everyone was happy with how these were provided.
- People's dietary requirements were included in their care plans. For example, one person's care plan read the person had allergies to certain foods. People's likes and dislikes were also recorded so staff were aware of these preferences.
- People were helped to eat food in whatever way they felt able to. Staff received training and information on how to vary the way they encouraged a person to eat if they were living with dementia. This might mean

encouraging people to eat finger food, rather than use cutlery, staff eating with the person to make it a social event and to help people keep hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met. We saw the registered manager liaising with a healthcare professional giving them an update on the person and received details on how the person was being supported.

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were recorded to inform staff on how to support people appropriately. The registered manager told us one example of where a member of staff had noted a change to a person's health and acted quickly with the person to ensure the person was assessed by the relevant healthcare professional. This enabled the person's treatment to be swiftly arranged and helped them with their overall wellbeing.
- People were supported to maintain good health and accompanied to health appointments as and when this was needed. One relative commented that this was helpful for them as the person's support network did not live locally and could not ensure they attended these appointments.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA, which they were.
- People were encouraged to make all decisions for themselves. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. Comments from staff included, "I would encourage and involve my client every step of the way" and "I always assume my client has capacity and support my clients and encourage independent decision making."

# 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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported; equality and diversity

- People and relatives confirmed staff treated people in an exceptionally caring way. The management had very much a hands-on approach, which meant they led staff by example to encourage the staff to be highly motivated to deliver excellent care. Staff understood what people liked and went out of their way to ensure people had the things in life that they always had. People's personal histories and backgrounds, wherever possible, were recorded. In one person's records it noted in good weather they liked to go out into the garden. For another person they enjoyed seeing planes and were taken to an airfield to watch planes coming and going.
- Feedback on staff was very complimentary and demonstrated where the staff team provided a quality service and showed a real empathy for the people they supported. One relative told us, "Several times staff have provided unpaid services in their own free time. This is greatly appreciated, exceptionally kind and way beyond what is expected." A second relative also confirmed that staff sometimes stayed over the agreed length of the visit to ensure the person was comfortable.
- Staff knew people's individual needs very well as they had built up a trusting relationship over a period of time. The director explained some people were resistant to receiving care. They gave us an example of where the staff team were creative in how they slowly built a positive relationship with one person. Staff started carrying out cleaning duties, until the person felt happy with the staff member visiting them and then began to accept support with their personal care. This process was over a few weeks, but enabled the person to feel at ease and accept they needed help in various aspects of their lives.
- The registered manager and director promoted person-centred, high-quality care and good outcomes for people. This took into account the social aspects of a person's life. The director informed us of where staff knew a person loved food, staff recognised by taking the person out for meals helped them see other people that they used to see in the community and supported them with a social activity. Staff also left the person with healthy snacks so they felt less hungry in-between meals and planned visits.
- Individuality and diversity was respected consistently. This was achieved by identifying where people needed support. One person was taken to their preferred place of worship and to local prayer groups.
- People were helped to feel a valuable member of the community. The director told us of one person who had picked blackberries with staff, made jam and won a prize at a village fete. This had supported them to feel important and to engage in a community event alongside others.

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

- People were introduced to new staff so that they could make a decision on which staff they wanted

support from. This helped people and their relatives feel involved and their views listened to. A relative said, "My family member has the same staff and they are happy, so it makes me happy."

- People and their relatives were asked for their views about the support they had from the staff team. One person said, "I have been asked my views on the care being provided." People had regular review meetings where they could share their views on the care they received.
- People were cared for by staff who considered the person's and relatives views. A relative described how "The Communication book has proved invaluable, as the staff write any concerns or suggestions for us to act on when we visit. They are also always willing to follow our requests, try new suggestions and to feedback on success or otherwise. They definitely go the extra mile and do all they can to resolve problems."
- A member of staff told us, "Good communication skills are so important when giving information. Ensuring there is plenty of time for clients to understand and be able to answer. When I do any visits, we [staff and person using the service] go to the fridge together and discuss what they would like to eat. I like them to be in control whenever possible so they feel good about themselves."
- To help people remain safely at home people were helped and informed about equipment to keep the person safe. For example, on one person's care records it was noted they had a pendant alarm so that should they fall they would be helped. A second person and their relative had been informed about having a sensor mat by the side of the bed to alert them if the person fell out of bed and they were considering obtaining this.

#### Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff respected their privacy and dignity. People confirmed consent was sought before staff carried out any support tasks. One person said, "They [staff] are really respectful, I've had no problems." A relative commented, "I feel staff are very respectful to my family member and that's very important to me and my family member."
- Staff went the extra mile in ensuring people lead a good and safe quality life. One person was helped to reduce their loneliness and anxiety by the staff working with the local neighbours and assisting the person to meet others and have supported social interactions with their neighbours. Overnight stays were slowly introduced to ensure they were safe throughout the night and had a staff member in their home to reassure them. Everything was planned to meet their needs so they did not feel confused or rushed into any decisions that would affect their lives.
- Staff developed meaningful relationships and respected people as individuals. One person had previously been going out and missing their planned visits as they were forgetting who was visiting them and when. To help the person each day staff put up a photograph of the staff member who would be visiting them and technology was used creatively to support the person in being reminded when visits were due to take place. Through trying different methods to help the person stay at home safely the risks to them had been minimised.
- People were helped to carry out tasks in order to feel good about their achievements. We saw an example of where staff had helped a person make a present for their family member for Christmas. Staff encouraged the person to do as much as they could for themselves, just helping where they needed to.
- The provider ensured people's confidentiality was respected. People's care records were kept confidential and safely stored.

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

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

- Staff understood people's communication needs and these were noted in their care plans. One person required documents to be given to them in a larger print and we saw this had been done to enable them to read information. The registered manager confirmed documents could be translated if people needed this service to help them read information in their preferred language.
- People's care plans outlined their individual preferences and they were supported in a way that met their needs and achieved good outcomes. Each person's plan was regularly reviewed and updated to reflect their changing needs. On one person's records it was recorded that staff would need to paint their nails and assist in putting their make up on, as this is how the person wanted to be presented each day.
- People's likes and dislikes were well known to the staff team. Staff considered what people might like to participate in and arranged events and activities. The local college occasionally ran beauty treatments for members of the public. Staff took some people to have a manicure and other pamper treatments to make them feel good about themselves.
- People's needs were re-assessed quickly if their needs had changed. We saw where one person's medicines were no longer being safely managed by the person. Their care plan was updated to reflect the additional support staff would need to provide and that a safe was purchased to ensure medicines were safely stored.
- People and their relatives confirmed they were involved in the development of the care plans and could contribute to how they wanted to be supported.

Improving care quality in response to complaints or concerns

- There were effective systems and procedures in place to deal with complaints, with the last one recorded in 2016. The registered manager confirmed there had been none since then.
- People and their relatives told us that they had no reason to complain and matters were always dealt with when they made suggestions. One relative confirmed, "The manager does visit and is always happy to chat on the phone reassuring us when needed." Another relative confirmed they had no complaints and that they knew if they had any complaints these would be dealt with in a very "Honest and straightforward manner."

End of life care and support

- People were supported to plan for and have a dignified pain free death. One relative gave the director some feedback on the support their family member had towards the end of their life. They commented that the company were, "Outstanding and each individual very obviously always did their best. We couldn't have

asked for more."

- A healthcare professional working in a community palliative care team confirmed the staff team worked well with them to ensure people's needs were being met. They told us, "The staff members that I have met have always been polite, approachable and keen to learn."

# 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.

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives spoke favourably on all aspects of the service, including how it was run. People were at the heart of the service and this was very clear from the comments we received. People knew the registered manager and director and said they visited them and were approachable. One person said, "I think it seems to run remarkably well. I personally cannot fault them." A second person told us, "I feel the service is well led. I have wonderful regular staff and it works well for me, and I find management very helpful." A relative confirmed, "The service is the best and well run, I cannot fault anything."
- The registered manager and director worked hands on with the staff team and had fostered an open and positive culture. Staff understood their roles and could seek advice to ensure people received a quality service. The registered manager and director worked on Christmas Day making sure people were visited and had a traditional Christmas meal if they wanted it.
- People were supported in a sensitive way. Several comments from relatives spoke of how staff listened to how people wanted to be supported, and looked at the best way in providing the care people required.
- Staff were overwhelmingly positive about working for the service. We saw compliments from staff who had recently left their posts, comments included, "I've enjoyed every moment of my time working for Home Instead" and "I don't know another care company that can provide such high level of care to clients." Comments from staff still working for the service were, "Communication is good, I trust my managers to work in best interests of clients and staff" and "I love working for this agency and most of all I have the pleasure in supporting amazing clients."
- The service had improved the infrastructure since the last inspection. There had been a new electronic system implemented that helped management monitor the service, check on visits, review travelling times to and from visits and ensure staff were paid an appropriate amount due to the time they spent getting to visits and waiting for visits to start. The systems helped the staff team spend their time efficiently and have a good overview of the service at any time.

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

- People were safely supported as the provider had a number of quality assurance systems in place, which were meaningful and encouraged different staff to engage in the auditing process. There was a strong line of accountability with the registered manager and director having a clear oversight of the service.
- Audits included, checks on medicines records, which a relative said the staff "monitored competently",

staff records, care records and monitoring visits which looked at staff performance. The effective monitoring of the service was consistently achieved, seen through feedback received and the records we examined.

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

- The provider's satisfaction survey of people and their relatives conducted in 2018 identified that the majority of people said they were 'very likely' to recommend the service to others.
- Staff kept in regular contact with people's relatives to reassure them and shared information appropriately to ensure people's welfare.
- The director was a dementia champion and shared good practice with community professionals such as the local police and clinical commissioning groups. We saw evidence that they had shared information on dementia and discussed best practice when meeting and supporting people living with the experience of dementia. They had also held community events for the public to share information on getting older and the support people might require in order to remain in their homes. Through sharing ideas and knowledge, people coming into contact with the police or the public could feel more understood and less isolated.
- The provider recognised staff staying with the service. Staff were rewarded with a pay rise when they have worked a certain length of time in the service. This encouraged staff to stay with the service and for people to continue to receive support from familiar staff.
- The registered manager and director had been a part of the 'You Can Care' campaign to encourage people to work in social care services. Actively recruiting good staff was part of offering people a high quality service from staff who were committed to providing excellent care.

Continuous learning and improving care

- There was a strong emphasis on continuously learning new ways of doing things in order to not stand still and to make sure staff knew how to meet people's diverse needs. The registered manager had completed training which enabled them to offer an in-depth City and Guilds end of life training to the staff team to ensure everyone understood how to support people appropriately.
- There were good systems in place for staff to reflect on and consider ways to ensure people received excellent care. There were weekly meetings with the staff based in the office so that any changes to usual visits, appointments and any foreseeable issues were discussed. Action was taken to ensure all staff were kept up to date with who they would be supporting and if there were any issues or changes to the usual planned visits.
- Staff were supported and guided through regular meetings held for them. We saw the minutes from a 2018 meeting where staff were reminded about new policies and procedures and talks were held about 'what more could we do to improve someone's life'. This aimed to prompt staff to regularly reflect on how they were currently working with a person and what else they could do to enhance the person's life.
- The director attended meetings with nine other local offices. They felt these were useful as they shared best practice through discussions. They had also held further dedicated meetings, and invited other office staff, to focus on particular topics. These included topics on the Care Certificate, recruitment and retention of staff and business development.

The registered manager and director were passionate about learning and developing the skills they had developed over the years. They attended social care conferences, kept up to date with training for managers and ensured they passed good practice onto the staff team.

- There were plans being made for managers from different offices to visit an office to carry out an audit with a fresh pair of eyes on the service. This would enable the registered manager and director to see what was working well and if there were improvements to be made.

## Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- All professionals were extremely complimentary about the service people received. One healthcare professional told us, "I have always been contacted if client's needs have changed and need to be reassessed or reviewed or they are having difficulty accessing other services."