

Oak Healthcare Holding Ltd

Oak Healthcare

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Oak Healthcare is a community based care provider that provides personal care to people living in their own homes. At the time of inspection 20 people were receiving a service and all were in receipt of the regulated activity of personal care.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they did, we also consider any wider social care provided.

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

The provider's oversight and audits of the service were not always effective and had not identified the areas which required improvement that we identified during the inspection. For example, some risk assessments required further information to guide staff.

People's support needs were assessed regularly and planned to ensure they received the support they needed.

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were trained and supported to provide the best possible care for people. Medication was administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People were treated with dignity and respect and supported to maintain their independence.

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

Rating at last inspection

This service was registered with us on 15 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

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

Details are in our well-led findings below.

Requires Improvement ●

Oak Healthcare

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 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 last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual who is also the registered manager, quality manager, care co-ordinator and care workers. The nominated individual is

responsible for supervising the management of the service on behalf of the provider. We also received feedback from one healthcare professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risk assessments were in place for people and updated regularly. Risk assessments we reviewed varied in the level of detail they contained to support staff to meet people's needs. Some risk assessments lacked detailed information, for example, where people were fed through a feeding tube, there was no detail about how to keep the site of the feeding tube clean or what signs to look out for if there was an infection. Whereas other risk assessments were more detailed, for example, how to transfer a person using a hoist.
- All people and relatives we spoke with told us that staff knew people's support needs well. Staff told us and records confirmed, staff had received the relevant training. We spoke with the registered manager and they told us they would update any risk assessments that required more detailed information.
- The provider had an electronic monitoring system in place which informed staff of people's care needs and what support was needed during their care call. An alert was raised if staff did not complete all the tasks required and this enabled the provider to follow up any issues in a timely manner.
- The provider had an electronic call monitoring system where staff logged in and out of calls. If the call was not logged into within an allocated time, the person using the service and/or staff were contacted to ensure they were safe and well.
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.
- People received their care calls on time. One relative said, "They turn up on time and if they are stuck in traffic, they call us. They have never missed a call."
- People received the same regular staff and this enabled them to build a relationship with the staff. A relative told us, "They pick the right staff suited to the client."

Preventing and controlling infection

- The provider had infection control policies and procedures in place.
- The provider told us in information they had provided prior to the inspection, staff had received training in how to prevent and control infection. Staff we spoke with confirmed this and told us PPE such as masks and glove was readily available to them. Staff we spoke with could tell us what PPE they should be wearing in line with current guidance and the provider's policies and procedures. Staff carried out regular COVID-19 tests to help prevent the spread of infection.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records we observed showed people received their medicines as prescribed.
- Care staff received training and regular competency checks to ensure they were administering medicines safely.

Learning lessons when things go wrong

- The provider analysed data to look for patterns and trends and make improvements within the service. For example, the provider was able to identify where a particular member of staff was not arriving at their calls on time and they took action to remedy this. The quality manager told us, "We want to be proactive, not reactive."

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

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment. People and relatives we talked to, spoke positively about the standard of care they received.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.
- Staff received on-going training to meet people's specialised needs.

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

- People were supported to eat a healthy balanced diet and where people had specific dietary requirements, staff were aware of their needs, for example, where people were fed using a feeding tube.

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

- The provider worked with other agencies and health professionals in order to meet people's specific needs. A relative told us, "[Name of office staff] arranged with the GP to get an assessment for [name of person]. They [name of office staff] couldn't help enough. I feel I can rely on [name of office staff]".
- The provider had obtained funding by working with a local innovative project to look at different and new ways to support people in their own homes. They were working on one project to install sensors in people's homes who may be at risk of falls. They had also introduced smart fitness technology to people to encourage them to stay active and maintain their independence.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were involved in decisions about their care and where they were unable to make their own decisions, best interest decisions were recorded. Mental capacity assessments were recorded on people's files to show what decisions people were able to make.
- Staff had received training in the MCA and understood the importance of people being involved in decisions about their care. One staff member told us, "I always chat to the client before I do anything, I try to make them feel comfortable."

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 supported by kind and caring staff. One person told us, "They [staff] go above and beyond."
- One relative told us how the provider had really supported them during the initial lockdown. They said, "They [staff] went out of their way to make sure we had enough food. The office constantly rang to make sure we were ok."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity to be able to meet people's needs. One relative told us, "They [staff] can speak [name of person's] language. It is good for [name of person's] well-being that they can communicate with [name of person] and they can understand."
- Staff spoke passionately about their roles. One member of staff said, "I love it here, it is great. Speaking to people and changing their lives gives me a warm feeling inside."

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

- People and their families were involved in care planning and their views and wishes respected.
- Regular reviews were completed with people and their families to ensure they were happy with the care they received.
- The provider had received compliments from people and their families which they shared with the staff. One compliment read, "The service Oak Healthcare have provided to [name of person] is second to none and I can't thank them enough. I feel at ease knowing good care is being provided."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One care staff told us, "I always knock the door, close the curtains if completing personal care and ask the person's permission."

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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. People were involved in reviews of their care.
- Care plans contained personalised information about what was important to them, including people's hobbies, likes and dislikes to enable staff to provide person centred care.

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 were asked about their preferred communication method during the initial assessment and this was recorded in their care plans. The registered manager told us how people could be offered alternative forms of documentation, for example, whether they needed documents printed in braille, if needed.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people knew who to speak to if they had any concerns. There had been no complaints since the service opened. One relative told us, "You can't fault them"
- Staff told us they felt comfortable to raise any concerns with the registered manager.

End of life care and support

- There was no-one receiving end of life care at the time of inspection.

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 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

- The provider's oversight and audits to monitor the quality of the service were not always effective. For example, they had not identified where risk assessments were missing or lacking in detail to guide staff on how to support people safely. They had not identified where risk assessments had not been implemented for people's specific needs, for example, where people received their food and medication through a feeding tube. We found staff understood key risks to people, however, documentation was not always in place.
- The provider's quality reviews had not identified where one member of staff was not wearing PPE in accordance with company guidelines. This was identified during the inspection and discussed with the registered manager who took action to address this.
- The provider's oversight had not identified where guidance was not in place for staff where people received medication as required. We did not find any evidence during the inspection that people's as required medicines had been administered incorrectly, however, this meant any new staff may not have enough information about the medicines they were required to administer. For example, what the medication is for and when they may be required to administer the medication.
- Spot checks and competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.

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

- People and relatives we talked to, spoke positively about the provider. One relative said, "They are really, really excellent. Their work ethic is outstanding. I have no hesitation in recommending Oak Healthcare to anyone."
- Staff also spoke positively about the provider. One staff member said, "It is a lovely company to work for, really good support."

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 open and honest with us throughout the inspection and keen to learn and improve the quality of the service. They told us, "You have to be honest and transparent with people using the service when things go wrong in order to mitigate any further risks."

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

- Quality reviews were carried out with people to gain their views of the service. Feedback we observed from the reviews was very positive.

Continuous learning and improving care

- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs. One healthcare professional told us, "The care provided is excellent in their approach. The manager is willing to support the client, honest, reliable, trustworthy, always willing to support in referring to the relevant professionals to meet the identified needs and willingness to take on board advice/recommendations and information passed over."