

Oakhaven Care Limited

# Oakhaven Care Limited

## Inspection report

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Date of inspection visit:  
28 December 2018  
09 January 2019

Date of publication:  
14 February 2019

## 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

Oakhaven Care Limited provides personal care and support to people in their own homes. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', that 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 the agency was providing a service for 17 older people with a variety of care needs, including people living with physical frailty or memory loss due to the progression of age.

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

At our last inspection on 25 January 2017, we found one breach of regulation. The service was non-compliant with effective management systems to assess, monitor and improve the quality of service people received. During this inspection we found that sufficient action had been taken and they were now compliant.

We received positive feedback from people about the service. All the people who used the service and their families expressed great satisfaction and spoke highly of the care staff. A complaints procedure was in place and people knew how to make a complaint if they needed to.

People felt safe with the service provided by Oakhaven Care Limited and risks to people were minimized through appropriate risk management. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at Oakhaven Care Limited to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed. Staff contacted healthcare professionals promptly when they had concerns about people's health and wellbeing.

People felt they were treated with kindness and compassion and said their privacy and dignity was respected. Staff had an understanding of the Mental Capacity Act (MCA) and understood that people had the right to make their own choices.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff completed a wide range of training and felt it supported them in their job role. New staff completed an induction before being permitted to work unsupervised. Staff told us they felt supported and received regular supervision and support to discuss areas of development. Staff meetings were held regularly. There were sufficient numbers of staff to maintain the schedule of care visits to meet people's needs.

Staff felt supported by the registered manager and could visit the office to discuss any concerns. There were systems in place to monitor the quality and safety of the service provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

## 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 remains good in safe.

Good ●

### Is the service effective?

The service remains good in effective.

Good ●

### Is the service caring?

The service remains good in caring.

Good ●

### Is the service responsive?

The service remains good in responsive.

Good ●

### Is the service well-led?

The service had improved too good in well-led.

People and staff spoke highly of the management team who were described as approachable and supportive.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

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

Good ●

# Oakhaven Care Limited

## Detailed findings

### Background to this inspection

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

This inspection took place on 28 December 2018 and 09 January 2019. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to speak with us.

The inspection team consisted of one inspector and one 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.

Before this inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with 12 people receiving care and support and three family members by telephone. We spoke with the registered manager, care coordinator, team leader and four care staff. We looked at care records for four people, medicines records and recruitment records for five care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we gathered feedback from two health and social care professionals.

# Is the service safe?

## Our findings

People and their families told us they felt safe with the staff and service provided by Oakhaven Care Limited. One person told us, "I do feel very safe with them". Another person said, "I definitely feel safe with them". A family member told us, "Yes he is very safe with them, no issues with them. Another family member said, "She does feel safe but she cannot communicate and has poor balance. I feel she is safe with them and I trust them".

There were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. These could be adjusted according to the needs of people. Staff said they had sufficient time to support everyone they cared for. One staff member told us, "Don't overload me with calls and I get plenty of travel time and time in-between calls so no stress".

People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff and staff arrived when they expected them. One person told us, "They are usually all on time but someone always rings from the office if they may be a bit late". Another person said, "They are always on time". A family member told us, "She [staff member] was only late once and that was a puncture, they rang and let me know though. Another family member said, "They are very thorough and always ask me if there is anything else they can do. They never rush him and sometimes even go over their time a little but that can't be helped". A third family member told us, "I was so pleased the day I found Oakhaven! We have no issues with them. If ever they are going to be late Mum will get a call. It just can't be helped if there is an issue with the previous client".

There were safe medicines administration systems in place and people received their medicines when required. People were happy with the support they received with their medicines and told us their independence was respected and they managed their own medicines where possible. One person told us, "I do my own meds but they do cream my legs for me, they always wear gloves". Another person said, "They give me my meds and write it up and they also have an App on their phones which they fill in".

Staff were issued with a mobile phone and used this to access the care plans and MAR charts electronically on a computerised system. This meant any changes to medicines were updated immediately, staff had all the latest information and this reduced the risk of errors. When staff assisted people to take their prescribed medicines they signed a medicines administration record (MAR) electronically to confirm the person had taken it. If a staff member had not administered a person's medicines as scheduled at their visit the on-call staff member was immediately alerted to this on their smart phone and computer. Staff we spoke with were happy with the system.

People benefitted from a safe service where staff understood their safeguarding responsibilities. A safeguarding policy was available and staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us if they had any concerns they would report them to their

manager, and if no action was taken would take it higher up.

People were protected by staff who understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to assess any risks to people and to the care staff who supported them. Areas covered by these assessments included risks associated with the environment, personal care, skin integrity, medicines, mobility, health conditions and moving and handling. Records showed these were detailed to support staff to care for people safely.

Records were maintained of accidents and incidents which occurred. There was evidence that the registered manager reviewed these to ensure that appropriate action had been taken to reduce any on-going risk and to debrief the staff involved.

The service had a business continuity plan in case of emergencies. This contained a set of procedures to follow and the main contact numbers for emergency services. This covered eventualities where staff could not get to people's homes. For example, if there were any difficulties covering calls due to events such as the weather conditions or sickness.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, records show one staff member had started without a reference in place. We spoke to the registered manager and human resources and a breakdown in communication had occurred through a temporary administrator. The registered manager took immediate action to ensure a reference was obtained and further checks put in place to prevent reoccurrence.

## Is the service effective?

### Our findings

People and their families told us that staff had the skills and training required to support their needs. One person said, "They seem to know what they are doing and seem well trained". Another person said, "They have the skills required for the job they do, they know the safest way to help me shower as I get dizzy spells and they are always very attentive". Other comments included, "They seem very well trained and competent in what they are doing". A family member told us, "They have all the skills needed, he is very slow and shaky. They instruct one thing at a time, slowly and never rush him."

People and their families were happy with the support provided around meal times. One person told us, "They do my meals for me and always wear gloves and aprons and its always well cooked and appetising". Another person said, "They help me with meals and always wear gloves and aprons and the food is very well presented". A third person told us, "They do my breakfast for me and always unscrew any tops that I can't manage and leave for me ready for when I do my lunch". A family member told us, "They [staff] feed her through a tube and they are all trained by the Nutrition team. They all know how to do it professionally".

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. In other cases, staff members reheated meals and ensured they were accessible to people. We spoke with a health professional as one person required specialised assistance with their nutrition. They informed us that staff had the qualities and skills to provide this. They said, "As far as I know they do - I cannot recall any incidents where this was not the case. Informal conversations with some of their carers, encountered by chance at client's homes, suggests that training is a high priority for the staff. Certainly, they have been able to manage the nutritional requirements for a person with a gastrostomy without fault after specialist training".

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. All the staff we spoke with highly praised the training. One staff member told us, "Training is good, all the training. Also get the opportunity to do extra courses through college if you want to, I did falls prevention and the company paid for it". Another staff member said, "They offer loads of training always in-house training. I complete my on-line tracker and you can do extra training as well".

People told us new staff members were accompanied by a regular staff member and shown how people like things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "Very supportive of everything. I always tell new carers not to worry you can ask the least little thing".

People were cared for by staff who were well-motivated and told us they felt valued and supported appropriately in their role. Staff were provided with supervisions (one to one meetings) and annual appraisals with their line manager. These provided an opportunity for the service to provide staff with feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Staff informed us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had.

Staff had received training in the Mental Capacity Act 2005 (MCA). 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. Staff showed an understanding of the MCA. Before providing care, they sought verbal consent from people and gave them time to respond. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People told us they had been involved in discussions about care planning. We asked a health professional if staff took into account people's mental capacity and consent and they informed us, "Absolutely. From my observation the carers are well trained to understand this".

People were supported to access healthcare services. Staff told us they would always inform the office to keep them updated about any changes in people's health. A health professional told us, "They are good at communicating with me over issues of mutual importance".

## Is the service caring?

### Our findings

All the people and their families we spoke with told us staff were caring and treated them with kindness and compassion. One person told us, "They always have a smile which makes me feel better, it doesn't cost anything. They are all very kind and caring". Another person said, "They really are wonderful! I cannot speak too highly of them". Other comments included, "Yes they are kind and always ask me what I would like done". A family member told us, "Most definitely they are all very caring!" Another family member said, "She always has marvellous lady carers!"

People told us they were consulted and involved in the planning of their care. One family member told us, "We gave a very detailed care plan and they follow it through exactly. We have a set of a few carers which is very important to my husband. If one is on holiday they ensure a new carer comes in two or three times to shadow before they become regular". Another family member said, "Someone came to see us both about the care a few years ago when she started with Oakhaven. I tried a few other agencies but none were this good". Care plans provided information about how people wished to receive care and support and any worries they might have. People told us that staff were aware of how they like things to be done and records reminded staff to offer people choices.

People and their family members all told us staff treated them with dignity and respect. One family member told us, "They [staff] are very kind and caring and always treat us with respect". Staff explained how they respected people's privacy and dignity, particularly when supporting them with personal care. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "Privacy, dignity and respect all basic things of caring. I always treat people how I would like to be treated or my family at all times very important".

People were encouraged to be as independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Staff told us although they knew what care people needed they continually asked people what they wanted.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view them. Any information which was kept on the computer or accessed by staff on their smartphones was also secure and password protected.

## Is the service responsive?

### Our findings

People received individualised care which met their needs. One person told us, "It says on my care plan that I need to slow down! They keep an eye on me and try to ensure that I use my trolley". Another person said, "I don't always feel like it but they are very good at encouraging me to go out and when I do I feel better for it". Other comments included, "I have a care plan. They don't always look at it as they seem to have their own and they all know what I need anyway! I have never had to complain! I often say to my daughter it was the best day of my life when she got in touch with Oakhaven!" A family member told us, "Mum is highly satisfied with them. I don't think they have ever restricted her in anything". Another family member said, "We recently had a questionnaire which I have filled in and posted today. We get a regular rota. One good point I must mention is if we need an early visit because she has a hospital appointment or we want to go to church they always accommodate us. I have nothing negative to say".

People received care that was personalised and focused on their individual needs. Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. Care plans reflected people's individual needs and were not task focussed. One person told us, "I do have a care plan and they write it all up. They always ask me what I need doing for example they fold up my washing for me and put the airer away. Just little things that I can't seem to do now".

The care plans were updated regularly to ensure a true reflection of the person's current needs. The provider regularly reviewed their care to ensure that their care plan met their needs. Reviews were a mixture of telephone reviews and home visits carried out by senior staff.

When we visited the service, nobody was receiving end of life care. The registered manager told us that they provided staff with training on end of life care and had the resources and support of the local hospice.

The provider sought feedback from people or their families through the use of a quality assurance survey. This was sent out annually seeking their views. At the time of our inspection the provider were waiting the results from the latest survey. The quality assurance from the previous year showed this was mainly positive.

People we spoke with told us they knew how to make a complaint. One family member told us, "I have never had to complain. I would know what to do if I did need to and they know that!". The provider had a complaints policy and procedure in place, which detailed the timeframes within which complaints would be acknowledged and investigated. This was included in information provided to people when they started to receive a service.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the registered manager about how they ensured information was accessible for all people using the service. They told us, one person had a sensory impairment and information was provided in large print.

## Is the service well-led?

### Our findings

At our last inspection in January 2017 we found that the registered manager had failed to ensure that effective management systems were in place to assess, monitor and improve the quality of service people received. During this inspection we found that sufficient action had been taken to address these concerns.

People and their families thought the service was well led. One person told us, "It seems to be well managed, the manager has called sometimes and his lady assistant comes and sits down with me and asks how things are going". Another person said, "The manager often rings and asks me how it's going. I get a rota every week". Other comments included, "They are a great company. They would do what I want". As well as, "It seems very well managed". A family member told us, "It's very well managed, I find the managers very good. I thought there were a couple of issues a while ago about minor issues and it got sorted immediately, I cannot remember exactly what it was now though". Another family member said, "It's very well managed".

Health professional we spoke with also felt the service was well led. One health professional told us, "We don't have many care packages with Oakhaven, but my experience is that they provide a good standard of care, and are very reliable". We asked another health professional if the service delivered high quality care to which they replied, "Yes - outstanding - they have a well-deserved reputation locally. I always breathe a sigh of relief when I know that Oakhaven are providing the care package".

All the staff we spoke with felt supported by the registered manager and management and really enjoyed working for the provider. One staff member told us, "Working for Oakhaven is great by my experience nothing negative. So, supporting and understanding. For example, one time I couldn't find a person's house at night I started to get stressed and I phoned on call and [staff member name] came straight out in the evening to show me where it was, just brilliant. So supportive from right at the beginning amazing supportive always someone at the end of the phone". Another staff member said, "Nothing negative to say, no stress involved and feel very supported. Always time for you if you have a problem". Other comments included, "Fantastic very very supportive, any issue at all just pick up the phone and someone will sort it, or get back immediately. I love it here".

The registered manager held regular meetings with the staff to discuss any concerns. These informed staff of any updates on people's health and training opportunities. Records of minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. One staff member told us, "Staff meeting absolutely able to get our views across and I do. The last one was very well attended and very good".

The registered manager and provider used a system of audits to monitor and assess the quality of the service provided and help drive improvements. These included medicines, care plans, staff files, complaints, safeguarding, daily notes, incidents and accidents. The results of these quality assurance audits were used to identify where improvements could be made to the service provided.

Spot checks took place whereby unannounced checks were made on staff when they were delivering care in people's homes. During these visits, people were asked their views about the care they received and their views were documented. All views and comments were positive.

The registered manager told us they felt supported in their role and had regular contact with the provider to enable them to keep up to date with the latest practice and guidance. The registered manager kept up to date by reading the commission's website and through other professional websites, as well as keeping up with latest guidance by attending training.

The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way and transparent way in relation to care and treatment when people came to harm. Staff were supported and encouraged to raise incidents. The provider notified the Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.