Sussex Homecare Support Limited

Good Oaks Home Care (Mid-Sussex)

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

This inspection took place on 11 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a care at home service. We wanted to be sure that someone would be in to speak with us.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of the inspection the service were providing personal care to 19 people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia.

The service had a registered manager in place. 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.'

People told us that they felt safe. Staff had a good understanding of their roles and responsibilities for identifying and reporting allegations of abuse and knew how to access policies and procedures regarding protecting people from abuse. Risks to people were assessed and monitored.

People's medicines were managed safely by staff. People were supported by staff who the provider checked were suitable to work with them. In addition, there were enough staff to care for people.

People were encouraged to live healthy lives and received food of their choice. People received support with their day to day healthcare needs.

Staff considered peoples capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were trained in subjects relevant to the needs of the people who used the service and received regular supervision which enabled them to develop in their roles. Staff said they felt supported.

Staff spoke to people respectfully and treated them with dignity and respect. People felt that their privacy was respected and staff kept information confidential. People were involved in planning their support.

People's individuality was respected and people's preferences were taken into account when planning their care such as religion. There was an accessible complaints process in place which people knew how to use if

they needed to however people told us that they hadn't needed to make a complaint.

People said that the registered manager was approachable and listened to them. Staff felt that the registered manager was open and they were able to raise any concerns and receive with a good response. The vision and values of the organisation were visible within the service and staff were proud to work at the service.

Quality assurance and information governance systems were in place to monitor the quality and safety of the service. People and relatives all told us that they were happy with the service provided and the way it was managed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected against the risk of harm and abuse as staff received training in safeguarding and were aware of the appropriate response to suspected abuse.

Sufficient numbers of suitable staff were deployed to keep people safe. Staff underwent pre-employment checks to check their suitability for the role, prior to commencing employment.

People were protected against the risk of avoidable harm, as the provider had developed risk management plans that identified the risk and gave staff guidance on how to mitigate those risks.

Is the service effective?

Good

The service was effective. Staff received regular training to enhance their knowledge and skills to effectively meet people's needs.

The manager and staff knew their responsibilities in line with the Mental Capacity Act 2005 legislation. People's consent to care and treatment was sought and respected.

Where agreed in people's care plans, people were supported to access sufficient amounts of food and drink that met their dietary needs and requirements.

Is the service caring?

Good

The service was caring. People and their relatives were happy with the care and support they received.

People were treated with dignity, respect and had their human rights encouraged and promoted.

People received the level of support they needed and had their independence encouraged wherever possible.

Is the service responsive?

Good

The service was responsive. People received person centred care and support. Care plans were devised with people, their relatives

and healthcare professionals' input.

People and relatives understood how to complain about the service, and had confidence their concerns would be addressed.

People's choices and personal preferences were met and regularly reviewed.

Is the service well-led?

Good

The service was well-led. People and their relatives were asked for their views. They and staff could approach the registered manager with their queries and they were listened to so that improvements could be made.

The registered manager was visible and approachable and we received positive feedback about the management of the service from people using the service, their relatives and staff.

Audits were carried out across a wide range of areas and this showed that the registered manager monitored quality and performance regularly.

Good Oaks Home Care (Mid-Sussex)

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.

The inspection took place on the 11 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one 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.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we held about the service. This included notifications. Notifications are changes, events or incidents that the service must inform us about.

During our inspection we spoke with seven people and eight relatives over the telephone. Three care staff and the registered manager. We observed the staff working in the office dealing with issues and speaking with people over the telephone. After the inspection we contacted five health and social care professionals to gather their feedback and we received two responses.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, medicine administration record (MAR) sheets, four staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of

the service.

This was the provider's first inspection since registration.

Good

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "Absolutely feel safe, no worries. I have been using them since they started". Another person said, "I couldn't be happier using Good Oaks and feel safe".

People were protected from the risks of abuse. There was a comprehensive safeguarding policy in place that informed staff about their responsibilities to safeguard people and what constituted abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. All staff had received training in safeguarding which improved their knowledge and skills in protecting people from harm and abuse. Staff were confident that the registered manager would listen to them and act on any concerns they raised. Staff told us what actions they would take if they suspected abuse. One member of staff said "There are many signs of abuse. If I had any worries or concerns about someone I would call the office and speak with the manager. This has never happened yet but I know the manager would deal with it straight away". Staff were also familiar with whistleblowing procedures and were confident in its use.

People had individual risk assessments in place which were completed by the registered manager. The risk assessment identified risks in relation to people's health and well-being needs. From these assessments, risk management plans were developed and made available to staff to enable them to minimise risks. We noted risk assessments detailed the support people needed with managing their personal care needs, eating and drinking and with their mobility. Risk assessments included details on the equipment people needed to complete tasks and clear details were provided in its use. Staff told us they followed risk assessments to maintain people's safety when they delivered care. For example, ensuring there were two staff to carry out any specific tasks where this had been identified. Assessing and acting on risks to people's individual health and wellbeing meant that the risk of harm was reduced.

The registered manager had a system in place to record accidents and incidents. These records showed that staff took actions to reduce the risk of the accident recurring. Information about accidents and incidents was shared with staff in meetings. This enabled them to learn from these and increase the awareness amongst staff.

Medicines were managed safely. People who needed assistance with medicines received the support they required. There were up to date electronic medicines administration records (MAR) which were completed appropriately by staff. People's care records documented the medicines they were prescribed, any allergies and the level of assistance they required. The registered manager had checks in place as part of their quality audit systems. The registered manager told us that all staff had medicines training and training records confirmed this. Staff had their competency assessed and had access to additional training in the management of medicines if this was needed to improve their skills.

There was a robust recruitment process in place. Potential staff completed an application and attended a face to face interview. This enabled the registered manager to assess staff's suitability for the role. Following this, staff had a criminal records check by the Disclosure and Barring Service (DBS). DBS helps employers

identify any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Enough skilled and experienced staff were available to ensure people were safe and cared for on visits. The registered manager had recently introduced new technology to the service which included a computerised care system, which incorporated the electronic staff rotas. Staffing levels were determined by the number of people using the service and their needs. Staff received their rotas and any changes securely on a smart phone which enabled them to have up to date information on people and their call times. There were sufficient numbers of staff employed to ensure visits were covered and to keep people safe.

People were protected from the risk of infection. The registered manager had infection control policy and procedures in place. Staff had received infection control and food hygiene training and were provided with appropriate personal protective equipment (PPE) such as disposable gloves and aprons. One member of staff told us "We have aprons, gloves and hand gel provided. Gloves are for one use only, so can get through a few on a visit to a client".

Good

Is the service effective?

Our findings

People told us they received an effective service from staff who understood their needs. One person told us "The manager has handpicked the girls on the team, they are absolutely fantastic. Good Oaks are the standard that all care companies should be". A relative said "They are efficient and can get quite a lot done in the time, compared to another care service".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff held good knowledge in this area and could clearly demonstrate how people had choices on how they would like to be cared for because staff had received training in this area. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. One member of staff told us "I will always ask someone before I do anything and respect their wishes. You cannot force anyone to do something they don't want to do, I encourage and support them. If I have concerns around someone's capacity I would report and there would need to be a process that takes place to assess that person".

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, infection control and dementia. Staff completed their training on induction and updates were planned to ensure staff remained up to date. One member of staff told us "I had a four day induction with lots of training. I then went out and shadowed a member of staff until I felt confident. It worked really well and then I was introduced to the clients I would be visiting". Staff were also offered the opportunity to complete qualification's in health and social care which included Diploma's. One member of staff told us how the registered manager was currently supporting them to complete a level 3 diploma in health and social care".

Staff received support to understand their roles and responsibilities through regular supervision and spot checks. These consisted of individual face to face meetings where they could discuss any concerns, training and development. Staff told us they felt these were beneficial. One member of staff said, "We have monthly spot checks and regular supervision I think it's helpful and we can ask anything we need to".

Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. Staff were knowledgeable about people's preferences and dietary requirements and gave good examples of how they needed to remind and encourage some people to eat and drink sufficiently. For example, in one person's care plan it detailed for staff to support the person and steps to take to encourage them and ensure it was recorded. One person told us "My carer cooks for me and she is really rather good at it".

The registered manager carried out care needs assessments for all people referred to the service before the

commencement of their care. This was to make sure they were confident the person's care needs could be met and to make sure identified risks within the person's home could be addressed. People's sexuality or lifestyle preferences as well as their rights, consent and capacity were taken into consideration, discussed and recorded where appropriate. The registered manager involved people and their family members in the assessment process where appropriate.

Assessments were reviewed regularly and we saw when people's needs had changed and they required additional help, the registered manager had reviewed the person's care and support plan. If required support and guidance was provided to meet people's changing needs, for example, the frequency of care calls was increased and district nurses and GP's advice were sought.

People were supported to access and attend routine health care appointments such as visits to the GP if required. Staff monitored people's health and wellbeing and supported them to access or request referrals to services as and when required. The registered manager also gave us examples of how professional relationships had been built up through regular contact with health professionals such as social workers and district nurses.

Good

Is the service caring?

Our findings

People and relatives told us that they were treated with dignity and respect and that staff were caring. Comments included "These girls put you at ease, not just doing a job", "Yes they are caring. I am very fond of them and look forward to seeing them" and "Generally very happy with Good Oaks. They seem to be efficient but thoughtful and caring too. The Manager even popped in to say, 'Happy Birthday' to my relative".

The registered manager and staff demonstrated a sensitive and compassionate approach to protect people's human rights. The registered manager provided equality and diversity training for staff as part of their induction programme. Equality and diversity also formed part of the discussion in staff meetings.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. One member of staff detailed the support that was given to one person's faith and how time was given to allow the person to pray before having a meal. People's needs were recorded in care plans and staff we spoke to knew the needs of each person well. One member of staff told us "I know all the people I see very well and overtime know what they want and what they like. You get to know each other well".

People were provided with appropriate information about the service in the form of a 'Service Users Guide'. The registered manager told us this was given to people when they started using the service. This included the complaints procedure and the services they provided. This guide ensured people were aware of the standard of care they should expect.

Staff told us how they promoted people's independence. Staff told us that wherever possible people were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. One member of staff told us "You can't just take over. You give time for people to do things for themselves and ask if they would prefer to do things".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. People we spoke with confirmed dignity and privacy was always upheld and respected. One relative told us "Carers are very good at dealing with my relative and ensuring privacy and dignity. They are very discreet".

People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy.

People and relatives told us they could express their views and were involved in making decisions about the care and treatment for their relative who was receiving care and support from the service. People confirmed they had been involved in designing their care plans and felt involved in decisions about their care and

support.

People had been supported to maintain links with their family and friends. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was available in the service user guide. The registered manager was aware of who they could contact if people needed this support.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of people's preferences and interests, as well as their health and support needs. One relative told us "When we've been in distress they have come out or sent someone. Once my relative had an incident when the carer had left. I phoned and asked if she could come back to help and they did, very impressed". One health professional told us "Good Oaks have been helpful and responded to our requests in a timely way. Feedback from our clients have been positive".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The care records were held on the office computer and staff's smart phones. They gave up to date details of people's needs and the care staff should give to meet these. Staff also completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed staff to encourage a person to use their equipment needed to safely move around their home. Where needed care plans also detailed how staff were required to monitor key pressure areas on the person's body and to report any signs of skin damage to the office immediately.

People and relatives, we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues. One relative told us "There was a carer who my relative was not that comfortable with. I asked if they could no longer be involved in caring for my relative and that was resolved". The complaints procedure and policy were accessible for people and complaints made were recorded and addressed in line with the providers policy. Complaints had been recorded with details of action taken and any outcomes required. The registered manager told us she welcomed any concerns and complaints so they could know where improvement was needed.

Staff told us there was usually enough time to carry out the care and support allocated for each person. The registered manager told us that the hours needed for care would be changed on review if needed to ensure people received a quality service. They explained how the service was flexible to people's needs if required. One member of staff told us "We have travelling time incorporated into the rota's and this works well but of course sometimes you can hit heavy traffic but people know we arrive when we are supposed to, giving a few minutes either side".

Individual communication needs were assessed and met, as the registered manager was aware of the Accessible Information Standard (AIS). The AIS aims to ensure information for people and their relatives could be created in a way to meet their needs in accessible formats, to help them understand the care available to them. Within the service user guide, it offered people formats in braille, audio or electronic format if required. Staff also gave us examples of a person whose first language was not English and how over time they have adapted their communication with them. This included an app staff had downloaded onto their smart phones and this enabled them to hold a fluid conversation with the person while using the app. A relative told us "I feel the regular carer is really going over and above what is expected. The carer is using a translate app on her phone so she can communicate with my relative".

Where appropriate and required people's end of life requirements and wishes where discussed with people, relatives and professionals. These had been documented in people's care plans to ensure staff were aware of their needs and wishes for the future. The registered told us "We supported one family recently through this difficult time and went to see them after their relative had passed".

Good

Is the service well-led?

Our findings

People and care staff told us that they were happy with the way the service was managed and stated that the registered manager was approachable and professional. Comments included "The manager checks with me and ensures that everything is ok. She even helped and bathed my dog", "I can speak to the manager about making changes to the care, they are very open to feedback about the service" and "We see the manager often, they have never let us down".

The registered manager had detailed systems in place to monitor the quality of the service which included regularly speaking with people to ensure they were happy with the service they received. This feedback was used to improve people's care. Audits included care plans, daily records and MAR charts. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The recruitment process and regular supervision ensured that the care staff understood the values and expectations of the provider. Staff meetings were held and had been used to keep care staff up-to-date with developments in the service and these were pre-planned throughout the year.

People's and relatives feedback was sought and used to improve people's care. Feedback came from regular meetings with people and their relatives as well as an annual survey for people and relatives. The registered manager had recently sent out the first annual survey to people and was collecting the information. Comments were positive and the registered manager told us "When I have received all the surveys back I will review them and plan any actions that need to be addressed. So far, we have received very positive comments.

Records demonstrated that the registered manager was open and transparent with staff within staff meetings and staff told us there was good communication between staff and management. Staff we spoke with all praised the registered manager. Comments included "This is the best company I have worked for", "The manager is great, always helps us and is available when we need her" and "I can go to my manager anytime and she is supportive to me. Any issues or concerns I may have are dealt with".

The registered manager showed passion in providing a well led service and told us that they had a great team of staff who all had the same vision of providing a quality care service to people and their relatives. Commitment was also shown in keeping up to date with best practice and updates in health and social care. The registered manager spoke of positive partnership working as they worked closely with external health care professionals. They were also currently studying for their diploma level 5 in health and social care management.

They were also aware of our revised Key Lines of Enquiries that were introduced from the 1st November 2017. Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. The care manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of

Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.