

Adesgo Ltd

Good Oaks Home Care Wimbledon & Kingston

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Good Oaks Home Care Wimbledon & Kingston is a domiciliary care service registered to provide personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were nine people receiving personal care.

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

People and their relatives were happy with the care and support provided. Comments included, "My relative is happy with the support she's getting from the carers"; "The couple of carers we have are very good" and "[Person] is happy with the care she's receiving."

People were protected from risk of avoidable harm. Comments included, "[Relative] definitely feels safe from the help she is getting" and "[Staff] make sure [person] is clean and washed and dressed, all the time." Staff knew how to protect people from harm and understood their responsibility to report concerns. Risks to people were assessed and managed.

The provider ensured people received safe care from sufficient numbers of staff who knew them well. People received their medicines as required.

Staff followed the provider's processes in line with best practice guidelines regarding the prevention and control of infection including those associated with COVID-19.

Staff were recruited safely and underwent induction before they started the job. Staff received training required for their roles and felt supported in their work. Staff followed guidance in relation to infection prevention and worked in a safe manner to reduce the risk of spread of infection.

People told us they had developed positive and meaningful caring relationships with staff. People were supported in a manner that maintained their dignity, confidentiality and privacy. They consented to the care provided to them and were supported to maintain their independence and to make choices about their daily living.

People's needs were met. Staff supported them to access health services when required. Care plans were reviewed and updated to ensure people received care appropriate to their needs. People's concerns were resolved in a timely manner.

The provider effectively used the systems in place to monitor and drive improvement in the quality of care. People, staff and relatives were involved in the running of the service and felt their views were valued and considered. Staff and management worked in partnership with other agencies, social and health

professionals and external organisations.

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.

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

Rating at last inspection and update

This service was registered with us on 15 June 2021 and this is the first inspection.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Good Oaks Home Care Wimbledon & Kingston

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 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 available 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 all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 26 April 2022 and ended on 3 May 2022.

We spoke with one person who used the service, four relatives and five staff members including the registered manager.

We reviewed a range of records. This included five people's care records and various staff records. We looked at and reviewed multiple documents submitted by the provider. These included policies and other information relevant to the running of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care in a manner that minimised the risk of abuse. Comments included, "The care I'm receiving makes me feel safe and protected" and "The carer makes [person] feel safer".
- Staff received training in safeguarding. They knew how to recognise and report any concerns to keep people safe from harm and demonstrated detailed knowledge of the provider's safeguarding systems. Robust systems were used to ensure staff understood their roles in safeguarding people they cared for.
- The provider understood their responsibility to report safeguarding concerns to the relevant authorities including the local safeguarding team.

Assessing risk, safety monitoring and management:

- People were protected against the risk of avoidable harm. Comments included, "I'm very happy with the care at the moment that [person] gets" and "[Staff] keep him safe."
- Risk assessments were carried out prior to a person starting to use the service. These looked at various aspects of people's needs such as their mobility, medication and environmental. These were reviewed and updated when people's needs changed which enabled staff provide care in a safe manner.
- Staff were aware of issues that were of potential risk to people using the service. Staff had clear guidance which they followed on managing risks to people.

Staffing and recruitment:

- People were supported by staff who were recruited safely.
- People received care from a regular team of care staff. They commended staff for their punctuality and attendance to their shifts. Comments included, "We have no issues with carers being late or missed calls" and "The carers do stay for the full duration of their time and I don't feel rushed".
- Sufficient staff were deployed and met people's needs. Sickness and absence levels were adequately covered. Staff told us they had enough travelling time between calls and the rotas were well organised and issued in advance. The provider had an ongoing recruitment programme to increase their staff numbers to ensure they covered any absences and to provide care to additional people.

Using medicines safely:

- People were supported to receive their medicines safely. Medicine Administration Records (MAR) were signed and audited which ensured any concerns identified were resolved in a timely manner.
- Staff received training in administering medicines and had their competence assessed.
- Staff had access to the provider's medicines policy and procedures for guidance which they followed.

Preventing and controlling infection:

- People received care in a manner that minimised the risk of infection. A relative told us, "[Staff] have very good hygiene practices, both personal and domestic and check the house is clean and tidy before leaving" and "[Staff] are always wearing masks and aprons".
- We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff were trained in IPC including COVID-19 and followed good hygiene practices. People were happy with the staff's consistent and correct use of Personal Protective Equipment such as aprons and gloves when preparing food or carrying out personal care. There were regular spot checks, team meetings and communication with staff to which ensured compliance in the use of PPE.
- The provider's IPC and COVID-19 policy and procedures were in line with national guidance.

Learning lessons when things go wrong

- People benefitted from lessons learnt when things went wrong with any aspect of their care. Staff followed the provider's policy and procedures on reporting and recording accidents and incidents.
- The provider and registered manager had oversight of the accidents and incidents which enabled them to identify patterns and trends. Staff told us records confirmed incidents were discussed to support their learning and minimise the risk of a recurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People were assessed about their needs before they started using the service to ensure provision of suitable care. Detailed support plans were developed, reviewed and updated regularly and showed the preferences and the support each person required. People and their relatives where appropriate took part in planning for their care.
- The registered manager engaged with health and social care professionals and referred to guidelines and the law which ensured staff provided care to people in line with best practice.

Staff support: induction, training, skills and experience:

- People received effective care because staff were supported in their roles. Comments included, "[Staff] are very good at what they do for me" and "They cover all my duties to my satisfaction and are willing to do more if required".
- Staff underwent a comprehensive induction programme when they started work. Follow up checks were completed until new staff felt confident to undertake their roles on their own. Staff were trained in various aspects of their roles and the registered manager checked their understanding and application of their knowledge. Training records showed staff were up to date with their training and attended refresher courses.
- Staff received supervision which they commended for being detailed and allowing them to discuss their concerns, progress at work and share their ideas for improvements.
- The system of recording induction, probationary and supervision notes for staff were detailed and showed the staff's learning which enabled monitoring of their performance.

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

- People received support with their meals and drinks when required. Comments included, "[Staff] are good at preparing my meals" and "[Staff] make suggestions and bring recipes for me and I enjoy the meals they prepare." Care plans indicated people's needs, including their preferences and special dietary needs.
- Staff prepared appropriate meals for people. The registered manager had ensured staff enrolled on cookery courses to develop their cooking skills to support people with their dietary needs and preferences.

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

- People received the support they required for healthy living and to access healthcare services for their well-being. Staff worked closely with people and their relatives where appropriate to help them to manage their health concerns.

- Staff followed guidance from healthcare professionals which enabled them to deliver effective care, for example, by encouraging a person to take their medicines.

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 made decisions about their care and staff respected the choices they made.
- Care staff and the registered manager demonstrated sound knowledge and awareness about MCA and its principles. Care records showed staff understood how to support people with their health needs when these were reasonably straightforward or complex.
- Staff told us and records showed they had received training in MCA. Care records and our discussion with staff showed they upheld the rights of people.

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 happy with the care and support provided. Comments included, "I have no trouble with their personality I must be honest"; "[Staff] do have the time to sit and talk to you and if you have any other problems, they use this time to listen to you" and "They have a genuine caring nature and not just doing it for the job".
- People and their relatives said staff were kind and caring. They told us, "I think the carers are approachable"; "I feel my relative has a good relationship with the carers," and "The carers are like counsellors to her."
- A regular team of staff provided care which enabled them to understand their needs and to develop positive relationships with them. A relative told us, "[Person] feels in better mood after they have cared for her. The carers are very jolly and that helps my relative".
- Staff upheld people's equality and diversity and ensured their practices were inclusive and did not discriminate against any person using the service. This included respecting people's individual needs that related to disability, gender, ethnicity and faith such as wearing foot covers where required.

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

- People made their views known about the care and support they wished to receive. Comments included, "[Staff] often lift up the mood of the day"; "They are very good communicators in short" and "We both get on very well with the carers and they are happy to be here".
- People and their relatives where appropriate were involved and contributed to developing their care plans and making decisions about the care and the support they required.
- People's life history, preferences, routines, spiritual and cultural needs were recorded which enabled staff to deliver appropriate care and to make changes when needed to facilitate appointments or outing.

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

- People's care delivery respected their privacy and dignity. They told us, "The carers we get have a good personality and they are pleasant to talk to" and "They are very good communicators in short".
- Staff knew how to uphold people's privacy and kept information about people confidential. They said they shared with others on a need to know basis as appropriate.
- People were supported in a manner that enabled them to maintain their existing skills and to develop new ones to keep independence as far as practicable. Comments included, "[Staff] work well with [person] and help him to be more independent" and "As recommendation, I would say Good Oaks Home Care is definitely a service to use if you need more care to be independent".
- Staff knew about what tasks people could do on their own and the areas they required support such as

meal preparation or having a shower but finishing off by dressing themselves.

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 meet people's needs, preferences, interests and give them choice and control

- People received care that met their individual needs. A relative told us "The office staff are helpful. We discuss just about anything about [person's] care plan". Care plans were detailed and showed each person's individual support needs. Staff understood how people wanted their needs to be met and delivered care in line with their needs and preferences.
- Staff told us and records showed people were supported to attend reviews to help them manage their health needs such as diabetes, dementia and mental health conditions.
- People and their relatives were involved in planning for their care and support. A relative told us, "As her relative, I do get involved in her care plan " and "I've been initially involved in her care plan and the visits were increased a little while ago".

Improving care quality in response to complaints or concerns:

- People and their relatives knew how to make a complaint and raise a concern. Comments included, "I can't identify any areas for improvement to the service"; "I can approach management if I needed to, everything's fine in that area"; "We haven't seen any errors in the service we get at all really" and "I wouldn't be worried about approaching the management".
- People and their relatives received a complaints procedure which detailed how to raise concerns about any aspect of their care and how the provider dealt with concerns.
- The registered manager investigated and resolved complaints in line with the provider's policy and procedures.

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's communication needs were assessed and included in their care plans which enabled staff to provide appropriate support to people.
- The provider understood their responsibility to ensure people had access to information in a format they understood. The registered manager told us information could be made available in different formats if required for example, items in larger print.
- Records showed effective communication between people and staff as the information was presented in a format they understood.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- People's end of lives wishes were discussed and recorded for each person if they chose to share their views.
- The registered manager knew how to access resources to ensure people were supported to receive appropriate care at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives commended the running of the service. They told us, "I'm generally impressed with how the management operates" and "I would recommend Good Oaks Home Care because the staff are very prompt and very patient with my relative". The registered manager ensured sound rota planning, allocation of care staff and punctuality which ensured people received care appropriate to their individual needs.
- Staff were happy with their teamwork and morale was very high.
- The registered manager knew the provider's vision which they shared with staff to ensure people received individualised care in a safe and effective manner. The values of professionalism, respect, integrity and dedication reflected in comments from people and how staff applied the provider's values in their work.
- The registered manager understood their responsibility to raise safeguarding concerns with the local authority when required. The provider and registered manager ensured notifications were submitted.

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

- People told us they felt confident the registered manager would discuss any concerns they had and improve service delivery. Comments included, "I have spoken to (registered manager) on the phone and I've had a positive experience; "We don't feel there are any weak areas withing the service"; "I think the carers he gets look professional in their work and as his wife I can leave him in safe hands" and "I've used Good Oaks Home Care for six months and they have been constantly good".
- Staff spoke very highly of the registered manager and her emphasis on them being honest and open when things went wrong. This enabled the registered manager to review their practices and to ensure they learnt lessons from incidents happening at the service. Staff said communication between them, and management promoted and sustained a positive culture at the service.

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

- The systems in place were used effectively to assess and monitor the quality of the service. Comments included, "In general, I have a good relationship with the [registered] manager and office staff"; "[Registered manager and staff] do a very good job" and "They are nice and efficient in their work".
- This included regular audits on various aspects of the service such as care planning, risk management, staff training and supervisions, medicines management, customer satisfaction and record keeping.

Improvements were made when needed.

- Policies and procedures were in place and updated when required to provide guidance to staff on how to deliver care appropriately.
- Staff were aware of their roles and responsibilities. They told us that they received support by means of supervisions, spot checks, regular communication from the provider and the team.

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

- People and their relatives were enabled to provide their views about the quality of service they received through meetings, telephone interviews, surveys and quality assurance checks. They said the registered manager had an open-door policy which allowed them to discuss care at any time.
- The registered manager responded by making the necessary changes which ensured people received support and care adapted to their individual needs.

Continuous learning and improving care

- People enjoyed better outcomes to their health and well beings because the provider promoted continuous learning. Comments included, "Overall, I would say the quality of care is very good for a strong point" and "I think the carers have the right tools for the job and look professional enough when they carry out the care for my relative".
- Systems to monitor care which people received were used effectively. For example, the registered manager took sufficient action to ensure gaps identified in care delivery were monitored and resolved.
- Staff told us they benefitted from team meetings which gave them an opportunity to learn and share good practice across the team. Records of minutes from team meetings and staff supervision covered a range of topics and showed robust monitoring and support.
- People and their relatives were happy about the communication with the office and felt listened to.

Working in partnership with others

- The provider and registered manager worked in partnership with the local authority who commissioned care and other healthcare providers to support care provision. For example, the registered manager liaised with agencies to help staff get a better understanding of people's conditions.