

Four Oaks Healthcare Ltd

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Inspection report

Fort Dunlop
Fort Parkway
Birmingham
West Midlands
B24 9FE

Tel: 03337720156

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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 27 January and 01 February 2017. We gave the provider a weeks' notice so that they could help us to arrange to visit some people in their homes. This was the provider first inspection. Four Oaks Healthcare is a Domiciliary Care Agency and is registered to provide personal care to adults who live in their own homes. On the day of our inspection they were providing care to 41 people. There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People were safe because staff had received training and understood the different types of abuse and knew what actions they should take if they thought that someone was at risk of harm.

Staff were knowledgeable about the actions to take in the event of emergencies and about how the risks to people in respect of their care should be managed.

There were sufficient numbers of safely recruited staff to provide people with regular staff to support them.

People were happy with the support they received and were encouraged to make choices. Staff understood the requirements of the Mental Capacity Act so that people were supported to consent to their care and make choices about how they were supported.

People felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for adults in a way that met their individual needs and preferences. Where appropriate people were supported to access health and social care professionals.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs.

Staff told us that they felt supported by the registered manager and felt able to speak with him if they needed to.

There were systems in place to gather the views of people and to monitor the quality of the service. Some people shared with us what the service could do better which we told the registered manager about. The provider was open and transparent and will use the information as a learning curve

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 ●

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff. This ensured people received safe care and support.

People were supported by sufficient numbers of staff that was effectively recruited to ensure they were suitable to work with people in their own homes.

People were supported by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to assist them and their consent was sought before they received care and support.

People were supported by staff with healthy meals where appropriate and received medical support when it was required.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff that were caring and treated them as individuals.

People's privacy and dignity was maintained and independence was encouraged where possible.

Is the service responsive?

Good ●

This service was responsive.

People's opinions and choices mattered to the service and they were involved in planning their care. People were supported in a personalised way and staff were responsive to changing needs.

People's views about the service were sought and there was a complaints process in place so that people could raise any concerns they had.

Is the service well-led?

The service was well led.

People were happy with the service they received and staff were happy working for the registered manager and felt valued.

There were systems in place to assess and monitor the quality of the service. Some people had not utilised these systems when providing feedback to the provider.

Good ●

Four Oaks Healthcare Ltd

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 checked 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 27 January 2017 and 01 February 2017 and was announced. The inspection was carried out by one inspector. The provider was given one week's notice so arrangements could be made for us to visit people in their own homes.

This inspection used the standard CQC assessment and ratings framework for community adult social care services, but included testing some new and improved methods for inspecting adult social care community

The new and improved methods are designed to involve people more in the inspection, and to better reflect their experiences of the service. When planning our inspection we looked at the information we held about the service including any notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The provider had not completed a Provider Information Return (PIR), because we asked the provider to be part of the new methodology that we were testing. The PIR is a form that asks the provider to offer some key information about the service they provide to assist with the inspection. We also considered information shared with us by Commissioners of the service.

We visited three people in their homes with a member of staff that provided support to them to observe interactions. We spoke with 19 people that received support that included visiting the three people in their homes, nine relatives and nine staff. We looked at the care files of three people, time sheets and complaints to check if they received their care as planned. We reviewed a range of records about people's care and how the service was managed. These included care records, medicine administration records (MAR) sheets, staff training, support and employment records, and quality assurance audits that the provider used to monitor the service provided.

Is the service safe?

Our findings

People spoken with told us they felt safe and comfortable with staff. One person told us, "I think they look after me well, they [staff] are all very nice." Another person told us they had no concerns about their personal safety and security because staff made sure their door was locked when staff left and they [staff] made sure their [person's] walking aid was within reach. A third person told us, "We feel perfectly safe, they're all very nice, we definitely feel secure. I don't think any of them would do anything wrong, I trust them." Staff told us they were respectful of people's homes and possessions and understood their responsibility to provide support in a way that kept people safe.

The risk of people experiencing abuse was reduced because all staff spoken with told us they would report any concern they had and could identify the different types of abuse that they could encounter. A safeguarding policy was in place which explained the process staff should follow if they had any concerns. Staff attended safeguarding adults training and were aware of who they could speak with both internally and externally if they had concerns. This included reporting concerns to the CQC, the local multi-agency safeguarding authority and if necessary the police.

People were supported to keep people safe because risks were assessed and plans put in place to manage them. People told us that risks were discussed with them and recorded in their care plans so staff had the information needed to keep them safe. One person told us, "It's all in there [records in the person's home]. The girls know what they have to do and I feel that they do a good job." During our visits to people's homes we saw records to support staff to minimise the risks to people when supporting them in their daily living activities. For example, whilst providing personal care, bathing, or when staff had to use equipment such as slide sheets for moving people. Staff knew how to use the equipment people used and needed to meet their needs. Staff told us they worked closely with people and, where appropriate, their families to review the risks involved when supporting people. We saw that there were risk management plans in people's care records and staff told us they followed these plans to help ensure the care they provided was completed safely. The registered manager had reviewed people's homes to look at potential risks for staff working there. For example, looking at trip hazards or how to enter the home if the person was not able to answer the door.

People received support with taking their medication where required. During our visit to people's homes people told us that where this was part of their care, staff always gave them the support they needed. One person said, "They check to see if I have taken my medication. Another person told us, "I forget so they [staff] help me remember." A third person told us, "It's there on the dot." We saw that medication administration records [MAR] were detailed with the names of the medicines to be taken, the colour of the medicines and times that people should take them. This enabled staff to check before they supported people to take their medicine that the correct medicines were being given. We saw that creams were recorded on the MARs we looked at, however some staff told us that they did not always record when creams were used and some staff told us that they did. The registered manager told us he would ensure all staff recorded this information.

The registered manager told us and records confirmed that staffing levels were based on people's care

needs. People and their relatives spoken with told us that they felt there was enough staff available to ensure they received their calls at the times they wanted and to provide continuity of care. One person told us, "I don't always get the same person at weekends but they don't miss visits." Another person said, "They are reliable, no missed visits, so I think there is enough staff."

Records confirmed that staff had all the relevant checks to ensure they were suitable to work for the agency. We saw that the provider ensured that checks were made with the Disclosure and Barring Service (DBS), these are checks so the provider can be assured that staff are suitable to work with people. We saw evidence of staff identity checks and references from their previous employers to evidence previous good conduct. This showed the provider ensured that the suitability of staff was determined before they were employed.

Is the service effective?

Our findings

People and their relatives told us that they felt staff were trained and had the appropriate skills and knowledge to support them or their relative effectively.

A member of staff told us, "The induction was great, really helped to give me the skills I needed." The registered manager told us staff completed their induction along with key areas of training before they commenced their role. They also told us all new staff were expected to complete the 'Care Certificate' training. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the skills, knowledge and behaviours to provide safe care and support to people.

Staff told us they had regular training to update their skills and knowledge to provide effective care and support. One staff member told us, "I've had lots of training, classroom and computer training." Records showed training had been completed in many areas such as, safeguarding of adults and moving and handling people. Staff told us they felt supported by the registered manager and received regular supervision and spot checks. A spot check is where a senior member of staff supervises a staff member and assesses the staff member's competency while supporting people. Regular supervision enabled managers to be confident that staff provide people with consistent and effective care and support. Records seen showed that supervision and spot checks took place regularly.

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. All staff told us they always give people options of how they want to be supported so they are involved in their care as much as possible. One person [who used the service] told us, "We have a chat about what I want doing, and they [staff] do as I ask." A relative told us, "[Person] cannot remember so staff repeat what they are doing, and give options so [person] makes the decision and then [person] is quite happy to let staff help." Staff spoken with confirmed that training had been completed regarding the MCA which helped them to support people.

The majority of people we spoke with told us they did not require support from staff with preparing or eating their meals. However during our visit to people we saw that staff had prepared a meal of the person's choice, and the individual said, "Good cook" referring to the staff. Another person we visited had ready meals prepared for them. Staff ensured that this was served at the correct temperature and the person told us that the food staff prepared was good. Staff spoken with were aware of how to support people who may be at risk of not eating and drinking enough to remain healthy. One staff member told us, "Because I know the people I support well I would know if there was a problem with their eating and drinking. I would report to the office and family if I was concerned." All staff spoken with told us if they had any concerns they would report to the office so family members were made aware.

Staff spoken with had a good understanding of people's day to day health needs and were able to explain

how they would support people in case of an emergency. People told us if needed staff would help them to make an appointment with their doctor, and relatives confirmed that they were kept informed about their relative's health. One relative told us that communication was very good and if there were any problems they were informed so they felt that their relative was in good hands.

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "The staff are kind, they're very nice." Another person said, "They're very good. They chat and talk to me while they're doing their paper work; they always ask if I need anything else done." A relative said, "They go out of their way to help, they're brilliant, they are all very obliging, they are definitely very kind and caring, they are all very nice."

Staff told us that people were encouraged to be as independent as possible and we saw this during our visit to people. We saw positive interactions and that staff gave people time to do things for them self and we saw good communication. One staff member told us, "It's all part of people's care that they have some independence, no matter how little this is." This showed that staff understood the importance of maintaining people's independence. One person told us, "They [staff] don't take over, they ask me if I can do things rather than doing them for me, I did not want someone to come in and take over, they respect what I say and are very supportive."

People told us they were involved with decisions about their care and support needs and felt staff supported them to improve their ability to live independently. Information was provided for people about how they could access and receive support from an independent advocate to help them make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People told us staff treated them with respect and dignity when they supported them with personal care. One person told us they felt comfortable and not embarrassed", when receiving personal care from staff. Another person said, "I was embarrassed at first but it has to be done and they [staff] are very, very good, they don't intrude." A relative said, "I think [family member] does feel comfortable during personal care. They are a very private person. They like their privacy but they [staff] are very good with [family member]."

During our visits to people's homes we saw that staff were guided by the person in terms of the support they were provided. For example, when staff asked one person what they would like for lunch the staff prepared what they asked for. When they [person] told the staff member they did not want to sit at the table and wanted the meal on their lap a tray was brought so the person could sit where they wanted. The name of one person was shortened at the person's request. One person [who used the service] told us, "We have a laugh and a joke which is nice; they know my sense of humour."

Is the service responsive?

Our findings

People and their relatives told us an assessment and discussions were held with the provider before the service was provided to ensure that the provider could provide what they wanted. A relative told us they and their family member had met with staff to agree the help that was needed, and they described the care staff and the manager as, "very helpful." One relative who was the person's advocate told us they had been involved in choosing who supported their family member because they wanted to ensure that the staff member and person were compatible. The relative told us they had observed how staff interacted with their family member and they then chose who they wanted to provide the support. A team of staff were now in place that both the person and their advocate had chosen. This showed that people were supported to choose the staff that supported them in a person centre way. Records seen and people spoken with confirmed that they were involved in developing their care plans so they were personal to them

People's care plans we looked at contained information about the care and support required to keep them healthy. The wishes of people, their personal history and other health professional's advice had been recorded so staff had the information to support people based on their preference. One person told us, "I used an agency before which I did not like, the staff are better, friendlier and I would tell them if I was not happy, I would not of told the other agency."

People and their relatives were provided with the information they needed if they wished to make a complaint. One relative told us that they had raised some issues, and action had been taken immediately and the problem was solved before the day was over, they would have no hesitation in contacting the office. We saw from the provider web site that where concerns had been raised people had posted their satisfaction of how the provider had resolved issues for them.

People told us they were given information about how to make a complaint which gave details about who to contact. One person told us, "If I wasn't happy I would tell the registered manager or staff because they do listen." Another person said, "I don't really have any complaint." We saw that clear processes were in place to investigate and respond to people's concerns and complaints. We looked at a sample of concerns/complaints that had been investigated by the registered manager and we saw that these were investigated and responded to appropriately. We saw that the manager learnt from the concerns raised to prevent re occurrences.

Is the service well-led?

Our findings

The registered manager told us people were asked to give their feedback on the quality of the service provided during their time with the service. They told us people were provided with questionnaires and telephone calls and review took place so improvement could be made if required. People spoken with as part of the inspection shared some information with us how the service could improve. Some of the issues people raised with us were about call times and staff not cleaning up after themselves.

People and relatives gave mixed views in relation to whether staff attended their call at the right time. Seven people, who used the service or their relatives, told us that staff were not always on time. One person who used the service told us, "They [staff] are mainly on time during the week but erratic at weekends I have to wait for them to come then it's too late for me to do anything else." Five people told us that staff did not always clean up after supporting them. One relative told us, "On one occasion when I visited I had to wash up the breakfast lunch and supper plates." The manager told us that he would speak with staff to ensure that when staff support people they make sure that the person's home is left tidy. Some people told us when the questionnaires came out they would put the information on these. One person told us, "When I had a review I mentioned some things that could and it's been okay since. This showed when the provider was informed of shortfalls action was taken to improve the service.

The registered manager told us that when people joined the service they were informed of the half hour window either side of their call times. We fed back to the provider that some people had told us that they had not received their calls at the time that had been agreed. The provider said they were unaware of these issues and therefore had not had the opportunity to address them. As a result of the feedback the registered manager planned to send letters to all people/ advocates using the service to ensure that everyone was aware of the half hour window so people were aware of the window within which their calls could take place. The registered manager needed to be mindful that the half hour leeway was to cover emergency situations and if the evidence showed that calls were regularly not attended at the planned time this could indicate that the planning of calls was not sufficient to ensure that people were supported at the times agreed.

The registered manager told us that they would use the information as a learning process and was always looking at ways to improve. The registered manager placed emphasis on constantly trying to improve the service based on people's comments. The registered manager told us, "Communication is the key and unless people tell us we are getting things wrong we cannot put them right."

The service had quality assurance systems in place that monitored the quality of the service people received to ensure people received the care they wanted in a safe way. Regular reviews of care plans and staff performance were some of the ways the registered manager monitored the service. We saw that care records were personal to individuals, and reviews had taken place. We discussed with the registered manager the legibility of daily records. The registered manager had also picked this up as part of their monitoring process and action was being taken.

Staff were provided with regular team meetings where they were able to raise any concerns they may have. One staff member said, "Very good, very approachable and understanding." Another said, "Give a lot of guidance. I feel like I can speak with management at any time." Staff told us they felt able to contribute to these meetings and their views were welcomed. Staff told us they enjoyed their job. They had a good understanding of the provider's values and aims for the service.

There was a manager who was registered with us. 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.