Ohio Home Care Ltd

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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
Ohio Home Care Limited is a domiciliary care agency which provides personal care and support to people living in their own homes. It provides a service to older and younger adults, including people living with dementia and people with chronic health care needs and/or a disability. Not everyone who used the service received 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 our inspection the service was providing personal care to 45 people.

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

People and their relatives told us they were pleased with the quality of their care and support. We found positive written comments from other people who used the service and their representatives when we looked at the provider's surveys and other quality monitoring documents. Staff were complimented for their kindness, compassion and reliability.

People were protected from the risk of harm. Staff were trained to protect people from the risk of abuse and neglect, and trained to safely administer prescribed medicine. The management team audited medicine records and carried out 'spot check' visits to ensure staff competently supported people to take their medicines, although we found one medicine record where a staff member had incorrectly described how they supported a person. Risk assessments had been carried out to identify and minimise risks to people's safety, for example staff followed moving and handling guidance that was tailored to people's individual needs and circumstances. People received care from safely recruited new staff, however the provider needed to more rigorously evidence that references were properly validated to confirm authenticity. People were protected from the risk of cross infection as staff received training and wore personal protective equipment.

People received their care from staff with appropriate training, supervision and support to carry out their roles and responsibilities. People's care files demonstrated their needs were suitably assessed in order to develop their care plans. People and their relatives told us they felt consulted about their social and health care needs, preferred routines and other wishes about how their care and support should be provided.

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.

Staff understood about seeking people's consent and the provider had recently strengthened the written information about people's capacity to give consent within their care files. People and their relatives told us they were asked for their feedback about the service and told us they received a stable and smoothly delivered service.

Some relatives told us they were pleased with how the provider had matched their family members with staff who shared the same linguistic skills, and an understanding of people's cultural needs but we also noted comments that some staff needed to improve their English language skills. This was being addressed by the provider.

People and their relatives were familiar with the provider's complaints procedure and people thought their concerns would be looked at in an open and professional manner. The complaints investigations we looked at showed that the provider implemented changes to improve the service by learning from complaints. We noted the provider needed to ensure that full written documentation in relation to the outcomes of complaints was maintained at all times.

People who used the service, their relatives and staff spoke positively about how the service was managed. Relatives stated they would recommend the service and staff stated they could always get advice from their line managers. The provider was working on improvements to the service following a visit from a local authority contracts monitoring team.

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

Rating at last inspection
The last rating for this service was Good (published on 24 November 2017).

Why we inspected
This was a planned comprehensive inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was not always well-led.

Details are in our well-led findings below.

Ohio Home Care Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

The service had a manager registered with the Care Quality Commission, who was also the proprietor. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager and/or senior staff would be in the office to support the inspection.

Inspection activity started on 24 May 2019 and ended on 3 July 2019. We visited the office location on 24 and 31 May 2019.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do, and improvements they plan to make. This information helps support our inspections. We also reviewed information we had received about Ohio Homecare Limited since the last inspection, which included notifications from the provider. A notification is information about important events which the provider is required by law to send

us. We used all of this information to plan our inspection.

During the inspection
We spoke with the care coordinator and the registered manager. We reviewed a variety of records, which included five people's care records and accompanying medicine administration records where applicable. We looked at five staff files in relation to recruitment and induction, training, supervision and appraisals. A range of records related to the management of the service, including complaints investigations, accident and incident forms and quality assurance audits were also reviewed.

After the inspection
We spoke by telephone with two people who used the service and six relatives to seek their views about the quality of the service, as well as three care staff and a field supervisor. We also received information from a local authority contracts monitoring team.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.
Systems and processes to safeguard people from the risk of abuse
● Suitable practices were in place to protect people from the risk of abuse and harm. Records confirmed staff received appropriate training, which was refreshed annually. The care staff we spoke with demonstrated a clear understanding of the different types of abuse people could be at risk of. Staff were confident their line manager would take swift action to protect people if they reported any concerns.
● People who used the service and their relatives told us they felt safe with staff. One person said, "They are lovely carers and so welcome in my home" and a relative remarked [family member] just adores them and is so pleased to see their carers arrive. They are so gentle and kind, we always feel safe."
● Staff were provided with written guidance about how to whistle blow, which is when a worker reports suspected wrongdoing at work. Staff told us they felt comfortable about approaching the provider if they had concerns about conduct within the organisation and expected an open and supportive response. They were aware of external bodies they could contact if necessary, for example social services and/or the Care Quality Commission.

Assessing risk, safety monitoring and management
● People's care files evidenced that assessments were conducted to identify risks to people's safety and provide staff with guidance to decrease these risks where possible. Risk assessments had been developed in relation to people's identified needs, for example risks associated with maintaining a balanced diet, susceptibility to falls and reduced mobility.
●Care files also included an environmental risk assessment which assessed risks within people's home environment, for example cluttered surroundings that could impact on the safe delivery of care and support.

Staffing and recruitment
● People and their relatives told us the provider ensured they received a smoothly delivered service from reliable and punctual staff they were familiar with. Comments included, "[Care staff] always stay the agreed length of time, in fact they will stay on another ten minutes as [family member] is so happy with them" and "We have never had a problem with lateness and they always turn up." Where people required care and support from two care staff at visits, they confirmed this usually worked well.
● Systems were in place to make sure people received their personal care and other support from staff with appropriate backgrounds, skills and experience to safely meet their needs. The staff files we checked showed that appropriate pre-employment checks were conducted, which included two references, evidence of right to work in the UK and a Disclosure and Barring Service check (DBS). The DBS assists employers to make safer recruitment decisions and helps prevent unsuitable applicants from working with people who use care services.
● We noted the provider did not always demonstrate that references were verified to determine their authenticity, although the registered manager told us this took place. The registered manager stated he

would rectify this absence of clear record keeping for all future staff recruitment.

Using medicines safely

● Staff received appropriate training to assist people with their medicines, in line with people's identified needs for support with this aspect of their daily care. The care staff we spoke with explained how they safely supported people with their prescribed medicines and confirmed they could easily obtain guidance from their line manager if they had any concerns. A member of the care staff told us, "I would ring my supervisor if a person asked me to help them take a new medicine that wasn't listed on their medication chart, we have to follow our written instructions."

● Where people were assessed as requiring support from staff with their medicines, we received positive comments from people and relatives about the safe and capable approach shown by staff. Systems were in operation to check staff competency in relation to medicine administration, for example spot checks at people's homes to ensure staff were correctly following the provider's medicine procedure. Medicine administration record (MAR) charts were audited by the registered manager to ascertain if people were being safely supported and to identify if any staff needed additional medicine training.

● We noted inconsistencies in the way that a care worker recorded how they supported a person with their medicines. There was no evidence this had a negative impact on the person. The registered manager told us this was due to the care worker's written language skills and would be addressed through training, supervision and monitoring.

Preventing and controlling infection

●The provider ensured appropriate actions were followed to reduce the risk of cross infection for people, their relatives where applicable and care staff. Staff told us they could always access ample supplies of personal protective equipment to minimise risk, for example disposable gloves, shoe covers and aprons.

●Staff reported they received infection control training which was evidenced in the provider's training records.

Learning lessons when things go wrong

● There were systems in place for recording events including any accidents, incidents and safeguarding concerns. Learning from these events was used by the management team to make necessary changes to achieve safer care.

● For example the management team spoke with all staff about the importance of immediately reporting if people refused to allow access in to their homes or accept the care and support outlined in their care plan, following an investigation in relation to missed visits.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider assessed people's needs, considering any other available assessments from social services and/or relevant health care professionals. The care plans we looked at provided guidance for staff about how to meet people's needs. These assessments and corresponding care plans were regularly reviewed and updated to reflect changes in people's needs, wishes and circumstances.
- People and their relatives spoke positively about how the management team involved them in the assessment process and understood their wishes to remain as independent as possible, where applicable. Comments included, "They look after me just the way I ask them to" and "They really understand [family member's] needs, they know them very well."

Staff support: induction, training, skills and experience

- The provider supported staff to acquire the knowledge and skills they needed to suitably meet people's individual needs. Staff were provided with mandatory training, which was refreshed annually. Other available training included opportunities to access national vocational qualifications in health and social care. Newly appointed care staff shadowed more experienced colleagues and could undertake the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life.
- Staff were supported with their roles and responsibilities through regular formal one to one supervision and team meetings. Appraisals were conducted annually to enable staff to review their performance and also identify their training and development needs with their line manager. Care staff informed us they felt well supported by their line managers. One member of the care staff told us, "I know that I can ring a supervisor or manager at any time if I need advice."

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

- The provider effectively met people's nutritional and hydration needs, where this formed part of their care plan. People and their relatives informed us they were happy with the support from their care staff Comments included, "They make sure I get a nice meal and encourage me to eat" and "They are so patient and kind when they help [family member] to eat and drink."
- People's care plans provided instructions for care staff to follow to support people to meet their individual needs for eating and drinking, and food preparation. This included information about personal preferences, cultural and/or religious requirements, and any diets advised by health care professionals.
- Care staff confirmed they notified their line manager if they observed concerns about people's eating and drinking, to ensure that relevant healthcare professionals could be informed.

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

● People's care plans included information about health and social care professionals involved in their care and support, for example dietitians, speech and language therapists, occupational therapists and district nurses. The provider's own risk assessments and care plans stated whether staff needed to follow particular guidance from external professionals.

● The registered manager informed us about specific care and support the service had delivered for people with mental health needs. This involved liaison with local community psychiatric nurses and social workers to ensure people's needs were understood and sensitively met by care staff.

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.

The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. Where 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.

●The provider supported people to make their own choices about the delivery of their personal care and other support where possible and sought their consent. People were encouraged to sign their care plans if they were able to, in order to demonstrate they had been consulted about their care and gave their consent. Information was noted in people's files as to whether they had capacity to make decisions or whether they had appointed an attorney or attorneys to make decisions on their behalf.

● Where people were assessed to not have capacity to make decisions about their care and attorneys were not appointed, best interests' decisions were made with people's relatives and possibly any relevant professionals involved in the person's care and support. The registered manager confirmed that none of the people who used the service at the time of the inspection had a Court of Protection Order Protection Order in place.

● Care staff told us they always checked with people if they agreed to being supported with their personal care and would adjust their approach if a person refused care. For example, staff said they would offer the person a cup of tea and then try again later to provide personal care.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and their relatives told us they were supported by very kind and caring staff who respected their needs and wishes, including any cultural needs. Comments included, "They are really lovely with [family member] and provide care that is respectful" and "They help [family member] to do things they enjoy."

●People's care plans provided some useful information to assist care staff to meet people's cultural and religious needs, although this was an area the provider wished to further develop with people and their chosen representatives. A relative told us that the regularly assigned care staff shared the same cultural background as their family member, which enabled staff to greet the person and communicate with them in a culturally appropriate way, particularly during religious festivals and other important occasions.

● People who used the service and their relatives told us they had developed a good rapport with staff. Some relatives remarked on the special contributions that care staff made to the day to day quality of their family member's life. Care staff also spoke fondly of the people they supported and how they enjoyed building meaningful relationships.

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

●The provider sought people's views about their care and support through organising written surveys and conducting regular telephone monitoring calls. We found that people and their relatives expressed positive views about the quality of the service and were pleased that the supervisory and management staff encouraged their involvement in the planning and reviewing of their care packages.

● People and their relatives stated the provider was good at keeping them informed about any proposed changes to their care. One relative told us, "They let us know if [names of regular care workers] are going on holiday or unable to work and who they are sending instead. It will be carers that [family member] already knows." People and relatives described the management team as being "accessible" and "very helpful" if they needed to contact the office with any requests for changes to their visit times or any other queries about their care.

● The provider supported people to access advocacy organisations and had established links with voluntary sector associations for people of Somali origin. An advocate can support people to ensure their rights are upheld when using health and social care services.

Respecting and promoting people's privacy, dignity and independence

● People and their relatives told us their care staff respected their entitlement to privacy and dignity. One relative said, "They are so fond of [family member] and always show such respect. Care staff told us about the different ways they ensured people were supported in a respectful manner, for example by making sure

a person was covered by their dressing gown if they needed to walk from the bathroom to their bedroom after a shower.

● Staff confirmed their training included guidance about the importance of always providing respectful and courteous care, and the need to maintain confidentiality.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People and their relatives told us their care staff provided care and support that was responsive to their individual needs. One relative stated, "They take out [family member], play games with them and help with a nice shower. They make [family member] happy and know what they like."

● The care plans showed that people's identified needs and known wishes were explained, and their individual preferences were included. For example, care plans specified whether people wished to receive care and support from care workers of the same gender. The registered manager told us the personalisation of care plans was an area he was actively working to improve on, following feedback from a local authority.

● People and their relatives reported the service offered a flexible approach and responded well to any requested changes, for example if visits were needed at an earlier time than usual to prepare for a hospital appointment. One person told us care staff went the 'extra mile' and prepared a snack for them to have after their visit, as staff had recognised they might not always feel well enough to do this independently. The provider responded promptly if people found they were not compatible with their care workers and sensitively made changes.

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 applies to their carers.

● Records demonstrated the provider carried out assessments to identify people's ability to understand verbally presented and written information. The registered manager told us people could be supplied with service user guides and other documents in different formats, for example large print, braille or audio if required.

● Where people did not speak English and the provider could not match them with care staff who spoke their language, care plans provided guidance on how to understand and meet people's needs. For example, the use of non-verbal language and liaison with people's relatives and friends where possible.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

● The care plans showed the provider was now endeavouring to provide care staff with guidance about people's social interests and how staff could support them with these pursuits. For example, information about whether people wished for the radio to be put on after their personal care and tuned to a specified

station for sports, classical music or their first language.

● Where people received support for social activities we received very positive feedback from relatives. One relative told us, "[My family member] thinks the world of [care workers] and is so excited to see them. They have play time and [my family member] has fun."

● People and relatives told us staff were friendly and they liked to chat with them. However, one person reported that their regular staff did not have sufficient proficiency in speaking English for a fluent and sociable conversation.

Improving care quality in response to complaints or concerns

● People were provided with information about how to make a complaint. One person told us they had made a complaint and was satisfied with the provider's response.

● We looked at the complaints received since the previous inspection and noted there had been eight in total. On the first day of the inspection we saw that where the provider had been asked to investigate concerns received by local council's contracts teams they had not always sought written confirmation afterwards to find out whether the local authority had upheld, partially upheld or not upheld the complaint. The registered manager stated he had spoken by telephone with the local authority for their verbal feedback and would now pursue written confirmation.

● The provider had acted appropriately to address unacceptable staff conduct, for example care workers speaking to each other in a first language not understood by the person receiving care or using their mobiles while delivering care. The registered manager recognised there had been issues of concern in relation to staff competency in speaking and writing English and supported staff to undertake language classes.

End of life care and support

● The management team advised us they were not providing care and support for people with end of life care at the time of our inspection. The registered manager stated the service would work closely with people, their relatives and their healthcare professionals if a person needed end of life care.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- The provider worked in an open and transparent manner. People and their relatives spoke positively about their contact with the management team and said they would recommend the service to others. One relative commented, "I would happily recommend Ohio Homecare, based on my experiences and the care they give [family member].
- Care staff told us they felt well supported by the registered manager, the care coordinator and other supervisory staff. One care worker informed us, "I enjoy working here and feel appreciated for my work." Care staff stated that the regular 'spot check' visits from their line managers provided additional opportunities for them to discuss ways of improving their care and support for people, along with one to one supervision and team meetings.

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

- The registered manager understood his legal responsibilities and notified the Care Quality Commission of legally reportable events.
- There were systems in place to identify and manage risks to the quality of the care provided. For example, systems were in place to check the electric call monitoring data and monitor any incidents or accidents. This enabled the provider to identify any patterns and trends.
- Staff had access to policies and procedures to support them to deliver care and support in a way that reflected legal requirements and best practice guidance.

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

- People's views were sought through surveys, telephone monitoring calls and at annual care planning review meetings. People's opinions were also sought during 'spot check' visits to their homes.
- Staff told us the provider operated an 'open door' approach and they were encouraged to share any new concerns about people's health and welfare.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other agencies to ensure people received care and support which was safe and met their needs. The provider had made changes to their care planning processes to

demonstrate a more person-centred approach focussed on people's own objectives, following feedback from a local authority contracts monitoring team.

● Audits were carried out to find ways of improving the service. For example, the registered manager looked at the quality of the 'spot check' reports completed by supervisory management staff.