

Open World 2 Limited

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Inspection report

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Date of inspection visit:
08 November 2018
15 November 2018

Date of publication:
14 January 2019

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

The inspection took place on 8 and 15 November 2018 and was announced.

Open World 2 is a domiciliary care agency. It provides personal care to adults living in their own houses and flats in the community and specialist housing.

At the time of our inspection one person was using the service. Care was provided by the registered manager and at present they did not employ any staff.

This was Open World 2 first inspection but they were not rated. We were unable to gather sufficient evidence to provide a rating for the service.

There was a registered manager at the service who was also the provider. 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 were kept safe at the service as risk assessments were performed to mitigate against known risks to ensure they did not come to any harm.

People were protected from the risk of abuse as the registered manager knew to report concerns and how to escalate them if the matter was not being taken seriously.

The registered manager checked people's equipment before it was used in their home and reported concerns to the relevant health professional involved with the person's care.

At the time of the inspection no one was receiving medicine support however the service had a medicine policy to manage medicines however the policy was not clear on the safe recording of medicines. We have made a recommendation in relation to medicine management.

People were protected from the risks of infection as personal protective equipment to minimise the risk of cross contamination.

People received care from registered manager who had the skills and knowledge to support them. People and relatives gave positive feedback that the registered manager knew what they were doing and was competent in their job.

The service did not employ any staff but had systems in place to support them in mandatory training, ongoing support via supervision and an appraisal to review their work.

The registered manager understood the principles of the mental capacity act and to support people to make their own decisions wherever possible.

The registered manager engaged with health professionals involved in people's care to maintain good health for them.

People and their relative told us the registered manager was caring and spent time getting to know the person. People's privacy and dignity was respected when people received personal care. The registered manager treated people with respect respected people's diversity.

Care plans were individualised and clearly said what people what from their care. Care plans provided on people's life history and their preferences. The service provided information on how to make a complaint and where to go after a local complaint with the service was not successful.

The registered manager had received training in end of life care and explained how they would follow the wishes of the person but did not have a policy for this at their service.

The service had systems in place to monitor the quality of the service which included spot checks and questionnaires. Positive feedback was received on the quality of the service.

We found there were gaps in care plan records and have made a recommendation in this area.

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. People were protected from the risks of abuse as the registered manager knew how to identify abuse and how to escalate for further investigation.

People received appropriate risk assessments to protect them from harm.

Medicines were not administered. The service had a medicine policy to manage them but the recording of medicines was not clear.

Inspected but not rated

Is the service effective?

The service was effective. The registered manager had experience in providing care and had the skills to support people. People received an initial assessment of need.

The registered manager had systems in place to spot check, supervise and appraise staff to ensure they were giving effective care and supported to develop.

The registered manager encouraged people to make their own decisions and where they lacked capacity would seek to hold best interest meetings for people.

Inspected but not rated

Is the service caring?

The service was caring. The registered manager spent time with people to build trusting relationships. People and their relatives told us the service was caring.

People's privacy and dignity was respected at the service. The registered manager treated people with respect and was non discriminatory towards people they supported.

Inspected but not rated

Is the service responsive?

The service was responsive. Care plans were personalised and contained details on people's preferences and how and when they wanted to receive care.

Information was provided to people on how to make a complaint

Inspected but not rated

if they were unhappy with the service.

Is the service well-led?

The service was not consistently well led. Feedback on the management of the service was positive from a relative and a person using the service.

The registered manager had systems in place to audit the service when needed. The registered manager asked for feedback but this was not always recorded.

Care plan records were not always fully completed fully, we found gaps found in records.

Inspected but not rated

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Detailed findings

Background to this inspection

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

This inspection took place on the 8 and 15 November 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

During the inspection we spoke to the registered manager. After the inspection we spoke to the person who used the service and their relative.

We reviewed one person's care plan and risk assessment, the registered manager's training information and policies and procedures relating to the management and running of the service.

Is the service safe?

Our findings

We spoke to one person and when asked if they felt safe they said, "I totally feel safe". We also spoke to a relative and they told us their family member was safe.

The registered manager understood their safeguarding responsibilities and told us the different types of abuse. They told us they would observe the person they were caring for to check for any bruises and would ask them what had happened. The registered manager told us they would contact the local safeguarding team, the police the Care Quality Commission with their concerns. The registered manager said, "Be vigilant of what you've seen and report it."

At present it was only the registered manager who was providing support, however, they did have a recruitment policy in place to ensure they recruited staff in a safe manner when the time arose. The registered manager advised they would perform a criminal records check (DBS), check prospective staff references, training certificates, previous experience and right to work where applicable. The registered manager said, "Staff have to have a cleared DBS." Records confirmed the registered manager had an up to date DBS.

Records showed that people were protected from risks that could cause them harm and ensure their safety at the service. The registered manager carried out assessments on the environment, people's mobility needs, equipment checks and risk assessed who else would be in the person's home.

The service had an infection control policy to ensure the service maintained good hygiene for people and the use of personal protective equipment to prevent the spread of infection when carrying out personal care.

At the time of our inspection no one required medicine support. The registered manager explained how they would support people safely, they said, "It has to be prescribed by the doctor with the label and medicine administration (MAR) sheet. I'd check the dose and if prompting I'd check they had taken the medicine, don't touch the medicine." The service had a medicines policy, however, this was not robust in detailing how the service would safely record people's medicine.

We recommend the service seek guidance in the safe management of medicines.

Is the service effective?

Our findings

A relative and a person we spoke to told us they thought the registered manager delivered good care. A person said, "Yeah, she knows what she is doing."

The registered manager carried out a pre-admission assessment before the service began. This included asking the person details of the care they needed and details of health diagnosis. This information was recorded in the care plan.

The registered manager had completed national vocational training in health and social care to level four. The registered manager told us they were awaiting their certificate for their level five in health and social care. The registered manager informed us that new staff had to complete mandatory training and three days of shadowing. Where equipment was used the registered manager advised that training of this would take place in the person's home.

The registered manager had systems in place to perform spot checks, supervisions and appraisals. However, we asked how they were supported, the registered manager realised there was no system to oversee their work or gain support in development. On the second day of the inspection the registered manager showed they had booked supervision support with an independent manager.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, the person using the service had capacity and the registered manager understood the need to ensure people made their own choices as much as possible and not to force anyone to do anything that they did not want to do. The registered manager said, "I would explain what I am about to do." This meant they kept people informed so they could confirm they were happy to receive support. The registered manager told us they would speak to the person's next of kin if they didn't have capacity or request a best interest meeting with all the health professionals involved to reach a decision. The registered manager advised they had not had training in the deprivation of liberty safeguards, they advised they would source training in this area.

The service did not support in the preparation of food however, records confirmed the service asked questions about dietary needs and included information about people's favourite food and drink.

The registered manager documented the health professionals involved in people's care and advised they contacted the district nurse where they identified concerns with people's equipment. The registered manager also gave an example of how they had worked with the district nurse to improve the health outcome for a person's continence needs.

Is the service caring?

Our findings

The relative and the person using the service spoke fondly of the registered manager.

A person said, "We're very friendly we always talk to each other." A relative told us the registered manager was caring and said, "Always got [registered manager] there if we need support at short notice".

The registered manager told us how they respected people's privacy and dignity when delivering personal care. They advised they would close doors and cover people with towels to preserve their dignity. The registered manager told us they did not discriminate against people and would not treat someone any differently if they identified as lesbian, gay, bisexual or transgender. The registered manager said, "It's about inclusion, I'm aware of equality."

People's preference of a male or female carer was taken into account at the initial assessment stage. The service respected people's choice of who they wanted to receive support from to make them feel comfortable.

A relative confirmed the registered manager was caring and gave an example of how their family member would receive messages from the registered manager during visits. The registered manager also told us how they would paint the person's nails and generally spend time talking to the person about their interests to build positive trusting relationships.

Is the service responsive?

Our findings

People were involved in the care planning process, people were asked the type of care they wanted and how they wanted it to be done. A person we spoke to said, "Yeah we did something like that, the care plan."

Care plans were personalised and contained information about people's life history, likes and dislikes which supported staff in getting to know the person. In relation to personalisation we saw an example of how the person would like to be washed and dressed and that staff should use colour coded flannels to support the person. This meant the service was responding to people's individual needs.

As care had been provided for a short time there had not been a review of the care, the registered manager advised they would review if there were any changes observed in a person's needs.

People were given information on how to make a complaint about the service. A relative said, "I know I could tell [registered manager] if I was not happy." There were no complaints at the service however there was a complaints procedure advising people to contact the service first and the next steps if they were not satisfied with the outcome. The registered manager advised they had informed the people to contact the local government ombudsman and the Care Quality Commission if they were not happy with the service.

The registered manager had experience of end of life care and demonstrated that they had to respect people's wishes and show compassion during this time. The service did not have an end of life policy however the registered manager advised they would implement one.

Is the service well-led?

Our findings

The service had a registered manager. The registered manager was aware of their responsibilities with the Care Quality Commission and the need to submit statutory notifications as required by law.

A relative and the person using the service spoke positively about the registered manager and told us they were doing a good job.

We viewed documentation to confirm the service had systems in place to assess the quality of the service which included a quality assurance policy detailing the frequency of their audits, spot checks, quality monitoring and questionnaires.

As the service was currently supporting one person they had not fully implemented the use of the feedback forms however the registered manager told us they would use the feedback to drive improvement. The registered manager informed us they sought feedback every time they visited the person but this was not always recorded.

We found that there were some gaps in people's records in relation to whether a person had allergies or not and contact information for a person's GP. Due to this we could not be assured whether the information was applicable to the person or not and whether they had chosen not to disclose it.

We recommend the service seek guidance on maintenance of records.