

Owen Care and Support Limited

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## Inspection report

9 Heather Court  
Salendine Nook  
Huddersfield  
West Yorkshire  
HD3 3SP

Tel: 01484320595

Date of inspection visit:  
19 July 2016

Date of publication:  
05 September 2016

## Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

The inspection of Owen Care and Support took place on 19 July 2016 and was announced. We previously inspected the service on 23 September 2013. The service was not in breach of the Health and Social Care Act 2008 regulations at that time.

Owen Care and Support is registered to provide personal care. Care and support is provided to people who live in their own homes within Huddersfield. On the day of our inspection 11 people were receiving support with personal care.

The registered provider is also the registered manager for the service. 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.

The management of people's medicines was not always safe. Although staff received medicines training a thorough and recorded assessment of their competency was not completed. People's medicine administration record (MAR) did not record adequate detail to enable us to clearly evidence people had received their medicines as prescribed. Hand written entries on two of the MAR sheets we looked at did not detail the information staff required to ensure these medicines were administered safely. These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe. Staff received safeguarding training and were able to tell us what action they would take to protect people from the risk of harm.

There were risk assessments in people's care plans.

The registered person had a procedure in place to reduce the risk of employing staff who may be unsuitable to work with vulnerable people; however, a written record of the interview process was not made.

New staff were supported in their role, completing a period of shadowing more experienced staff. Staff completed training in a variety of topics, relevant to their role. While staff received supervision, this was not always completed at regular intervals; however, all staff told us they felt supported by the registered person.

The registered person told us people supported by Owen Care and Support had capacity to make their own decisions about the care and support they received, however, staff had received training in the Mental Capacity Act 2005.

Care plans reflected the support people required with eating and drinking.

People we spoke with told us staff were caring and kind. New staff were introduced to people and people were supported by regular staff. Staff maintained people's privacy, dignity and confidentiality.

An assessment of needs was completed prior to the registered person providing care and support to any new service user. Care plans were reviewed and updated as people's needs changed.

People told us they were satisfied with the service but they were aware of how to complain should the need arise.

Everyone we spoke with gave positive feedback about the service. Staff were proud of the organisation they worked for and the service they provided.

There were systems in place to monitor the performance of staff and to gain the views of the people who used the service. We have made a recommendation about developing effective auditing systems.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The management of medicines was not always safe.

People told us they felt safe.

Recruitment procedures were in place but a written record of all aspects of the recruitment process was not made.

### Is the service effective?

**Good** ●

The service was effective.

Staff received training and support.

People were supported to eat and drink according to their individual needs.

Information was available for staff to enable them to contact other healthcare professionals for support, if required.

### Is the service caring?

**Good** ●

The service was caring.

People told us staff were caring and kind.

People were supported by regular staff who knew them well.

Staff respected people's right to privacy and took steps to maintain their dignity.

### Is the service responsive?

**Good** ●

The service was responsive.

People had care plans in place which were reviewed at regular intervals

Care plans were reflective of people's individual needs.

People were provided with information about how to complain.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered person was involved in the day to day running of the organisation.

There were systems in place to regularly seek feedback from people who used the service.

Staffs performance was regularly monitored.

# Owen Care and Support Limited

## **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 19 July 2016 and was announced. The registered provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure the manager would be available to meet with us. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all the information we held about the service including notifications, we also spoke with the local authority contracting team. At the time of the inspection a Provider Information Return (PIR) was available for this service. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our visit we spent time looking at four people's care plans and looked at three records relating to staff recruitment and training. We also reviewed various documents relating to the service's quality assurance systems and spoke with the registered person. Following the inspection we spoke with three care staff on the telephone. We also telephoned and spoke with two people who used the service and two relatives of people who used the service.

# Is the service safe?

## Our findings

People told us they felt safe. When we asked one relative if their family member was safe they said, "Oh yes they are." A person who used the service said, "Most definitely, yes."

As part of our inspection we reviewed the management and administration of people's medicines. Both relatives we spoke with said staff supported their family member with their medicines and they had no concerns regarding this aspect of their family members care. However, we found evidence the management of medicines was not always safe.

The registered person told us staff completed medicines training when they commenced employment, we saw evidence of this in the three staff files we reviewed and the staff we spoke with also told us they had completed training. We asked the registered person if they checked the competency of staff in medicines management, they said they did, however, this was not formally recorded. This meant we were unable to evidence all staff had been assessed as competent in all relevant aspects of medicines management and administration.

The registered person told us peoples medicines were in dosette boxes, delivered to the person by their local pharmacist. A copy of the information supplied by the pharmacist regarding the medicines was retained in individual care plans, staff made a record on the persons medicine administration record (MAR). Two of the MARs we reviewed had a number of unexplained gaps where there was nothing recorded to indicate if the person had received their medicines, or if not, the reason why. This meant we were unable to evidence people had received each medicine as prescribed to them by a healthcare professional.

We saw hand written entries on two of the MAR sheets we looked at. The entries did not detail the strength of the medicine, the dose of medicine staff were to administer or how the medicine should be administered. This meant there were no clear instructions recorded for staff to follow to ensure service users received their medicine safely and as prescribed to them by a medical practitioner. We also noted the hand written entries did not record the name of the staff member who had annotated the information on the MAR sheet and there was no evidence the information recorded had been checked by a second suitably trained member of staff. Having hand written entries checked for accuracy by a second suitably trained and competent person reduces the risk of medicine errors.

These examples demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with were able to tell us about the action they would take should they have concerns a person was at risk of harm or abuse. One staff member said, "Any concerns, I would ring the office. If I was still concerned, I would ring CQC (Care Quality Commission)." The registered person told us all staff completed safeguarding training and we saw evidence of this in the three staff files we reviewed. The registered person was also aware of their responsibility in keeping people safe from harm and was able to tell us what action they would take once they were notified of an allegation and which external

organisations they would report the matter to. However, the registered person told us although they had previously completed safeguarding training this had not been updated recently. Regularly updating training ensures skills and knowledge are up to date to enable people's needs are met in line with current standards of good practice.

We asked the registered person and one of the staff we spoke with, what action they would take in the event a person did not answer their door and staff could not gain entry. The staff member said they would look and shout through the letterbox and if the person still did not respond they would contact the office. The registered person told us they would contact the person's family member to see if they were able to provide information as to the person's whereabouts. The registered person and member of staff both said that in the event they could not gain access or speak with a family member, they would contact the police. This showed staff were aware of their responsibilities in keeping people safe.

Each of the care plans we reviewed contained a risk assessment. This recorded the hazard, the risk and the steps to be taken to reduce the risk of harm to people who used the service and staff. One person who used the service required the use of a hoist to enable staff to transfer them. The risk assessment recorded the equipment the person required and included information as to when and how staff were to use the equipment. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

The registered person told us they did not have an automatic system in place to alert them in the event that a care worker failed to attend a call, however, they said they did not currently provide a service to anyone who would not be able to contact them if their care worker failed to arrive. When we spoke with people who used the service and staff, no one raised any concerns that allocated calls had been missed. One person we spoke with told us staff had not turned up at the anticipated time for one of their calls, they said "Someone turned up at the same time as we were on the phone to the office. They explained the delay had been due to last minute staff sickness."

One of the staff we spoke with told us they had attended for an interview and the registered person had obtained references and a Disclosure and Barring Service check (DBS). We reviewed the recruitment files for three staff members and saw evidence of an application form, references and DBS. We noted an entry on one of the application forms we looked at regarding the candidate's previous employment which we had concerns about. The registered person was aware of the matter and was able to answer our questions regarding this issue; however, this detail had not been recorded as part of the interview process. The registered person told us that while all potential candidates attended an interview, minutes from this were not kept. Having a record of the interview process, evidences candidates met the minimum standards set by the registered person or, in the event they were not offered a position, the reason for this decision.



## Is the service effective?

### Our findings

We asked the registered person how new staff were supported in their role. They told us all new staff spent a period of time shadowing more experienced members of staff, "I am very strong on shadowing. I think that is really important." We saw documented evidence in staff files of the topics covered at induction, for example, the staff handbook and code of conduct. We also saw a record of shadowing; this detailed the individual tasks staff had observed, for example, supporting someone to shower or dress. This showed new employees were supported in their role.

The registered person said all new staff completed the Care Certificate. This is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that all workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We saw evidence of this in each of the staff files we reviewed and staff we spoke with also confirmed this.

The registered person told us one member of staff who had recently attended a course to enable them to complete the competency checks for staff who were completing the Care Certificate. They also told us about another staff member who they were enabling to progress their skills and knowledge with additional training, this was corroborated when we spoke with one staff member who told us how the registered person was supporting them with their personal development.

We saw staff received supervision, but the time frame was not always consistent. The registered person told us they aimed to ensure staff received supervision every three months but they had already identified that consistency was an area of weakness. They showed us a matrix which they had set up to enable them to ensure all staff received supervision on a regular basis.

Each of the staff we spoke with confirmed what the registered person had told us. Staff told us they spent a period of time shadowing when they commenced employment; they also told us they had completed a variety of training topics through the Care Certificate. Staff all said they had received supervision with their manager, they said the registered person was very supportive knew their staff well. Ensuring staff receive training, supervision and support ensures staff have the skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005. They aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. 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 registered person told us they did not support any one who lacked capacity to consent to their daily

care and support needs but all staff had received training in MCA. It was clear from our discussion with the registered person, they understood the basic principles of this legislation. When we asked two staff about the MCA, they said they had received training but from our conversation with them, we were not confident in them being able to implement their learning, should the need arise. However, each of the staff we spoke with were able to explain how they enabled and supported people to make decisions and choices about their daily lives. This demonstrated staff respected people's right to make their own decisions.

One person told us, "I tell them what I would like and they make it for me." Where people required support to eat and drink, this was recorded in peoples care plans. For example one care plan detailed, 'I like bread and jam with a cup of tea for breakfast'. The care plan also recorded the person's preference for their main meal to be on an evening and the desserts they liked to eat. This showed people were supported, where required, to eat and drink.

Each of the care plans we looked at recorded the contact details for the persons GP. In one person's daily logs we noted an entry which recorded staff had found the person on their bedroom floor and they were complaining of pain in their arm. The log recorded staff had called for an ambulance and the person had been taken to hospital. This demonstrated the staff member had ensured the person received prompt intervention from an external healthcare professional.

# Is the service caring?

## Our findings

Every person we spoke with who used the service provided positive feedback about the staff and the support they received. One person said staff were 'very nice'. Another person said, "I get regular staff, they are always on time, punctual. They are dutiful and kind." When we asked a relative if staff were caring and kind, they responded, "Yes." A feedback card in the office recorded, 'They relate to her very closely and treat her like their mother'.

The registered person told us new staff were introduced to people by either themselves or existing staff. This was also explained when we spoke with a staff member on the telephone, they said, "New staff go to every client to be introduced. We don't believe in sending you in 'blind'. This is much better. You get to know what people want, where things are and how they want things done." The registered person told us they tried to ensure people had a small team of staff to ensure consistency; this was echoed by people who used the service. They also told us they got regular staff who attended to them. Having regular staff ensures people are supported and cared for by staff who know them well.

Staff also spoke about their job with enthusiasm. One staff member said told us if they got to a call early, they would go in to the house, they said that gave them extra time to chat with people. They told us about one person they supported and how they chatted about the persons working life.

Staff were able to tell us how they encouraged people to make decisions about their care and support. One staff said, "I get items out of the wardrobe, I let them choose."

We asked one person who used the service if staff maintained their privacy and dignity, they said, "Yes they do, they cover me up." One of the staff we spoke with explained how they maintained a person's privacy and dignity. They said, "I make sure doors are shut, family may be there so we close the doors. I have one person who hates to be exposed, so I use towels to cover them up, to protect them."

We asked one staff member how they maintained people's confidentiality. They told us they ensured they did not disclose confidential information to other people, they explained they did not talk about the people they supported at home and ensured they did not discuss other service users in front of the person they were supporting.

Care plans recorded the tasks people were able to do and where they needed support. For example, one care plan noted, 'I would like my support worker to encourage me to carry out as much of this task as possible myself so I can maintain my independence'. This showed that care plans encouraged people to be independent, wherever possible.

The care plans we reviewed had been signed by either the person who used the service or their relative. This showed people or their relatives had been consulted about the care and support provided for them.

## Is the service responsive?

### Our findings

One of the relatives told us their family member had a care plan at their home and the staff wrote in this when they visited

The registered person told us when they received a request to supply a service to someone new, they visited the person and completed an initial assessment of their needs, likes, dislikes and preferences. They explained the assessment was then typed up and sent to the person, or their relative, for them to review and to enable them to make changes or additions if they wished. The registered person said if they would not accept additional work if they did not feel they could meet the person's individual's needs.

The care plans we looked at were neatly organised and information was easily located. The registered person told us care records were reviewed annually or in the event of someone's needs changing. We found the out of date records were clearly marked, this enabled us to easily see which were the most current care documents.

Staff told us care plans were reflective of people's needs. We asked one staff member what they would do if a person's needs changed; they told us they would report this to the registered person who would then update the care plan. One of the care plans we looked at had been updated within the previous few weeks due to a change in the person's needs. A comment on a feedback card noted, 'mums needs have changed constantly. (Registered person) has always been responsive to the changing needs and implemented a new regime swiftly and efficiently'. Reviewing and updating care plans ensures care records reflect people's current needs so that any necessary actions can be identified at an early stage.

Care plans detailed the care and support required at each call. Care plans were person centred and provided adequate detail for staff. For example, one care plan noted, 'I have a separate face cloths to use for the upper and lower part of my body'. Another care plan recorded, 'I may still be in bed when the support worker arrives'.

We asked people if they had any concerns or complaints about the service. Each person said they did not. One person said, "I don't have any complaints." Another person told us they would ring the office if they needed to complain, they also said, "But I have absolutely nothing to complain about."

We also asked staff if people were happy with the service they received, all three staff told us they felt people were happy with the service and they were not aware of any issues or concerns.

Each of the care plans we looked at contained information about how to raise a concern or complaint. The registered person told us they had not received any complaints about the service.

## Is the service well-led?

### Our findings

People we spoke with all expressed satisfaction with the organisation and the service they received. One relative said, "We are very satisfied. They (registered person) are approachable and flexible. Any problems we phone the office and they sort it out." Another relative said, "They are very easy to deal with, any issues they address them."

Staff we spoke with all talked proudly about the service they provided for people. Without exception, staff made positive comments about the registered person. One said, "(Registered person) is very good, very approachable. I am confident you could tell her anything and she would deal with it." Another staff member said, "Brilliant. The best company I have ever worked for. They are really helpful and supportive, always there if you need them."

Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. During our inspection we did not identify any issues which the registered person had failed to notify us about.

The registered person was also the registered manager and was involved with the organisation on a regular basis. During the inspection they spoke candidly about the service they provided to people, they told us they had found completing the Provider Information Return (PIR) a useful exercise as it gave them opportunity to evaluate the organisation and think about the areas they felt they were doing well and the areas they needed to give more focus to. The registered person told us they accessed a number of external support organisations to provide additional support, for example, health and safety and personnel advice. They said, "What we promise (to people), we try to achieve."

We asked the registered person if they completed audits of people's daily logs. They told us although they had always completed audits, they had only recently begun to document this process. We saw evidence of this on some of the daily logs we reviewed. The registered person told us they did not have a recorded performance standard which they audited the daily logs against. We recommend the registered manager seek advice and guidance from a reputable source, regarding effective auditing systems.

We asked one person if the registered person had ever asked them for feedback, they said, "Oh yes, I know the manager, they contacted me the other week." The registered person told us they tried to contact each person who used the service, or their representative, on a monthly basis. We saw they logged the contact on a matrix, this enabled us to evidence they had regular contact with people who used the service.

The registered provider told us feedback was requested from people via an external company. We looked at the feedback forms which had been returned. Each one rated the quality of care, staff, management and values as either outstanding or excellent.

We asked two staff if their performance had been spot checked by the registered person, they told us it had. One said they had been checked by the registered person about three times in the previous eighteen

months. Another staff member told us they had only been employed for a few months but they had already been spot checked. The registered person told us they aimed to complete an unannounced spot check on each staff member at least twice per year but the details of the performance check were not recorded. Checking and recording staff compliance with the service's procedures is an important part of the registered person's responsibilities.

The registered person told us they did not hold formal staff meetings, but said they communicated frequently with staff either by telephone or when staff called into the office.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The management of people's medicines was not safe.