

Open World 2 Limited

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## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Requires Improvement</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

Open World 2 Limited is a domiciliary care service registered to provide personal care support to people with a learning disability, and autism spectrum disorder. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, one person was receiving personal care support. Care was provided by the registered manager and at present they did not employ any staff.

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

The person who used the service said they felt safe, the registered manager was kind and the care received was good. The registered manager had a good understanding of their responsibility with regard to safeguarding adults.

The provider had not always identified risks to people who used the service or put in place guidance on how to reduce risks where these were identified. The provider had not always updated people's risk assessments to reflect their changing needs. We have made a recommendation about assessing the risks to people. Care records were personalised and contained information about people's life history, likes and dislikes. However, we found the care plan lacked detail for specific tasks. We have made a recommendation about personalised care planning.

The provider did not have robust systems in place to check the quality of the service provided. This was in relation to risk assessments and reviews, record keeping and person-centred care.

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.

The person told us they were treated with dignity and respect.

People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaints procedure in place. People knew how to make a complaint.

At the time of our inspection the service did not have any people receiving end of life care. The service had an end of life policy in policy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection of the service we were unable to gather sufficient evidence to provide a rating for the service (published 14 January 2019).

#### Why we inspected

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received.

#### Enforcement

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 around good governance.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Open World 2 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 4 July 2019 and ended on 10 July 2019. We visited the office location on 4 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager.

We reviewed a range of records. This included one person's care records, the registered manager's training information and policies and procedures relating to the management and running of the service.

After the inspection

We spoke with one person who used the service about their experience of the care provided.

# Is the service safe?

## Our findings

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

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing risk, safety monitoring and management

- Risks were not consistently assessed and well managed. For example, the registered manager told us since the last inspection the needs of the person they cared for had changed. They said, "[Person] has deteriorated more. [Person's] needs have changed."
- The risk assessments were not reviewed when the person's needs changed. The registered manager told us, "I should [have] done a review and updated the care plan."
- The registered manager had cared for the person for a long period of time and knew the person well. They told us, "I take it for granted as I know everything about [person]." However, this meant that potential new staff supporting this person were not always aware of changing needs.

We recommend the provider seeks guidance on assessing the risks to the health and safety of people.

Using medicines safely

At our last inspection we recommended the provider consider seeking guidance to update their medicine policy to be more robust. The provider had made improvements.

- The service had a medicines policy in place which covered the recording and administration of medicines.
- At the time of our inspection no one required medicines support. The person who used the service confirmed this.
- The registered manager had recently completed medicines training. Records confirmed this.

Systems and processes to safeguard people from the risk of abuse

- The person who used the service told us they felt safe. They said, "Totally [safe]. I have had other [home care agency staff] that don't talk to you and don't make you feel safe but [registered manager] makes you feel safe."
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- The registered manager understood their safeguarding responsibilities and told us the different types of abuse. The registered manager said, "I should report [suspected abuse] to CQC and the local authority safeguarding [team]."

Staffing and recruitment

- At the time of the inspection 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.
- Records showed the registered member had an up to date criminal records check.

- The registered manager told us no new staff had been recruited since the last inspection. They told us they would ensure appropriate pre-employment checks including completing an application form, criminal records checks, references and the right to work in the United Kingdom would be acquired before staff could start working at the service.

#### Preventing and controlling infection

- The service had an infection control policy in place.
- The person who used the service told us the registered manager used protective equipment when they provided care. They said, "[Registered manager] wears gloves and apron."
- The registered manager was aware of safe infection control practices.

#### Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents.
- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required.
- The registered manager told us there had been no accidents and incidents since the last inspection. They said, "If anything happens we try changing the policies. You change the policy and you put in the care plan what happened, and how we changed the service."



# Is the service effective?

## Our findings

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The service had training provisions in place to provide new staff with an induction and ongoing training.
- The service had systems in place to perform supervisions and appraisals.
- The registered manager was supported with regular supervision from an independent manager. Records confirmed this.

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

- 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. Records confirmed this.

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

- The service did not support the person 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.

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

- The service worked with other agencies and professionals to ensure people received effective care.
- The registered manager told us she worked with the district nurses and health services where concerns were identified.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The provider completed mental capacity assessments for people who lacked capacity to make decisions regarding their care. The registered manager told us, and records confirmed the person they cared for had

capacity to make decisions.

- The provider had a consent to care policy which covered the principles of The Mental Capacity Act 2005 (MCA).
- The registered manager had an understanding of The Mental Capacity Act 2005 (MCA).
- The provider did not record the person had consented to care. The registered manager told us the person was unable to physically sign the care plan. The registered manager told us they would update the care records to reflect this.
- The person who used the service told us permission was sought before care was provided

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This 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

- The person who used the service spoke positively about the care they received. They said, "[Registered manager] is a friend. It is someone I trust. When you have personal care, you have to trust someone with your body and how you want to be moved."
- The registered manager told us they did not discriminate against lesbian, gay, bisexual and transgender (LGBT) people. They said, "[LGBT] are just a normal person. There is no difference. It shouldn't affect anything."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- Records showed equality and diversity training was planned to be completed.

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

- The person who used the service told us they were involved in making decisions about care. They said, "We have sat and talked about it."

Respecting and promoting people's privacy, dignity and independence

- The person who used the service told us their privacy and dignity were respected. They said, "[Registered manager] talks to me to take my mind off [receiving personal care]. I have had other [home care agency staff] come in and do their job and that's it, but it's not like that with [registered manager]."
- The registered manager had a good understanding of the importance of respecting people's privacy, providing dignity in care and encouraging people's independence.

# Is the service responsive?

## Our findings

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

This meant people's needs were not always met.

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

- The person who used the service told us they were supported with their personal care needs and as per their wishes. They said, "I had a really bad year and [registered manager] would come at 6.00am when I called her. She would drop everything and come. She even came in the middle of night."
- Care records were personalised and contained information about people's life history, likes and dislikes which supported staff in getting to know the person. However, we found the care plan lacked detailed for specific tasks. For example, the care plan stated, "I would like to be washed and dressed on my bed." The registered manager was able to describe how the person was supported with a relative however this was not reflected in the care plan.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service recorded people's individual communication needs and instructions for staff on how to communicate effectively with them in their care records.
- The registered manager was knowledgeable about the person's preferred communication methods. Care records reflected the person's communication needs.

Improving care quality in response to complaints or concerns

- The person who used the service told us they knew how to make a complaint. They said, "I would speak to [registered manager]."
- The provider had a complaints policy and processes in place to record, investigate and learn lessons from the complaints.
- The registered manager told us there had been no complaints since the last inspection.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs. However, currently no one was being supported with end of life care and palliative care needs.

## Is the service well-led?

### Our findings

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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we recommended the service seek guidance on the maintenance of records. The provider had not made improvements.

- At our last inspection 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.
- At this inspection we found improvements had not been made. The registered manager told us the person's information had been updated on the person's pre-admission information, however this was kept in the person's home. We gave the registered manager 48 hours to send us an updated copy of the person's pre-admission records. The registered manager did not send the information as requested.
- The provider did not have robust systems in place to check the quality of the service provided. This was reflected in what we found during the inspection. This included the lack of risk assessments and reviews, record keeping and person-centred care.
- This meant the quality assurance systems in place could not always assure care and support was being delivered in line with what people wanted.

The lack of robust recording and quality monitoring were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The person who used the service told us they felt the service was well run and responsive to their concerns and needs. They said, "[Registered manager's] personality makes you feel at ease. She does care. There is trust there."

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

- The registered manager demonstrated an understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and

quality of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The person who used the service told us they were updated and informed on any changes.
- At the time of the inspection the service was supporting one person. The registered manager described in detail the support provided to the person, and knew them, their preferences and needs well. They had built up a strong relationship with the person. The registered manager said about the person who used the service, "[Our relationship] is very good. It is emotional. [Person] only trusts me to give [them] a bed bath. It is trust building with continuity."
- The registered manager was in the process of completing a qualification in health and social care leadership management. This enabled them to improve their knowledge about the management of the service.
- The registered manager told us her plans for the service. They said they were in discussions with a local authority to provide care and support for young adults and people with learning disabilities.

Working in partnership with others

- The registered manager worked in partnership to ensure that people received joined-up care. This included the local authority, and health and social care professionals.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others and accurately maintain contemporaneous records.</p> <p>Regulation 17 (1) (2) (a) (b) (c) (f)</p>