

On Track Care Services

Ontrack Head Office

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

Ontrack Head Office is a domiciliary care service providing personal care to people who live in their own houses and flats. At the time of our inspection, 1 person used the service, this person received personal care.

Not everyone who uses domiciliary care services receives personal care. 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.

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

We received positive feedback on the service. One person told us, "They provide a really good service. Staff are very kind and caring."

People's needs, including their safety were assessed and monitored.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. There were sufficient staff to meet people's needs and people spoke of good reliability from the service. Staff followed government guidance related to COVID-19 and had access to appropriate personal protective equipment (PPE) to prevent the spread of infection.

Staff had a good understanding of people's preference of care, staff promoted people's independence.

People were supported to eat and drink enough to ensure they maintained a balanced diet. People were involved in the planning and review of their care.

The provider had monitoring systems in place to ensure they provided good care, and these were kept under regular review.

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

Rating at last inspection

This service was registered with us on 16 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our well-led findings below.

Good ●

Ontrack Head Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 12 January 2023 and ended on 19 January 2023. We visited the office on 17 January 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider

information return prior to this inspection. 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.

During the inspection

We spoke with the person who used the service about their experience of the care provided. We spoke with 1 member of staff, and the deputy manager. We also received feedback from 1 health professional. The registered manager was unavailable for the inspection.

We reviewed a range of records. This included care records and plans. We looked at 1 staff file in relation to recruitment and staff supervision and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place which outlined everyone's responsibilities when reporting safeguarding concerns. Staff we spoke with understood the importance of raising concerns.
- A staff member told us, "I would contact the local authority myself if I thought someone was at risk of abuse."
- The deputy manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Prior to the start of care provision an assessment of people's care needs and home environment was completed by the management team.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk.

Staffing and recruitment

- The deputy manager told us how they understood the importance and difficulty of recruiting staff with the appropriate skills and competencies to meet people needs.
- Recruitment processes ensured relevant safety measures including references and Disclosure and Barring Service (DBS) checks were in place before staff could provide care to people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. A person told us staff were on time and they always knew who would be visiting to provide support.

Using medicines safely

- At the time of our inspection no one required staff to support them with their medicines.
- The deputy manager told us, when required, regular audits of medicines documentation and observations of staff competency will be carried out to ensure safe administration and support of medicines.

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) which was replenished whenever required.

Learning lessons when things go wrong

- Since the service had been running the registered manager told us they had not had any incidents or accidents.
- The deputy manager told us any incidents would be investigated and lessons learned shared with staff to reduce the risk of them happening again.

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 is the first inspection for this newly registered service. This key question has been rated good. 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

- Before people began using the service, comprehensive assessments of people's needs and choices were carried out.
- One person's representative spoke positively about the assessment process. They told us, "We had a discussion about all aspects of care and support, they [registered manager] took time to listen and understand what was required."
- People's support plans were detailed and personalised. They provided the necessary information for staff to meet their needs, in line with current guidance and standards.
- Support plans were reviewed regularly, or, if there was a change in people's care and support needs.

Staff support: induction, training, skills and experience

- Staff had completed their mandatory training and additional courses which were specific to people's needs.
- Staff were supported with a full induction when they first started working at the service. Staff told us, "After I completed my induction, I was introduced to the person I would be supporting and I spent some time shadowing so I could get to know them well."
- Staff received support in the form of supervision meetings. Staff told us, "My manager is very supportive and supervises regularly."

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

- Staff supported people to eat and drink to maintain their health and wellbeing, where required.
- One person told us, "I am often unable to do much so they [staff] help me cook."

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

- Staff and management communicated people's needs effectively in a timely manner. The deputy manager and staff told us they discussed and recorded any new changes or concerns immediately to support people effectively.
- One person told us they were supported by staff to make and attend appointments to maintain their health.
- A health professional told us, "I found [registered manager] to be very professional and communicated well, I have frequent contact with them [registered manager]."

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 MCA 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.

When 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The deputy manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People, and where appropriate their representatives were involved in all decisions related to people's care.

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 is the first inspection for this newly registered service. This key question has been rated good. 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

- A small team of staff supported people who they had developed positive and supportive relationships with. Staff spoke fondly about the person they supported.
- One person spoke positively about the support and care they received. A person told us, "[Staff] always go above and beyond and are amazing. I have no complaints. They are extremely considerate and kind."

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

- The registered manager worked closely with people to ensure their care was tailored to match their needs and we saw evidence of this in their care plan.
- Support plans were kept up to date and regularly reviewed to ensure staff had all the information they needed.
- The registered manager had tools in place to gather feedback such as surveys for people and relatives to complete on their experience of care.

Respecting and promoting people's privacy, dignity and independence

- The management ensured people's confidentiality was respected. All records were kept securely.
- Timely and flexible care was provided from consistent staff who understood individual needs to encourage independence.
- Staff treated people with respect and dignity. A person told us, "Staff are always respectful, patient, kind and caring. They are like my family. I don't know what I would do without them."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager knew the importance of ensuring people and their representatives and/or family were involved in the planning of care provided.
- The deputy manager told us, "We carry out assessments to see if we can meet people's needs, we will not agree to support someone if our assessments identify we are not the right service for them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- People's care plans were written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- At the time of our inspection the service had not received any complaints or concerns. There was a process for complaints to be logged and the registered manager could audit these on a monthly basis.
- A person told us, "I have never had to make a complaint, the staff always go above and beyond but if I did have to, I would know who to raise it with."

End of life care and support

- There was limited information in the support plans we reviewed relating to people's end of life wishes. The deputy manager told us they will review this and look at incorporating more detail about people's wishes.
- The service was not supporting anyone with end of life care at the time of the inspection.

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 is the first inspection for this newly registered service. This key question has been rated good. 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 deputy manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A person told us, "The management are very caring and manage the service very well. I can see how much they care about the people they support."
- Management were visible in the service, approachable and took a genuine interest in what people, staff and other professionals had to say. Staff told us, "My manager is very supportive and they always listen and are very approachable."

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 deputy manager understood duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Services that provide health and social care to people and required to inform the Care Quality Commission (CQC), of any important reportable events. The deputy manager was aware of their responsibilities and had systems in place to report appropriately to CQC.
- Management had the skills, knowledge and experience to perform their roles. They had a clear understanding of people's needs and maintained oversight of the service they managed. There was an effective quality audit system in place which included a monthly report to analyse themes or trends.

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

- People worked with the registered manager and staff to develop and improve the service. A person told us, "The registered manager is always available to speak to and very approachable and listens to any suggestions."
- The registered manager had systems in place for staff to share information and had frequent contact with staff to gain feedback on the care they were providing.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training.

Continuous learning and improving care; Working in partnership with others

- The deputy manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- The registered manager had planned improvements, which included moving from paper-based records to an electronic monitoring and record system.
- When necessary, the registered manager worked closely with external health professionals to promote positive outcomes for people. We saw documentation that health professionals had been contacted to support one person's health. One health professional told us, " From my observation and interaction, they [management] seem to care for the service user and their family. The registered manager always attends review meetings and any other meeting in relation to the family."