Ohio Home Care Ltd

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Inspection report

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Date of inspection visit:
30 August 2016
06 September 2016
21 October 2016

Date of publication:
23 November 2016

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

Ohio Home Care Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of the inspection the service provided support to 41 people living in boroughs in west and north London.

This inspection took place on 29 August, 6 September and 21 October 2016. We gave the provider two days' notice that we would be carrying out an inspection. This was because the service provides personal care to people living in their own homes and we needed to ensure that key staff would be available. This was the first inspection of this service since it's registration in January 2014. The provider was previously inspected at its former location in December 2012 and met the regulations inspected.

There was a registered manager in post at the time of the inspection. 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.

Relatives told us their family members felt safe and at ease with care staff. Care staff understood how to identify different types of potential or actual abuse and were aware of their responsibility to immediately report any safeguarding concerns to their line manager. Risks were assessed and individual written guidance was produced for staff, to enable people to safely receive care and support in their own homes, in accordance with their own wishes. However, some staff were not familiar with the provider's whistleblowing policy.

People were supported by staff who had been recruited in a thorough and safe manner. Staff had received training about how to safely prompt or assist people with their prescribed medicines. However, at the time of this inspection people received any required medicines support from their relatives.

People were consulted and supported to make choices about how their care and support was given. The provider had systems in place to ensure that people's rights were protected and staff gave us detailed accounts of how they always sought people's consent before providing care and support. Staff had not yet attended training about the Mental Capacity Act 2005 (MCA) but arrangements had been made for this training to be delivered.

People were ordinarily supported by their relatives to liaise with health and social care professionals by their relatives. Where required, staff supported people to meet their nutritional and hydration needs. Care staff reported any concerns about people's day-to-day wellbeing, health care needs and safety to the registered manager and they understood when it was necessary to seek emergency help.

Relatives told us they were confident that staff had received appropriate training and support to effectively understand and meet people's needs. The provider's training and development programme showed that

staff received mandatory training, regular supervision and support to access national health and social care qualifications.

Staff were described by relatives as being, "kind and caring", "always punctual, so reliable" and "very gentle and nice." Relatives told us they particularly appreciated how the provider ensured that their family members received a consistently delivered service from a limited number of care staff, which included staff that spoke the same first language of their family.

The provider sought feedback from people and their relatives in order to check how the quality of their service could be improved. Relatives told us they had never had cause to make a complaint and thought that the registered manager would take any complaints seriously.

The service was well managed. Staff told us they felt properly guided and supported by the management team. Relatives were positive about the registered manager's 'hands-on' approach, which was demonstrated by his regular visits to people's homes and telephone calls to check that the service was meeting people's needs and expectations. Clear systems were in place to audit and monitor the quality of the service.

We have made one recommendation in relation to staff needing additional training and support to understand the provider's whistleblowing policy.

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.

People felt safe with staff and had developed positive relationships with them.

Staff understood how to protect people from abuse and they adhered to guidance within people's risk management plans.

Systems were in place to safely recruit staff.

Is the service effective?

Good

The service was effective.

People received support and care from staff with appropriate training and guidance for their roles and responsibilities.

People's rights to make decisions and choices about their care and support was understood and upheld by staff.

Care plans demonstrated that people were consulted about their eating and drinking preferences and guidelines were provided to advise staff about individual dietary needs.

Is the service caring?

Good

The service was caring.

People were supported by kind and thoughtful staff.

The provider endeavoured to match people with care staff that understood their cultural needs.

People's entitlement to confidentiality, dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and kept under review, to make

sure that care and support plans accurately reflected their wishes and needs.

People and their relatives were asked for their feedback about the quality of care and support they received.

People were provided with information about how to make complaints and were confident that any complaints would be competently managed.

Is the service well-led?

Good

The service was well-led.

People commented favourably about the visible and active leadership style of the registered manager.

Staff felt that the management team was approachable and supportive.

Quality assurance checks, including telephone monitoring calls and unannounced spot checks were undertaken to make sure people were receiving care and support in line with their needs and wishes.

Ohio Home Care 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 announced inspection took place on 29 August and 6 September 2016. We returned on 21 October 2016 to meet the registered manager and provide feedback. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be certain that someone would be available to meet with us. The inspection team comprised one adult social care inspector.

Prior to the inspection visit we looked at information we held about the service. We reviewed any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required by law to send us. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 inspection we spoke with the relatives of eight people who used the service, four care staff, the administrator, the deputy manager and the registered manager. We looked at records including the care and support plans for five people, policies and procedures, the complaints log and staff documents relating to recruitment, training and development, supervision and appraisal. We also checked other records in regards to how the provider monitored the quality of the service, for example spot check visits and care plan review meetings. We contacted health and social care professionals with knowledge and experience of Ohio Home Care Limited to find out their views about the service and received written information from one professional.

Good

Is the service safe?

Our findings

Relatives told us that their family members felt safe with their care workers. Comments included, "[My family member] gets on very well with his/her carers and feels relaxed. They can reassure him/her as they speak the same language and understand our family culture" and "[My family member] has developed a good relationship with [care worker]. [My family member] and [care worker] go out in the community and I see how happy [my family member] is, there is trust." Staff members told us they received safeguarding training, which was confirmed when we checked records. They described how they would identify different types of abuse and explained the actions they would take in order to protect people. One staff member told us that they regularly supported the same people; hence they were in a position to develop positive relationships with people and recognise subtle changes in a person's mood or wellbeing.

Relatives told us they were initially visited by the registered manager to have a discussion about their needs and wishes before they commenced a care package. The care plans demonstrated that an assessment was conducted, which included an assessment of risks in regards to people's needs. This included risks associated with daily living, for example moving and positioning, susceptibility to having falls and safe access to community facilities with the support of care staff. These risk assessments focussed on how to mitigate these identified risks, so that people could safely receive their care and support, and maintain as much independence and choice as possible. The registered manager informed us that all of the people who were receiving a service at the time of the inspection lived with a relative. Care staff told us that there was always a relative present when they visited, so in the event of a health care emergency they would support people and their relatives until an ambulance arrived.

Relatives said they were pleased that the provider ensured continuity of staff which enabled people and their families to get to know care staff and build up a good rapport. One relative said, "The care workers support [my family member] to attend university and it is so important that [my family member] is with staff he/she knows and likes." Discussions with relatives confirmed that if a regular member of staff was on leave, the provider replaced them with a staff member they were already familiar with, so that their family member did not experience any unnecessary disruption. Relatives informed us that staff were punctual and reliable, and they had never experienced a missed call. One relative said, "We have tried another agency before and this time we are highly satisfied. Occasionally our carers might be a bit late due to traffic but we get a call from the office."

The recruitment files demonstrated that the provider had systems in place to make sure that people were protected through receiving their care and support staff from safely appointed staff. A range of checks were performed before new employees began work, which included proof of identity, a minimum of two written references, proof of eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. (The DBS check assists employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people). However, we noted that the provider had not verified references in order to ensure their authenticity. We discussed this with the deputy, who informed us that this issue had been very recently noted during a contracts monitoring visit by a local authority that used the provider. The deputy assured us that all future recruitment would evidence the verification of references.

Relatives told us that they could always reach a member of the management team during out of office hours, which was confirmed during our discussions with care staff. A relative stated that it was easy to maintain contact with the provider as the on-call number was the same as the regular office number during business hours. The registered manager and the deputy informed us that they shared the on-call duties.

Staff received medicines training but were not supporting people with medicines at the time of the inspection. The registered manager was aware of relevant guidelines from the Royal Pharmaceutical Society in regards to the safe administration of medicines for domiciliary care agencies.

Record showed that staff had received training in relation to infection control. Staff told us they were supplied with personal protective equipment (PPE), including disposable gloves and aprons. They confirmed that these items were always readily available. We noted that during unannounced 'spot checks', supervisory staff established whether care staff were adhering to the provider's infection control policy and appropriately using their PPE to protect people from the risk of cross contamination.

Good

Is the service effective?

Our findings

Relatives told us they were happy with the quality of care and support provided to their family member. They commented that staff appeared to have the correct skills, training and knowledge to meet people's needs. One relative said, [My family member] is confused at times. The carers know how to speak to her in a gentle and calming way, they know what they are doing. Another relative stated, "I think the care workers are all excellent. There are not many things that [my family member] can do because of their disability, but the staff have the skills to engage with him/her."

Staff told us they attended induction training when they first started working for the provider, which was followed by shadowing and working alongside a more experienced colleague. Records showed that staff were provided with mandatory training, for example moving and handling, basic food hygiene and safeguarding adults and children. The deputy manager informed us that the Care Certificate was being provided to new staff following their induction and prior to enrolling for national qualifications in health and social care. The Care Certificate is a set of standards that social care and health workers apply in their daily life and it is the new minimum standards that should be covered as part of the induction of new care workers. The certificate could also be offered to experienced staff to refresh their knowledge. One member of the care staff told us that they had national qualifications in health and social care at levels two and three and were now working towards attaining the Care Certificate, which they found was a useful tool to reflect on their understanding of care issues.

Staff received training about how to meet the needs of people living with dementia. The deputy told us that the provider was making arrangements for staff to attend training in relation to supporting people with mental health care needs and we saw documentation that confirmed staff were due to attend mental capacity training. Staff told us they felt well supported by the managerial and supervisory team. Records showed that staff received regular one to one formal supervision, although the recording for some supervision sessions was less detailed than others. We discussed this finding with the registered manager, who confirmed that staff with supervisory responsibilities had been booked into additional training to ensure that all supervisions were conducted in a consistently thorough manner. The provider had systems in place to assess staff competence through the use of 'spot checks' visits. Care staff told us that people and their relatives were informed in advance that a spot check would be carried out but this information was not shared with them. Staff said that these spot checks and the supervision sessions were helpful practices which enabled them make improvements where necessary, in order to provide people with an effective service.

Care staff told us they always asked people for their consent before they provided any care, which was confirmed when we spoke with people's relatives. Staff reported that they consulted with people about how they wished to be supported and understood that although some people were diagnosed with cognitive impairment, they were able to make specific and meaningful choices about their daily routine. The service provided care and support to people who might not have capacity to make certain decisions, for example people living with dementia. 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 manager was aware of the need to liaise with professionals at the local authority if they had concerns about a person's capacity to make decisions so that the person's mental capacity could be assessed, which was stipulated in the provider's MCA policy. The provider had recently introduced a new care planning template which ensured that information was clearly recorded about people's capacity to make daily decisions about their care and support.

The care and support plans we looked at showed that people were ordinarily supported with their nutritional and hydration needs by their relatives. Relevant information about people's dietary needs was recorded in their care plan, for example if people followed a Halal and/or diabetic diet. Where necessary, care and support plans contained guidance for care staff if they supported people to access community resources and have a drink and snack in cafés.

The care plans demonstrated that staff followed instructions from health and social care professionals, including district nurses, occupational therapists and GPs. Relatives told us that they provided ongoing support to their family members to liaise with health care professionals and attend hospital and clinic appointments. Staff stated that they understood the importance of speaking with people's relatives as well as their line manager if they observed any changes in a person's health, for example if they saw an inflamed area of skin or noted that significant weight loss had occurred. The provider's policies advised staff of the actions to take if a person needed emergency help, which ensured that people were promptly supported by appropriate professionals.

Good

Is the service caring?

Our findings

Relatives told us they thought care staff were kind, caring and respectful. Comments included, "They are all very nice ladies that look after [my family member]" and "[My family member] likes the carers. They are kind and patient and take their time helping him/her."

The care plans showed that people and/or their relatives contributed to the care planning. Many of the people who used the service were of Somalian heritage and relatives told us they had heard positive feedback about the provider through 'word of mouth'. One relative said, "It was important that [my family member] got care his/her care from carers that speak our language as otherwise [my family member] would feel nervous." We found that care plans were personalised and the registered manager spent time finding out from people and their relatives about their pastimes and hobbies, preferred routines and any support they required from care staff to meet their religious and cultural needs. This enabled the provider to ensure that people were matched with staff with similar interests. Relatives confirmed that people's wishes in regards to the gender of their care worker was always respected.

The provider issued people and their relatives with a booklet that contained information about the service, which included guidance about how to make a complaint. The deputy told us that most people used direct payments schemes and had already established links to advocacy organisations. The provider also had their own links with a local independent voluntary sector community organisation and could put people in touch with this organisation if they wanted independent advice or informal support.

Relatives told us that staff spoke with their family members and others in the household in a friendly and respectful manner. Care staff explained to us how they ensured that people's privacy, dignity and confidentiality was respected. One staff member told us, "We are trained not to talk about the people we look after, unless we are speaking to their district nurse or social worker about their needs. We make sure we close doors and close curtains before starting to support people with personal care." Staff received training about how to provide dignified care and we noted that their adherence to the provider's dignity policy was checked on during spot check visits

Good

Is the service responsive?

Our findings

Relatives told us they were completely satisfied with how the service met their family member's needs, and confirmed that they and their family member had been fully involved in the assessment and care planning process. One relative said, "We had confidence in the agency when the registered manager came to our home to meet us and we saw that our views were being recorded."

We saw that where possible, the provider sought relevant information from health and social care professionals before they started to deliver a service. For example, this might be an assessment conducted by their social worker or a specific assessment in regards to their mobility needs from an occupational therapist or physiotherapist. The assessment carried out by the provider was used to develop a personalised care plan.

People's care and support plans, and the accompanying risk assessments were reviewed approximately every six months by the registered manager. The deputy told us that planned reviews could be brought forward if there was a reported change in a person's needs and/or wishes.

Care staff demonstrated a good understanding of the people they supported, including their likes and dislikes. People's care records showed that staff encouraged people to be as independent as possible, in order to promote their self-esteem and to enable them to either develop or maintain independent living skills. The daily records sheets showed that where applicable, staff supported people to try new activities and experiences during their visits out to community resources. One relative told us that staff took their family member to the same shopping centres and parks, but this was in line with the person's wishes.

Relatives told us they particularly liked how the provider contacted them regularly to discuss if they were satisfied with the service. One relative stated this this demonstrated the provider's commitment to delivering a good service and made them feel that their views were valued. Relatives confirmed that they were confident the provider would deal with any complaints promptly, and in an open and professional manner. None of the relatives we spoke with had any complaints about the service and stated that they had never had any reason to submit a complaint. We noted that there had been one complaint since the previous inspection, which the provider had attempted to resolve. The person had chosen to transfer their care package to another provider.

Good

Is the service well-led?

Our findings

Relatives told us they thought the service was effectively managed. Comments included, "The manager appears approachable" and "They are helpful people if we need to ring the office." We noted that there were systems in place for seeking and recording the views of people and their relatives. The deputy informed us that if people and/or their relatives expressed any concerns about the service during reviews, monitoring calls and questionnaires, this was followed up in the same manner as a complaint. At the time of the inspection comments from people and their relatives to the provider were generally positive.

Other systems were used to monitor the quality of the service. For example, the registered manager checked that staff were up to date with their training and supervision, and checks were made regarding the information staff wrote in the daily records. We noted that one care worker was not accurately recording how they provided daily care to a person but was writing out the objectives of the care plan on to the daily records. We pointed this out to the deputy, who stated that they would arrange additional training for the staff member. Other daily records provided a comprehensive level of detail about the delivery of people's care and support and any changes in their wellbeing.

Staff told us they enjoyed working for the provider and felt they were given suitable training and support for to carry out their duties. One staff member told us, "We can ring the office at any time if we need advice, which I do." However, some of the care staff we spoke with were not familiar with the provider's whistleblowing policy and were not aware of how to whistleblow within the organisation or externally, if necessary. (Whistleblowing is the term used when a worker passes on information concerning wrongdoings). This could potentially impact on staff feeling confident about raising their concerns if they witnessed inappropriate practice by a colleague or line manager, as the whistleblowing policy within the provider's staff handbook explained how their rights as a whistleblower were protected.

We recommend that the provider seeks advice from a reputable source about how to ensure that staff understand the concept of whistleblowing.

The deputy informed us that although prospective service users and/or their relatives from several different London boroughs approached the provider having heard about the service from other satisfied people, there were now four people using the service that lived in a neighbouring borough. The local authority had recently conducted a monitoring visit and shared their report with us. We were informed that the provider had achieved required objectives to improve the quality of the service.

The provider was aware of the need to notify the Care Quality Commission of important changes, incidents and events at the service, as required by legislation.