

Obasan Services Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Obasan Services Limited is a domiciliary care agency registered to provide personal care to people in their own homes. At the time of inspection, the service was supporting 10 people.

Not everyone who used the service received 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 this service and what we found

Since our last inspection there has been some improvement made in addressing the shortfalls in management oversight of the safety and quality of the service. However, we have found that further improvements are needed to ensure they are effective. The service did not have some systems in place to ensure adequate monitoring and oversight.

Audits did not cover all aspects of the service which meant that risk assessments were out of date and not reviewed in line with the service policy. This meant people were at risk of receiving care that was not safe. Staff knowledge of people reduced this risk and we did not find anyone had been harmed by this failure.

Staff had received infection prevention and control training. However, people told us that staff do not always wear face masks as required by the service, the registered manager addressed this once raised. The registered manager told us they had kept up to date with the changing information during the Coronavirus pandemic and had sourced additional items such as hand gels, towels, bags for staff to use when supporting people.

People were positive about the care they received and told us staff were kind and reliable. People received their medicines safely and staff had the skills necessary to do their job. Staff felt supported and had confidence in the registered manager.

Learning and development was important to the registered manager and staff felt there was progression opportunities within the service. People were positive about the registered manager and were happy with the service they received.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (10 December 2019). We added conditions to the providers registration. The provider reported to us once a month to update us on their progress with meeting the regulations. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated inadequate once and requires improvement for three inspections.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out an announced focused inspection of this service on 3 September 2020. A breach of legal requirements was found. The provider had conditions attached to their registration which required them to report to CQC once a month to advise of their progress with meeting the regulation of good governance.

We undertook this focused inspection to check they had made the improvements as stated in their monthly reports to us. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Obasan Services Limited on our website at www.cqc.org.uk.

Follow up

We will meet with the provider and request an action plan to understand what they will do to improve the standards of quality and safety. The provider will continue to report to us on a monthly basis. We will work alongside the provider 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Obasan Services 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 3 September 2020 and ended on 8 September 2020. We visited the office location on 3 September 2020.

What we did before the inspection

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.

We spoke with the local authority and used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives on the telephone about their experience of the care provided. We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from health and social care professionals who work with the service but did not receive a response.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place for all aspects of their care including for their home and the external environment. However, some had not been reviewed in line with the service policy which stated annual review as a minimum. The registered manager told us they should be updated at least annually, and they would ensure all out of date risk assessments were reviewed immediately.
- Accidents and incidents were recorded individually. However, they had not been reviewed to identify trends and enable learning through the service and some actions taken had not been recorded.

This contributed to a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- Staff told us they understood the risks present for people and had a good understanding of people's needs.

Staffing and recruitment

At our last three inspections there was a failure to ensure the necessary records were maintained to ensure safe recruitment practices. At this inspection we found that further improvements were needed.

- The service did not have a robust recruitment procedure in place. One member of staff's file did not contain their full employment history as required. The registered manager told us there was a document missing and replaced it in the file. The document did not contain a full employment history. The registered manager immediately asked the staff member to supply this information and said they would make sure this was checked in future.
- References had been received for staff however, it was not always clear who had supplied the reference. For example one reference did not contain the name of the staff member or the referee.
- Staff completed health questionnaires during the recruitment process. Where a member of staff declared a health condition there were no actions recorded or confirmation that these had been reviewed and discussed prior to employment.

This contributed to a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- There were enough staff employed to meet the needs of the people using the service. Staff told us they felt

they had adequate training and were given enough information to do their job. People told us staff visited them at the agreed times and they were informed if there were any changes.

- Staff files contained Disclosure and Barring Service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with people in a care setting.

Preventing and controlling infection

- The service had completed assessments for all staff to consider the effects of the Coronavirus pandemic during their work. However, some people told us that staff did not always wear their face masks as required by the service. We raised this with the registered manager, and they told us they would immediately ensure staff were wearing the correct Personal Protective Equipment (PPE).
- Staff told us they were clear on their responsibilities with regards infection prevention and control and this contributed to keeping people safe. Staff training was up to date.
- Staff told us they had enough PPE to carry out their role. The registered manager had put together 'grab bags' containing hand gels, washes, towels, gloves, aprons and face masks. Staff told us they had checks carried out during their work by management staff.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding adults. Staff told us how they would recognise and report any concerns or abuse.
- People and their relatives told us they felt safe with the care they received from the service. Comments we received included; "I feel safe, carers are respectful and very caring". "All carers go the extra mile and are flexible". "I am very happy and feel safe and it gives me confidence". A health and social care professional told us they did not have any safeguarding concerns and feels that staff are competent and have a good knowledge of the needs of people.
- Records showed referrals to safeguarding had been made where appropriate. The registered manager had a good understanding of keeping people safe.

Using medicines safely

- Medicines management within the service was safe. Staff responsible for the administration of medicines were trained and competency spot checks were carried out regularly.
- Medicine Administration Records (MAR) were checked and audited monthly. The service had allocated one member of staff to this role and therefore they were able to make changes safely.
- MAR were legible, neat and contained all of the necessary information.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure they were administered in a consistent way.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

At the last three inspections, we found there was insufficient oversight of the quality and safety of the service. There was a breach of regulation. At this inspection we found this had continued, improvements had been made but oversight was still not fully effective.

- The service did not have a system in place to monitor and have oversight over the quality and safety of the service. Although no harm to a person was found, some moving and handling risk assessments were out of date and individual infection control risk assessments had not been reviewed. The registered manager told us they did not have a system in place to know when reviews were due. Following the inspection, they told us they have put a system in place.
- There was a recruitment checklist in place to be completed before someone is employed at the service. This had been completed but was not accurate as it had not identified that some documents in files were incomplete.
- Care plans were not audited to ensure they were consistent with the care delivered. For example, we found one care plan had not been reviewed as agreed. The registered manager told us there was no system in place to alert them to annual reviews. They advised us after the inspection they had put this in place.
- At our last inspection the provider had engaged a consultant to work with them to improve oversight and systems within the service. The registered manager told us it had not been successful and was no longer in place. They continued to develop existing members of staff into senior roles.
- The service has conditions attached to their registration. This meant they must report to CQC on a monthly basis giving details of their oversight of the service and audits. This reporting had not identified the shortfalls found within this inspection.

These shortfalls are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff felt happy and proud to work for Obasan Services Limited. They told us they were aware of the improvements needed and were committed to working to achieve them. The registered manager told us, "I

have a small team, they are compassionate and work hard".

- Staff felt supported and valued by the registered manager. One told us, "They are a good manager. They have worked so hard".

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 understood the requirements of the duty of candour, that is, their duty to be honest, open and apologise about any accident or incident that had caused or placed a person at risk of harm. They told us the circumstances in which they would make notifications and referrals to external agencies and records showed where they had done this.

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

- People told us the registered manager visited them and was present. One person told us, "The registered manager does come round to visit, they tell me to call them if the carers are late".
- Staff told us that they communicate and receive updates by phone and video calls. The registered manager had a confidential messaging group to communicate information to staff.
- The service sends out questionnaires to people to ask for their feedback on the care they receive. One person told us, "I get a questionnaire around twice a year".
- Learning and development was important to the registered manager and they had arranged meetings with local registered manager hubs. They told us it was important to encourage development within the service and promote from within which is what they had done.
- The registered manager had a specific file for all information relating to the Coronavirus pandemic, they told us this ensured they were following the most up to date guidance. They also received newsletters from various health and social care groups and CQC provider updates.
- The registered manager told us they had a good working relationship with health and social care professionals. A professional gave us feedback about the registered manager and said, "Communication is excellent, by telephone, email or in person".

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 provider had failed to have a system in place to monitor and have oversight over the quality and safety of the service.</p>