

Opportunity Knocks S & K Ltd

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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

Opportunity Knocks is a small service which provides support for people with a learning disability and is registered to provide personal care for people. At the time of the inspection the service was providing care for one person, 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

The person supported received safe care from staff who knew their needs well. The risks to their safety had been assessed and there were measures in place to reduce these risks. Staff supporting the person understood their role in safeguarding the person and had received training relevant to their role.

Staff were provided with appropriate equipment for their role such as personal protective equipment (PPE) to support their practice and reduce the risk of infection.

The person was supported to have maximum choice and control of their life 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 service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for person using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The person's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The person received person centred care from staff who knew them well. Their views and choices were incorporated into their care plan. They were provided with information in a format they understood.

The management team had processes in place to manage any complaints and regularly reviewed the quality of the service. They worked with the person, their relative and staff to ensure good communication and good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
This service was registered with us on 16 July 2018 and this is the first inspection.

Why we inspected

This was a planned inspection to award a rating for the service.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was responsive.

Details are in our responsive findings below.

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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

There was one inspector, who undertook this inspection over a period of one day.

Service and service type

Opportunity Knocks is a service is a domiciliary care agency providing personal care for people in their own homes.

The service had a manager registered with the CQC. A registered manager 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.

What we did before the inspection

We reviewed information we had about the service prior to our inspection. This included details about incidents the provider must notify us about, such as abuse and accidents. We sought feedback from the local authority who worked with the service.

The provider sent us a provider information return form prior to the inspection. This is information providers are required to send us yearly with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

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

We spoke with one member of care staff. We also spoke with the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one care record and one staff file. We also looked at the training matrix and quality audits.

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 for 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

- The person who received care from staff was protected from potential abuse as the staff had the training and knowledge to recognise and deal with any issues they had concerns about. There were systems in place to ensure any safeguarding issues would be managed effectively.
- The person and their relative told us they were happy with the way staff supported them and they trusted them. Staff were aware of possible situations that would cause them concerns and what action they would take to maintain the person's safety.

Assessing risk, safety monitoring and management

- There were clear risk assessments in place to support safe care for the person. The risks had been assessed with both the person and their relative, and documented in a way the person could understand. Staff worked with the person encouraging them to recognise risks and take part in the checks that helped reduce the risks. For example, using a thermometer to test the water prior to taking a bath.
- Prior to providing care in the person's home, assessments had been carried out on the environment to ensure any hazards were identified and mitigated. This was to establish a safe working environment for both the person and the staff who supported them.

Staffing and recruitment

- The person was supported by a regular small group of staff. Prior to each visit the person was aware of who would be supporting them. As the person attended the day centre also run by the staff who supported them, they had built good relationships up with staff. There was flexibility for the person in how and when care was provided when this was required.
- Staff new to this aspect of the person's care shadowed the registered manager before providing care alone. As a result the person was comfortable with the staff who supported them.
- The person was supported by staff who had gone through safe recruitment processes.

Using medicines safely

- The person did not require support with their medicines from staff at the service.

Preventing and controlling infection

- The person was protected from the risks of infection when staff provided care for them. Staff received infection prevention training and followed the guidance in the person's care plan on safe practices when providing care. This included hand washing, using personal protective equipment (PPE) and maintaining cleanliness of the environment.

Learning lessons when things go wrong

- The staff had no examples of adverse events occurring at the service. However the registered manager was able to explain how they learnt from their practice, and worked with staff to improve care. There was evidence of regular staff meetings, staff supervision and handovers that would give the registered manager and staff the opportunity to discuss any issues of concern and work to address them.

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

- Arrangements were in place to assess the person's needs and choices so care was provided to achieve effective outcomes.
- The assessments considered the person's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act. The registered manager had policies and procedures in place in line with legislation and standards in health and social care to ensure best practice was understood and delivered by staff.

Staff support: induction, training, skills and experience

- The person was supported by staff who underwent regular training to support them in their role. The relative told us staff showed confidence and care when supporting their family member. The member of staff told us how they used their training and experience to support the person when they were anxious. We viewed the training matrix that showed staff training was up to date, and staff had undertaken refresher courses when they were required.
- The staff member we spoke with told us they were also provided with regular supervision from the registered manager. They told us they found the sessions supportive and useful as they were able to discuss things and get feedback on their performance in the role.

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

- The staff at the service did not provide nutritional support to the person in their own home.

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

- The person and their relative was supported by staff to access local health services. This included identifying specific medical screening tests and supporting the person to attend them.
- For example when the person needed one test the staff had obtained easy read information prior to the test to help the person understand what this entailed. This preparation had resulted in a good outcome for the person.

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. 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.

- Where the person had needed support to make particular decisions we saw these had been made in their best interest using the least restrictive options. Documentation showed the person had been supported to make their own decisions when possible.

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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The person receiving care from staff was treated with respect and kindness. We received and saw clear information from the person, their relative, their care plan and our observations to show the person's views on their care were considered by staff. The person's relative felt strongly that the person's dignity and privacy had been enhanced by the support the person received from staff.
- They spoke with us about the care they received. They were able to point out different aspects of care in the care plan using the easy read signs and pictures to describe the care they received. Their interactions with staff were calm and confident. They told us they liked the staff who cared for them.
- The person's relative told us staff, "Went above and beyond," what was required of them to support their family member, helping the person with aspects of their care that the relative could not assist with. The relative felt with the support of staff the person had become more independent. They said, "I could not have chosen a better team."
- Staff knew the person and their needs very well, they respected the person's choices and were led by their routines. The person's views on their care was recorded in their care plan and gave staff clear guidance on how to support the person with their choices. The person had let staff know they were not happy with one aspect of their care. The registered manager had helped the person express their view, using simple language and pictures. The registered manager and the person had added the pictorial information to the care plan so their view on their care was known.
- The person did not need the services of an Advocate, but information on advocacy services was in the service user manual should this service be required in the future. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.
- The person's support plan gave staff clear examples of how they supported the person maintain their privacy. Our discussions with the person's relative and staff showed they were following the guidance, and were aware of their responsibilities to also support the person's dignity and independence.

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.

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 person received personalised care that met their needs. Their care plan had been developed with both the person and their relative and all the information on the person's preferences had been incorporated. The person's support plan had been updated every six months with input of both the person and their relative .
- The information included what the person could do for themselves and what they needed support or prompting with. The plan also contained information on how the care had been developed to support the person's continuing independence and what aids had been purchased to assist with this.

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.

- Throughout the person's care plan there was evidence to show how staff had worked to make the information about their care accessible to them. The care plan contained symbols and pictures that the person could identify and use to plan their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Part of the person's care package they were supported by staff to attend a day centre run by the provider. On the day of the inspection the person enjoyed a variety of activities with other people using this service. It was clear friendships had been encouraged and developed.
- The person was able to make their own lunch and shop for food with staff support. Their relative told us the person had been less isolated since using this service.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy in place and this was on display in an easy read format for people. The relative we spoke with told us they would know who to contact if they had any concerns. They told us the staff were very approachable and although they had no complaints or concerns, should any arise they felt sure these would be dealt with to their satisfaction.
- Staff we spoke with were aware of their role in managing any complaints and were aware of the policy.

End of life care and support

- This aspect of care was not provided at this service. Due to the age of the person being supported their relative had declined to discuss this aspect of care.

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; 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 management team had an open and honest approach to the care they provided for the person they supported. Both the registered manager and nominated individual worked along side staff to provide care. This gave them good oversight of the level of care provided. The staff member we spoke with told us the management team, "Did their very best to make sure we give good care."
- The relative told us the registered manager and their staff had supported them as a family to ensure the care they received was suited to their family member. They felt the registered manager had put in processes that had incorporated the person's view and had empowered them to become more independent. They told us the small team worked in a consistent way to achieve this.
- The registered manager was aware of their responsibility to be open if things went wrong. Whilst they had not had any adverse events at the service, our discussions showed they understood what events should be reported to us..

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

- The registered manager had audits in place to monitor the ongoing quality of care for the person. Care plans and daily logs were audited to ensure the information provided was consistent and of sufficient detail to give a clear picture of the person being supported.
- The registered manager had an audit tool they completed to show if there were any issues such as incidents or accidents, CQC notifiable events and staff training.
- The registered manager monitored staff performance, to ensure the person received quality care. They spot checks on staff practice and used these to support staff supervisions to give feedback on performance.

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

- The management team fully engaged with the person and their family and used their regular visits to discuss issues with the person's relative. The person and their relative had completed a questionnaire to express their views on the care provided, this had been provided in an easy read format. The result showed the family were happy with the care provided. The relative told us, "They, (management team) are very good at communicating, any little thing they discuss with me."

- The staff member we spoke with told us there were regular meetings and they were encouraged to air their views on the service. They told us the registered manager and nominated individual were both easy to talk to. They said, "They are there for us, they appreciate us, I wouldn't want to work anywhere else."

Continuous learning and improving care

- The registered manager and nominated individual used an external company to assist them with their training. This ensured they and staff had the most up to date guidance to provide good care.

Working in partnership with others

- The relative we spoke with told us how the registered manager had worked with different health professionals to help their family member to access the different health services they needed. We saw evidence in the person's care plan of how this engagement had resulted in positive outcomes for the person.