

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 effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Obasan Services Limited is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to eight people.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and people living with dementia.

Obasan Services Limited office is situated in Poole. It provides support to people living in the Bournemouth and Poole areas.

People's experience of using this service: Since our last inspection the management and oversight of the service had been enhanced. A new management structure was being implemented and a consultant had been appointed to support the improvements needed. Whilst substantial improvements had been made the systems to monitor the quality and safety of the service this work was ongoing. This meant that improvements were not yet supported by robust systems and we were not reassured of sustainability.

Audits did not yet cover all areas of service delivery and information was not reliably used to drive changes or improvements. The risks associated with this were reduced by the commitment and diligence of staff committed to ensuring high quality care.

The registered provider had not ensured conditions of registration had been met.

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. Consent and best interests decisions were not always formally recorded.

People received a person centred and responsive service from staff they liked and trusted. People and staff spoke about each other with respect and kindness and staff knew people well. People's care reflected their needs and was flexible to fit their lives. The staff had received training to ensure they had the skills they needed to carry out their roles.

Staff were committed to supporting people to retain their independence and understood how to keep them safe. Most risks assessments were recorded and reflected people's needs and wishes.

People were confident that they were listened to if they raised concerns or offered feedback. Complaints were recorded in line with the providers complaints policy.

More information is in the full report below.

Rating at last inspection and update: The last rating for this service was Inadequate (published May 2019) and there were breaches of regulation. Since this rating was awarded the service has moved premises. We have used the previous rating and enforcement action taken to inform our planning and decisions about the rating at this inspection. This service has been in Special Measures since May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures. At this inspection enough improvement had not been made in relation to oversight and the provider was still in breach of one regulation.

Why we inspected:

This was a planned inspection based on the previous rating.

Enforcement

We have added conditions to the provider's registration. The conditions require the provider to report to CQC about the work they are undertaking to meet the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Follow up:

We will request an action plan from 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 responsive.

Details are in our responsive findings below.

Good ●

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 two inspectors.

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 9 October 2019 and ended on 18 October 2019. We visited the office location on these dates.

What we did before the inspection

We looked at all the information we have received from, and about, this service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with three people who used the service during visits to their homes. We spoke with four relatives of people who used the service. We spoke with six members of staff and the registered manager.

We looked at a selection of records. This included records relating to the care and support of six people including Medication Administration Records (MARs). We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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.

Learning lessons when things go wrong

At the last inspection two inspections of the service the systems in place to learn from incidents and accidents were not fully in use. This contributed to a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that work was on-going, and improvements had been made. However, these changes were not yet effective in ensuring safe practice.

- Accidents and incidents were recorded and reviewed. Oversight documents indicated that care plans had been updated in response to identified risks, but this was not accurate. One person had been injured whilst they were being assisted with care. Their care plan had not been updated to reflect this risk.

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse by staff who understood the signs to look for and how to report concerns. Staff described physical and behavioural indicators of abuse and described how they would record and share any concerns they had.
- People and relatives told us they felt safe with the support they received. A relative described how reassured they felt about safety saying: "(Loved one) is very safe. That is very comforting."
- There had been a safeguarding incident. This incident is subject to a police investigation. As a result, this inspection did not examine the circumstances of the incident

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Whilst care plans had not always been updated to reflect changes to risk management the staff were confident of new measures in place.

- People had risk assessments related to the risks they faced. A person told us the staff had the skills they needed to keep them safe whilst helping them to move and use equipment. A relative told us staff were skilled in ensuring their loved one's skin was protected describing staff as "very observant".
- Risks were managed in a way that supported people's independence. For example, a person was supported to carry out safety checks on their home by staff.

Using medicines safely

At our last inspection the systems in place were not effective and did not ensure safe administration of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People told us their medicines were administered safely and that staff supported their preferences.
- Staff understood the risks associated with medicines and discussed risk management. A member of staff did not understand the risks associated with one sort of medicine. The registered manager and senior staff assured us that this information would be communicated immediately after our inspection visit.

Staffing and recruitment

At our last two inspections there was a failure to ensure that necessary records were maintained in relation to the safe recruitment of staff. Recording about the skills of staff did not support safe deployment. At this inspection we found that work was on-going. Improvements had been made, but further action was required.

- The provider had a recruitment procedure which ensured staff were thoroughly checked before they began work. Where information gathered during the recruitment process identified a potential risk, there was insufficient recording about recruitment decision making and risk management relating to applicant's suitability for the role. The registered manager acknowledged this and put plans in place to address this.

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

- There were sufficient, suitably skilled, staff to keep people safe and to meet their needs. People told us that staff were available to visit them at agreed times and that this was flexible to meet their preferences.

Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and they understood when these should be used.
- People told us that staff used gloves and aprons to support them.
- Staff who prepared food for people had received training in food hygiene.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

During the last two inspections we found that care was not delivered within the framework of the MCA. There were breaches of regulation. At this inspection we found that work was ongoing, and improvements had been made.

- Documentation to support decision-making in line with the MCA was in place for most decisions.
- Staff were confident in their discussions about the need to promote choice, assume capacity and seek the least restrictive option when supporting people who could not consent to all aspects of their care.
- Some people had made legal arrangements such as power of attorney so that decisions could be made on their behalf if required. The registered manager and staff team were aware of these legal powers.
- People told us that staff checked with them. One person told us that the staff supported them as they asked and always checked with them.

Staff support: induction, training, skills and experience

- At the last inspection staff did not receive training in topics which reflected the needs of the people they supported. Examples included catheter care, diabetes and pressure area care. This had been addressed. Staff told us their training was helpful and people told us that they were supported with knowledgeable and skilled staff.
- People told us that they were introduced to new staff and that staff understood their needs.
- Staff who were new to care were able to undertake the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

- Staff were positive about their induction and told us it provided the support and guidance they needed.
- Staff received training in topics the service considered essential. These included moving and assisting, health and safety and infection control.
- The registered manager and senior staff carried out spot checks with staff and assessed their competence in tasks such as supporting people with medicines.
- Staff told us they felt supported. One member of staff told us: "I have always felt supported."

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

- The registered manager, or senior staff, completed an assessment of people's care and support needs before care was provided for people. People and relatives told us this process was thorough.
- These assessments, including people's preferences, were used to form the basis for people's care plans.
- People's preferences were considered when visits were planned. For example, people's visits were planned to fit with their lifestyle and the needs of their loved ones.

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

- People were encouraged and supported to make choices about what they ate and drank. Staff knew how people liked to receive their meals and what drinks people preferred.
- Staff spoke about the importance of ensuring people ate and drank safely. They told us they would feed back any concerns they had about people's well-being to relatives if appropriate and the office staff.

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

- Staff ensured that essential information about people was shared if they went into hospital; a copy of the person's care and plan and medicine record went with people if they were admitted.
- People had access to healthcare professionals when needed. This included GPs and district nurses.
- People's care plans reflected their oral health needs. Staff had access to information about oral healthcare.

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.

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

- Staff spoke about people with kindness and compassion and people told us they always felt comfortable with staff in their homes. They spoke about the positive relationships they had built up with people and this was reflected in the comments made by people about staff.
- People and relatives said staff were caring in their approach. We heard comments such as: "The carers are happy and friendly and very respectful." and "They have been a godsend. All the individuals in the team are very upbeat."

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

- People were enabled to make choices about their care and treatment. Examples included decisions about how they wanted their medicines managed and the way they wanted their personal care attended to.
- People's decisions about their care were listened to and acted upon. One person told us they had not wanted one member of staff and that this had been respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported with dignity and their privacy was maintained. We heard how people felt their homes and lifestyles were respected with examples given about how staff adapted their behaviour to fit in with how people ran their homes. One relative reflected on how they felt the staff respected people's dignity: "They are kind... personal, you are not just one of many. "
- People were encouraged to maintain their independence by staff who valued people's goals of continuing to live in their own home. Staff spoke about how important this was to the people they supported.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff knew important information about people, their life histories, what mattered to them and their care and support needs.
- Care records did not fully reflect people's needs and preferences. Records for two people had not been amended promptly following changes to the support they received. Staff knew people well and had a good understanding of their needs. These care plans were updated immediately.
- People told us they received their care in the way they wanted. One person told us: "They know how we like things done." They also reflected on how well the staff respected and followed their routine.

Improving care quality in response to complaints or concerns

At our last two inspections people did not consistently have access to information about how to complain. This failure to maintain accurate and complete records contributed to a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made.

- People told us that they would be confident to complain if they needed to do so. We heard about minor changes people had asked for, they told us they were satisfied with the response. They had information about how to complain available in their homes.
- Complaints were recorded clearly, and actions taken were evident.

End of life care and support

- No one was receiving end of life care at the time of our inspection. Some staff had received training in end of life care. Training was made available to staff dependent on people's identified needs. The new care plan formats identified end of life care needs.

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.

- People's communication needs were recorded in their care plans. The registered manager explained how care plans were shared verbally with a person who was registered blind. The person told us they were

consulted about everything.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. 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 two 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 that this continued, and whilst improvements had been made oversight was not fully effective.

- The registered provider Obasan Services Limited was run by three directors. One director was also the registered manager for the service. The registered provider had not identified that they were not fulfilling their statutory obligations. When the location moved premises in May 2019, they had not ensured that this location was appropriately registered, nor had they ensured that their manager's registration was updated to reflect this new location. By operating their service from a location that was not registered with CQC, the registered provider was in breach of their conditions of registration. This had been resolved just prior to our inspection.
- Following the last inspection, the provider had engaged a consultant and developed a comprehensive action plan to improve the safety and quality of the service. Actions taken from the plan were improving the safety and quality of the service, for example all staff had received appropriate training.
- New roles had been created in the senior team to ensure the development of the team. A new manager had been appointed who planned to take over the role of registered manager, there were also experienced staff appointed to support administrative tasks and to coordinate care.
- Staff were personally committed and diligent and understood their individual roles. Organisational systems were improving but did not fully support the staff in achieving positive outcomes for people. For example, care records had not been updated to ensure information about people's care was made available to all staff.
- Improvements had been made in the recording of consent to care and best interests decision making. However, monitoring had not identified where personalised care practice required written consent. This is important to ensure people's choices are respected and alongside an acknowledgement of the risks involved.
- Whilst improvements had been made they had not yet been fully embedded. For example, incidents and accidents had been monitored. Oversight documents stated that care plans had been updated, but this was not accurate. Staff did not have access to up to date risk management plans for two people after they had sustained injuries.

- Care plans had not been audited to identify inconsistencies and this meant that written information was not always accurate. For example, two people's care plans had not been updated to reflect the support they needed following changes in their needs.
- The registered provider had not recorded risk management decisions related to the support and deployment of staff following an allegation of abuse. The failure to record the process meant that it was not clear how some aspects of unsafe practice had been adequately addressed. The registered provider acknowledged that record keeping continued to be an area that required improvement.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People received person centred care from staff who felt supported to provide individualised and responsive care.
- There were plans to make further improvements to care plans to include more information about the outcomes people wanted to achieve.
- The registered provider had ensured there was a policy on duty of candour.

Working in partnership with others

- The registered provider told us that they had established links with other providers to provide support in improving the service.
- The registered provider received updates from the Care Quality Commission and had an improving understanding of relevant legislation.

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

- There was ongoing work to develop and embed improvements to the assessment and care planning process. During previous inspections we recommended and required that the provider seek appropriate guidance to ensure protected characteristics detailed in the Equalities Act were reflected in assessment and care planning. At this inspection we saw that detail about some characteristics such as disability was reflected in care plans. The service had not started to support any new people. This meant we were not able to review whether new assessments were effective in gathering this information at this inspection.
- People's views about the service had been sought. Feedback was gathered formally and informally and was all positive. People, and relatives, told us the registered provider was approachable and responsive when they provided feedback.
- Staff told us they felt listened to and supported in their roles. They were confident that they were part of a developing team. Staff providing care in people's homes told us that support was always available, including out of office hours.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems to assure the quality and safety of the service were not effective. Records related to care provision were not always accurate.</p> <p>17(1) (2) (a)(b)(c)(f)</p>

The enforcement action we took:

We have imposed conditions on the provider's registration requiring them to report to CQC on the work they are doing to meet the requirements of the regulation.