

Observe Care Ltd

# Observe Care Ltd

## 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: Observe Care Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. 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. At this inspection, one person was receiving personal care from the service.

People's experience of using this service:

The service had a registered manager in post. 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.

People were safeguarded from abuse as there were systems and processes that enabled this. Staff had received safeguarding training and knew to report any concerns to the registered manager. Staff administered people's medicines in a safe way. Recruitment checks were carried out on staff before they started work. There were enough staff available to support people with their needs. There were systems in place to report incidents and accidents and the registered manager took actions to mitigate further risks. Risk to people were assessed, and management plans were developed to reduce risks. Staff followed infection control procedures to reduce the risk of infections.

People's needs were assessed appropriately. People were supported to eat and drink enough and to meet their dietary and nutritional needs. People were supported to access the healthcare services they needed to maintain their health and well-being. Staff were inducted into their roles when they started, and they received regular supervision and training to be effective in their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People and where appropriate their relatives consented to their care before they were delivered. Staff and the provider understood their responsibilities under the Mental Capacity Act 2005.

Staff treated people with dignity and respect. People and their relatives were involved in planning for their care. Staff were kind and patient with people. People and their relatives knew how to raise their concerns and complaints about the service. The registered manager checked and assessed the quality of service delivered to people. The provider worked in partnership with other organisations to develop and improve the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 23/11/2017 and this is the first inspection.

Why we inspected:

This was a planned inspection based on regulatory requirements to rate the service.

Follow up:

We will continue to monitor information we receive about the service until we 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?

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 well-led.

Details are in our Well-led findings below.

# Observe Care Ltd

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was undertaken by one inspector and Expert by Experience who made phone calls to people and their relatives for feedback. 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 visit because it is small, and the registered manager is often out of the office. We needed to be sure that they would be in. The inspection site visit activity took place on 17 November 2021. We visited the office location to see the manager and to review care records and policies and procedures.

#### What we did:

Before the inspection, we reviewed information we had received about the service. 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, we spoke with one person, one relative, the registered manager and two

administrative staff. We reviewed the care record of one person using the service, three staff files including recruitment, training and supervision; quality assurance records and other records relating to the management of the service. After the inspection, we spoke with two care staff to obtain their feedback about the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People were safeguarded from abuse as there were systems and processes in place to promote this. People told us they felt safe with staff in their home. One relative mentioned, "I know my relative is in good hands. I know I can leave relative safely with the staff."
- Staff were trained on safeguarding and they knew the steps to follow if they suspected abuse had occurred. They knew to whistle-blow to external agencies if the registered manager failed to take necessary actions to protect people.
- The registered manager demonstrated they understood their responsibilities to keep people safe, respond to allegations of abuse appropriately and notify CQC as required.

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

- People were protected from risks that were avoidable. The registered manager conducted risk assessments looking at areas such as people's physical health conditions; risks of pressure sores, nutrition, moving and handling, health and safety of the environment, and medicine administration.
- Care plans were developed to address identified risks and to guide staff on how to maintain people's safety. There was moving and handling risk assessments and management plans to ensure the safety of people and staff when supporting people with transfers. Staff had been trained on manual handling. There was also an assessment of people's home environment to identify any possible hazards and risks.
- Staff knew to report any concerns about people's care; including incidents and accidents to the registered manager who reviewed them and took appropriate actions to address incidents. Risks management plans were reviewed regularly and updated regularly to reflect any changes in people's circumstances.

Staffing and recruitment

- People received the support they needed from staff. A relative told us, "Oh yes, the staff give plenty of time and do what they need to do because it's a 'live in' care package."
- The service had regular staff providing support to people to enable consistency and continuity. The rota was covered for the four weeks we checked. There was a pool of care staff who covered the regular staff absence. The registered manager was experienced and available to deliver care to people where required
- Staff were recruited safely. Staff had undergone appropriate checks before they started working with people. Recruitment records contained two references, criminal record checks, employment history, proof of identity, and right to work in the UK.

Using medicines safely

- Staff supported people to take their medicines as required. Staff had received training in the safe medicine

administration and management and their competency had been assessed. A relative told us, "The carer does all my relative's medicines and records everything on the charts. They are very particular with medication. The doctor tells us if dosage or medication changes and the carers follow the instructions."

- A care plan stated what support people required with their medicines. Medicines administration records [MAR] were completed with no gaps. The registered manager carried out regular audits to identify any issues or discrepancies with the MAR.

#### Preventing and controlling infection

- People were protected from the risk of infection. The service had an infection control policy and procedure in place and staff had completed training in this area.

- The relative confirmed staff used personal protective equipment (PPE) such as aprons and gloves when doing personal care. The registered manager carried out practice observations on staff to make sure they followed infection control procedures.

# 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. 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

- People's care needs were assessed so their care could be established and their care planned appropriately before they started using the service.
- The registered manager carried out care assessment involving people and their relatives. Assessments covered a range of needs including people's medical conditions, physical and mental health; mobility, nutrition and social activities. The input of professionals was sought where required.

Staff support: induction, training, skills and experience.

- Staff were trained, supported and supervised to be effective in their roles. Staff received an induction when they started in their roles which involved shadowing experienced members of care staff. The registered manager also worked with staff on one-to-one basis to teach them the job and to support them to develop.
- A relative commented, "The carers know how to handle all the lifting equipment and have been working here over a year now." Training records showed staff had completed core training in care such as safeguarding, Mental Capacity Act 2005, and health and safety; and other training relevant to the needs of people they supported.
- Staff told us they felt supported. Staff competencies and capabilities in the job were assessed through spot checks and observations; and they were supported to develop their working practice through supervisions and appraisals.

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

- Staff supported people to meet their nutritional needs. A relative we spoke with told us, "The carer does all my relative's food and drinks, watches them eat and helps with eating if necessary. My relative has cultural needs. The carer prepares and cooks suitable cultural food for them. My relative has always drank lots of water, so that is always available. Carer will always get yoghurt, slice of cake or a snack for them."
- People's nutritional needs were documented in the care plan and staff knew to share any concerns that may arise about people's nutritional needs with the registered manager and people's relatives.

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

- People were supported to meet their day to day healthcare needs where required. Staff supported people to access the healthcare services they needed. For example, the registered manager had liaised with an occupational therapy service regarding equipment the person needed. Staff knew actions to take to respond to medical and non-medical emergencies. They had the contact details of people's relatives and

other emergencies services in the event they needed support.

- The service worked with another care agency to support the person with their transfers. Staff shared relevant information appropriately and they promoted effective communication to ensure an effective service was provided to 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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Staff had received training in Mental Capacity Act (MCA) 2005 and they knew to obtain consent from people before undertaking any task or activities with them.
- People and their relative told us they were involved, and their consent were sought before decision were made about their loved one's care. The registered manager and staff understood their responsibilities under the MCA to ensure people's rights were protected.

# 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. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- Staff provided care and support to people in a compassionate and caring manner. A relative told us, "The care staff are very good. They are caring, patient and understanding. They know when my relative is distressed and know how to calm them down."
- Staff knew what people liked and disliked and how to support them. Care records detailed people's backgrounds, preferences, and how they wanted their care to be delivered. A relative told us staff knew how to communicate with their loved one.
- The provider had matched care staff who understood the person's language and cultural needs. This helped the person feel comfortable with the care staff and helped in developing a relationship. The person also had a preference to the gender of staff who supported them, and the service had respected their wishes and only sent care staff who matched the person's preference.
- The service ensured the staff team was regular and stable to ensure consistency and continuity. A relative commented, "They always try to retain a good relationship with people who use the service."
- A relative told us the registered manager and staff involved them and their loved one in planning their day to day care and support; and respected the choices and preferences. They said staff discussed and informed them of any changes.
- Care records contained information about people's disability, culture and religion. Staff had received training in equality and diversity. They knew to respect people's individuality and differences. Staff supported people to have food which reflected their culture and preferences

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff. Care plans highlighted the importance of maintaining people's dignity, privacy and independence. Staff had received training and they explained steps they took to ensure people's privacy, independence and dignity.

# 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. 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;  
End of life care and support

- People received care personalised to their individual needs and preference. Where people received live-in care, this was in place and the care was planned and delivered to meet the person's needs. People's care plans contained detailed information about their needs and how these would be met. Care plans covered people's likes, dislikes personal care, nutrition, skin care, social activities, mobility/transfers and physical health needs.
- Daily care records showed staff supported people according to their needs. Records showed two members of staff supported the person the service supported with tasks relating to moving and transfers. Care plans were reviewed and updated as required to reflect changes in people's care needs and circumstances.
- At the time of our inspection, the service was not supporting anyone with end of life care. The registered manager told us they would involve other health professionals to meet people's needs when this was needed and provide support to staff.

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 included in their care plan. The registered manager had employed a staff member who understood and spoke the native language of the person they supported. This improved effective communication between staff and the person.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. People and their relatives received a copy of the procedure when they first started using the service. A relative told us the registered manager had appropriately sorted a concern they once had, and the matter was resolved to their satisfaction.

# 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. 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 duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The service was delivered in a way that achieved positive outcomes for the people using it. A relative told us the service was good and well managed. They commented, "Yes, my loved one is really happy. The carer is most conscientious and good. They know how to do their jobs."
- The registered manager was hands-on and very involved in the day to day delivering of the service. They told us they were very interested in the people they supported and wanted to make sure staff were delivering care that met people's needs and expectations
- The provider had systems and processes in place to promote person-centred care and to empower staff. Staff were regularly trained and supported in their roles.
- The registered manager was experienced and committed in delivering their role effectively. They understood their responsibilities under their CQC registration. They had submitted notifications of significant events to the CQC as required by law. They understood their responsibility under the duty of candour.
- A staff member told us they felt supported in their role and had direction and leadership they needed from the registered manager.
- Staff knew about their responsibilities to share information and concerns to the registered manager or externally if they needed to protect people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- The registered manager sought feedback from people and their relatives about the service. A relative commented, "I know the registered manager. From my point of view the service is well managed. She is very good, she chats with me, always asking if I'm happy with the service."
- The registered manager monitored the quality of service delivered through audits of daily care records, medicine administration records; and spot checks on staff. They also carried out regular home visits to check how staff were doing their jobs and to obtain feedback from people and their relatives.
- Records were accurate and up to date. Records were kept securely in a locked cabinet in the office.

Working in partnership with others.

- The registered manager worked with the local authority commissioners to develop and grow the service.

They liaised with other agencies including and health and social care professionals to meet the needs of people using it.