

Odara Care Limited

North Tyneside

Inspection report

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Date of inspection visit:
06 July 2023
12 July 2023

Date of publication:
01 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

North Tyneside is a domiciliary care agency providing personal care to people in their homes. There were 2 people receiving personal care at the time of the inspection.

People's experience of using this service and what we found

Audits and checking systems needed improving to ensure they analysed and reflected on incidents. We have made a recommendation about this.

Staff responded promptly to incidents and accidents and reported them appropriately. The registered manager carried out spot checks to observe staff practice.

Risks to people were assessed but assessments would benefit from more person-centred detail. The registered manager responded immediately when we raised this.

People received consistent person-centred care from staff who knew them well. Feedback from relatives and external agencies was positive.

The service was very small and the registered manager was able to provide hands-on support to staff when needed and retain an appropriate level of oversight. They planned further delegation and staff roles as the organisation grew.

Staff received a blend of online and in person training and had the skills to support people safely. They were knowledgeable about people's varied needs.

The registered manager involved people who used the service and their relatives through regular care plan reviews and surveys.

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.

The registered manager was approachable and committed to the ongoing improvement of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (report published 5 August 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service and the time that had passed since our last inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has improved to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

North Tyneside

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 6 July 2023 and ended on 12 July 2023. We visited the location's office on 12 July 2023.

What we did before the inspection

We requested feedback from the local authority and reviewed information we already held about the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 members of staff, including the registered manager and care staff. We also spoke with the relatives of both people using the service. We contacted two health and social care professionals.

During our visit we looked at care records, medication records, staff recruitment records, supervision and competence documentation, training records, and the policies and procedures used by the provider.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff awareness of safeguarding protocols needed to improve. Not all staff we spoke with understood the local authority's safeguarding arrangements, and who to call (other than the registered manager) if they had safeguarding concerns. The registered manager took immediate action to improve staff knowledge and to ensure this information was accessible. People, relatives and staff felt confident raising any concerns with the registered manager, who acted promptly and openly. Staff had worked well with external professionals to keep people safe.
- The provider had up to date safeguarding, whistleblowing and related policies in place.

Assessing risk, safety monitoring and management

- People's needs, and potential risks, were assessed by the registered manager at the start of their care. These were reviewed on a regular basis and care plans were updated when required. One staff member told us, "I was introduced to [person] before giving care, and shadowed experienced staff. I felt very safe and nothing was rushed."
- Risk assessments were in place. Where improvements could be made to make these risk assessments more person-centred, the registered manager was receptive to feedback.
- Staff monitored and documented the risks people faced, and shared information where appropriate. We found a small number of instances of recording where staff had not been specific enough about what had occurred. The registered manager recognised this and assured us they would ensure staff were reminded of the importance of detailed recording of any incidents.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. One relative told us, "They are very reliable and on the rare occasion there is a change they let us know."
- The provider carried out recruitment checks, including checks from the Disclosure and Barring Service (DBS), to reduce the risk of employing unsuitable people.

Using medicines safely

- Staff supported people to take their medicines safely. The registered manager undertook spot checks to ensure staff were following good practice and were competent, including their administration of medicines.
- The provider had an up-to-date medicines policy.
- The provider had recently introduced an electronic care records system which enabled staff to record medicines administration electronically. Staff told us they had received training in this and the registered manager was always available if they had queries.

Preventing and controlling infection

- Staff were well trained in this regard. They received mandatory training in infection control and use of PPE.
- The provider had an up-to-date infection control policy in place.

Learning lessons when things go wrong

- Incidents were acted on to keep people safe and reported openly by staff to the registered manager. Supervisions and spot checks helped ensure the culture was an open one in which errors could be learned from.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was at times inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care

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

- Systems to monitor and improve the quality of the service required improvement. The service was small, and the registered manager generally had knowledgeable oversight of people's needs and staff interactions. However, audits and reflections on incidents were not detailed enough and there was a reliance on informal lessons learned. The registered manager was receptive to feedback we gave about improving the auditing systems in place.
- Learning from things that went wrong or unexpectedly needed to be communicated more consistently.

We recommend the provider ensures there is a formal, consistent auditing regime in place and that lessons learned are consistently and effectively communicated.

- The provider used surveys to capture feedback from people who used the service.
- Staff told us that they felt well supported by the registered manager and that they were regularly reminded to refresh training.
- The registered manager was keen to improve the service. One external professional told us, "They take on board comments negative and positive and what to continue to improve."
- Staff were knowledgeable about their roles and told us they received consistent, approachable support from the registered manager. There were no senior roles or champions – the registered manager hoped to introduce these as the service grew. Staff were involved in how the service was run and their opinions were respected.
- Staff were passionate about supporting people to live as independently as they could. One relative told us, "They have a great understanding and there is a consistency of staff."

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 their legal responsibilities under the duty of candour, and what notifications they were required to make to CQC.
- The registered manager worked openly with social workers, nurses and others, to ensure people's needs were supported well.

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

regulatory requirements; Working in partnership with others

- The registered manager carried out range of quality checks to ensure that standards of care were being met.
- Arrangements for when the registered manager was away from the service were limited. There was an external call handling company for emergencies but this was not well communicated to staff. The registered manager planned to introduce more support as the service grew. Staff said, "[Registered manager] is very prompt at getting back to me if I have any queries."
- The registered manager had not yet built strong relationships with external partners, such as commissioning.

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

- The registered manager and staff involved people in decisions about the care they received and sought feedback from them and their relatives. One relative said, "They use a nice reassuring tone and remain calm."