

00J Homecare Services Ltd

00J Homecare Services Limited

Inspection report

702 Ashbrooke Park
Parkside Lane
Leeds
West Yorkshire
LS11 5SF

Tel: 07735579243

Website: www.oojhomecareservices.co.uk

Date of inspection visit:

10 February 2020

12 February 2020

Date of publication:

11 March 2020

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

OOJ Homecare is a domiciliary care agency providing personal care to adults 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 the time of our inspection, the agency was providing personal care for 9 people.

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

People told us they felt safe with the care provided and were confident any concerns would be acted on immediately by the registered manager. Relatives also told us their loved ones received safe care. Medication was managed well overall, however we have made a recommendation for the registered manager to make improvements in the recording of medication administered to people to ensure it was in line with best practice and guidance.

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. We made a recommendation for the provider to improve the recording of relevant discussions and decisions about the care of people who lacked capacity to make decisions.

Risks to people's care were assessed and measures put in place to manage those risks. Staff had a good understanding of how to support people safely and knew what to do if they had concerns. Staff had completed safeguarding adults training and knew how to recognise and report concerns.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed. People and their relatives told us staff mostly arrived on time or informed people when they were running late.

People and their relatives felt staff had appropriate skills and were competent. Staff had a good understanding of the needs of people they supported and had access to ongoing training and supervision to support and improve their practice.

People and relatives continue to tell us they received a service that had a positive impact on their lives. Good relationships had been developed between people and staff. People and their relatives told us staff were consistently kind, caring and compassionate.

People were supported to have a balanced diet that met their individual needs and preferences. The provider kept in contact with relevant healthcare services to ensure people had their care and health needs met.

People, their relatives and staff were complimentary about the leadership and management of the service. There were several systems in place to monitor the quality of care. At this inspection, we found record keeping could be improved to better evidence care delivered.

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 good (published in 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

OOJ Homecare 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

This inspection was conducted by one inspector.

Service and service type

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

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.

We contacted people, relatives and staff on our first inspection day and visited the office on our second inspection day where we also met with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information

about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders. These included the local authority safeguarding team, commissioners and Healthwatch Leeds. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. 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 and three people's relatives. We spoke with four staff members; this included the nominated individual, registered manager and care workers.

We looked at care records for two people using the service including medicine administration records. We looked at training, recruitment and supervision records for staff. We also looked at various policies and procedures and reviewed the quality assurance and monitoring systems of the service.

After the inspection

We reviewed emails sent by the registered manager with additional evidence and their policies and procedures. This information was used as part of our inspection.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed and the provider worked closely with people's families to ensure the medication was ordered and stored correctly. Improvements were required in how staff were recording the medication.
- At this inspection we saw staff were signing for the total of tablets administered. Information about each medication prescribed, time and route of administration was available to staff. National best practice and guidance recommends each individual medication should be signed for after being administered. The registered manager told us they were going to review this area of people's care.

We recommend the provider consults and implements good practice and guidance in recording administration of medication.

- The provider was conducting regular medication audits and when issues were identified these were addressed timely, such as gaps in medication administration records (MAR's).
- Staff were trained in the administration of medicines and could describe how to do this safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- All the people and relatives we spoke with told us the service provided safe care.
- People were supported to live safe in their homes, as staff knew how to recognise and report suspected abuse.
- The registered manager was knowledgeable in identifying types of abuse and neglect and what actions to take if there were any concerns. They told us how they dealt with safeguarding concerns and we were assured they had taken actions in a timely way to ensure people using the service were safe.
- The registered manager told us there had been few accidents and incidents. When these had occurred, such as people having a fall, we were reassured staff had always taken appropriate action by contacting relevant healthcare professionals. The registered manager was very involved in the delivery of care to people and in regular contact with staff, they had good oversight of accidents and incidents and had not identified any trends or patterns.

Assessing risk, safety monitoring and management;

- The provider had systems in place to identify and manage risks associated with people's care.
- Staff were able to tell us how they supported people to minimize risks. For example, some people were assisted to be hoisted and staff told us how they would perform the manoeuvre and check people's skin for any redness.

- Risks to people living with dementia were identified and in our conversations with the registered manager and review of records we were assured these were managed well.

Staffing and recruitment

- People and relatives told us care was provided by a consistent staff team and staff stayed for the allocated time until all their needs were met. Staff told us that if they needed to stay with a person for a longer period of time due to an incident or ill health, they could contact the registered manager and they were be prompt in making alternative arrangements for other people's visits to be covered.
- Overall, the provider's recruitment practices were safe. We noted the employment history for a recent recruit had not be fully recorded in their staff file, but the nominated individual was able to explain to us they had explored this during the interview and were assured the staff member was safe to work with people.

Preventing and controlling infection

- The provider was managing the risks of cross infection appropriately.
- Care workers had completed training in infection control prevention and had access personal protective equipment (PPE).
- People did not report any issues with the standard of hygiene when receiving care.

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 good. At this inspection this key question has remained the same. 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.

We checked whether the service was working within the principles of the MCA.

- People told us staff always asked for their consent and respected their choices. One person said, "Yes [staff always ask for consent], if I say I want to do something, they would do that; never any issues."
- Staff had received MCA training and understood how to implement the MCA's principles in the delivery of care. One staff member explained us how they would consider if people had capacity to make decisions and how they would not just assume people lacked capacity because they were living with dementia.
- The registered manager had been in contact with commissioners of care and family members in relation to decisions involving the care for people whose capacity could fluctuate, but records were not always kept. The registered manager told us they were going to review this area of people's care. As part of this inspection, we did not find evidence showing people were receiving care that was not in their best interests.

We recommend the provider to consult and implement relevant guidance in recording mental capacity assessments and best interest decisions.

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

- People's needs were assessed before they received care to ensure these could be met by the staff.
- The provider considered people's physical and emotional needs and used these to complete the person's care plan based on best practice guidelines. For example, where people had limited mobility and were prone to pressure damage, staff regularly checked their skin.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People and relatives were confident staff would contact healthcare professionals if required but usually relatives made these contacts.
- Records confirmed the provider maintained regular contact with relevant services such as social workers and occupational therapists. Staff told us of occasions when they had to contact emergency services due to people feeling unwell or having a fall.

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

- People confirmed staff supported them with their meals and followed their preferences. One person told us, "They [staff] help me with breakfast and leave a sandwich, whatever I want, I tell them what I want, and they do it."
- Care notes described the support provided around people's nutrition and hydration and was consistent with their planned care.

Staff support: induction, training, skills and experience

- New staff undertook a period of induction before they started working on their own.
- The registered manager told us they had an on-going programme of essential training. Records confirmed care workers were up to date with their training.
- People and relatives told us staff were competent in doing their job.
- Staff received regular support and supervision and told us these were supportive and relevant to their roles.

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

- People told us they were supported by staff who were kind and caring. Relatives also praised staff for their caring attitude towards their loved ones. Their comments included, "Yes, they [staff] are lovely," and "Yes, they are [caring], they are the best company I have been with."
- All the people we spoke with told us the care they were receiving was having a positive impact on their lives and they had been receiving care from OOJ Homecare for over 12 months. Their comments included, "They are very good," and "It is working well."
- The registered manager ensured people's protected characteristics were respected. They told us how they supported people with their cultural, religious and spiritual needs. We saw discussions about the gender of the staff member supporting were included in the initial assessment.

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

- People and relatives had been involved in planning and reviewing care plans. Records confirmed regular reviews were taking place and involving the relevant people.
- The registered manager explained us some people and relatives preferred to be cared for certain staff members and this was always considered and accommodated when possible, when planning the rota.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always respected their dignity and privacy.
- Staff gave us examples of how they respected people's privacy, for example, when supporting people with personal care.
- People's records were kept securely in the office to maintain privacy and confidentiality.

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 good. At this inspection this key question has remained the same. 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

- People's care records were designed in a person-centred manner and reflected a person-centred approach to care. These included personal information about people and relevant people involved in their care.
- People told us staff respected their choices. Their comments included, "Staff are receptive [to new requests], if I say, I want you do my hair, they do it."
- People were supported by a regular team of staff who knew them well, including the registered manager and nominated individual.

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.

- The service was working within the AIS. The registered manager told us how they would make information available to people in different formats to facilitate communication, if required. They also told us how staff were supporting a person to understand and act on their correspondence.

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

- When it was part of people's commissioned care, people were supported by staff to participate in activities which were meaningful to them.
- The registered manager told us how they had worked with a social worker to encourage a person to attend church, as it was their preference or how staff engaged with this person in activities at their home when they did not want to go out.

End of life care and support

- The provider was not caring for people at the end of their lives at the time of this inspection.
- The registered manager told us how they would work with other professionals if people using this service required end of life care.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures in place to manage complaints, concerns and compliments. We reviewed how this was being managed and found it to be appropriate.

- People and relatives told us if they had any concerns they would not hesitate to discuss them with staff or management and were confident their concerns would be acted upon.

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 improvements were still required in the service's management.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection, we found the quality assurance systems in place were proportional to the size of the service. However their effectiveness could be improved in relation to checking the quality of staffing records. At this inspection, we continued to find records in relation to staff's employment history and job interviews required improvement.
- We found the service was providing safe and effective care however, improvements were needed in recording the medication administered and decisions around the care of people who lacked or had fluctuating capacity. We have made two recommendations for the provider to consult and implement best practice guidance.
- The provider carried out regular spot checks to oversee staff performance and to check the quality of care and people's experiences. This ensured accountability and management oversight.
- People and relatives felt the service was well managed. They were complimentary about the staff and the registered manager.

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

- People and relatives consistently told us they were satisfied with service. People's comments included, "It works well for me" and "They are very good."
- There was an open culture within the service. Staff told us that the registered manager was supportive, that they could raise concerns with them and they were listened to. One staff member said, "[The service] is really well managed, there is quite open communication, it is easy to talk with the manager."
- The provider was responsive and open with the inspection process; they told us they would quickly act on our recommendations and demonstrated a willingness to continuously learn and improve.

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

- There were systems in place for gathering the views of people using the service, mainly through review meetings and the registered manager's spot checks.
- There were also systems in place to ensure effective communication with staff including staff meetings. Staff told us these were regular and useful.

Working in partnership with others

- The registered manager told us they were in regular contact with other health and social care professionals to deliver good outcomes for people. The registered manager also told us they were in contact with other domiciliary care providers for support and improve their practice and they had attended a registered manager's network to keep their knowledge and skills updated.