

OOJ Homecare Services Ltd

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Inspection report

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Date of inspection visit:

10 May 2017

17 May 2017

Date of publication:

20 July 2017

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

OOJ Home care is registered to provide personal care to people living in their own homes. This was the first inspection of the service since it was registered in November 2015. At the time of the inspection the service was providing personal care to nine people who used the service.

This inspection visit took place on 10 May 2017 and was announced.

There was a registered manager for the service. 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.

Assessments about potential risks to people had been completed to ensure care staff knew how to keep people safe from potential harm. People were protected from harm by care staff provided with training to ensure they knew how to recognise and report potential abuse. Training had been delivered to care staff to ensure they knew how to administer medicines safely. People told us they received a service from staff that were consistent and reliable.

Care staff had been provided with training to enable them to effectively carry out their roles. People told us care staff involved them in decisions and ensured their consent was obtained in relation to personal care tasks. Whilst we saw checks were carried out of potential care staff we spoke with the registered manager about the need to ensure application forms were clearly completed to enable a record of staff previous employment history to be obtained.

People told us care staff treated them with courtesy and kindness and maintained their personal dignity. People told us their care staff respected their wishes for privacy and supported them to be as independent as possible. People's support plans contained evidence of assistance provided to ensure their health and wellbeing was maintained.

People told us that overall they were happy with the service they received and were confident any concerns would be appropriately addressed and resolved where this was possible.

Care staff told us the registered manager was open, approachable, listened to them and worked in partnership with people who used the service. The registered provider consulted and engaged with people to ensure their views could be obtained in order to help them learn and improve. Whilst there was a system in place to enable the quality of the service to be monitored, we have recommended this be strengthened to help the service develop. The address of the service was currently not correctly registered with Companies House which meant we might not be able to take action if this was needed.

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

Assessments were carried out to ensure potential risks to people were safely managed. People's medicines were administered by care staff who had received training on this aspect of their role.

People were protected by staff who had been trained to ensure they knew how to recognise and report incidents of potential abuse.

People's needs were met by suitable numbers of staff. We spoke with the registered provider about the need to obtain clear information in staff application forms, to enable a record of employee's previous experience to be considered.

Is the service effective?

Good 

The service was effective.

People were consulted about their support needs to ensure they consented to personal care interventions that were provided.

Staff completed a range of training to enable them to effectively meet people's assessed needs.

People were supported to maintain a healthy and balanced diet.

Is the service caring?

Good 

The service was caring.

People were involved in making decisions and choices about their care and support and their personal preferences for this were respected.

People were supported by staff who were courteous and kind and respected their individual needs and wishes.

Staff knew how to support people's dignity and understood the

importance of maintaining people's independence.

Is the service responsive?

Good 

The service was responsive.

People were involved in planning their care and support and this was reviewed to ensure their changing needs were understood and responded to.

People's health and wellbeing was supported by medical professionals when this was required.

A complaints policy was available to ensure people were able raise concerns and have these addressed and resolved wherever this was possible.

Is the service well-led?

Requires Improvement 

Some elements of the service were not always effectively well led.

The service address was not currently listed correctly with Companies House.

Whilst systems were in place to enable the quality of the service to be monitored; we have recommended these are further developed to ensure that required information is correctly recorded.

Care staff told us they were provided with good support and enjoyed their work.

People told us the service provided them with a reliable and consistent service and they had confidence in the registered provider.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. OOJ Home Care is a new service and this was their first inspection.

The inspection visit to the service took place on 10 May 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one adult care inspector.

Before our inspection visit we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service and checked if we had received any concerns or compliments. We contacted representatives from the local authority and Healthwatch Leeds for their views about the service. We used this information to help us plan our inspection of the service.

During the inspection we made a visit to the registered provider's office and spoke with the registered manager and staff who were based there. We visited the homes of two of the nine people who used the service to ask them about the quality of provision they received. We subsequently spoke with seven people who used the service or their relatives by phone in order to obtain their views. We spoke with six members of care staff and also contacted two social care practitioners in the local authority social services department about the service.

We looked at the care files belonging to three people who used the service, staffing records and a selection

of documentation relating to the management and running of the service, such as quality audits, minutes of meetings and performance reports.

Is the service safe?

Our findings

People who used the service and their relatives confirmed they felt safe using the service and trusted their care staff, with whom they had generally developed strong relationships and knew well. People and their relatives told us they were supported to make choices about their support by care staff who ensured they were protected from potential abuse and neglect.

People's comments were generally positive about the service. People told us this was delivered by a generally consistent set of care staff. One person told us, "Yes I feel safe with the help I get, [Name of care staff] comes to see me a lot and is exceptionally polite." This person's relative said they were very happy with the service that was delivered. They told us, "The agency staff are fabulous carers, we look at the records and see the same carers regularly come and are on time and have never missed a call."

Another relative commented, "I tried different agencies first, but liked the way they speak to my mum and I liked the ethos of the service." The relative went on to tell us, "The service is consistent and manages things well, which makes a big difference to [my relative]."

People and their relatives said that care staff were reliable and apart from an initial teething problem at the commencement of a service for one person, had never missed a call. People told us staff time keeping was good and that if staff were going to be delayed, people were generally contacted by the office. The registered manager told us that wherever possible new care staff were introduced to people before they started to work with them, to ensure they were familiar with their individual needs.

We found the needs of people were assessed at the commencement of their use of the service to ensure the service was able to support their needs. We saw that that information was maintained to enable the quality of the service to be monitored in accordance with people's assessments and ensure this was delivered by appropriate numbers of staff. Staff we spoke with had a good understanding of people's needs and confirmed they had received training on a range of issues to ensure people's health and safety was promoted and appropriately maintained. A member of social services staff told us, "[Name of registered manager] came out to assess and review a person's needs when they came out of hospital and since then there have been no issues. They are definitely good at liaising with us."

We found the service adopted a positive approach to the management of risks, whilst enabling people to be stay safe from potential harm. We saw assessments about known risks were completed with people before the commencement of their service to ensure care staff knew how to support them safely and minimise restrictions on people's freedom, choice and control. One person told us they had needed support for a considerable period of time but were fully consulted about their care. This person told us, "Care staff always involve me in decisions about my support which is very important to me."

There was evidence people's risk assessments covered a range of relevant issues, such as moving and handling, people's personal strengths and abilities to carry out tasks of daily living, people's domestic

environment and health and safety issues, together with details about their nutritional and hydration needs where this was required. The registered manager told us people's risk assessments were monitored on an on-going basis and reviewed every six months or more frequently if required, to ensure their risk assessments were up to date.

We found the service followed safe recruitment practices to ensure potential employees were appropriately checked before offers of employment were made. We saw these included checks of personal identity and past work experience and that references were followed up, together with seeking clearance from the Disclosure and Barring Service (DBS). The DBS complete criminal background checks and enable organisations to make safer recruitment decisions. We saw one person had been recently allowed to start employment with a DBS check obtained from a previous employer, but saw evidence a new DBS check had been requested. We saw information supplied on two employee's application forms was limited in relation to their prior employment, educational history and immigration status, which meant it was hard to obtain a clear picture of their background. Whilst we saw home office confirmation in relation to staff eligibility to work had been obtained; we spoke with the registered manager about this issue. The registered manager confirmed they would follow this up in interviews with care staff and take up additional references if this was required.

Care staff confirmed they were aware of their responsibilities to ensure people who used the service were protected from potential harm or abuse. Care staff were aware of their duties to 'blow the whistle' about any concerns or incidents of poor practice. They told us they would report issues of potential concern to the registered manager and were confident appropriate action would be taken. We found that training in relation to the protection of vulnerable adults was provided to ensure care staff knew how to recognise and report potential safeguarding concerns. Safeguarding policies were available for staff to follow when reporting issues of potential concern and these were aligned with the local authority's safeguarding procedures.

The registered manager told us people who used the service were encouraged to take responsibility for managing their own medicines wherever this was possible and that care staff provided support to people with their medicines when required. We found that daily records and medication administration records (MARs) were completed by care staff where people were assisted to take their medicines, to ensure people received their medicines as prescribed. Care staff confirmed they had completed training on the safe use and handling of medicines and we saw evidence of this in their personal files. We saw audits of people's MARs were carried out on a monthly basis and where medicine errors had been identified, investigations were completed to minimise them from reoccurring. There was evidence that competency checks and observations of care staff skills in relation to support with medicines were carried out by the registered manager to ensure care staff practice was safe. We found a person was receiving a medicine by means of crushing a tablet and mixing it with food to help them swallow it, which had been requested by their relative. We spoke with the registered manager about this issue as it may potentially have a detrimental effect on the medicine's effectiveness. The registered manager subsequently told us that following a request to the person's doctor, this medicine had been prescribed in a more suitable form.

We found that care staff were issued with identity badges and uniforms for use when attending people's homes, together with personal protective equipment, such as aprons and gloves. This enabled staff to promote positive infection control measures.

There were contingency arrangements in place to enable people to make contact with the provider in case of emergencies. There was an on call arrangement to ensure people and care staff were supported should an emergency occur out of office hours. Policies and procedures were available to ensure care staff were

safe when lone working out of usual office hours.

Is the service effective?

Our findings

People who used the service and their relatives told us care staff provided support in the way that they wished and that the service had helped to improve the quality of their lives. People said care staff communicated with them well to ensure they were happy with the way their support was delivered and felt staff were appropriately trained to do their work.

One person told us, "The care staff are all very professional and caring, I have had no problems what so ever", whilst another told us that after an initial problem, the registered manager sent a replacement carer. They said they were very happy with this arrangement and told us, "[Name of care staff] always listens and does things how I like; they are lovely and very good."

People told us the service was adaptable and fitted around their lifestyle and choices. People told us care staff involved them in decisions about their support and that they were not rushed. People and their relatives told us support was delivered by a largely consistent set of care staff. One relative told us, "[My relative] has responded well to the carers, we have the same set of staff, who stay their allotted amount of time; he is always singing their praises." Commenting about the need to have their health care appropriately met, one person told us, "Because of my health condition it is important for me to have consistency which I get, but I am always told if there is going to be a new carer."

There was evidence care staff were provided with training and development to ensure they were able to meet the needs of people who used the service. We found care staff undertook an induction that was linked to the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. The registered manager advised they had not yet signed up to the Social Care Commitment, which is the adult social care sector's promise to provide people who need care and support with high quality services, but would look into this as a priority. The registered manager told us they had not yet fully implemented the staff training programme but had plans to address this. We saw a range of training materials that had been obtained that focussed on staff skills and the specialist needs of people who used the service. The registered manager advised they were in the process of contacting specialist training organisations in the care sector to enable the training provision for the service to be further developed.

Care staff told us they worked alongside experienced staff and shadowed them before working alone, to enable them to get to know people and learn about what was expected of them. Care staff confirmed they received supervision of their skills and one to one meetings with the registered manager. These were used as an opportunity to discuss support they provided for people, together with any training development requirements. Care staff told us they felt well supported and able to speak freely with the registered manager about issues, whether connected with work or of a personal nature. The registered manager told us that direct observations were carried out to monitor staff as part of the quality monitoring for the service and used to promote good practice.

People who used the service told us care staff consulted and communicated with them about decisions concerning their support to ensure they were in agreement with how this was delivered. Care staff confirmed they understood the importance of gaining consent and agreement from people about their support. We saw people's care plans had been signed to demonstrate their agreement and consent to their support.

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. For people in the community who need help with making decisions, an application should be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and found that people's liberty was not being restricted and that the registered manager understood their responsibilities in relation to the MCA.

People's care files contained support plans that had been developed to address their individual needs and medical conditions. We found that training on nutrition and food safety was provided to ensure they were aware of safe food handling techniques. Care staff told us they provided support and encouraged people to maintain a healthy diet to ensure their nutritional needs could be met.

We saw evidence of regular liaison and involvement with community health and social care professionals when this was required. Speaking about the service a member of social services staff told us, "I am impressed by the grasp of the situation and feedback from the registered manager, which has been very good. The registered manager uses their initiative and comes up with ideas to improve people's lives. I am delighted with the level of support provided."

Is the service caring?

Our findings

People who used the service and their relatives were positive about the caring approach of the care staff. People told us care staff were considerate and kind and helped promote their independence. People also said staff were courteous and friendly and treated them with dignity and respect.

One person told us, "They go above and beyond what is needed to help." Another person said, "They [Name of care staff] treat me with dignity and respect and we have a joke and a laugh." A relative advised, "I am more than happy; they are really respectful and very compassionate" whilst another told us, "They are very polite and courteous and maintain regular contact and keep us informed of any problems."

People who used the service told us they were consulted about their support and participated in reviews to ensure care was delivered in a way they were happy with. One person told us they had received care and support for a considerable number of years from other provider's, but the service provided by OOJ Homecare was the most consistent care they had ever received. The local authority confirmed this person was delighted after many years of asking, they were able get the visit at the times they sought.

We saw people's care files contained individual plans of support and these focussed on their individual strengths and needs, together with details about how their care was provided. People's care files contained details of liaison and requests for support from external agencies to maximise people's independence and enable their abilities for self-control to be promoted.

Care staff told us they enjoyed their work and mostly provided support to the same group of people to enable continuity of support to be delivered. Care staff were familiar with people's preferences for how their support should be delivered and told us about training they completed that focussed on the importance of maintaining people's dignity and their confidentiality was promoted. Care staff confirmed they used towels to cover people when providing personal care to ensure people's dignity was respected. The registered manager told us, "Our ethos is one of involving, informing and supporting people. To ensure the service we provide is caring our staff build positive relationships with service users in order to get to know them well so that they can provide individual care in a person centred approach. This means staff are aware of the likes and dislikes of the people and shows they are respected and listened to. For example; doors are closed when a service user has family members visiting."

People told us that details about the service were provided to them when they started to use the service to help them to know what to expect and who to contact if this was needed. We found care staff demonstrated a good understanding about the importance of maintaining people's confidentiality and we saw that information about people was securely held.

The registered manager told us, "We are currently exploring use of a person centred assessment tool which will look at people's care needs and preferences more robustly and take account of what defines people, for example, their ethnicity and gender."

Is the service responsive?

Our findings

People who used the service were positive overall about the service they received. They told us they knew how to raise a complaint and had confidence these would be appropriately addressed and resolved. One person told us, "I know what to do if I am unhappy with the service and absolutely have confidence they would put things right if there was a problem." Another person commented, "They go above what is needed and if ever there's any problems they are sorted out straight away."

People who used the service told us they participated and were involved in making decisions concerning their support. They told us they felt staff listened to and recognised their individual needs and worked in partnership with them. A relative told us they would like an additional call visit and had requested that their social worker arrange this with the service.

People told us assessments of their support requirements were carried out when they first began using the service, together with the development of risk management plans, to ensure the service could safely meet their needs. Personalised plans of support had been developed from people's assessments and these were reviewed and updated. They covered a range of their needs and abilities to carry out tasks of daily living, to help staff maximise people's independence and self-control. We found plans of support included statements such as, 'I would like to exercise choice and control over my personal care and would like carers to make sure I am washed every day and have a shower on Tuesday and Fridays.' One person told us, "The care staff are good, they follow my care plans and carry out what has been agreed."

We saw people's assessments covered areas of known risks to them, such as skin integrity, mobility and falls in order to help care staff keep them safe from harm. The registered manager told us, "When establishing needs we take into account the service user preference around their personal care. We review people's care plans after 6 weeks to ensure our services are meeting their needs and if not we make changes and correct any actions. However, if there are significant changes to the service users care needs this will be completed sooner than the 6 weeks."

People told us that relevant health care professionals were involved if their needs changed. Phone numbers for doctors and district nurses were available so that staff could liaise and make contact with them if this was required. Care staff told us they reported changes about people's needs and conditions to the office, to ensure additional time could be arranged if this was needed.

There was a complaints policy in place to enable people to raise a concern and have these investigated and where possible resolved. We found the registered provider responded to people's concerns and informed them of the outcome of their investigation. Complaints and concerns were monitored by the registered provider to enable potential themes to be highlighted and enable learning strategies to be implemented. The registered manager told us they had recently attended complaints management training with the local authority and that following this, they were looking at developing the complaints form to encourage people to provide more feedback and enable them to address issues and help the service to improve.

Is the service well-led?

Our findings

We found the address of the service was not correctly listed at Companies House. This meant we might not be able to take action if this was needed. The registered manager advised they would look into addressing this shortfall as a priority. Systems were in place to enable the quality of the service delivered to be monitored. Audits and reviews of people's care records, medicines support and incidents and accidents were carried out. Whilst we saw these audits were proportional to the current size of the service, we found the effectiveness of audits of staffing records would benefit from further development. We recommend the service develops these further with a recognised quality accreditation scheme.

People who used the service, their relatives and staff told us they thought that overall the service was well-led. Comments and feedback received from people and staff about the quality of the service was also very favourable. .

People were positive about the reliability, consistency and quality of staff in meeting their needs. People and their relatives told us they were consulted about their views on the service to help it to learn and develop. One person told us, "We are very lucky and really appreciate what the service is able to provide." A social care professional commented, "The service is able to go the extra mile and provide the quality of care that other agencies are not always able to do."

There was a registered manager in post who had a sound knowledge and experience of health and social care services and was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. The registered manager told us they were a qualified social worker and attended professional's network meetings and kept their skills up to date.

There was evidence the registered manager was supported by a member of office staff for administrative support. The registered manager told us they were currently hoping to recruit a care coordinator to help with the office management and enable the service to develop.

We found the service operated an approach that was underpinned by core values of kindness, compassion, respect, empowerment and promotion of dignity. We were told this was based on listening to people and involving them and it's staff in its on-going development. We saw that surveys and spot checks were used to ensure the service was meeting its operational objectives and enabled people to provide feedback on service provision. The registered manager told us they wished to provide a quality service and made a positive decision to only accept new referrals when they were able deliver a service for people. They told us that if they were unable able deliver a service they would advise of other providers who might be able to help.

There was evidence the registered manager placed an importance on the development of a staff culture that encouraged them to question their practice and ensure communication was open and constructive. Care

staff told us the registered manager was approachable, listened to them and was fair. We saw evidence of meetings and observations of staff practice to enable their behaviours and attitudes to be monitored and their skills to be appraised. A whistleblowing policy was in place that enabled and encouraged staff to highlight issues of poor practice and potential abuse. Care staff told us they were confident the registered manager would take action to follow issues up when this was required.