

Our Care Ltd

# Our Care Ltd

## Inspection report

The Saturn Centre, Spring Road  
Ettingshall  
Wolverhampton  
West Midlands  
WV4 6JX

Date of inspection visit:  
15 December 2023  
08 January 2024

Date of publication:  
24 January 2024

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Our Care Ltd is a domiciliary care service providing personal care. The service provides support to older people, some of whom are living with dementia or have mental health needs. The service also supports younger adults, people with sensory impairment and people with physical disabilities. At the time of our inspection there were 12 people using the service.

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.

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

Although improvements to governance systems had been made, further action was needed to ensure they were fully embedded and provided a comprehensive view of the service. People, relatives, and staff spoke positively about the management of the service. Staff worked in partnership with other professionals to meet people's needs.

We have made a recommendation about governance processes.

People felt safe when receiving care. Improvements had been made to medicines management and the management of people's risks. Records reflected how people's risks should be managed and staff were aware of how to support people safely. Learning had taken place since the last inspection and staff followed infection control guidance to protect people from the risk of cross infection.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 12 January 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 27 October 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 remain requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Our Care Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Enforcement and Recommendations

We have made a recommendation about governance processes in the well-led section of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?

The service was safe.

Details are in our safe findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Our 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. 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 was conducted by an inspector and an Expert by Experience. 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 houses and flats.

#### 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 December 2023 and ended on 8 January 2024. We visited the location's office on 15 December 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people and 2 relatives about their experience of the care provided. We spoke with 3 staff members. We also spoke with the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, these included 5 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 1 staff recruitment file.

# 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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the last inspection we found systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Information about risks to people's health, safety and well-being was now included their care plans. This included risks to people's skin integrity, health and medication related risks and guidance about the risks posed by the used of equipment or medical supplies, such as oxygen. One person told us, "They [staff] have to hoist me, there are always 2 of them and they always wait for one another before they start hoisting. They are well trained and know how to hoist me correctly."
- Staff we spoke with were aware of how potential risks could impact people. They shared with us actions they had taken to ensure people's risks were safely managed to reduce the risk of avoidable harm. For example, with people's mobility or person care.
- Changes to people needs and risks were communicated to the staff team so they could provide care that met people's current needs. One staff member told us, "Any changes are reported to [name of nominated individual] and care plans are updated." A relative told us, "Staff are all aware of [person's] falls risk and will always make sure she uses her frame and always stand behind her when she stands. They all seem well trained, and I am happy with them."

### Using medicines safely

At the last inspection we found systems had not been established to ensure medicines were administered safely and records reflected this. This placed people at risk of harm. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation.

- Improvements had been made to the systems used for the management of medicines since our last inspection. Where people required the use of controlled drugs there was now a process in place to ensure these were safely administered. The nominated individual had introduced a new oversight system so any queries or errors could be acted upon quickly.

- Where people required the use of topical medicines these were now recorded on people's Medication Administration Records (MAR) to ensure their use was recorded and monitored.
- People told us they were happy with the support they received with their medicines. One person told us, "Staff give me my medicines at the proper time. They record about my medicines on the sheet."

#### Learning lessons when things go wrong

- Improvements had been made since the last inspection to ensure learning now took place following incidents and events. The nominated individual now took day to day responsibility for the service and was directly involved in people's care planning.
- Staff told us learning had taken place following the last inspection and changes had been made to ensure people received safe care that met their current needs. Where events had taken place, the nominated individual had reviewed incidents to investigate and implement any required changes to improve the care people received.

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

- People told us they felt safe receiving care from staff. One person said, "I feel safe with my carers. They understand my needs, they are all aware of how to treat me." Relative's views also reflected this with one relative commenting, "I do feel [person] is safe with their carers. They are all really lovely and very helpful."
- Staff had received training in safeguarding and knew how to identify possible concerns for people's safety or well-being. There was a system in place to manage any concerns and where these occurred the nominated individual had made appropriate referrals and notified us as required by law.

#### Staffing and recruitment

- There were enough staff to meet people's care and support needs. The improvements made at the last inspection had been maintained and people received support from a consistent staff team. One person told us, "They come on time and always stay as long as they are needed to. I have never had a missed visit."
- Staff had been safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- Staff followed infection control guidance by wearing Personal Protective Equipment (PPE) to protect people from the risk of cross infection.



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

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

At the last inspection we found systems had not been established to ensure quality assurance tools were in place and effective at identifying where improvements were required. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of this regulation. However, some further improvements were needed to ensure systems used for governance and oversight were fully embedded and provided a comprehensive view of the service.

- The nominated individual had made some changes to the management of the service which had improved records as well governance and oversight. The nominated individual took responsibility themselves to provide daily management of the service and had complied with the conditions we imposed on their registration at the last inspection. However, further improvements were still required to ensure the systems were well established and that governance processes could be used to provide regular oversight into the overall quality of care provided.

We recommend the provider develops their audit systems to ensure they provide full oversight of the service. We will check this at our next inspection.

- There were now established and effective systems in place to provide oversight of the administration of people's medicines. Improvements had been made to ensure people's care records reflected their current needs as well as any risks staff needed to be aware of.
- People's care and their support needs had been reviewed and any required changes made to ensure care met their current needs. One person told us, "[Name of nominated individual] calls me regularly to see how things are going. They are a nice person. I have no other concerns."

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

- Improvements had been made since the last inspection and the provider was now aware of incidents

taking place within the service and had taken appropriate action in response.

- The nominated individual was aware of their responsibilities in relation to the duty of candour and shared examples with us of there they had worked alongside people and their families in response to incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives spoke positively about the service. One person told us, "I know I can always ring them if I need to. I have no complaints at all and nothing of any concern at all. I am quite satisfied with the service I am getting." A relative said, "I am happy with the service and have no concerns or worries. The staff are all lovely and so helpful."
- Staff also spoke positively about the nominated individual and felt the service was well managed. Another staff member said, "It seems organised, I always have what I need to do my job and I can always get hold of someone if I need help."
- People told us their care needs had been reviewed and they were happy to raise concerns if they needed to. Staff shared similar feedback, one staff member said, "If I have any problems I can always go to [name of nominated individual]."
- Staff told us they were able to share ideas about how the service could be improved for people and that any suggestions were listened to and taken seriously.

Working in partnership with others

- The staff team and nominated individual worked with other agencies to ensure people's care needs were met. This included social workers, pharmacies, GP's and community nursing teams.