Our Care Ltd

# Our Care Ltd

## Inspection report

The Saturn Centre, Spring Road
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Wolverhampton
West Midlands
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Date of inspection visit:
31 August 2017

Date of publication:
20 October 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

This announced inspection took place on 31 August 2017.

The registered provider, Our Care Limited, is a domiciliary care agency which provides support and care to adults living with physical disabilities or mental health difficulties. The majority of people receiving a service lived alone, whilst others lived with other family members. At the time of our inspection, the agency was providing personal care to 18 people.

The service had a registered manager. 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 protected from harm when receiving personal care because the provider conducted risk assessments which identified specific risks for each person and gave guidance to care workers about how they could assist people in a way which promoted their independence and choice. We found further improvement was needed to ensure that risks associated with a change in care packages for people were fully documented.

People were supported with their medication by care workers who were trained and assessed as competent to give medicines safely and as prescribed. People believed care workers had the skills and training to undertake the care being provided. We found the provider provided care workers with training and professional development and had a system in place to ensure training was up to date.

People told us they felt safe and comfortable with the regular care workers employed to meet their needs. The provider employed care workers who were able to adjust their work hours to try to ensure there were sufficient care workers available who could safely meet people's needs at the times agreed.

The provider had a clear system for employing new staff and ensured pre-employment checks were conducted prior to staff starting work to confirm workers could be safely employed.

People were protected from abuse because the provider ensured care workers knew their responsibilities to protect people from the risk of abuse and that they received training to assist them.

The provider ensured care workers received training on mental capacity and we found care workers demonstrated a working understanding of the principals of the Mental Capacity Act (2005) and obtained people's consent before providing personal care.

People were able to make choices about the way their care was provided. Care plans focussed on the individual care and support needs of the person, and copies were stored securely at the main office and

where appropriate at people's homes.

People received assistance to access health professionals when needed and the provider ensured they had regular contact with health care professionals to ensure care plans reflected people's current needs.

People and their relatives told us most care workers were caring and they enjoyed the time they spent with their regular care workers.

The views of people and their relatives about the service were listened to and appropriate actions were taken to improve the service people received.

People and their relatives knew what to do if they had any concerns about their care, and the provider responded positively to any issues or concerns raised.

Care workers took responsibility for the quality of their work and were encouraged to suggest ways to improve the service.

The provider had systems to assess, monitor and improve the quality of the service and obtained feedback on the service provided.

## 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.

Peoples' care plans contained risk assessments which gave instructions to care workers about the ways they could assist people and effectively manage new risks.

Systems were in place to ensure people received their medicines as prescribed.

People were protected from abuse because care workers were aware of safeguarding procedures and knew what action to take if they suspected a person was at risk of abuse.

### Is the service effective?

Good

The service was effective.

People were assisted by care workers who were competent and trained to meet their care and support needs effectively.

Care workers respected and promoted people's right to make individual choices about their care.

People were supported to gain access to health care professionals when needed, and were supported to maintain their own health and welfare.

### Is the service caring?

Good

The service was caring.

People told us they were treated with kindness, dignity and felt respected by the provider and care workers.

Care workers were able to describe their knowledge of people and knew how people wanted to receive their personal care.

## Is the service responsive?

Good

The service was responsive.

Care plans demonstrated the provider involved people in their care planning and had ensured they had a thorough understanding of people's needs.

People knew how to make complaints or raise any issues of concern that arose, and were satisfied with outcomes.

The provider reviewed processes and procedures to improve the quality of the service and took appropriate action to address performance concerns.

## Is the service well-led?

Good

The service was well led.

People were contacted regularly for their views about the service and suggestions were acted upon by the provider.

Care workers were happy in their roles and felt able to approach the registered manager with suggestions for improvement.

The provider reviewed processes and procedures to improve the quality of the service.

# Our Care Ltd

**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.

The provider was registered with us in August 2015 and this was their first comprehensive rating inspection.

The Inspection visit took place on 31 August 2017 and was announced. We gave 48 hours' notice of our inspection to allow the provider time to arrange for us to speak with people who used the service and for care workers and other staff to be available to speak to us.

The inspection was conducted by one inspector and an expert by experience who undertook telephone interviews with people receiving a service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this inspection the expert-by-experience was familiar with people receiving care at home.

As part of the inspection process we reviewed the information we held about the service. The provider had completed a Provider Information Report (PIR) which is a document containing current information about the service and the provider's assessment about how it is meeting the regulations. The PIR also contains the provider's improvements plan for the service. We also looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law.

We requested information from the Local Authority and NHS commissioners. Commissioners are people who work to find appropriate care and healthcare services for people and fund the care provided. We were not informed of any concerns regarding this provider.

In addition during our inspection visit, we spoke with the registered manager, an office manager, and five care workers involved in providing care to people who used the service.

We reviewed three people's care plans, to see how their care was planned and delivered. We spoke to five service users and three relatives to discuss the care provided.

We looked at the provider's policies and other records which related to people and care worker's care and wellbeing. This included recruitment records, training schedules, the provider's quality assurance audits, safeguarding and records of complaints. We also reviewed the evidence gathered by the provider to improve the service.

Following the inspection we requested the provider to forward further information regarding the service which was received.
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Good

# Is the service safe?

## Our findings

People told us they felt safe and comfortable with the regular care workers who helped them. One person told us, "Yes, I feel safe enough with them. I would speak up if I was not happy." Another person also confirmed, "I'm very safe with them [care workers] they are lovely." A relative we spoke with told us, "I've not had any reason to question it [safety] yet, and [my family member] would speak up. There are no indications of any abuse or neglect and [my family member] is very fussy and would let me know."

People received a service from regular care workers which assisted in developing trust. A relative we spoke with told us about the care workers, "They are mainly regular and [my family member] has three main staff who she knows…There's not too many different staff." Another relative also confirmed, "[My family member] has mostly regulars. One regular and another who [my family member] knows, [My family member] does not have many strangers calling."

People were protected from the risk of abuse. Care workers had knowledge of the signs of abuse and potential abuse. Safeguarding training and the provider's policies were made available to ensure care workers understood how they could protect people from abuse, and when concerns should be reported or advice sought. A care worker we spoke with told us, "We don't know what is going on when we are not there, we have to record everything we see or hear and report it to the supervisor or manager". Another care worker explained, "Safeguarding is protecting people from abuse for example neglect or ill treatment by family. I would inform the manager and add information to file. I would expect the manager to get social services involved or the proper authorities. Care workers have all done the same training and I feel confident they will all be able to deal with a safeguarding matter no matter how big or small."

The provider had a recruitment process which ensured the risks involved in employing new staff was minimised. Pre-employment and right to work checks were undertaken and prospective employees would not be confirmed as employed until references and the outcome of Disclosure and Barring Service (DBS) application had been received. The DBS is a national agency that keeps records of criminal convictions. The provider had also introduced a process to periodically review and renew DBS checks for longstanding employees to ensure they remained suitable for continued employment. All the care workers we spoke with told us they had to wait for satisfactory checks and references to come through before they started working with people. We saw that the recruitment records we reviewed confirmed the pre-employment checks had been completed before care workers were employed.

The provider had assessed risks involved with providing a service to people in their homes. People's care and support needs had been identified and risk assessed with regard to people's individual needs and abilities as well as the home environment. The risk assessments were regularly reviewed however we found there was a need for improvement to ensure risks created by changes in care needs were added and clearly identified to care workers. In one care plan we saw the movement and handling risk assessment had not been updated to give clear instruction to care workers regarding the additional risks involved in assisting the person to undertake gentle exercise. The registered manager told us care workers had received training to assist the person and knew how to avoid any unnecessary risk when helping the person to exercise. There

was however the potential that care workers unfamiliar with someone could place the person at greater risk or would not assist the person appropriately without a specific written risk assessment.

The provider operated a computerised rota system to ensure there were enough care workers to attend calls within the prescribed times for a call. A care worker told us, "My calls are five minutes distance apart so I can get to them on time". The registered manager told us, "There had been no missed calls recorded since registering with the CQC." All but one of the people we spoke with confirmed there had been no missed calls, however most people referred to care workers sometimes being late. One person told us, "They [care workers] are mainly on time… but today they were a bit late, they don't ring me but I can call them." The registered manager informed us the computer system used provided an automatic notification to the office if care workers had not attended or were late. This allowed the person receiving care to be contacted and for another care worker to be arranged to attend.

The provider had processes to ensure medicines were safely administered to people as prescribed by their health professional. Care workers told us their medication administration practice was checked to ensure they remained competent to do so but we found that the medication administration records (MAR) completed by care workers between April and July 2017 contained gaps in the MARs. The gaps in the MARs meant it was not clear if people had received their medicines as prescribed. People we spoke with however were happy with the way medicines were currently administered. A relative said, "They [care workers] do [my relatives] tablets…they have made it safer, they now get given at the right times and they [care workers] know exactly what to do and write it all down. Not missed… that's a huge relief."

Good

# Is the service effective?

## Our findings

The people and relatives we spoke with were satisfied that care workers had received training to undertake personal care tasks. A relative we spoke with said, "Yes, the care workers are well trained. I would recommend them and they have helped [my relative] stay at home and be well." Another relative confirmed, "Care workers seem well trained for what they do."

The provider ensured people's needs were met by care workers who had a structured induction and access to the training they needed before they started work with people. The registered manager confirmed that care workers new to the caring profession would undertake the Care Certificate as part of induction, and where appropriate other care workers would be required to complete some of the modules. The Care Certificate is the minimum training, supervision and assessment that employees new to health and adult social care should receive as part of induction before they start to deliver care independently.

Care workers told us they had an induction and worked alongside an experienced care worker who knew the person well before they were allowed to work on their own with the person. A new care worker confirmed "I had four weeks induction before being allowed to work with clients on my own." Another care worker told us about induction training, "The training helped me cope with people and gives me confidence."

There was a clear process for care workers to demonstrate the application of the skills learnt through training by a system of testing and observation of practice. A care worker supervisor told us "I observe how they [care workers] speak to the client, are they giving the client a choice. Generally if there are issues of concern I would give a visual sign to the care worker and deal with it after the call unless it placed the client at risk." A care worker confirmed, " Supervisors come out to see us [care workers] providing personal care, if they [supervisor] do not think we are doing it right they will call us back into the office and additional training will be offered."

We found the provider had a system that checked care workers had received their required training and when refresher training was due. Care workers told us about the training they had received. One carer confirmed, "During induction I had training on safeguarding, Health and Safety and Fire Safety. I feel I have enough training to do my job, but know there is more that can be done." The registered manager told us training was constantly being sourced to ensure care workers had the necessary skills to cope with people's needs, for example diabetes training due to an increase in the medical condition amongst the people receiving a service.

The provider had an effective process for undertaking and recording staff supervisions and annual appraisals. All the care workers we spoke with confirmed supervisions and appraisals were carried out regularly. A care worker told us "I have supervisions every two months. I find them useful because it gives an opportunity to discuss how work is progressing".

People's capacity to make decisions was considered by the provider at the commencement of the service agreement. We found that thereafter there was a reliance on mental capacity assessments completed by

other agencies involved with people's care. 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.

The care workers we spoke with confirmed they had undertaken training in relation to the Mental Capacity Act (MCA) 2005. The registered manager told us care workers were encouraged to apply the requirements of the MCA and support people in the least restrictive ways possible. A care worker told us, "I ask people what they can do today; they may not want to do something they did yesterday, for example, washing. I will hand the flannel to them first, not immediately start assistance with washing. People's capacity can change day to day."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and if any applications had been made to the Court of Protection to authorise any deprivation of liberty. The registered manager confirmed there were no Court of Protection orders authorising the deprivation of liberty for anyone who received a service.

We saw care plans demonstrated people's mental capacity for some personal care tasks had been considered. There was information within the care plans to allow care workers to determine which decisions people could make for themselves, and which they may need support with when they were delivering personal care. The registered manager told us, "Care workers have done DoLS (Deprivation of Liberty Safeguards) and MCA training, they are told to make a daily record of consent being given for each task, they must ask and record it each time." All of the carers we spoke with confirmed that they knew consent was needed before personal care was undertaken for people.

People were supported to eat and drink to maintain their nutritional needs. Some of the people we spoke with told us care workers prepared their meals and snacks for them and they were generally happy with the service provided. One person we spoke with said, "They [care workers] do my porridge in the morning. Done nicely but some are not so good as the best." A relative told us," They do [my family member's] teatime snacks and breakfast, and it's all done ok. They give [my family member] what they like and it's done well… the [care workers] will do anything [my family member] asks for within reason. [My family member] is eating well."

The provider supported people to access appropriate medical treatment to maintain their health. One person told us, "Yes, they alert me to get the doctor if they see something; it works well for me… The care workers are ok with me." A relative confirmed the assistance provided by care workers, "Yes, they [care workers] alert us if [my family member] needs a doctor and they text us and they also write up [my family member's] notes. Recently [my family member] had a [medical condition] and they got [my family member's] medication."

Good

# Is the service caring?

## Our findings

People and the relatives we spoke with were generally positive about the regular care workers who undertook personal care. One person told us, "The care workers are very polite and respectful not nasty, we have a joke and they are very pleasant and we have a bit of fun." A relative said, "[My relative] likes that the girls [care workers] are chatty, polite and respectful." A relative we spoke with told us about the care provided for their relative who was prone to falls, "If they've arrived to see she has had a fall they have always dealt with it well, they have got the paramedics and stayed with her."

Some people however told us the approach of some of the care workers was sometimes below the standard expected, or the personal care was rushed. One person told us, "Some are better than others. I mainly have regular care workers, and told them [registered manager] not to send someone I did not care for because they were sloppy." Another person told us, "My care worker is very nice… but one [care worker] is rushing as soon as they get in." We were told that in both cases the care worker was changed when the concerns were reported to the registered manager. The registered manager told us all care workers employed needed to have a caring approach," I don't just want care workers, I want care workers to have passion like I have…you can't watch the clock and care." The registered manager confirmed that care workers had been disciplined and dismissed if they were unable to meet the required standard.

The care workers we spoke with referred to providing care to people in a respectful and caring way. Care workers understood the importance of developing positive relationships with people and their families. One care worker told us, "I see a regular group of clients; I get on with them very good. Sometimes you go in and give them tea and if time allows I will sit and speak to them to help build up a relationship."

The provider ensured care workers received sufficient information at the right time to enable them to deliver quality care. Care staff told us they read people's care plans before they started working with people to help them understand the preferred way a person liked to receive their personal care. The provider also subscribed to the 'Care IT' computer system which gave care workers password protected instant access to care plans and updated information regarding people who received a service.

People told us care workers treated them with dignity and respect. A relative told us, "They [care worker] help [my family member] to have a wash and it's done with dignity and safely when they give [my family member] a wash". Care workers spoke positively about how they were fully aware they worked in someone's home and needed to respect peoples' wishes and the role they were undertaking. A care worker told us about respecting a person's dignity "If they [family members] are present when doing care they are asked to go to a different room whilst personal care is being given."

Care workers we spoke with told us they promoted people's right to be as independent as possible. One care worker told us about assisting people in households where other family members lived, "It is what that actual person wants and needs, not what the family member wants. We want people to be independent and do the things they can do. We do not want to take away people's independence."

Good

# Is the service responsive?

## Our findings

All of the people we spoke with confirmed that the registered manager had contacted them regularly to discuss the personal care being provided. A relative we spoke with told us, "The registered manager came to see us both. It was all agreeable; the care plan was as we wanted." Another relative told us about the care plan, "The manager met us and came round and since then she has checked up how it's going…All the items in the care plan were agreeable."

People's care plans were written in a personalised way providing step by step instructions to guide care workers. The plans contained information about people's, likes, dislikes and preferences, and how they wanted to be supported in personal care tasks. The registered manager told us," The first two weeks of the care package is a chance for the person to get to know us and for us to obtain a more detailed understanding of their needs and how they would prefer to have their care delivered. I will personally undertake most of the calls during the two weeks and it is this information that allows a personalised care plan to be produced."

The provider ensured people received the appropriate level of personal care according to their needs. The registered manager told us the care plans were reviewed monthly. People we spoke with were unable to confirm when care plans were reviewed or updated, but all referred to contact with the registered manager about the service. One person referring to the care plan told us "It's not really been reviewed yet, but [registered manager] asks how it is going, not sure the last time." Another person said, "Occasionally [registered manager] comes round to see me." A relative told us how the provider responded to her family member's reluctance to receive personal care at night," My [family member] was refusing to go to bed, the care worker's moved the television into her room and [my family member] is not now feeling as isolated as before…it was not about [my family member's] bedtime just feeling alone at night."

Care workers had responsibility to read care plans and to record the relevant matters about people in the person's daily care records. A care worker told us, "I go through the care plan, anything outside the care plan that people ask for I will ring the office to ask if it is allowed." Another care worker confirmed, "Care plans are looked at during the first week of calls to people. I go through it with the person. If the person wants something more I will inform the registered manager who will come out to assess if required." Another care worker we spoke with confirmed, "Care plans are kept in a green folder at the person's house and there are notes from the previous care worker which can change what is needed. If a person refuses care I will ring the office to let them know and keep a note in the care plan at the house."

The provider had an on call system which allowed them to be made aware of any issues from people or care workers at any time during the day which may require a change to the care provided or an urgent response. Care workers were employed to work in teams within specified areas of Walsall and Wolverhampton which allowed the provider to respond to these calls quickly. A commissioner of services told us, "The [registered manager] is always willing to go the extra mile to support as and when required. The [registered manager] has helped us cover emergency calls at short notice and on occasions without payment."

The provider demonstrated a willingness to use technology to meet the needs of people. The registered manager told us about one person whose first language was not English but who preferred to have the same care worker despite the care worker not being able to speak to the person in their preferred language. The care worker used an online translation service to communicate with the person when providing personal care. We saw the satisfaction survey completed on behalf of the person referred to the language barrier but they were satisfied it was not causing any problems with the delivery of personal care and they were happy with the service.

People knew how to raise concerns or complaints about the way their personal care was provided. At the time of our inspection visit, the registered manager told us no formal complaints had been received. People told us they felt able to speak with their regular care worker or to the registered manager if they wanted to complain or raise an issue. A relative told us, "We've had no complaints. I get on well with [registered manager] who responds really well.  Very responsive, [registered manager] takes all the issues seriously." Another relative told us, "We've had no complaints but we can easily get in touch with them…" A care worker confirmed, "We have a number of people who will speak their minds if they are not happy. We don't get many complaints raised."

Good

# Is the service well-led?

## Our findings

All the people we spoke with confirmed regular contact and discussions with the registered manager about the service. A relative told us, "The communication since the start has been done mainly by phone or meeting…and we've been very pleased." Another relative said, "We have not had any problems, the manager is always willing to discuss things."

The registered manager had introduced systems to monitor and improve the quality of care and support people received. Care workers were subject to regular supervision and spot checks to ensure their personal care responsibilities were undertaken in the right way and at the right time. A recently employed care worker said, "Since I have started I have had four supervisions and I have also had spot checks on site to see how I am progressing."

The provider conducted some audits of systems and processes, for example monthly checks on the content of daily record sheets completed by care workers. We found audits regarding medication administration had picked up errors regarding medication however the actions taken to reduce the errors had not been completely effective. The registered manager told us, "Audits of medication administration and recording had begun in March 2017 and care workers had been reminded to fully complete MAR sheets and notify the office if someone failed to take prescribed medication". The registered manager confirmed MAR sheets had been changed to improve care workers performance and that care workers had been informed disciplinary action would be taken if the MAR sheets continued to be inadequately completed. All the care workers we spoke with confirmed they were aware of the need to complete MAR sheets when medicines were given to people.

The registered manager assured us that improvements had been made which would be evidenced by the current month's MAR sheets. Following the inspection the registered manager provided the August 2017 MAR sheets which demonstrated an improvement. At the time of writing this report we were not able to assess the sustainability of this improvement and this will be reported on at the next inspection.

The registered manager is also the only director of the provider company. All of the care workers we spoke with told us they felt supported by the registered manager. One care worker told us, "It's good working here you can see [registered manager] anytime or speak to a supervisor and discuss matters, they listen to you". Another care worker said," I would recommend the service, [registered manager] is a good person and I would introduce my friends to work here."

The provider was actively seeking to improve the efficiency of the service and had engaged the services of a consultant to review the documents and policies. All the care workers we spoke with confirmed they were able to contribute to the development of the service. One care worker told us, "The registered manager is always improving documents because staff sometime have issues filling them in. I report any potentially hazardous incidents to registered manager to see if we should improve the way we do things."

The provider understood the limitations of operating a small domiciliary care agency. They had recently

decided not to retender with service commissioners for new domiciliary care contracts because of the risk of not being able to maintain the same standard of care for an increased number of people in a wider geographical area. The registered manager told us new personal care packages were obtained mainly through word of mouth rather than advertising. One relative told us, "I knew my [family member] would be very wary of different people going in so we looked for a small agency, Our Care made a lot of sense. The registered manager made a lot of sense…and the approach was excellent."

The provider had invited people receiving services to complete a satisfaction questionnaire. We saw that the majority of people were happy with the service being received. The numbers returned were too low to be able to determine trends or issues with the service. However the majority of the people and relatives we spoke with confirmed they were very happy with the service being received and would recommend it to other people.

The provider was required to provide us with a Statement of Purpose which contained details about the provider's business and how it intended to perform the registered regulated activity of personal care. We were informed the Statement of Purpose was currently being updated and the new version would be forwarded to us.

We found the provider understood their legal responsibility for submitting statutory notifications to CQC. Statutory notifications inform us about events and incidents affecting their service or the people who use it. We were able to confirm these had been reported to us as required since their registration.