

Olut Services Ltd

# Bognor Regis

## Inspection report

Office 104 First Floor Business Centre  
Heath Place Ash Grove  
Bognor Regis  
West Sussex  
PO22 9SL

Tel: 01243864821

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This service is a domiciliary care agency (DCA). It provides personal care to people living in their own home. It provides a service to older people.

Not everyone using Bognor Regis received a regulated activity. The organisation also provided a companionship service and support with domestic chores. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of inspection, the service provided personal care and support to two people.

There were two registered managers in post. 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. The registered managers also owned the company Olut Services Ltd, which was the registered provider.

This was the first inspection of Bognor Regis since registration. This inspection took place on 10 and 11 December 2018. It was an announced visit, which meant the service was given 48 hours' notice, to ensure staff were available to facilitate the inspection. Bognor Regis had only recently started to provide a service and therefore they could only be assessed on the small provision supplied at the time of the inspection.

The service was not safe or effective in all areas. The provider could not be assured that staff working for the DCA were suitable and safe to undertake their designated duties. The recruitment practice followed did not comply with the service's procedure. It did not ensure two references from appropriate sources were secured or that a full employment history was used to confirm staffs background.

Staff were involved in 'prompting' people with their medicines. Records relating to what this support included was not clear. For example, there was no record of what medicines people were taking or a procedure to support staff in this role.

The provider could not be assured that the staff deployed were suitably trained to undertake their roles competently and safely in accordance with their procedures. Staff only completed a one-day training day before working for the DCA. This did not include all key areas, for example training on the Mental Capacity Act (MCA) or on medicines. The provider could not be assured that consent to care was sought in line with legislation and guidance. There was no record that people had been consulted on their care and support or that they had consented to the package of care supplied.

The service was not well-led. Management systems had not ensured the service's policies and procedures had been followed. There was no operational framework to ensure the quality of the service. Quality monitoring systems including auditing and checking and monitoring quality had not been fully established

to ensure safe and effective care.

People told us they liked the staff that visited them and had regular staff attending to them. They liked the consistency offered by the service and the registered managers often covered visits when regular staff were not available. The staff arrived on time and stayed for their allocated period. People told us staff completed the tasks required of them along with any additional requests. Staff were flexible and accommodating.

People were supported by staff who demonstrated kindness and had a caring approach. Staff knew people well and supported their independence as far as possible. A relative told us they had good communication with the care staff and the registered managers. Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. As part of the assessment process, risk assessments were carried out in relation to people's homes, their individual needs and where necessary, actions were taken to mitigate risks to reduce the risk of accidents or injuries.

Care plans were used to document the care package that was tailored to people's needs. Daily records were completed and supported effective communication between staff, and people's representatives. Staff felt well supported and had close contact with the registered managers who had good oversight of the people's individual needs. Staff recognised any changing needs and responded quickly working with, relatives, health and social care professionals as necessary.

Spot checks were used to monitor staff performance and the standard of care. Staff felt well supported and valued as an employee. They told us the registered managers cared about them as well as the people they look after.

This is the first time the service has been rated Requires Improvement. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

Some aspects of the service were not safe.

The staff recruitment practice did not follow the service's procedures and did not ensure robust safe recruitment was established.

Systems and records did not support staff in the safe management of medicines.

People and their relatives told us they felt safe with the staff that supported them. There were enough staff working to meet the needs of people who used the service at the time of the inspection visit.

Staff undertook training and procedures were in place to protect people from abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

### Is the service effective?

**Requires Improvement** 

Some aspects of the service were not effective.

Staff training did not comply with the service's procedures and did not ensure staff were fully trained to care for people.

Staff were not trained on the Mental Capacity Act 2005 (MCA) and consent to care and support was not documented.

People's nutritional needs were reviewed and they were supported to receive enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional.

### Is the service caring?

**Good** 

The service was caring.

Staff treated people with kindness, and had a friendly caring approach to people.

People were treated with dignity and respect by staff who took the time to listen and communicate with them.

Staff understood the importance of confidentiality, so that people's privacy was protected.

### Is the service responsive?

**Good** ●

The service was responsive.

People received care and support that was responsive to their needs and reflected their individual needs. These were kept under regular review, so support could be flexible to meet people's needs.

People knew how to make a complaint.

### Is the service well-led?

**Requires Improvement** ●

Some aspects of the service were not well-led.

Management systems had not ensured suitable policies and procedures had been followed. Quality monitoring systems had not been fully established to ensure safe and effective care.

People felt the service and care was well managed.

Staff told us the management and leadership of the service was approachable and supportive. There was a clear vision and values for the service, which staff promoted.

# Bognor Regis

## **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.

This inspection was announced. We gave the service 48 hours' notice of the inspection visit as the agency is small and we needed to be sure there would be someone in the office when we visited. Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law.

The provider was not asked to complete a Provider Information Return on this occasion. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection started on 10 December 2018 when we visited the office location. The inspection was carried out by one inspector. During the office visit we spent time reviewing records, which included two support plans. We looked at four staff files, staff rotas and training records. Other documentation related to the management of the service such as incidents, staff monitoring records, and quality monitoring records were also viewed.

Following the office visit we spoke with a relative and a person who was receiving a service. We contacted the commissioners who were purchasing packages of care from the service and a social care professional who was involved closely with one of the people's care and support. We also spoke with two care staff.

This was Bognor Regis' first inspection with the Care Quality Commission. They were first registered in August 2017 and started to provide a service in September 2018.

# Is the service safe?

## Our findings

We found some practice at Bognor Regis was not safe.

Recruitment files demonstrated that practice followed did not ensure all required checks were completed before staff worked in an unsupervised role. The service's recruitment procedure and statement of purpose records that two references from a checkable source would be provided before staff undertook work for the service. Recruitment files demonstrated that the practice followed did not ensure all required checks were completed before staff worked in an unsupervised role. The service's recruitment procedure and statement of purpose recorded that two references from a checkable source would be provided before staff undertook work for the service.

We found staff were working without these required references. For example, one staff member only had one reference another had been given the reference documents to provide their own completed references. The systems used to request references did not ensure the source of the reference was verified. We found references provided for another staff member did not match with the employment history they had supplied within the application form. Records also demonstrated that a full employment history was not gained and explored as part of the recruitment process. The provider had completed a Disclosure and Barring Service (DBS) check for each staff member who worked providing 'personal care'. However, it was noted there was a discrepancy in the spelling of a staff members name on one of the DBS checks. This was identified to the registered managers who confirmed they would follow this up with the DBS as a priority.

The provider could not be assured that staff employed were suitable to work in the care sector. The provider had failed to follow their own recruitment procedures. This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not support people to take their medicines but reminded ('prompted') them when medicines were due to be taken. Care plans recorded the support provided by staff. staff had not received any training on medicines awareness and there was no record of what medicines each person was prescribed. People had not been assessed for any risks associated with the safe taking of medicines. There was no procedure to guide staff on what 'prompting' included and how this was to be recorded. This meant there was a lack of clarity and staff understanding of their role and responsibilities and any risks for people. This was identified to the registered managers as an area for improvement.

The service had a number of policies and procedures that supported staff to respect people's rights and keep them safe from harm and discrimination. Staff had undertaken training on safeguarding people and were able to discuss different types of abuse, and how they could identify the risk of abuse and what to do if they had any concerns. For example, one staff member told us how they had identified a person was at increasing risk of harm as they were engaging in behaviour that put themselves at risk. They had reported this appropriately and the registered managers had ensured the local authority followed up on the issues identified.

People and their relatives were positive about the service provided and the staff who worked for Bognor

Regis. They felt the care and support was delivered in a safe way by staff who could be trusted. People normally had regular staff who they got to know which helped them feel safe. One relative said, "It's nice that the same staff member does most of the visits, they always know who is coming. We are reassured that they are getting regular visits and are confident that staff would raise any concern."

There were enough staff to meet people's needs. People and their relatives told us staff were reliable and visits were always covered. People knew who was coming and the time of the visit. Weekly schedules were used to advise people who was undertaking the visit and at what time. The registered managers knew each person well and could themselves cover staff holidays and staff sickness at short notice. Staff told us there were enough staff and time allocated for visits they completed. Staff recorded the time of each visit within the records held at each person's home. A logging in system was being rolled out to all staff for them to use to record the time of arrival and departure. People and relatives told us staff stayed the time they were supposed to and completed the required care and tasks. Staff were allocated time between each visit to allow for travelling.

Environmental and individual risk assessments were used to identify any hazards to people or staff. For example, risks associated with falls were assessed and risks minimised when possible. This included ensuring when people had mobility problems assessments of the environment and equipment to be used to keep people safe. Staff were aware of risks associated with infection control. Staff had access to and wore personal protective equipment (PPE). This included gloves and aprons which were supplied by the service. The security of people's homes was assessed and key locks were used when necessary to maintain the security of their home. We were told staff kept this information secure. Staff were issued with identity badges and these were updated and renewed on a regular basis so people were confident staff were working for Bognor Regis. There were systems for the recording of accidents and incidents and staff told us they would record incidents and accidents when they occurred.



# Is the service effective?

## Our findings

We found practice at Bognor Regis did not ensure the service was effective.

Staff training consisted of an annual training day. The registered managers told us this 'All in one-day mandatory training course' covered the essential training for the staff working at Bognor Regis. We found this training did not cover medicine awareness or the Mental Capacity Act (MCA). The organisation's training procedure confirmed all staff would complete training based on the Care Certificate and would have their skills assessed against these standards. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. There was no evidence to suggest that staff had completed any of this training or had their skills assessed against the standards. The registered managers told us this was something they were hoping to introduce.

The provider could not be assured that the staff deployed were suitably trained to undertake their roles competently and safely in accordance with their procedures. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We checked whether the service was working within the principles of the MCA. The registered managers told us that people currently receiving a service had capacity to consent to their care and treatment. However, there was no evidence that people or their representatives had agreed to the care and treatment being provided. There was no written agreement and no consent recorded. The provider could not be assured that consent to care was sought in line with legislation and guidance. The registered manager had undertaken training on the MCA and DoLS. Staff had not received training on the MCA but had an awareness of people's rights and the need to gain consent and respond to people's wishes. People and their relatives were also happy with the service provided. The lack of suitable arrangements to ensure consent to care were identified to the registered managers as an area for improvement.

The registered managers completed a supervision programme for all staff. This included one to one supervision and spot checks. Spot checks were unannounced and observed staff when visiting people in their homes. The included a check on when the staff member attended, how they conducted themselves and an observation of their competencies in relation to the care and support provided. For example, ensuring staff followed the correct infection control procedures such as using gloves and aprons appropriately.

Staff told us they felt well supported and the managers were always available for advice and guidance at any time. Staff told us the support provided ensured they could provide the correct and appropriate care. The availability and supervision provided by management allowed staff to raise any challenges and concerns

with them directly and promptly. One staff member said, "I can call at any time and they are there to help, if needed." Another told us, "The managers ring you up regularly for a catch up to check on how the visits are going and how you are."

People and their representatives told us they liked the staff that supported them and the care was given to a good standard by staff who knew them and their individual needs well. People had a small regular staff group visiting. This ensured staff and people knew each other well. The registered managers had a good oversight of the care and support provided and covered the visits when regular staff were not available. This ensured a high level of continuity and supported the sharing of information effectively. Staff were vigilant to any changes in people's condition and responded quickly to any changing needs. They worked closely with families, local health and social care professionals to promote good health. For example, when staff noted any change in people's behaviour or mood these are discussed and reported appropriately.

When needed staff supported people to maintain a healthy diet. Staff took account of people's dietary needs and ensured people were eating and drinking appropriately. Staff told us they checked with people that they were eating and drinking and had food available in their home. For example, some people had prepared meals delivered and staff checked that this system was working for the persons concerned. One relative told us, "Staff monitor what is eaten, prompt and encourage."

## Is the service caring?

### Our findings

People and relatives were complimentary about the staff providing the service and the way they delivered the care and support required. We were told staff were friendly and made an effort to connect with people spending additional time chatting with people. One person told us they got on well with the care staff and shared a joke. They said, "Staff are friendly and make me laugh." A relative told us, "I have met the regular staff, they were kind to my relative and they have said they like them which is important."

Each member of staff was introduced to people by one of the registered managers before they visited them on their own. This ensured staff had a good understanding of people's needs but also ensured people knew the staff member attending. The registered managers used this introduction to assure themselves that the relationship between staff and people was a positive one. A staff member said, "We are always introduced to people before providing any care, this makes sure the relationship is right to start."

Staff maintained people's privacy and promoted their independence. People's care plans and daily records and charts were stored in their homes and copy was held safely in the office to ensure confidentiality was maintained. The care plan gave advice on how the person liked to be supported. Staff recognised the importance of supporting people to maintain their independence and their own lifestyle choices. For example, staff left some tasks that they knew people could complete for themselves once they had left. This included heating meals and drying clothes. The registered managers had worked with people and their representatives to ensure care and support respected people's choices and dignity. The focus of care was to support people to live in their own homes as independently as possible.

Staff demonstrated a caring approach and had shown compassion and a desire to improve people's outcomes. They responded quickly to promote people's well-being. For example, one person was having problems with sourcing some equipment they needed. Staff ensured the appropriate care professionals were aware of this problem, which was resolved. Staff communicated regularly with each other, face to face, via email, and telephone contact. Important information was recorded within the daily care records. One staff member told us they worried about people and ensured the registered managers were notified of any problem immediately. Another staff member told us, "I treat people as if they were my relative."

The organisation promoted caring principles throughout its service this included the support for staff. Staff were well supported and told us they felt they were valued as a team member and as an individual. A staff member told us, "The managers support you emotionally, they care about us too, they are loyal and offer support. They are more than just employers."

Confidential information was handled appropriately by staff and this included the use of any electronic information. The registered managers were mindful of how and when information was shared. There was a policy and procedure on confidentiality and confidential records were held in the office and were locked in filing cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

## Is the service responsive?

### Our findings

People and their representatives were involved and consulted on what care people needed and in what way they wanted it delivered. Relatives told us they were kept informed about changes that effected people as their relative would want. One relative said, "I am contacted and involved in the reviews completed." Good communication was maintained with people and their representatives and included regular telephone contact and written information. Daily records were full and completed in a consistent way. These were used by people's representatives to review and monitor the care and support provided. Staff told us communication with the registered manager was regular. Staff came to the office for equipment, training and supervision meetings. They also popped in for general discussions and support. This regular communication at all levels allowed the sharing of important information and a rapid response to any changes in people's needs.

An assessment of people's needs was completed before a service was offered or agreed upon. This along with the local authority's assessment was taken into account and used to develop an individual plan of care. A small core team of staff was available to provide care and support. The registered managers recognised the amount and complexity of the care needed had to be considered along with the staff resources available. This was to ensure the staff resources could meet the needs of people who have been offered a service.

Care and support was tailored to people and responded to individual need. People and their representatives told us their care and support evolved and staff were flexible. The care plan was reviewed regularly and changes made to ensure the care and support remained responsive. For example, one relative explained the time of visits were changed so staff could ensure the person receiving the care was at home. This supported a responsive approach that appreciated and supported people's independence and life style choices. Reviews of care were completed regularly and used to monitor and change the care package. One relative told us, "I attended a review with the manager. We all had a constructive conversation and were able to change visits to suite everyone."

Staff were knowledgeable about the people they supported. There was a copy of people's support plans and risk assessments in the office and in the person's home. These were updated following reviews and when people's needs changed. Staff knew people's preferences and interests and their family relationships as well as their health and support needs, which enabled them to provide a personalised service. Staff told us they had time to talk to people and understand them as individuals living within a community. One staff member told us, "We have time to talk to people about the challenges they are facing. We talk about how we can help them with these." Staff took a holistic approach to people and supported them in contacting and using other local services to promote their wellbeing and safety. For example, working with the housing provider to ensure safety within their homes when appropriate.

People were able to raise a concern or complaint easily if they wanted to. People were given information on how to make a complaint and the organisation encouraged feedback through this route. The provider had established a system to receive, handle and respond to complaints. People and their representatives said

they knew how to complain and would speak directly to the managers. A relative told us "I have no concerns but would talk to the manager if needed." A social care professional told us a concern raised was dealt with effectively and resolved.

The service was new and developing and did not provide end of life care at present. People's choices and views on end of life care and support had not been recorded. The managers knew this was an area that would need further skills and resources to ensure responsive care and support.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. The managers were not aware of AIS. However, people's assessments and care plans took account of people's communication needs. Any needs identified to facilitate communication were recorded and responded to. For example, one person had sight problems and the managers told us their information was provided in larger print and people have information read and explained to them.

## Is the service well-led?

### Our findings

People and relatives were satisfied that the service was well managed. They could contact the registered managers as and when they wanted. They told us they responded to whatever they said in a positive and constructive way. The registered managers were involved with the service had a good oversight and were committed to providing good care and support to people living in their own homes.

However, we found the service was not well-led in all areas.

We found, although the service had organisational policies and procedures to support the management of the service, these were not being followed and had not been embedded into every day practice. Therefore, there was no operational framework to ensure the quality of the service. For example, the recruitment and training procedures were not being followed. This did not ensure the provider had recruited and trained suitable staff to be deployed. These issues have been addressed further in the questions 'safe' and 'effective'. One of the registered managers showed us a quality monitoring tool that was to be used in the future. Currently there was no system to monitor the organisational performance, checking and auditing systems were not in place. There was no system to ensure the policies and procedures were followed. We also found staff were not issued with a job description or terms and conditions of employment that related to their work within the service. The provider had not clarified staff roles and responsibilities leaving staff unsure on what was expected of them.

Although the service was registered as a DCA in August 2017 it only started to provide a service in September 2018 when they secured a contract with local authority. Originally the service was unable to fulfil the contacts provided and the provider had over-estimated their ability to fulfil their agreed contracts. This demonstrated the provider had not taken into account their legal responsibilities and accountability. The provider has now reviewed their contracts in conjunction with the local authority to ensure they are able to deliver the care and support required.

The lack of effective quality systems including review and monitoring is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear management structure with two registered managers in post. The registered managers had regular contact with people. They displayed a genuine interest in people who used the service and tailoring the care and support provided to meet their needs. Feedback on the quality of the service was sourced by regularly speaking with people to ensure they were happy with the service they received. Formalised systems for feedback had not been established. The registered managers told us these were to be used once the service was providing a service to more people.

Communication between the registered managers and staff was well established and staff told us the registered managers were approachable. They maintained an effective oversight of the service and in this way monitored the quality. Staff said that they felt there was an open and inclusive management style in place and they felt very well supported. Staff felt valued and that they mattered as well as the people they

cared for. The management reinforced a positive culture at the DCA. There was a whistle blowing policy and staff told us they would use it to raise any concern to the appropriate person as required. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

The vision and aims and objectives of the service were clearly recorded within the documentation shared with people and staff. Staff were clear that their aim was to provide a high-quality service to promote the health and welfare of people living in their own home. The registered managers met regularly with the commissioners of care as this was a new service. This ensured discussion about the quality of the service and planned expansion and improvement. The registered managers told us they found these meetings constructive and valuable when planning the development of the organisation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems had not been established to enable a process to assess, monitor and improve the quality and safety of the services provided.  Regulation 17 (1) (2)(a)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider was not operating an effective recruitment procedure that ensured the safety of people. Regulation 19 (1) (2)(3)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The provider had not ensured staff were suitably qualified and skilled to carry out their designated duties.  Regulation 18 (1) (2) (a)(b)