

Positive OT & Case Management Ltd

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Inspection report

14-16 Town Street
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Positive OT & Case Management Ltd is a specialist Case Management service providing oversight of support to adults and children with complex injuries. At the time of our inspection eight people were receiving a regulated activity. 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 the service and what we found

Recruitment was managed safely, and people were involved in the recruitment process. Systems were in place to make sure staff and family members were recruited safely. This included a criminal record check (DBS) and references from previous employers.

Staff were up to date with training. People told us they were supported by staff who were kind and caring and staff respected their dignity and privacy.

Care plans were personalised to reflect people's care needs. People's likes, dislikes and what was important to the person were recorded. Relatives and people were involved in care planning and care plans included preferences for their care. There were personalised activities available for people. Relatives told us people enjoyed the activities arranged.

Systems of governance were not yet fully embedded. However, there was a robust audit plan in place to address this issue. The audit plan demonstrated how the provider would ensure they were up to date with audits in a timely manner. The feedback about management and leadership was positive. Staff said management was approachable and supportive. There was enough staff to support people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 4 November 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to good governance at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Positive OT & Case Management 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 carried out by two inspectors 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

Positive OT & Case Management Ltd is a specialist Case Management service providing oversight of support to adults and children with complex injuries.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. 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 27 July 2022 and ended on 17 August 2022. We visited the location's office on 3 August 2022.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse. We reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with one person using the service and eight relatives about their experience of the care provided. We spoke with nine staff members including the registered manager. We looked at three care records and three medicine records. We looked at three staff files regarding recruitment. We also looked at quality monitoring records relating to the management of the service, such as audit plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines safely and as prescribed. Feedback from people using the service and their relatives in relation to the support received with medication was positive. One relative said, "Yes medication is given safely, it's all locked away and given when it's due."
- The provider ensured all staff who administered medicines were trained to do so and had frequent competency checks.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from the risk of abuse and avoidable harm. There was a safeguarding log and we found no unreported safeguarding concerns.
- Staff received safeguarding training. They reported the training was sufficient and relevant to their roles.
- The provider had a safeguarding policy and staff demonstrated a good awareness of safeguarding procedures. They knew who to inform if they witnessed abuse or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks were regularly monitored and reviewed. People's care plans identified general support needs and specific personalised information. Staff understood and followed risk assessments which contained information on how to reduce risks and provide safe care.
- The provider had systems in place to identify lessons to be learnt. Staff informed us lessons learnt were shared. Staff we spoke with could give examples of how information was shared to improve care.

Staffing and recruitment

- Recruitment was managed safely. Systems were in place to make sure staff and family members were recruited safely. This included a criminal record check (DBS) and references from previous employers.
- People and their relatives were involved in the recruitment process. People were supported to choose who they would like to recruit to support them, where appropriate family members were recruited into care roles.
- Staff told us they had enough time to spend with people to allow them to complete all the necessary care.

Preventing and controlling infection

- The provider was effectively managing the prevention and control of infection.
- The provider had policies for infection control and COVID-19.
- Supplies of personal protective equipment (PPE) were available to all care staff and staff were regularly reminded of its correct and safe use.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were up to date with their training. This included dementia and percutaneous endoscopic gastrostomy (PEG) training. Records to support training were up to date.
- The service provided effective support for staff. Staff and employed relatives received regular supervision and appraisals. One staff said, "Yes, I feel supported in my role."

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

- People's protected characteristics under the Equality Act (2010), such as religion and disability were documented as part of the assessment process. The provider documented these discussions with people and their relatives.
- Assessments of people's needs considered their physical and emotional needs.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their nutritional needs. Staff demonstrated a good understanding of people's nutritional risks. Care notes described the support planned and provided around people's nutrition and hydration.
- People confirmed staff supported them with their meals and followed their preferences. One relative told us, " [Family member] is on a soft diet and the staff sit with [them] every meal."
- Staff contacted healthcare professionals when required. We saw evidence of involvement from a variety of healthcare partners in people's care plans.
- People and relatives were confident staff would contact healthcare professionals if required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own

homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. This did not apply to anyone receiving this service at the time of our inspection.

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

- Staff followed the principles of MCA. Specific capacity assessments and best interest decisions were clearly documented to demonstrate that decisions made for people without capacity had been made in their best interest.
- People were given choice about how they liked their care and treatment to be given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and caring. One relative said, "Staff have [family members] interests at heart. We are all happy concerning their care."
- All the people and relatives we spoke with told us the care they were receiving was having a positive impact on their lives. One relative said, "They very much take on board what we say regarding our [family member]. They have people on board to help us and [person] is much calmer."
- Staff were aware of people's protected characteristics for example age, disability and race. Staff promoted respect when providing support.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to make decisions about their care. In the assessment and care planning process, people were asked about their desired outcomes and what they needed staff to do to support them. This meant people's views and opinions were understood and acted on.
- People and relatives were involved in planning and reviewing care plans. One relative said, "Yes. I was involved and I'm happy. It's a good care plan; it's a working document."
- People told us staff always respected their dignity and privacy and promoted their independence. Relatives gave us examples of how staff respected people's privacy. For example, one relative said, "They are very respectful of privacy, they always ask (for consent) and shut the curtains or door (during personal care)."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- An effective complaints process was in place. People using the service and relatives told us they knew how to complain. One relative told us, "I would complain if I needed to, but I have no concerns."
- There was a complaints log which included details and actions taken following complaints.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which reflected their needs. Care plans were personalised to reflect people's care needs. People's likes, dislikes and what was important to the person were recorded.
- Staff were knowledgeable about people's specific needs and preferences. Staff could explain how they supported people in line with this information.
- Relatives and people were involved in care planning and care plans included preferences for care. One person said, "We had a meeting to do the planning of his care and its reviewed regularly."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans documented the support they required with their communication needs.
- Staff told us how they adapted their approach and communication depending on people's hearing and understanding.

End of life care and support

- People were supported with their end of life care, however care records did not reflect people's needs and preferences. Care plans did not document end of life wishes. Following the inspection, the registered manager provided evidence their paperwork was updated to record these needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Personalised activities available for people which met their social needs and individual preferences. Relatives told us people enjoyed the activities arranged and one relative said, "There's a nice variety of activities, like shopping, shooting at a target, going out to the shops, to the park, to the cinema. They also do writing and drawing."
- People and relatives were involved in activity planning. Care records showed activities were discussed and planned with people and relatives. One relative said "The carer includes my other children. [They] asks if

they want to go to the park with them".

- There was a person-centred approach with routines being flexible depending on people's preferences on any given day.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant quality assurance processes needed to be further developed.

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

- Quality assurance checks to cover all aspect of the service were not in place. The audits that had been completed lacked clarity regarding concerns identified and failed to provide actions taken. This did not support a system of continuous improvement.
- The service improvement plan was not robust. The lack of auditing did not support an effective improvement plan.
- The provider had policies and procedures in place which covered all aspects of the service. However, we could not be assured all the policies were followed as the provider had no quality assurance systems in place. The policies seen had been reviewed and were up to date.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. The registered manager was aware of their responsibilities to report significant events to CQC and other agencies.
- There was a robust audit plan in place demonstrating how the provider would ensure they were up to date with audits in a timely manner.
- The registered manager was responsive to the inspection process and told us they were willing to learn and improve. We saw evidence the provider had started to address the issues identified during the inspection.
- Staff told us they felt supported. One staff member said, "Yes, they are approachable. I can go speak about anything that is bothering me."

Working in partnership with others; 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

- The provider maintained good working relationships with partner agencies. This included working with health and social care professionals such as physiotherapists and occupational therapists.
- The provider was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. People and relatives told us any concerns they had were addressed by the management team when discussed.

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

- Staff felt engaged with the service. There were regular staff meetings and the provider communicated with staff through emails and telephone calls.
- Relatives spoke well of the care staff. They said they treated people well, with care, dignity and respect.
- The provider collected feedback from people who used the service and their relatives. The feedback was used to improve the service and the care provided.

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 | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The system in place to monitor and improve the quality of the service were not sufficiently robust to support a system of continuous improvement.</p> |