

Oblige Care Services Ltd

Oblige Care Services

Inspection report

Churchfields Avenue
Feltham
TW13 5NT

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04 June 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oblige Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults, some living with the experience of dementia, and people with physical health needs.

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. At the time of the inspection three people were receiving support with personal care.

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

People we spoke with were happy with the care they received. People told us the care workers were professional and they were happy with how the service was run.

The provider's recruitment procedures were designed to ensure staff were suitable for the role. Staff members were not permitted to work with people until the necessary recruitment checks had been undertaken and were satisfactory.

Staff had access to training that was appropriate to their role. Staff had attended safeguarding training and knew who to contact if they had any safeguarding concerns.

People's needs were assessed prior to receiving a service including the protected characteristics under the Equalities Act. Staff understood the principles of the Mental Capacity Act 2005.

Care plans were personalised and individualised. Care staff had the necessary guidance about the support each person required and how people preferred to be cared for. Individual risks to people and the environment had been identified and risk assessments were in place to help minimise the risk of harm occurring.

People and relatives told us people were treated with dignity and respect. They were positive about the staff and said they had a caring and kind attitude.

At the time of our inspection the provider had received no complaints. However, the provider had systems for handling complaints and responding to incidents and accidents which they said they would follow if these occurred.

The service was well led. Communication standards encouraged people and their relatives to share their views and the provider undertook a range of audits to check on the quality of care provided.

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 03 April 2018 and this is the first inspection.

Why we inspected

We inspect newly registered services within one year of them starting to provide a regulated activity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Oblige Care Services

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

Before the inspection we looked at information we held about the service including registration assessments reports. The provider sent us their Provider information Return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

During the inspection we spoke with the provider and the care coordinator. We reviewed a range of records which included three people's care records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and

procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at quality assurance records. We spoke with people and relatives who used the service and two staff members. We contacted two health care agencies who worked in partnership with Oblige Care Services.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This was the first inspection of the service and it was rated good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the time of our inspection the provider was only supporting one person with medication. There was a medicines policy in place and staff had been trained to administer medicines.
- The provider ensured the medicines policy was stored at people's homes within their care plan. Within the staff training matrix we saw evidence of competency checks being completed. The provider completed monthly medication audits with staff.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt comfortable with the staff that supported them.
- The provider had systems and processes in place intended to safeguard people from harm and abuse. Staff were trained in this area and knew how to report any safeguarding issues. We saw evidence of training in all staff files. Staff told us, "Make sure people are safe and protected and I follow the policies and procedures."
- The provider had not raised any safeguarding alerts since they started to operate the service however they were aware of their responsibility to inform the local authority and the Care Quality Commission (CQC) of any safeguarding concerns.

Assessing risk, safety monitoring and management

- The provider completed assessments with people to monitor potential risks. Individual risks to people were identified and guidance for staff was provided on how to mitigate the potential risks to people for example, in relation to falls, moving and handling, medicines and people's home environments.
- Staff were aware of the potential risks to people and knew the actions they had to take to provide safe care for people.
- People's risk management plans did include an assessment of risks to inform staff of how the risks impacted on people in relation to severity and likelihood.

Staffing and recruitment

- The provider had good staff recruitment practices. We looked at staff files and we saw the provider had completed pre-employment checks to ensure staff were suitable for the role. All staff files contained an application form with a full employment history.
- Records confirmed a range of checks were carried out including Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers.

Preventing and controlling infection

- There was an infection control policy and procedures and staff demonstrated they understood these.
- All staff had attended infection control training. People told us staff had access to personal protective equipment (PPE) for example gloves, aprons and shoe covers to use when providing care. The induction records indicated that care workers had completed infection control training as part of their induction. Staff told us, "If we identify a hazard we take action."

Learning lessons when things go wrong

- The provider had processes for the reporting, recording and investigation of incidents and accidents. The provider gave us examples of what they would do if an incident occurred. Staff were required to complete an incident form should they witness an incident or accident taking place.
- The provider has had no incidents or accidents since the service's registration with the CQC.

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 was the first inspection of the service and it was rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw that people had signed their own support plans. However, one person who had capacity had not signed theirs. We spoke to the provider about this and they told us that a relative had signed due to the person's health issues. The provider had not recorded this accurately within the person's file. The provider assured us they would update the file.
- The provider helped to protect people's legal rights because staff followed the principles of the MCA. Staff told us that if "Someone didn't have capacity they would speak to the provider and seek help and advice."
- People's views were recorded in their care plans. People's care plans contained signed consent to care forms. These forms were signed by people and indicated their decision to agree to the provider's care.
- Staff completed mental capacity training as part of their mental health training. When we asked staff questions about the MCA they were very knowledgeable in this area.

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

- The provider told us that a new package of care would not be taken unless they were fully satisfied that

staff were available and able to meet the person's needs.

- People's needs were assessed prior to them using the service. Care plans used people's voice in describing what level of support they needed but also what their likes, dislikes and expectations were from the staff supporting them.

Staff support: induction, training, skills and experience

- There was an induction process in place to prepare staff for their roles. The induction covered mandatory training and shadowing. Induction also covered health and safety, infection control, moving and handling and first aid. The induction process was documented with the provider and staff regularly reviewing and signing relevant paperwork to demonstrate that they had completed each aspect of the training.
- Staff inductions varied upon people's backgrounds and skills. If staff were new to the care service, they had to shadow more experienced staff for longer before they started working with people independently.
- People and their relatives told us that staff understood their needs and were competent in their role.
- Staff told us they felt part of a good team and were supported by the provider. Staff had supervision every two months and we saw evidence of this in their staff files.
- Records showed that most staff had not yet been working for the service long enough to have an appraisal but their performance on the job was regularly checked to ensure they were fulfilling their role expectations.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and preferences were identified in their care plans. Care plans listed food options that people may like prepared for them. At the time of the inspection staff were supporting people with the preparation of food and they were recording any concerns within their daily logs.
- Care plans also included any risks associated with eating and drinking such as food allergies.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Records showed that people's health needs were identified, and staff were provided with guidance on how to enhance people's well-being. Within people's files there was information on activities and events that helped keep them healthy.
- People's files had contact details for relevant healthcare professionals in case staff needed to contact services. Staff told us that they would be happy to contact health care professionals.
- The agency worked effectively with other professionals to ensure people's healthcare needs were met, such as GPs, district nurses and pharmacists.
- Staff were knowledgeable and quickly recognised changes to people's health and took appropriate action for example when someone became unwell staff contacted the GP and called for an ambulance.
- Within people's care plan the provider had ensured that the care workers understood people's oral hygiene. There was detailed information to ensure people receive appropriate support.

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 was the first inspection of the service and it was 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 spoke in a caring way about the staff and relatives told us the staff were, "Gentle and kind."
- People's protected characteristics under the Equality Act were respected to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.
- People's daily notes indicated staff supported them in a caring way. If someone was unwell we could see what action staff took to address this issue.
- Staff were able to tell us about people, their backgrounds and families and people told us they enjoyed talking with the staff.
- People told us care workers sometimes stayed longer than their times and they didn't feel rushed. This helped to show that people were treated well and supported.

Supporting people to express their views and be involved in making decisions about their care

- People told us that the provider had discussed with them how they wished to receive care. Care plans were detailed, from reading these, we were able to see that the provider had taken time to understand people's needs and had ensured people were involved in making decisions about their care.
- Relatives told us that care workers fitted in with people's schedule, "They come on time and they can move times to suit us. They are like part of our family."
- People told us the provider was in regular contact to ensure that care was appropriate to their needs. The provider had contacted relevant professionals when people's care needs had changed.
- The provider had a policy on supporting people to receive support through advocacy. The provider told us that a "Service user who appears to have no support will be asked if they would appreciate the services of an advocacy team." In the client's file there was information on advocates and contact details for agencies in the boroughs.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff treated people with dignity and respect. "Person treats people with such respect and dignity which is so important."
- Care plans showed that people were supported to be as independent as possible. The plans explained what people could do for themselves to help them maintain their independence and people told us that they were encouraged to do as much for themselves as they could.

- We saw that records were kept securely in the office and could be located when needed. This meant only authorised staff had access to these, ensuring the confidentiality of people's personal information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This was the first inspection of the service and it was rated good.

This meant people's needs were met through good organisation and delivery.

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

- Care plans included information on how a person spent a typical day, the information was detailed, and this help staff understand what was important to people each day.
- People's care plans were person-centred and written from the person's perspective. Information was provided on the support people required to carry out their chosen daily activities including tasks, relating to personal care and meal preparations.
- Care plans contained information about people's lives, such as family, friends, education and employment, which meant staff knew about their personal histories.
- Staff completed a daily log at the end of each visit to ensure family members knew what care was provided.
- Care plans were reviewed regularly to make sure they continued to reflect people's needs. The first review took place four weeks after a person began using the service to check they were satisfied with their care plan. Following this, care plans were reviewed twice a year, although this could change if a person needs changed.
- People's specific gender preferences for staff were accommodated and records showed that these requests had been fulfilled.

Supporting people to develop and maintain relationships to avoid social isolation

- Within people's care plans information was recorded on activities people enjoyed doing. People confirmed that staff supported them to enjoy some of their hobbies.

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.

- At the time of the inspection no one had particular communication needs, however the provider was aware of the (AIS) and they gave us examples of how they could ensure information was accessible to people using the service.

Improving care quality in response to complaints or concerns

- At the time of our inspection the provider had received no complaints or concerns. They told us how they

would address complaints should they arise, in line with the providers complaint policy and procedures.

- People told us that they knew how to make a complaint and there was a stamped addressed envelope addressed to the provider to facilitate the complaints process.

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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 was the first inspection of the service and it was rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We spoke to one local health care agency who told us that they found the service professional. They told us they had recently contacted the provider on behalf of a person needing a service and they had declined due to not having appropriate levels of staff in the required area. The agency told us, "This is a good indicator of a manager knowing [their] limits and not taking too much on."
- It was clear from reading people's files that the provider had spent time listening and understanding people's needs. There was lots of good information which told the care worker about the person receiving care.
- People who used the service told us they were happy with the support they received. The provider had completed six-month reviews of the service and the feedback received was positive. People told us they felt the service was well managed and if they had concerns they would be addressed.

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

- There was a clear vision and set of values at the service which was understood by staff. This focused on people receiving personalised and high-quality care and support. Although the service had only been providing support for a short time, we saw evidence that the provider was reviewing policies as the service was developing.
- There were clear management structures and processes in place and staff felt able to report any concerns should they arise.
- Staff attended regular team meetings and told us they could contact the provider at any time if they need advice and guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirement

- Staff told us the registered manager visited people in their homes to regularly monitor the service. We saw evidence of these visits.
- The provider understood the responsibilities of their registration.
- The provider and staff were aware of their responsibilities in ensuring CQC were notified of significant events if they occurred within the service.

- The provider had robust recruitment practices in place when recruiting staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were good systems of communication to help ensure people who used the service received the care they needed, people told us that the provider was always available to speak if they had any queries.
- All staff had work email addresses to help ensure they were kept up to date of any changes affecting their work.
- Staff were asked to complete a survey which asked questions about their job description, roles and training. The responses to this survey were positive. Staff spoke highly of the provider and told us that they felt able to raise any concerns.
- Feedback was sought from people and their relatives during care reviews. A relative confirmed that questionnaires were sent to gain their views about the service.

Continuous learning and improving care; Working in partnership with others:

- The provider had kept up to date with changes in best practice by signing up to newsletters from many social care resources and was continuing to develop partnerships within the local community.
- The service liaised with other health care professionals to ensure that people's needs were met.