

Otang Care Limited

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Inspection report

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Date of inspection visit:
15 June 2021

Date of publication:
08 July 2021

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Otang Care Limited provides personal care for younger adults with learning disabilities, autistic spectrum disorder or mental health needs. People received support in their own homes in supported living services. At the time of our inspection the service was supporting 7 people living in 3 houses or flats.

Only one person who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The provider carried out audits to oversee and improve the quality of the service. Not all audits were effective and had not identified where improvements were needed to some risk assessments which required more information and where the provider needed to make their recruitment process more robust.

People's support needs were assessed regularly and planned to ensure they received the support they needed.

Staff had received training in safeguarding and knew how to keep people safe. The provider had recruitment processes in place to ensure they employed staff who were suitable to support people safely. Medication was administered safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People were treated with dignity and respect and supported to maintain their independence.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Feedback and records showed that people experienced choice and control over their support and care planning was person centred. The culture of the service promoted peoples' independence and this was evident in the positive outcomes people had experienced. People were supported to express their views and were treated with dignity and respect.

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 12/06/2017 and this is the first inspection.

Why we inspected

This was a planned inspection.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Otang Care Limited

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

This inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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 or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with one health professional about people's experience of the care provided. We spoke with five members of staff including the provider who is also the nominated individual and registered manager, the locality manager and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- Risk assessments were in place for people and updated regularly. Generally, risk assessments contained enough detail to guide staff on how to manage people's risks safely, however, some risk assessments did require more information. For example, where a person's emergency evacuation plan stated the person needed support with mobility, the plan did not detail exactly what support was required. Staff we spoke with knew people well and how to support them safely.
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Staffing and recruitment

- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. The provider had not consistently completed full employment history for all new staff. It is best practice to explore people's previous employment history to ensure there is nothing in their working life which needs exploring further and may impact on their ability to work in care. We discussed this with the registered manager who assured us they would complete this fully for all new care staff in the future. References and checks with the Disclosure Barring Service (DBS) were carried out before employment commenced.
- Staff told us they worked with the same people and this enabled them to build a relationship with them. One member of staff told us, "I have worked with one person permanently for six months."

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records we reviewed showed people received their medicines as prescribed.
- 'As required' medication (PRN) protocols were in place to guide staff on when to administer as required medication.
- Care staff received training and regular competency checks to ensure they were administering medicines safely.

Preventing and controlling infection

- The provider had infection control policies and procedures in place.
- Staff had received training in how to prevent and control infection. Staff we spoke with told us PPE such as masks and gloves was readily available to them. Staff we spoke with could tell us what PPE they should be wearing in line with current guidance and the provider's policies and procedures. Staff carried out regular COVID-19 tests to help prevent the spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

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.

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

- The provider carried out an initial assessment so they could be sure they could support people safely and how they wanted. People using the service and health professionals were involved in the assessment.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.
- Staff received on-going training to meet people's specialised needs.

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

- People were supported to eat a healthy, balanced diet and staff knew people's individual dietary requirements.

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

- The provider worked with other agencies and health professionals in order to meet people's specific needs. A health professional we spoke with told us how one person using the service had made really good progress after having struggled to settle in other care services. This person previously would not engage in the community but was now happy to do so. They told us, "[Name of person] is very settled."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their 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.

- People were involved in decisions about their care and where they were unable to make their own decisions, they were supported to do so. This was recorded on their files.
- Staff had received training in the MCA and understood the importance of people being involved in decisions about their care.

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 kind and caring staff. One health professional told us, "Otang have been fantastic."
- Staff we spoke with told us they were happy working at the service. A member of staff said, "They [people using the service] are fun to work with. I relate well to them."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity to be able to meet people's needs.

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

- People and health professionals were involved in care planning and their views and wishes respected.
- Regular reviews were completed to ensure people were happy with the care they received.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. One member of staff told us, "I knock the door, I always ask permission first ask if they mind."
- Staff supported people to maintain their independence. One member of staff said, "I let them do the things they can on their own. I always ask them to try and if they can't, I will come and assist, do it together."

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.

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

- A care plan and assessment were in place to show the support people needed and these were reviewed regularly. People were involved in reviews of their care.
- Care plans contained personalised information about what was important to them, including people's hobbies, likes and dislikes to enable staff to provide person centred care.

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 were asked about their preferred communication method during the initial assessment and this was recorded in their care plans. The provider told us in information we received prior to the inspection, how they met people's individual communication needs and we saw this in records we reviewed, for example, documentation was produced in easy read format.

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

- People were supported to engage in the local community to avoid social isolation and live an independent, fulfilling life.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place and people were given information on how to make a complaint should they have any concerns. There had been no complaints since the service opened.
- Staff told us they felt comfortable to raise any concerns with the registered manager.

End of life care and support

- There was no-one receiving end of life care at the time of inspection.

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 the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider carried out audits to oversee and improve the quality of the service. Some audits were more effective than others. For example, audits had not identified where some risk assessments required more information to guide staff. However, staff we spoke with, knew people's needs. We discussed this with the registered manager during the inspection and they told us they would update care plans requiring further detail.
- The provider's audits had not identified where some recruitment files did not contain full employment history. The registered manager told us this would be completed for all staff applications.
- Spot checks and competency checks were carried out regularly on staff in order to ensure they were providing good quality care for people.
- Staff received regular supervisions. Staff confirmed this and we saw evidence of this in records we checked.

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

- A health professional we talked to, was extremely positive about the service. They said, "I have nothing but to be grateful to them [Otang Care]."
- Staff spoke positively about the management of the service. One member of staff said, "One thing about the managers is they always phone you to make sure you are doing the right thing. They do a pretty good job."

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 registered manager was open and honest with us throughout the inspection and keen to learn and improve the quality of the service. They said, "Duty of candour is about being honest, open and transparent. When something goes wrong apologise, accept mistakes."

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

- Surveys were carried out with people and staff to gain their views of the service. Feedback we saw from the reviews was very positive.

Continuous learning and improving care

- Management and care staff received on-going training to ensure their learning, skills and knowledge were current to be able to support people.

Working in partnership with others

- The service worked in partnership with social workers, health professionals and relatives to ensure the service supported people's needs.