Obasan Services Limited

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Inspection report

Platinum House
23 Hinton Road
Bournemouth
Dorset
BH1 2EF

Tel: 01202201780

Date of inspection visit:
02 April 2019
03 April 2019
08 April 2019

Date of publication:
24 May 2019

Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service:
Obasan Services Limited is registered to provide personal care to people living in their own homes. At the time of our inspection the service was providing personal care to eight people.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults and people living with dementia.

Obasan Services Limited office is situated in Bournemouth town centre. It provides support to people living in the Bournemouth and Poole areas.

People's experience of using this service:
- Systems to monitor the quality and safety of the service were inadequate.
- Audits did not cover all areas of service delivery and information was not used to drive changes or improvements.
- The registered provider did not have a good understanding about important legislation which frames care delivery.
- The registered provider had not made improvements identified at the last inspection and there were two continued breaches of the regulations.
- The registered provider did not consistently keep accurate and complete records about the service that people received.
- Risk assessments were not in place to ensure that staff had guidance about how to safely support people.
- Complaints were not formally recorded in line with the providers complaints policy.

Staff received training in some areas, but this did not cover all of people's needs.
- People were positive about the service they received from Obasan Services Limited. Staff knew people well and people were comfortable with staff in their homes.

More information is in the full report below.

Rating at last inspection: Requires Improvement (published 8 October 2018)
The overall rating at this inspection has dropped to Inadequate.

Why we inspected:
This inspection was a scheduled inspection based on the previous rating.

Follow up:
At this inspection the service has been rated 'Inadequate'. Therefore, the service is now in 'Special Measures'. Services in special measures will be kept under review and, if we have not already taken immediate action to propose to cancel the provider's registration of the service, it will be inspected again

within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not, enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our Safe findings below.

Inadequate

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement

Is the service well-led?

The service was not well-led.

Details are in our Well-Led findings below.

Inadequate

Obasan Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide 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 is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults.

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 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 2 April 2019 and ended on 8 April 2019. We visited the office location on 2 and 8 April 2019 to see the manager and office staff; and to review care records and policies and procedures. We visited some people who received support on 3 April 2019 and made telephone calls to staff, people and relatives.

What we did:
Before the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection we spoke with three people who used the service, four members of staff and gathered feedback from two relatives and two professionals who had knowledge of the service.

We looked at a selection of records which included;
- Five people's care records
- Records of accidents and incidents.
- Polices about how the service was run
- Audits and quality assurance reports
- Records of staff training
- Five staff recruitment files
- Medicine Administration Records(MAR)

After the inspection; we requested that three staff files were made available to us for our second day at the office on 8 April 2019. One of these was provided but the registered manager was unable to provide requested information about recruitment checks for the remaining two staff files.

Inadequate

Is the service safe?

Our findings

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management;

● At the last inspection in August 2018 we found shortfalls in the assessment and management of risk. At this inspection at this inspection we found that systems in place did not ensure that people's risks were safely managed.

● People did not have risk assessments which guided staff about how to keep them safe. For one person who was living with diabetes, there was no diabetes care plan or risk assessment available. There was no information available on the signs or symptoms which might indicate that the person was experiencing high or low blood sugar levels which might need medical attention. Another person received support from staff to manage the care of their catheter. There was no information in the care and support plan to guide staff on how to do this safely whilst also reducing any risks of infection.

● Staff did not always know how to manage the risks people faced. One person required support to monitor their blood pressure. Daily notes identified that on one occasion the person became upset because staff visiting had not been trained and were unable to check their blood pressure. Documentation did not advise how often this monitoring needed to be done.

Systems to assess, and manage the risks to people were not effective. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

● At the last inspection in August 2018 we identified shortfalls in the management of medicine. At this inspection, the systems in place did not provide oversight to ensure that people received their medicines safely.

● Medicine Administration Records did not include sufficient information to ensure that people received their medicines as prescribed. For example, there were gaps in recording. It was not clear from the MAR whether people had received their medicine as prescribed on those days.

● The registered manager had carried out audits of medicines but had not identified the issues found at this inspection. Previous audits had identified some areas for improvement but these had not been addressed. For example, an audit for one person's MAR indicated that they had allergies which were not recorded. This was indicated on three subsequent audits but the information about allergies had still not been added.

● Staff had received training in how to administer medicines safely.

Systems in place were not effective and did not ensure safe administration of medicines. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

● At the last inspection on 13 August 2018, the systems in place to learn from incidents and accidents were not fully in use. At this inspection this had not been addressed.

● Accidents and incidents were not always recorded or investigated. This meant that investigations did not always take place to ensure all remedial actions were taken to manage any new or emerging risks and learning was not identified.

The lack of effective systems to monitor and improve the safety of the services provided is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

● At the last inspection on 13 August 2018, we found that recruitment processes were not robust to ensure that appropriate staff were employed to work with people. At this inspection appropriate information had been obtained for the recruitment files we reviewed.

● Daily records for some people indicated that some staff did not have the correct skills to work with vulnerable people and we requested to see the staff recruitment files. The registered manager was unable to provide us with recruitment information for two of the staff. Both staff had worked at Obasan in the last 12 months but no longer worked for the service. This meant that we were unable to determine whether the appropriate checks had been carried out to ensure that staff were suitable for their role.

The failure to ensure that necessary records were maintained is a continued breach or regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risks of abuse by staff who understood the signs to look for and how to report concerns. Staff told us "If they[people] are not themselves, any signs of abuse, I would report these" and I would look for "changes in personality or behaviour".

● People and relatives told us they felt safe with the support they received. One person explained they felt safer knowing the staff would be visiting them regularly. A relative explained how staff supported their loved one safely and told us, "I can't think of one incident concerning safety that has caused concern with any of the carers that have visited my [relative's name]".

Preventing and controlling infection

● Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons and there was an Infection Control policy in place which provided guidance to staff.

- People told us that staff used gloves and aprons to support them.
- Staff had received training in food hygiene to ensure they prepared meals and drinks for people safely.

Requires Improvement

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

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

● At the last inspection on 13 August 2018, we found that care was not delivered within the framework of the MCA. At this inspection we found that this had not been addressed.

● Documentation to support decision-making in line with the MCA was not in place.

● Some people had made legal arrangements such as power of attorney so that decisions could be made on their behalf if required. The registered manager was not consistently aware of these legal powers.

● The registered manager spoke with us about what they would do if they felt someone might lack capacity, their responses were not in line with the framework of the MCA.

● People had provided written consent for the care and support they received. Staff understood the importance of seeking consent at each intervention with people. A staff member told us, "I seek consent from people when I visit them".

● The registered manager told us that everyone who currently received support from Obasan had capacity to make decisions about their care and treatment.

The registered provider had not taken action to improve the quality and safety of the service to ensure care delivery was in line with the framework of the MCA. This failure to assess, monitor and improve the quality of the service is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

● The registered manager completed an assessment of people's care and support needs before care was provided for people. These pre-assessments were used to form the basis for people's care plans and considered what support people required.

● People's preferences were taken into account when visits were planned. Examples included respecting people's choices for male or female staff and providing support at times which suited people.

Staff support: induction, training, skills and experience

● At the last inspection there was a risk that staff who had not been assessed as competent were overseeing the practice of inexperienced staff. The registered manager told us they would address this. At this inspection we found that there were still concerns about whether staff had the correct skills and training to support people.

● Staff did not receive training in topics which reflected the needs of the people they supported. Examples included catheter care, diabetes and pressure area care.

● People told us that new staff visited with familiar staff to introduce them and understand what support they required.

● Staff who were new to care were starting to undertake the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

● Staff were positive about their induction and told us that they spent time shadowing more experienced staff before working alone.

● Staff received training in topics the service considered essential. These included moving and assisting, health and safety and infection control.

● The registered manager was planning to carry out spot checks with staff and had created a document to record this. The registered manager told us that they currently ensured competence of staff through informal observation.

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

● People were supported to make choices about what they ate and drank. We observed a staff member preparing food which the person had chosen. Staff knew how people liked to receive their meals and what drinks people preferred.

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

● Staff ensured that essential information about people was shared if they went into hospital. The registered manager explained that they ensured a copy of the persons care and plan and MAR went with them if they were admitted.

● People had access to healthcare professionals when needed. Examples included GP's and district nurses.

● Feedback from professionals was positive with comments including, "I have found Obasan to be extremely helpful and very caring".

Good

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● Staff treated people with kindness and compassion and people felt comfortable with staff in their homes.

● People and relatives said staff were caring in their approach. Comments included, "the carers have been great with [person's name], they have been very, very good" and "All the carers that have worked with [person's name] have listened and supported with what they have asked them to do and have done so with kindness, politeness and consideration".

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

● People were enabled to make choices about their care and treatment. Examples included decisions about what they wanted to eat or drink and how they wanted to be supported. A member of staff explained, "[Person's name] may change how they want to be supported and we respect that".

● People's decisions about their care were listened to and acted upon. One person explained that they had requested to not be visited by a particular member of staff and this had been respected.

Respecting and promoting people's privacy, dignity and independence
● People were supported with dignity and their privacy was maintained. Examples included wearing shoe covers to protect a person's flooring, entering people's homes in the ways they had chosen and ensuring people had time in privacy when they wished.

● People were encouraged to maintain their independence by staff who understood the importance of enabling people to remain living in their own homes. One person had exercises which had been put into place by a health professional, staff explained how they supported the person to do these.

Requires Improvement

Is the service responsive?

Our findings

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

Requires improvement: People's needs were not always met.

Improving care quality in response to complaints or concerns

● Following the last inspection in August 2018, the provider told us people would be provided with information about how to make a complaint. We found that this was not consistently the case and one of the people we visited had did not have complaints information in their home.

● People told us that they would be confident to complain if they needed to do so.

● We received conflicting information about complaints. The registered manager told us that they had not received any complaints. However, one person told us about a complaint they had made to Obasan and the actions taken. The person was satisfied with the outcome but the complaint had not been formally recorded, investigated or responded to in line with the providers' complaints policy.

The failure to maintain accurate and complete records is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● Staff knew important information about people, their life histories and their care a support needs. However this information was not always available in care plans, and therefore would not be easily accessible to new staff members.

● Staff understood people's communication needs. Information was provided in way that met people's needs.

Inadequate

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

Inadequate: There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

● At the last inspection on 13 August 2018, we found there was insufficient oversight of the quality and safety of the service. At this inspection we found that this continued, and oversight was not effective.

●Following the last inspection, the service was rated Requires Improvement with the key question 'Is the service safe?' rated as Inadequate. We met with the registered provider to share our concerns about the findings from the inspection and reinforcing the importance of meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider submitted an action plan setting out their planned improvements, these improvements were not sufficient and the service remained in breach of regulation.

● Audits were not effective, as action had not always been taken to address the shortfall identified. For example omissions in daily records and medicine records had been highlighted through the audit process, but had not been addressed.

● Some records were incomplete, or lacked sufficient detail about people's needs. Audits of these records had been completed but had not identified these gaps. The registered manager did not have all documents we required at their office and was unable to provide two staff recruitment files during the inspection.

● The registered manager was unable to access some of the electronic records we required during the inspection. These included information about staff training and rotas, some people's care plans and communication with professionals about people's care. We were able to access this information when the office manager was available.

●The registered manager did not have a good understanding of their regulatory responsibility and legal requirements. There were two ongoing breaches regulations identified at our previous inspection. They did not demonstrate a good understanding of important legislation which frames care delivery such as the Mental Capacity Act, The Equality Act and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider had failed to display their last inspection rating on their website as required by the regulations.

● Staff understood their individual roles, however the systems in place to ensure that information about people's care was made available to all staff were not effective.

These shortfalls are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

● The provider failed to improve care and demonstrate continuous learning. Shortfalls identified at the previous inspection had not been addressed.

● The registered provider told us there were planning to improve care plans to include more information about people's needs and preferences.

Working in partnership with others

● The registered manager told us that they had formed a link with another local registered manager and would be working with them to discuss improvements and service delivery.

● The registered manager received updates from the Care Quality Commission but did not have a good understanding about important legislation. This meant that support for people was not planned or delivered in accordance with legal requirements.

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

● At the last inspection in August 2018 we recommended that the provider seek appropriate guidance to ensure protected characteristics detailed in the Equalities Act were reflected in assessment and care planning. This had not been done.

● Documentation did not reflect details about people's protected characteristics and the registered manager did not have a good understanding about how to ensure people did not receive care which discriminated against them because of their age, gender or other protected characteristics.

These shortfalls in assessing, monitoring and improving the quality and safety of the service, and in record keeping are a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People's views about the service had been sought through questionnaires. Four had been returned at the time of inspection and feedback was positive.

● People told us that they felt able to feedback informally to the registered manager when they visited them to provide support.

● Staff felt supported in their roles and told us that someone was always available, including out of office hours, if needed.