

Own Care Ltd

# Own Care LTD

## Inspection report

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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

Own Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care, medicines support, housework and companionship. At the time of inspection, the service provided personal care to four people. The Care Quality Commission (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:

People and relatives were complimentary about how the service operated and told us care workers were caring, kind and respectful. People's privacy, dignity and independence was respected and promoted.

Recruitment checks were carried out prior to care workers being employed by the service. However, there were instances where referee details were limited and there was a lack of evidence to confirm that character references had been verified to check their credibility and authenticity. We have made a recommendation in respect of this.

People felt safe. There were processes in place to safeguard people from abuse. Risks to people's safety were assessed and reviewed. There was guidance for staff to follow to know how to keep people safe from harm. Staff understood their responsibilities and could recognise and report abuse.

Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

People's care needs were assessed and reviewed. Staff completed training to know how to care for people effectively. 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.

Care plans included information about people's interests and important things in their life. Information documented was specific to each person. People received care that was responsive to their needs and preferences.

There were effective systems in place to monitor and improve the quality of the service. The registered manager responded appropriately to drive improvements. Staff told us they were well supported by the registered manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The service was registered with us on 9 November 2021 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

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?

Good ●

The service was not always well-led.

Details are in our well-led findings below.

# Own Care 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 team consisted of one inspector.

#### Service and service type

Own Care Ltd is a domiciliary care agency registered to provide personal care to people in their own homes.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 31 January 2023 and ended on 13 February 2023. We visited the location's office on 31 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager, office manager and director.

We viewed a range of records. We looked at care records for 3 people. We also looked at 3 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with 1 person who received care and 2 people's relatives. We also spoke with 2 care workers. We also obtained feedback from 1 care professional who has had contact with the service.

# 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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- There was a system in place for the recruitment of new staff. Checks were undertaken for each candidate. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK had been completed. References were obtained. However, there were instances where referee details were limited and there was a lack of evidence to confirm that character references had been verified to check their credibility and authenticity.

We recommend the provider seeks further national guidance around the safe recruitment of staff working in Health and Social Care.

- At the time of this inspection, there were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. The registered manager and office manager explained that whilst the service was providing care to a small number of people, they both assisted with people's personal care when the regular care worker was unable to. This ensured that people always knew who was going to provide their care and maintain their continuity of care.
- People and relatives told us the care workers arrived on time and they knew who was coming in advance. They also said that they received care from the same familiar care workers. One person's relative told us, "They [care workers] arrive on the time. There are no problems with timings. They call us if there are any delays. We are happy with timings."
- The registered manager and office staff monitored staff punctuality and attendance through time sheets and regular spot checks. They also had regular review meetings with people and their relatives. Feedback obtained indicated that there were no issues with punctuality and attendance.

### Assessing risk, safety monitoring and management

- People's care plans contained risk assessments that covered their personal and health care needs. Risks to people were identified and managed to help keep people safe. Risk assessments were person centred and included information about the level of risk and clear details of how to minimise the associated risks.
- Staff received training in key areas of potential risk such as moving and handling, basic first aid and health and safety.

### Using medicines safely

- Medicines were managed safely. The service assisted one person with medicines support. This person's medicine support needs were documented in their care plan including the list of medicines prescribed.

- Staff recorded medicine administration on paper medicine administration records (MARs).
- We viewed a sample of MARs and found these were completed indicating that medicines prescribed had been administered appropriately.
- Staff were trained in the safe administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help keep people safe. People felt safe and comfortable in the presence of care workers. One person told us, "The care is good. I feel safe." Relatives we spoke with confirmed this.
- Policies were in place to help keep people safe from abuse. These described what constituted safeguarding and what action should be taken should concerns be raised. Staff completed safeguarding training.
- No safeguarding concerns had been raised since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and how to report any concerns immediately to the local authority and CQC.

Preventing and controlling infection

- Systems were in place for managing and controlling infection, including COVID-19.
- The service ensured an adequate supply of personal protective equipment (PPE) was available to staff. This was confirmed by care workers. We also noted that PPE stock was kept in the office.
- Care workers completed infection control training and had up to date guidance to follow. Induction, training and spot checks on care workers helped to ensure they were following procedures correctly.

Learning lessons when things go wrong.

- There was a system in place to report, record and monitor incidents and accidents to help ensure people were supported safely.
- At the time of the inspection, the registered manager advised that there had been no incidents or accidents since the service started operating. The registered manager assured us that incidents and accident would be investigated appropriately, and actions would be put in place to minimise future occurrences.



# 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 as 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

- People had an initial assessment prior to them receiving care and support from the service. This captured their needs, abilities and their preferences and formed the basis of their care plans. The assessment provided an opportunity to discuss people's needs to help ensure the service could meet these. One person's relative spoke positively about the assessment process and told us, "They did a thorough assessment at the start. There is a care plan in the home. It is a really brilliant care plan. I have seen it."
- Care plans reflected a good understanding of people's individual needs. Staff were able to use care support plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs. The also considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- Staff were aware of people's individual support needs and preferences, which was reflected in people's care and risk management plans and included guidance they were expected to follow.
- The service had a set of policies, processes and procedures in place which were based on relevant legislation, standards and guidance from the government, and other national bodies.
- Daily visit records were in place and detailed how staff had supported people. This enabled the service to monitor people's progress.

Staff support: induction, training, skills and experience

- People were supported by staff who were sufficiently trained and supported. Staff had completed training on essential areas such as safeguarding, equality and diversity and moving and handling. The training was provided by the registered manager and office manager who had the appropriate qualifications to provide the training. The office manager told us, "We provide classroom-based training. This ensures that staff understand the training and helps motivate staff so that they can ask questions and interact and talk to one another during the training."
- Relatives we spoke with told us they were confident that care workers had the appropriate knowledge and skills to care and support people. One relative told us, "They have been trained. They know what they are doing."
- The registered manager and office manager carried out supervision sessions and on-site spot checks. This enabled management to discuss care worker's role, performance and development with them. The office manager explained that this ensured there was open communication between care workers and management and helped manage expectations.
- Staff received support thorough an induction which was based on the Care Certificate. This sets out an agreed set of standards for workers in the social care sector.

- Staff told us that they felt supported and felt able to discuss any concerns or training needs.
- Care workers were not yet due an appraisal at the time of the inspection. The registered manager confirmed that these would be carried out in due course.

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

- We spoke with the registered manager about how the service monitored people's health and nutrition. She explained that care workers did not prepare meals from scratch but instead heated meals for people and assisted with breakfast. The registered manager told us people's families were responsible for preparing meals.
- Care support plans included information about people's dietary needs and requirements, likes, dislikes and allergies.

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

- People's care plans included information about other agencies and professionals involved in people's care and their contact details should staff need to update them on any concerns.
- People were supported with their health needs. Information was available in people's care plans for staff to understand people's health conditions and the support they required to manage these.
- Multi-disciplinary teams of professionals were involved where appropriate to improve people's care and health.

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. 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.

- Appropriate MCA systems were in place. Staff completed training in MCA. Staff understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty.
- Where people lacked capacity to make specific decisions, staff worked with them and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the MCA.
- People were supported to make choices and decisions about their lives. Care records included information about the support people needed.

# 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 received caring and compassionate care from care workers who were respectful. One person said, "The carer is kind and caring – she looks after me well." One relative told us, "Carers are definitely caring and kind." Another relative told us, "The care staff are caring. [My relative] gets on with well with the carers. The care is brilliant."
- People's preferences were documented in their care plans. Care workers were able to use this information to get to know people, build positive relationships and respond to their needs.
- People received support from the same care workers so that the care they received was consistent. One relative told us, "There is consistency. It makes such a difference. This agency never sends a carer we don't know. The consistency they provide makes a big difference – I don't have to worry."
- The service understood the importance of working within the principles of the Equality Act and supported people's diversity in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people were asked questions relating to their protected characteristics before the support commenced.

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

- Details of people's interests and important things in their life was included in their care plans. Information documented was specific to each person and this helped care workers have meaningful conversations with people.
- People and their relatives felt listened to and valued by staff. People had been consulted about their care and support needs. The service involved people and their support network where applicable, in making decisions to ensure their needs were met.
- The registered manager obtained feedback from people and relatives at regular intervals to make sure the care and support they received was continuing to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- The information in people's care plans guided care workers about how to support people to be as independent as possible. This included reference to what people were able to do for themselves and how they liked to be supported within the allocated times.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People's care records were stored securely in the office so only staff could access them.

# 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.

- People received personalised care that met their needs and wishes. Each person was treated as an individual and care was planned around their needs and preferences. Feedback we received from people and relatives indicated that care and support provided was tailored to people's individual needs.
- People's care files included information about their personal histories, what was important to them and how they wished to be supported.
- Where possible, people had choice and control over how their care and support was provided along with the relative's involvement where appropriate.
- Care workers told us management communicated with them regularly about people's changing needs and the support they required. One member of staff told us, "The office communicate with me well especially when there are changes to client's needs. They always keep me updated. Communication here is good."

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.

- Care support plans included some information about how people communicated and how staff should communicate with them.
- The registered manager was aware of the importance of information being as accessible as possible to people. They told us they would make sure information was always provided in a way each person understood, such as in large print or different language.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The registered manager told us that the service had not received any formal complaints since it was registered with the CQC.
- People and relatives told us that they wouldn't hesitate to raise concerns with the registered manager and were confident that they would be listened to. One relative said, "I feel able to raise issues without hesitation. [The registered manager] immediately addresses any issues. This is very important."

End of life care and support

- At the time of the inspection, no one was receiving end of life care from the service.

# 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 good. This meant that the service was well 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

- Feedback obtained about the service was positive. One person and two relatives we spoke with were complimentary about the service and praised the level of care provided. One relative told us, "From my perspective they [the agency] are organised and on the ball. I think they are absolutely brilliant. I am really pleased to have them and hope it continues." Another relative said, "I am very satisfied with the care [my relative] receives. I literally did not know that care could be stress free until we started using Own Care Ltd." One care professional told us, "They [the service] were also prompt and professional in their response to enquiries concerning the care and support of the service user."
- Staff told us they enjoyed working at the service and felt well supported by the registered manager and their colleagues. One care worker said, "The support is great here. They really do support us." Another member of staff told us, "The support I get is very good. Really good."
- Staff demonstrated that they were knowledgeable and had a good understanding of the people they were supporting.
- The registered manager was aware of the incidents they needed to report to us. They understood the need to be open and honest if and when things went wrong.

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

- At the time of the inspection, the service was providing care to a small number of people. The registered manager explained that due to the size of the service they were able to have overall oversight over how the service operated. They had implemented an electronic care management system but were still in the process of making this fully operational. In the meantime, they monitored aspects of the care provided through visual checks and reviewing documents.
- Management had implemented checks and audits since the service had started operating. These included checks on MARs, care plans, daily notes, staff training and punctuality.
- Staff performance was monitored through regular one to one supervision and spot checks. These enabled management to monitor how staff were providing care, their timeliness and professionalism. Staff we spoke with understood their roles and responsibilities, were motivated and had confidence in the registered manager and how the service operated.
- There was evidence that staff meetings took place. These meetings gave staff an opportunity to share ideas and discuss updates and important information.
- People and relatives spoke positively about the registered manager. They said that the registered

manager was approachable and helpful. One relative said, "The manager is very helpful and listens. She steps in when she needs to. She goes over and above 100% and she responds immediately. She is always available."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through regular telephone calls, questionnaires and reviews. Relatives we spoke with told us they would not hesitate to raise any concerns with management and felt comfortable to do this. One relative said, "I always raise issues - even minor issues. We have a good relationship. I can call them anytime. They do respond. I don't hesitate to raise anything. I want [my relative] to be happy."
- The registered manager told us that they wouldn't hesitate to communicate and work in partnership with external parties where appropriate.

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 understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.