

## Oswestry Care Limited

# Oswestry Care Limited

### Inspection report

26 Church Street  
Oswestry  
Shropshire  
SY11 2SP  
Tel: 01691 671798  
Website:

Date of inspection visit: 25 November 2015  
Date of publication: 23/12/2015

### 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 

### Overall summary

The inspection was carried out on 25 November 2015 and was announced.

Oswestry Care Limited is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 75 people. The frequency of visits ranged from one visit per week to five visits per day.

There was a registered manager in post who was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe and comfortable with the care and supported provided by staff. Staff knew how to keep people safe from harm and abuse and who to report any concerns to. The provider ensured that there were sufficient staff to meet people’s needs. They completed relevant checks to make sure staff were suitable to work with people who used the service.

# Summary of findings

Staff knew what action to take in the event of an accident and incident. They would seek medical attention if required and report the incident to the office.

People received support from staff who were skilled and knowledgeable about their role. Staff received regular supervision and felt well supported by management and office staff. Staff felt that they could approach the management at any time for guidance and support.

Staff sought people's consent before supporting them and respected their wishes when they declined support. Where people had difficulty communicating their needs verbally, staff would look at their body language to establish their wishes or write things down for people.

People received support with food and drink where required. Staff supported people to access health care professionals as and when needed.

People were positive about the support they received. They told us they received support from staff who were patient, kind and helpful. People were treated with dignity and respect. Staff promoted people's independence.

People were involved in decisions about their care and given choice about how they wanted things done. The service was responsive and changes were made on request.

People were actively encouraged to give feedback on the service. The provider had systems in place to deal with complaints in order to improve the service.

The service had a positive working culture which promoted open communication. People, relatives and staff found the management friendly and approachable.

# Summary of findings

## 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 safe.

Good



People felt safe with the care and support provided by staff. They were reassured knowing which staff would attend and that they would be contacted if staff were going to be late. Staff were aware how to keep people safe from harm and abuse. Staff had received training in the safe management of medicine and would report any concerns or errors to the relevant health professionals.

### Is the service effective?

The service was effective.

Good



People received support from staff who had the training and knowledge to meet their needs. People were involved in decisions about their care and Staff sought their consent before supporting them. People were supported to see health care professionals as required.

### Is the service caring?

The service was caring.

Good



People found staff patient, kind and helpful. People were encouraged to make decisions about how they wanted their care to be delivered. People were treated with dignity and respect and staff supported them to remain as independent as possible

### Is the service responsive?

The service was responsive.

Good



People benefitted from a flexible service where they could ask and receive changes to how their support was provided. People's needs were regularly reviewed. People and relatives felt confident and able to raise any concerns or complaints.

### Is the service well-led?

The service was well led.

Good



People, relatives and staff were positive about the culture of the service. They found they could approach the management at any time and that their views were listened to and acted upon. People were encouraged to give feedback on the service in order to improve the service.

# Oswestry Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 November 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We also reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with eight people who used the service and five relatives. We received feedback from two health care professionals who had contact with the service. We spoke with seven staff which included the registered manager, a director and care staff. We viewed six records which related to assessment of needs, risks and consent. We also viewed other records which related to management of the service such as complaints, accidents and recruitment records.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and appreciated that they were usually visited by the same staff. One person said, “I’ve usually got the same staff”. This was reflected by a relative who said, “They usually get the same staff and they get on very well”. Another relative that we spoke with felt that staff took necessary action to keep people safe, they said, “They are all sensible staff that come in”. The provider had an electronic call monitoring system in place where staff logged in when they arrived at a person’s property and then logged out at the end of the call. The system alerted the office or ‘out of hours’ service if a call had been missed and they were able to arrange alternative staff. The registered manager and office staff often completed care calls and were able to step in and cover staff absence. The provider told us that they had a four wheel vehicle which they would use to reach people in inclement weather

People who we spoke with told us they knew to contact the provider or other agencies should they have any concerns or worries. All the staff we spoke with had a good understanding of how to keep people safe from harm or abuse. They were able to tell us the different signs of abuse to look out for and who they would report their concerns to. The registered manager demonstrated that they had a clear understanding of their responsibilities. They had made two safeguarding referrals in the last 12 months. We saw that they had taken appropriate action to report and manage the concerns raised.

People received support when they needed it. They said that staff timekeeping was good and that they were rarely late. People told us that staff did what they were supposed to do during their visits. One person said, “I’m perfectly happy with the service. I’m enjoying it. The staff are good and I’m getting the help that I need”. A relative told us, “They [Staff] do the work that is required of them in the time they have got”. The registered manager ensured that they had sufficient staff to meet the needs of people using the service and would not take on more work unless they had the capacity. Staff told us that the provider completed

checks to ensure that they were suitable to work with the people before they started. These included checks with the disclosure and barring service and references from previous employers. Records that we saw confirmed this.

People were involved in determining the level of care and support they required to minimise the risk to their health and wellbeing. One person explained that following an illness the provider worked with them to regain their independence. The provider gradually reduced their support as their confidence grew. A health care professional who supported the service told us that they found staff more than willing to follow the instructions they gave them to ensure that people were supported safely and comfortably. Staff were able to tell us about the level of support people required and they would report any changes to their seniors in order for them to assess their needs and risks. We saw that the provider completed, monitored and reviewed risks associated with people’s needs and their environment on a regular basis. Staff told us that if they found that a person had suffered a fall or accident they would assess the situation, seek medical assistance if necessary and call the office to report the incident. The registered manager told us and we saw that they kept a record of accidents on their electronic call monitoring system. They monitored the frequency of accidents and took action to reduce occurrence. For example they had recognised one person has suffered increased falls and with the person’s permission arranged a visit to the doctor. This resulted in a referral to an occupational therapist who put equipment in place to reduce the risk of further falls.

Staff we spoke with had received training to ensure safe management of medicine and told us that senior staff completed spot checks to monitor their competency. Staff told us they were only able to dispense medication from blister packs or dossett boxes. Where people’s medicine needed to be changed these were promptly arranged with the pharmacist or family. This was confirmed by the registered manager and the provider. We viewed medication administration records and found that these had been completed correctly in line with their medication policy. Staff told us that they would not hesitate to report any medicine errors or any concerns they had about people’s medicines.

# Is the service effective?

## Our findings

People we spoke with told us that they were supported by staff who were skilled and able to meet their needs. One person said, “They [Staff] are very good. They have the right skills and knowledge”. Another person said, “I’m quite happy with the care they [Staff] provide”. A relative told us how staff were able to meet their family member’s specific needs they said, “They [staff] provide [Person name] with particular attention and they get on very well”. Staff we spoke with were provided opportunities to develop their skills and knowledge and had completed various training courses. They told us that the training built their confidence and made them more aware of people’s conditions and how to support them. Two staff found the training in how to use equipment to move people very helpful as they often supported people who had difficulty mobilising. Staff told us that they received a structured induction before they started working with people. This included training sessions in the office such as first aid, health and safety and infection control. They then worked alongside more experienced staff until they became confident and able to work independently.

Staff felt well supported by management. They said that they received regular supervision where they discussed things that were working well as well as things that were not. They were able to discuss their training and support needs and felt that they were listened to. Staff told us they were supported by an ‘Out of hours’ service and could gain support anytime of the day or night. Staff told us that management frequently observed their practice through unannounced spot checks. They would receive feedback and where required additional training and support to ensure they were competent in their role. One staff member told us they felt that management were firm but fair in their approach.

People told us that staff asked their consent before supporting them. One person said, “They talk to me and involve me”. Another person said, “I can talk to them [Staff]. They are very good and the care is excellent”. Staff had a

basic understanding of the MCA in terms of gaining people’s consent to support them. They would tell people what they needed to do and ask them how they would like things done. Staff were clear that people had the right to choose what they wanted to do and that they could not force anyone to do something they did not want to do. Where there were concerns about people’s ability to make their own decisions about their care the provider worked with partner agencies to make decisions in their best interest. They also asked relatives for proof of legal documents which confirmed their ability to make decisions on people’s behalf. The registered manager and provider told us they did not conduct mental capacity assessments on people. They had identified this shortfall in service during a CQC conference which they attended earlier in the month. They agreed to source guidance and implement MCA assessments where needed.

People were provided with support to prepare meals and drinks where required. One relative said, “They [Staff] provide meals as required”. They felt this worked well for their family member. Where staff had concerns regarding people’s nutrition they told us that they put food and fluid charts in place to monitor and ensure that people had enough to eat and drink. Staff were also aware of people’s dietary needs such as people who required a diabetic diet or required a soft diet. Staff told us if people were unable to get themselves drinks in between care visits that they would ensure that drinks were left where they could reach them.

People we spoke with were confident that staff would support them to see health care professionals as required. One person told us that staff had helped them sort an issue with their doctor. One relative felt that staff would contact health care professionals as appropriate. They said, “They [Staff] have telephoned up to get advice”. They went on to tell us that the staff always kept them informed of any developments. A health care professional we spoke with told us that the provider was good at approaching the right service when presented with an issue and would always keep them informed.

# Is the service caring?

## Our findings

People we spoke with told us that staff treated them with kindness and consideration. One person said, “They [Staff] look after me and clean me up well. They are always happy and cheerful and we can have a conversation”. People found that staff were friendly and easy to talk to. One person said, “We have a chat and talk about current affairs”. Another person said, “They [Staff] always ask me how I am and we have a chat”. One relative said, “The care is excellent. They are all very nice and helpful and we’re very happy with them”. Another relative told us, “They [Staff] chat about football which they love, and they see [Staff name] as a friend”. A health care professional we spoke with felt that the provider knew the people well and had good relationships with them.

People were involved in decisions about their care and treatment and said staff always checked things out with them before supporting them. One person said, “I can talk to them. They are very good and the care is excellent”. Another person told us that staff were patient and went through everything with them. Relatives felt that they were involved in decisions where appropriate and this worked well. One relative said, “We could not do without them”. Staff we spoke with told us it was important to get to know people and what their preferences were. Staff recognised that everyone was different and had their own way of how they wanted things to be done and they respected this. Staff were also aware of people’s cultural needs and how they should provide support to meet these needs. Where staff had difficulty communicating verbally with people they would look for other ways of communicating. One staff member told us about a person who would write down what they wanted. Other staff told us they would look at

people’s body language or gestures they might make to make their wishes known. We saw that staff had access to detailed care plans which recorded people’s preferences for care delivery.

People felt that staff listened to them and treated them with dignity and respect. One person said, “It’s the way they do things”. One relative told us, “They [Staff] shut the doors and curtains”. Another relative said, “[Staff] member makes sure there are towels out and that the room is warm”. One health care professional said, “All the staff I have met have been caring and have shown respect to people, and have striven to ensure they preserve dignity wherever possible”. Staff told us they were always mindful that they were visitors in people’s homes and respected people and their property. Staff said they ensured that they promoted people’s dignity by keeping doors and curtains shut when providing personal care. Staff also said that they would never talk about other people who used the service in front of people.

People told us that the support they received enabled them to live as independently as possible. One person said, “The care has been working towards me regaining my independence.” This was confirmed by a relative who told us, “They [Staff] are a great help. They encourage them to do things themselves”. Another relative said, “They [Staff] respect their independence”. Staff told us they were keen to maintain people’s independence and would always encourage people to do as much as possible for themselves.

Staff spoke fondly of people and were proud to enable people to live in their own homes. One staff member said, “I love the job, I love what I do”. Another staff member said, “I like to care for the people and keep them at home for as long as possible”.



# Is the service responsive?

## Our findings

People we spoke with told us they were involved in planning and reviewing their care and support. They were happy with their care and how it was provided. One person said, “It’s been very good all along”. Another person said, “Every time I go into the office, they [Staff] ask me how things are going”. Relatives we spoke with praised the support people received. One relative said, “It couldn’t be bettered”. Another relative told us, “It’s excellent”.

People told us they found the service flexible and had a choice of who supported them. If they wanted a change to staff who supported them this would be arranged. One person said, “I asked for a female staff member and this was accommodated”. A professional who worked with the service found that the provider would always try to accommodate requests for support and would often provide care at short notice. They went on to tell us that when there were any ‘teething problems’ the provider was always happy to meet with people and where appropriate their family to sort these out.

People told us staff were aware of their needs and the support they needed. One person told us that they were working with staff to determine the level of support they required as their situation improved. They said, “It’s very

good and the care is being reduced as I regain my confidence” Staff told us that each person had a care plan which they were able to refer to get to know their needs. If there were any changes in people’s needs staff said the office would alert them either in person or by text messages. Likewise if staff identified a change in a person needs they said they would notify the office who would update the person’s care records. We saw that the provider’s call monitoring system logged any contact and or changes in people’s needs and what action had been taken to address the changes. A healthcare professional told us that a senior staff member would accompany them to a visit people wherever possible. They were confident that any information or guidance they issued would be provided to staff in a timely manner.

People we spoke with said they had a positive relationship with the provider. One person said, “We are on first name terms”. People told us they had not had cause to complain but they and their relatives felt confident and able to raise any concerns should they arise. One relative said, “If I ever have an issue, I’ll ring them up”. We saw that the provider had a complaints process and that this formed part of people’s information booklet that people were given when they started receiving a service. The registered manager told us they had not received any formal complaints as they dealt with any issues as they arose.



# Is the service well-led?

## Our findings

People and their relatives were positive about the service they received. They told us that the management and the staff were friendly and approachable and that they could contact them at any time. One person said, “It seems a very happy family. They all work along together”. Another person said, “They are very nice and I’ve had not complaints at all”. A relative said, “They’re alright. In what little contact I’ve had, they work co-operatively”. Another relative told us, “It’s a good service the potential to be outstanding”. The provider’s open and flexible approach was confirmed by a health care professional who said, “I have found the agency to be well led, responsive to and understanding of people’s needs, and flexible in their approach”.

The registered manager and provider told us they aimed to deliver good quality care that allowed people to remain in their own homes for as long as they were able. They worked with partner agencies to ensure people’s needs were met. This was confirmed by a health care professional who said, “The senior carer and management team do not hesitate to contact me if they feel my input is needed and I feel we have an excellent working relationship”. The registered manager and provider told us they would only take on more work when they had the capacity to do so. They would not take on any new care packages which could have a negative impact on people already receiving a service. This was confirmed by another health care professional who said, “They will not take on too much, and will refuse when they have no other option”. The registered manager told us they found getting an accurate picture of people’s needs while they were in hospital was difficult. Therefore they would complete a follow up visit on discharge to ensure they had an accurate account of people’s needs and the support they required. There was a clear management structure in place where the provider would step in when the registered manager was unavailable.

People told us that communication with the provider was good and that they felt that management listened to them. One person said, “They’re [Staff] doing very well as far as I’m concerned”. One relative said, “They [staff] are always at

the end of a phone”. Another relative said, “If I don’t get to speak to them immediately, they will always ring back”. People felt that staff were aware of their preferences and provided care and support that was respectful of their wishes. Staff we spoke with also found the registered manager and provider approachable. They said that they frequently went into the office and felt they could ask for support with both work and personal matters whenever needed. Staff told us that they were asked for the opinions on people’s needs and if any improvements could be made. They felt that their opinions were listened to and this made them feel valued. One staff member told us they had requested equipment to be fitted for a person to shower safely and that management arranged for this to be done.

People and their relatives told us the provider asked for their views on the service. They felt comfortable and able to put forward suggestions to improve the service. One person told us that “I’d recommend the service”, Another person said, “I’m very happy with them [Staff] and would recommend the service”. We saw that the provider completed an annual quality assurance questionnaire to gather people’s views on the quality of the service provided. We found that the majority of feedback was positive. One person said, “The staff are all so kind and helpful. I couldn’t wish for any better care”. Another person said, “The service has made such a difference and helped me so much”. Where people had raised concerns we saw that these had been responded to appropriately to improve the service. These included changes to people’s call times, change of staff and discussion with staff regarding their dress code. We also saw records of quality monitoring reviews where people were asked about the individual support they received as well as staff approach. The registered manager and provider told us that if any issues were raised during these review meetings they would take immediate action to resolve them. The registered manager told us they monitored staff practice via unannounced spot checks and by working alongside workers. These visits provided the opportunity to give staff feedback on their practice and identify any training needs. Staff told us they found these checks beneficial as they were also asked for feedback on the service. We saw that records of spot checks were kept on staff records.