

Possibilities North East Limited

Office NE

Inspection report

1 Holmlands Park
Chester Le Street
County Durham
DH3 3PJ

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13 April 2021
29 April 2021

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12 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Office NE is a domiciliary care service which provides personal care to people living in their own homes. At the time of our inspection six people were using the service. The provider and the registered manager are the same person.

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

The provider had not carried out sufficient and robust checks on staff before they began to work with people. The provider did not always ensure staff had the correct training to meet people's needs. The policies in the service needed to be improved. They did not always accurately reflect how the service was run.

People were happy with the service they received and told us staff arrived on time and stayed for the required amount of time to support them. One person said they did not feel "rushed". Sufficient numbers of staff were employed in the service to meet people's needs.

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.

Staff were confident in reporting safeguarding concerns to their line manager. They said they had more than enough personal protective equipment to reduce the risk of spreading infection between people they supported. The provider said they had learned lessons from starting the service.

The provider had begun to carry out checks on staff practices and sought feedback from people and their relatives.

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 24 July 2020 and this is the first inspection.

We carried out a targeted inspection to monitor the progress of the service. We inspected and found there were concerns with recruitment and training, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to regulation 19 (Fit and Proper Persons Employed) and regulation 17 (Good Governance). The breaches concerned the recruitment and training of staff and the accuracy of documents held by the service. We served a warning notice on the provider and asked them to make improvements within a specified timescale.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Office NE

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.

This inspection began as a targeted inspection to check on the progress on the service and was widened to a focused inspection.

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The registered manager was also the provider and they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the service was registered. We sought feedback from professionals who work with the service. We used this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the provider who is also the registered manager, the deputy manager and care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at seven 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures. We spoke with two professionals who had referred people to 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 for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment had not been undertaken in a robust manner. References had not been obtained from the previous employers for staff working in the service.
- There was insufficient checking of employment dates on staff application forms. Dates of employment on application forms did not always correspond with information in references.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment was effectively managed. This placed people at risk of potential harm. This was a breach of regulation 19 (Fit and Proper Person's Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment checks other than references had been carried out.
- There were enough staff employed in the service to meet people's needs.

Assessing risk, safety monitoring and management

- People's personal risks had been identified by staff and steps had been taken to reduce the risks of falls and injuries.
- Each member of staff had their own personal risk assessment in place. The staff risk assessments showed issues such as lone working had been addressed.

Using medicines safely

- Staff administered medicines in a safe manner.
- People's medicines were appropriately documented to assist care staff understand the medicines they were administering. There were no gaps in the administration charts.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse by staff who were confident in their safeguarding practice. They felt able to refer any concerns to their line management.
- The provider had a safeguarding policy in place which guided staff to the different types of abuse and provided contact information to report concerns to other professionals.
- People told us they felt safe using the service. One person told us they felt very safe when staff had needed to use equipment to help them move.

Preventing and controlling infection

- Personal Protective Equipment (PPE) was regularly delivered to staff.
 - Staff confirmed they had more than enough supplies of PPE to reduce the risk of transmitting COVID-19.
- The provider confirmed staff had been tested for COVID-19 on a regular basis.

Learning lessons when things go wrong

- The provider had reflected on issues of what worked well and what could be improved.

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 as 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

- Recruitment and training information did not demonstrate the provider was meeting legal requirements.
- Staff training had not been provided by the service. The provider relied on staff training certificates obtained during previous employment. Not all staff members had supplied their certificates to demonstrate they had undertaken training relevant to their role.
- Clarity about roles and responsibilities was lacking in the provider's policies. The policies included roles and processes which did not correspond with the current structure of the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was well-led. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider demonstrated they had begun to allocate training to staff and seek employer references retrospectively.
- Checks had been carried out on staff to measure their performance. For example, the provider had carried out assessments on the use of PPE.
- Staff understood to whom they were accountable.
- The provider carried out quality checks on staff practices and audited care records.

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

- There was a person-centred culture at the service. People's care was provided by the same consistent group of care staff. Staff got to know people well and how they liked their care to be managed. Daily records of care showed staff knew what was required to meet people's needs.
- Staff told us they felt the culture of the service was good. They reported feeling comfortable working in the service and were able to approach their managers with confidence. One member felt the service was consistent and said, "Staff get their breaks and rotas are the same each week."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There were no circumstances found during this inspection where the provider needed to act on the duty of

candour. The provider understood the need to be open and honest with people if things went wrong.

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

- People were involved in assessing their needs and contributing to their care plans.
- The provider had asked people and their relatives to review the service through the use of a survey. The comments received were all positive.

Continuous learning and improving care

- The provider was aware of the need to look at continuous improvements. They had monitored staff calls to people to obtain maximum efficiency.
- During the inspection the provider was looking into the use of on-line care plans to improve staff access to up-to-date records. Following the inspection they confirmed they had begun to trial the system.

Working in partnership with others

- Professionals reported good partnership working with the service. One professional said, "The communication is good."
- Information had been gathered by the service to enable staff to contact other professionals when people required additional support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures had not been established and operated effectively to ensure staff were suitable to be employed in the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to maintain securely an accurate, complete and contemporaneous record in respect of staff employed in the service.

The enforcement action we took:

We served a warning notice on the provider.