

OAM Group of Companies Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

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, and to provide a rating for the service under the Care Act 2014.

OAM Group of Companies Limited provides personal care to people living in their home. At the time of our inspection there were 10 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The service had many aspects of safe care and people using the service told us how safe they felt with staff. People gave examples of how staff were their 'eyes' in their home as they relied on them to guide them to safety. Staff had received safeguarding training and knew the correct procedure to follow should they have

Summary of findings

concerns about abuse. However the service had not reported safeguarding matters to us where they should have done. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Staff did not always receive effective support from the service, as supervisions and appraisals were not being carried out in line with the service policy consistently. We have told the provider to make improvements in this area.

People at the service were given effective support when the care package started and throughout as they were always asked what they wanted from their care. Staff knew people's likes and dislikes and health needs well, as they told us about them. We also saw through the process of call monitoring that people were asked if the care they received still met their needs or needed to be changed in any way.

The service had a caring nature and this was seen from the positive feedback they received during call monitoring. People using the service also told us how helpful staff were and that they never felt that staff had to 'rush off' to their next call.

The quality checking procedures needed improvement as did the visibility of the registered manager. People told us they never had an issue in contacting a manager at the service and that their concerns were acknowledged promptly. However some staff we spoke to did not know who the registered manager was or had never seen them. The service conducted call monitoring and spot checks but they did not carry out good quality assurance. The service was not following their own policy to ensure people completed a survey, management meetings did not take place and supervision was not happening within the defined timescales. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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 people we spoke to told us they felt safe. Staff were trained regularly in the safeguarding of vulnerable adults and they explained to us the importance of protecting people from harm. The service took any allegation of safeguarding seriously and investigated it internally immediately. However they did not inform the Care Quality Commission or the local authority of safeguarding matters in line with their policy.

Understanding of the Mental Capacity Act 2005 was lacking even though the service sent staff on training in this area. This meant there was a risk that people would not be supported to make decisions appropriately.

Requires Improvement



Is the service effective?

The service was effective. People were involved in planning their own care. People said they were helped to be independent in their lives and this was clearly stated in people's care plans.

However the service did not ensure staff received effective support as supervision and appraisals had not been completed in three of the seven files.

Good



Is the service caring?

The service was caring. People said their carer was kind and compassionate. Staff respected people's homes, cultural needs and respected people's privacy and dignity when delivering personal care. Staff understood how important it was to spend time with people sometimes just to talk to them.

Good



Is the service responsive?

The service was responsive. People received care from staff that knew their preferences and took the time to observe any changes in people's health needs. Care plans made it very clear what staff were expected to do and staff asked people at each visit if what they were doing was acceptable. This helped to ensure care was responding to people's needs.

Good



Is the service well-led?

The service was not always well led. People using the service thought that the service was very helpful and that the manager was easily accessible. Some staff did not know who the registered manager was but were able to speak to the deputy when they had concerns. Staff received some quality checking through call monitoring to people for feedback but other methods as required in the service policy were not used. For example there were no team meetings held between management and no documented staff meetings.

Requires Improvement



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Detailed findings

Background to this inspection

We gave the service 48 hours' notice and carried out the inspection on the 17 July 2014.

The inspection team consisted of an inspector and an Expert by Experience (Ex by Ex). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service, which included the provider information

return and notifications made to the Care Quality Commission. A provider information return provides key information about how the service is meeting the five key questions we always inspect against.

We reviewed three care plans in detail, communication records, policies the service held, staff rotas and seven staff personnel files.

We spoke to five people who used the service, including relatives, and to the deputy manager and three care staff.

Is the service safe?

Our findings

The five people we spoke with told us they all felt safe with the care from OAM Group Of Companies Limited. They said this was because they said they trusted their staff. However we did identify a breach in Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service acknowledged and recorded safeguarding issues when they were brought to their attention and investigated them. One of the two issues had been resolved and the outcome communicated to all parties. However we found that the two safeguarding issues we reviewed had not been reported to the CQC and they had not informed the local authority. This was a breach of Regulation 18 and the action we have asked the provider to take can be found at the back of this report.

We spoke to people who had a visual impairment, and they told us they felt safe. They said staff always made sure their home environment was safe for them to live in. They had arranged for the carer to check their bedding was safe, as previously it had become mouldy. Another person said, “the carer gives me her eyes so I know what is to the left or right of me.”

Relatives told us they thought their family members were safe at the service because the carers were conscientious and caring and they were not worrying about leaving them with care staff.

People were seen by the same carer, which maintained continuity for people, and staff we spoke to said they saw the same person. This helped build a trusting relationship. The deputy manager said they used the same agency for extra staff, and this also maintained continuity for people as people saw someone they recognised. Only one person said a carer had been late but this had happened only once and they told us they were happy as the carer had called to inform they would be late and the reason why. We looked at the staff rota which was fixed and where cover had to be arranged we saw that it was recorded and arranged in advance.

We saw evidence that staff received safeguarding training and this was refreshed every year. Staff we spoke to knew what constituted abuse and said they would report any concern they had to the office, who would then contact the local authority, Police or the Care Quality Commission (CQC). Records confirmed this was the case. Staff gave

further assurances to say if they thought the service was not responding to a concern raised about someone, they would whistle blow by contacting the police or the CQC themselves.

We found that people were kept safe at the service as staff were very proactive in reporting any concerns they saw. Staff said to us “If I notice anything different about my client I will record it” and “I will always inform the office.” A staff member told us how they had contacted the office and then the Police as they had been concerned for someone’s welfare. This action confirmed the procedure staff had been told to follow where there were concerns about a vulnerable person in the community.

Staff held keys to gain entry to some people’s homes as the people were not able to open to door for staff themselves. To ensure security at the service a ‘key holding form’ was on people’s file to confirm which staff member had access to people’s key to protect people from unauthorised entry. Staff told us that they would reassure people who may not remember they were receiving care by calling them and showing their identification at the window so that people knew the staff member was from the service.

The deputy manager of the service explained how everyone received a full assessment of needs with the aim of ensuring they provided safe and appropriate care. This involved assessing people’s environment where care would be given and carrying out individual risk assessments. For example staff had to ensure they always checked the water temperature before and during a shower to ensure people were not at risk of being burnt.

After the assessment had been completed and a carer allocated we saw that people received a call from the service to see how the care was progressing. This was another safety check to monitor the care staff.

The service followed safe recruitment practices. We saw evidence that staff went through a disclosure and barring check to ensure they were able to work with vulnerable adults and the service ensured that staff were appropriately qualified and provided references from previous employers.

The staff we spoke to were aware of their responsibilities for minimising infection. Staff received training in infection control and the service provided protective equipment for staff to use, which included gloves and aprons.

Is the service safe?

The deputy manager told us that medicine was administered by relatives. However carers were there to provide support for people to ensure medicine had been taken. The service trained staff in the safe administration of medicine.

The deputy manager did not demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and two out of the three care staff we spoke to could not explain clearly that they fully understood the MCA, and the service had sent staff on training. Improvements were required in this area.

Is the service effective?

Our findings

People using the service and their relatives all thought staff had the right skills and experience to support and care for them effectively. Staff were given mandatory training in health and safety, infection control, safeguarding, basic food and hygiene, moving and handling, first aid and the role of a care worker. Records showed his training was all up to date. Staff had extensive experience in care with some working in care for ten years. We saw evidence of qualifications in staff files and staff were able to demonstrate they had gained additional skills to be able to work with people at the service. For example some staff had taken specific courses on how to manage diabetes and inserting a catheter.

We viewed seven staff files and of those three staff had not received an appraisal or any supervision as per the service policy. According to the service policy, appraisals should occur yearly and supervision every month for each staff member and a record kept. However, some staff were not being supported to assess their practice through supervision and appraisal, to ensure it was effective. Improvements were required in this area.

We looked at three care plans and saw that each person had been introduced to the service and given information explaining the service through an introduction letter and information leaflet.

People were given a full needs assessment at the start of the care package. This was reviewed a month later to check if anything needed to be changed. A member of staff explained where people requested a change in the time their care started, this was arranged by the service.

The service encouraged people to choose what they wanted from their care package and we found evidence to confirm that people were helped to be as independent as they could be. This was shown by asking what they liked to do in the community or around their home. The service then ensured that people continued to do tasks they were able to.

Staff worked with people and their relatives to make sure care was specific to them and not generalised. For example, we saw that people were asked what they wanted to achieve and people had recorded “to be more independent”, “increased choice and control.” The service enabled this by helping some people attend day centres and supporting people to choose what they wanted to wear themselves.

People told us and records showed people were involved in the design of their care package and that it met their needs. People were asked what skills they wanted in a carer and their preference of carer, which included ‘carer must be able to promote independence.’ One carer said, “I help by washing some body parts but give verbal instructions so people can do it themselves.”

People had morning and evening routines that had been decided by them and care staff followed these. Staff we spoke to were knowledgeable about routines and could tell us how people liked to receive care. One person told us how they were supported by their carer to regularly go through the food in their fridge to make sure nothing was out of date. The person said, “They help me to be as independent as I can be.”

People told us they were given food that they liked and wanted to eat. The people who were supported with meals indicated that the food provided was of their choosing and liking. One person said, “I tell them what I’d like and they make it for me.” Whilst there was no one with a special diet at the service, the service ensured that people with diabetes were supported to maintain their health. Evidence in care plans showed that staff were informed of this and we saw information saying ‘please do not add sugar to tea’ and ‘do not give anything that could increase sugar levels’.

The people we spoke to told us they did not require support from the service to attend appointments with health professionals or access to health care service. However one person said to us “I’m sure I would be supported if it was required.”

Is the service caring?

Our findings

We spoke to three people using the service and two relatives. All the people we spoke to told us that the care staff were kind and compassionate. People said that carers did not rush off and spent time with them this was evident from people telling us that, “I never feel rushed by the carers” and “They are kind and patient.”

We saw in care plans people’s care was very personalised. People were asked what they wanted to achieve from their care and the type of help they expected from their care. People’s families were involved where they were available to offer their information and advice and commented on how friendly staff were when they came to give care. Staff were encouraged and had a reminder in people’s care plan to always ask them what their preferences were for food or how they could give support and that they must always treat people with dignity and respect. One staff member said they always listened to what people wanted from them and they were there to help people and give them their best.

All the people we spoke to said that staff respected their privacy and dignity. For example one person said, “They talk to me nice” and another person said, “They respect the fact that I’m blind.”

One person told us that the care was flexible if they needed to change things and they [the staff] were ‘kind and compassionate to the max’. Another person said, “I’ve got quite nice carers.”

The service ensured they had staff who were able to speak people’s language so that they knew what people wanted and also understood people’s cultural needs. As part of the care planning process people were asked what their language preference was so that they could be understood.

The service asked people for their views and how they thought the carers treated them through call monitoring. We saw evidence that this took place regularly and people gave positive feedback about their carers. Some people said “She respects me and my culture”, “I now feel confident, fresh and independent.”

Is the service responsive?

Our findings

The deputy manager told us that people's needs were regularly reviewed. We saw that an initial review took place after the care started and people were asked during call monitoring if their care package was going well and if anything needed to be changed. Within those responses people had said they were happy with how things were. We asked people about any other formal reviews and most of the people we spoke to weren't sure about whether this had happened. On files we saw that people's needs were reviewed. Only one person we spoke to mentioned having had a review in the last twelve months.

People's needs were assessed by the registered manager. We looked at three support plans and each person had a full assessment which included mobility, nutrition and hydration, manual handling, security and psychological state.

Care was clearly documented within people's support plan, so that staff knew what to do. Staff we spoke to were knowledgeable about people's health needs and were able to tell us how people liked things done at their home. People and their relatives were able to direct staff in how they wanted their support to be provided.

We saw in one support plan where someone had a visual impairment it said they would listen to staff however in the support plan there was a section where Braille documents may also be needed but had been marked as 'not applicable'. While this person could communicate verbally with staff it was not clear why Braille documents were not also needed or if the person had refused them. Improvements were needed in this area to ensure people were getting documents in a format that they understood.

People's preferences were documented and people were always encouraged to say what they wanted and staff were

there to ensure people got personalised care. People were asked for their preference for a male or female carer when they received personal care. The service also tried to provide carers who could speak people's first language.

Staff at the service recognised that people may be lonely but ensured they interacted with people to ask how they were at each visit. One staff member said, "I go there and talk to [person] and they like it as once I go they have nobody else to talk to."

The deputy manager told us that support plans were personalised and outcome focused. We saw that there were sections titled "what I want from my care, important things to know about me and conditions that affect me." Within these areas people had said they wanted to feel 'cared for', 'maintain personal hygiene' and 'interact with people and go out for shopping.' We found that people were always asked whether their preferences were being met by the service, by staff at each visit and during call monitoring and spot checks. This helped the service understand whether people were listened to and care was responsive to their needs.

Before care was given people were asked for their consent. We saw evidence of this in support plans, when people agreed to the service providing care. Staff told us they always asked people if they were happy with what they were about to do next in their care. People we spoke to told us staff checked things out with them before providing care. One person said, "They will always ask me before making me a drink."

People who used the service were encouraged to raise their concerns or complaints and we saw that the service responded to every complaint that was received according to their agreed policy. The deputy manager showed us evidence of complaints that had been logged and concluded.

Is the service well-led?

Our findings

We asked about the quality checking procedures used at the service and the deputy manager advised they mainly asked people for their feedback through call monitoring and spot checks. Call monitoring was carried out regularly and feedback given by people was listened to and acted on. We read positive comments from people and they had said “[carer] is doing a great job.” “[Carer] does things properly.”

The deputy manager told us that staff were required to return people’s log books for auditing at the office. However we did not see any record that this was done as an additional quality check.

We reviewed the policy regarding monitoring quality of the service and found they were not performing many of their other required checks. The service was not completing an annual survey with people who used the service, did not appraise staff who had been at the service for more than a year or carry out monthly supervision with all staff. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the action we have asked the provider to take can be found at the back of this report.

Senior leadership was not always visible for staff. One member of staff said, “I don’t know who [manager] is, I’ve never seen them.” Another member of staff said “Sometimes I see the manager.” We spoke to three members of staff and one of them did not know who the registered manager of the service was. Staff told us that the registered manager had been away for some time. However most staff told us if they had any concerns they

would approach the deputy manager of the service and they would listen. One member of staff said, “I tell them my concerns but I do not always get feedback on what has been done.” People who used the service told us that they were always able to contact the manager, however it was not clear if they were referring to the registered manager or the deputy.

Staff told us that when they went to the office they were asked by the deputy how their care packages were progressing and if there were any issues. Staff said this made them feel the service cared about what was happening with people and they felt supported. However these discussions were not recorded. We were told by the deputy that it was difficult to always get everyone together apart from when organising training. Training was held at the office and was a time when staff could see each other.

We did not see any evidence of management team meetings or team meetings with staff. We reviewed the service policy regarding management meetings and these were due to occur every month, however we did not see any evidence of this. The deputy manager also told us the registered manager attended meetings with the social worker as part of quality checking the service. We did not see evidence of these meetings recorded.

People who used the service told us that they thought the service was well run and very helpful. One person said, “They accommodate us as much as possible.” A member of staff we spoke to said they felt the service was open with them, as the deputy manager kept them informed of the business objectives and how they were trying to get more clients.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not notify the commission without delay any allegation of abuse in relation to a service user. Regulation 18 (1) (f)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>The registered person what was not regularly assessing and monitoring the quality of services provided in the carrying on of the regulated activity. Regulation 10 (1) (a)</p>