

Care O.W.L Limited

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Inspection report

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Tel: 01543453912

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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

Care O.W.L Limited is a Domiciliary Care Agency (DCA) providing personal older adults with dementia, with a varying level of personal care needs. Staff provided care to people living in their own homes. At the time of inspection, the service was supporting 15 people. 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 and what we found

Care plans had information and guidelines to help staff provide care in a safe and person-centred way. They contained information for staff to ensure people's risk of pressure ulceration was managed in a safe way. Relatives felt the staff were on time for calls and would go above and beyond. There were safe recruitment processes in place to ensure people were supported by suitable staff.

Relatives told us the service supported people with their food and drink and tried to enable them to be as actively involved as possible in food preparation.

The service worked in partnership with GPs and specialist teams to make sure care and treatment met people's needs.

Relatives told us about the professional and friendly support they received from Care O.W.L. Limited. Relatives consistently told us how the service encouraged people to do things to help gain their independence. Care plan were reviewed when people were in hospital to ensure they were up to date when people were discharged.

The provider held a dementia activity café weekly, which helped to stimulate people and avoid social isolation.

Relatives told us they could approach the registered manager, or one of the staff, if they had any issues.

There was a clear management structure in place. Staff all spoke highly of the culture within the organisation and of the registered manager.

Health professionals were positive about the support people received from Care O.W.L Limited.

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.

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

Rating at last inspection

The last rating for this service was good (published 09 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Care O.W.L. Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was announced. We gave the service notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also wanted time to obtain contact details of people who used the service and relatives, where appropriate.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, three members of staff, three relatives and one professional. We looked at three people's care records and medicines records, records of accidents, incidents, and

complaints received by the service. We looked at recruitment records, staff supervision, appraisal records, training matrix and safeguarding's. We were unable to talk with people we approached family members to understand their experiences of care.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the services policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing risk, safety monitoring and management

- People's care plans had information and guidelines to help staff provide care in a safe and person-centred way, based on people's needs and the support they required.
- People's care files contained information for staff to ensure people's risk of pressure ulceration was managed in a safe way.
- Care files had plans in place for when people had a health condition. For example, for one person who had a health condition, it told staff how a person could become confused and the steps to take to support the person to understand and respond.

Systems and processes to safeguard people from the risk of abuse

- Effective systems were in place to safeguard people from harm and abuse. All safeguarding concerns had been recorded and raised with the local safeguarding team where necessary. Staff understood the process of raising a concern.
- Relatives told us about how safe they felt people were with Care O.W.L Limited. One relative stated, "I feel [person] is safe, if I didn't think the care was good they wouldn't be having it, but it is."

Staffing and recruitment

- We found people were supported by a sufficient number of staff. Relatives felt the staff were on time for calls and would go above and beyond. For example, one person who did not live near any local shops, a relative told us staff would offer to get milk and popped passed the cake shop and [person] some cake before coming to their call.
- Required staff recruitment checks including criminal checks with the Disclosure and Barring Service were carried out to ensure people were protected from being supported by unsuitable staff.
- The registered manager allocated the same staff to the same people as much as possible to ensure there was continuity in meeting people's needs.

Using medicines safely

- The registered manager told us not everyone received support to manage their medicines. Where people were supported, medicines were administered safely.
- For example, where people had been prescribed medical patches there was evidence these had been rotated to ensure the same site was not reused. Guidance given for the medicine is not to use the same patch site for 21 days.

Preventing and controlling infection

- Staff were trained in the prevention and control of infections.
- Staff told us they had access to personal protective equipment, such as disposable gloves to use to help prevent the spread of infection.

Learning lessons when things go wrong

- The registered manager stated that the service has had no reported accidents or incidents. Staff confirmed they would know what process to take if an accident or incident occurred.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care needs were assessed to identify the support they required and to ensure the service was meeting these individual needs. Where people had been into hospital they had their care plans reviewed prior to discharge.
- People's care plans clearly described how they wished to be supported with physical and emotional needs, as well as, personal likes and preferences.
- People received care and support they needed which supported their cultural identities and preferences at the time specified in the care plan.

Staff support: induction, training, skills and experience

- The registered manager told us staff had completed their level two and/or three in health and social care prior to joining the service and if they hadn't they would support them to undertake this qualification.
- Relatives told us they felt staff were well trained to meet the needs of people. One relative told us, "The staff are very knowledgeable about [health condition]. They are really well trained and come out with ideas about altering the light and have brought in puzzles and games to help with [health condition]."
- Staff told us they felt they received enough training to meet people's needs, where one staff member stated, "The registered manager put me through all of the training I needed last year."

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

- People were supported to have a healthy diet.
- A Relative told us staff supported their relative to prepare their meals. They stated, "[Staff] want to encourage [person] to do their own meals. I did have problems with [relative], they try and make it a positive experience for [person]. Care O.W.L limited take a different approach."

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

- The service worked in partnership with GPs and specialist teams to make sure care and treatment met people's needs. We saw evidence of professionals being consulted with and liaised with to ensure people's changing health needs were met promptly. For example, where one person's health needs had changed, the registered manager called out the district nurse then the GP, where medicines were then prescribed to the person for their health condition.
- One professional told us, "They are excellent. They contact us all the time, they are very good. If they have any problems, they get in touch." Another professional left feedback on the service which stated, "Both [registered manager] and [staff member] provide excellent care to the patients using their service. They have

extensive knowledge and understanding of their patients."

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights to make their own decisions, where possible, were protected.
- All staff had a clear understanding when working with people who had a diagnosed [health condition] and how they still had a right to make their own decisions. One staff member told us, "It depends on who they are and their capabilities, I try and treat everyone the same and let them have the decision."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives told us about the professional and friendly support they received from Care O.W.L Limited and the positive impact they have had on their relatives' lives. One relative told us, "The registered manager came over and I was very impressed and [staff member] was introduced to my [relative]. [Staff member] was purely amazing. The way they chatted, and they were singing. My [relative] absolutely adored [Staff members]. They were never ever rushed. They always said is there anything else I can do for you."
- A second relative told us, "They are excellent. They came in yesterday and tidy all [persons] cupboards, even though they were in hospital. It was the [staff member] who called the ambulance out. Continuity of care is a great thing. [Person] is always very pleased to see the carers. They won't try and force it if they didn't want anything."
- Staff had a detailed understanding of people's needs and supported them. The register manager told us about one person who liked to go in the garden following a care call, staff would always ensure they left them wearing a body warmer and cardigan, scarf, gloves and changed their slippers to shoes.
- The service ensured people's cultural, religious and sexual needs were met with dignity and equality. All people were treated equally regardless of any differences or choices.

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

- Care plans were developed with people, their relatives, where appropriate, relevant health and social care professionals and by the staff team who knew them well.
- Care plans and risk assessments were reviewed regularly, which allowed people to make sure they accurately reflected their current needs and preferences. One staff member told us, "If someone goes into hospital and comes out and there had been a change, we get told straight away, for example if there has been a change of medicines."

Respecting and promoting people's privacy, dignity and independence

- The registered manager ensured people were fully involved with their care, promoting independence whenever possible. They told us about one person, due to a health condition, who could not independently move around their home. They communicated with professionals regarding the type of hoist they were using. The hoist was changed to a cricket hoist, which meant the person could then independently move around their own home. A cricket hoist enables people to raise themselves to an upright or semi upright position.
- Relatives we spoke with all agreed their loved ones were treated with respect and their dignity promoted. One relative stated, "They treat [person] very much so with dignity and respect."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care plans were personalised, and they placed people's views and needs at the centre. People received support that was individualised to their personal needs. People's care plans clearly highlighted background information and how they liked to receive care.
- One professional told us, "[Staff member] is absolutely excellent. They'll go around a range of subjects and will go out of their way to find out what rocks people's boat, they can adjust to what is needed."

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.

- People's communication needs were clarified in their assessment and staff adapted their approach to ensure people with additional needs could access information required.
- Relatives confirmed staff adapted their approach to meet the needs of people and communicated to them in their preferred way.

Supporting people to develop and maintain relationships to avoid social isolation;

- Relatives told us the staff were engaging and chatted to people when offering support.
- The registered manager told us the service held a dementia activity café weekly, to help stimulate people and avoid social isolation, where people play games and relatives are offered support. A relative commented, "[Staff] take [person] out to café for a coffee and goes to the dementia café and enjoys drinking cups of tea and jigsaws.
- Relatives told us about positive experiences people had received where care staff had taken people to the garden centre and helped people to write their shopping lists and get their shopping.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any formal complaints or concerns. Staff told us what process they would take if a complaint or concern was raised.
- Relatives felt they could approach the registered manager or one of the staff if they had any issues.

End of life care and support

- At the time of our inspection there was no one receiving end of life care. However, the registered manager told us they did support people and would put the appropriate plans in place and liaise with family

members.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently 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

- Staff understood people's needs and preferences, recognised the importance of knowing people well and could share details about people with us.
- Staff all spoke highly of the culture within the organisation. One member of staff told us, "[Registered manager] is a great manager and tries to work with us as much as they can.."

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 provider had a policy in place relating to duty of candour. This detailed the importance of transparency when investigating something that goes wrong.

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

- It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service.
- The registered manager had a system in place to update people's care plans when people's needs changed.
- The registered manager reported all staff understood their individual roles and responsibilities, and the importance of working together to achieve the best possible outcomes for people. Staff we spoke with reinforced their responsibilities and working .

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

- The registered manager told us they undertook care calls with staff, which enabled them to gain their feedback.
- The registered manager gained feedback from relatives of the people who used the service. One feedback form stated, 'On some occasions my [Relatives] condition can affect their temperament and all of the carers deal with this professionally and with good grace. Having said that, my [relative] always tells me how nice the carers are and how much they like them.' One service user left feedback regarding the registered manager which stated, "[Registered manager] is a legend for their dedication to their clients."

Working in partnership with others

- There was evidence where the staff had built working relationships with, social services, safeguarding, GPs and district nurses.
- One professional told us, "I got in touch with manager and they acted upon this [concern] straight away. Put it this way, if we have a patient, I will contact care O.W.L Limited to see if they have any capacity."