

Owen Care and Support Limited

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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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. On the day of our inspection 13 people were receiving support with personal care.

We previously inspected the service on 19 July 2016 and the service was rated Good overall. At that time, we found the registered provider was not meeting the regulations relating to the management of people's medicines. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked and found a number of improvements had been made and the registered provider met all the regulations.

At this inspection we found the service remained Good.

The service had a registered manager in place. The registered manager had policies and procedures in place to reduce the risk of employing people who may be unsuitable to work with vulnerable people. Medicine administration records were safely used to record the administration of medicines and met all relevant fundamental standards.

Staff had received induction and training to enable them to support people effectively. People were offered choice and supported with their hydration and nutrition needs. People were supported in a way appropriate to their individual needs.

Staff provided care in a kind and compassionate way. People were supported to retain their independence as much as possible. Staff knew their duties and responsibilities and people told us they provided personal care in a manner that protected their - privacy and dignity.

Care plans were person centred. People were supported to maintain their religious beliefs. People knew how to make a complaint and were aware of the provider's complaint procedure.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People felt the service was well managed and staff spoke positively about the provider. Regular audits took place and areas of improvement were shared with staff. People who used the service were asked for their feedback.

Further information is in the detailed findings below.

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 ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well led.

Good ●

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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 checked 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 7 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service provides personal care to people living in their own houses and flats in the community.

The inspection team consisted of one adult social care 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. The expert by experience on this occasion had experience in caring for older people and people who use regulated services.

Prior to the inspection visit, we reviewed all the information we had about the service including statutory notifications and other intelligence. We also contacted the local authority commissioning and contracts department, safeguarding, the fire and police service, the Clinical Commissioning Group and Healthwatch to assist us in planning the inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed all the information we had been provided with from third parties to fully inform our approach to inspecting this service.

The home was previously inspected during July 2016 and was found to be good overall with a breach of regulation in relation to the management of people's medicines. During this inspection, we checked to see whether improvements had been made. Improvements were evident and we identified no breaches of

regulations during this inspection.

During the inspection, we spoke with the registered manager, who was also the nominated individual and one member of care staff. In the days following the inspection we spoke on the telephone with six people who use the service, three relatives of people who used the service and two members of care staff.

During our visit we spent time looking at four people's care plans and three records relating to staff recruitment and training. We reviewed various documents relating to the service's quality assurance systems and spent time speaking with the registered manager.

Is the service safe?

Our findings

All the people and relatives we spoke with told us they, or their relative felt very safe and that staff were kind and respectful. People told us that they generally had regular carers and that those carers knew them really well.

One person told us, "When I first started, the manager came and went through everything. The manager suggested things I had not thought about as well, like whether I needed a flask of tea leaving between visits. Then when the carers started coming, the first few times, they came with them to introduce them to me, so that I would know who was coming and they would know what they needed to do."

The registered manager told us they would personally introduce care staff to people who were new to their service so that the person would know who to expect and it would be a familiar face. This helped ensure people were kept safe.

Another person told us, "My relative is very safe. They help [Name] to get up in the morning and get them on to the stair lift to come downstairs. I could not manage, but they do and they are really careful. They always make sure the belt (on the stair lift) is properly fastened so that they are safe."

A further person told us "I think they are champion. They are never late unless they have had a problem somewhere else and then they ring to let me know. They use the key safe to come in but they still knock at the same time and shout so that I know who is coming in. They are great."

Safeguarding policies were in place to help keep people safe. Staff we spoke with understood their responsibilities regarding keeping people safe and told us they would immediately inform the registered manager of any concerns. This meant staff would report their concerns if they felt a person was at risk of harm.

We saw risk assessments were in place to keep people safe but risk assessments associated with hot water could have contained further details. We saw the risk associated with hot water had been fully assessed and staff made aware to check the water was at the right temperature however, the assessment did not state what the right temperature was for individual clients nor how staff should check. We advise risk assessments for showering and/or bathing include a person's choice of their preferred water temperature and clear instructions how staff should check.

The registered manager told us initial support assessments were carried out for all new clients involving the person and if appropriate, their family members and commissioning organisations.

We looked at three records relating to staff recruitment and found application forms had been fully completed and contained previous and present employment dates. The registered manager had obtained references and a Disclosure and Barring Service (DBS) check. The DBS looks at information held in the Police national database relating to cautions, warnings and convictions and helps employers make safer

recruitment decisions to help prevent unsuitable people working with vulnerable groups of people. This meant people were recruited in a safe manner.

We inspected staffing rotas and found there were a suitable number of staff to support the needs of the people who used the service. We saw staff were allocated to attend a person's home at a specific time and the rotas contained prompts to remind staff to carry out specific tasks. This meant people received their care at a time that had been previously agreed.

Medicine administration records (MARs) were used to record the administration of medicines. None of the people we spoke with described being supported with their medication. The registered manager told us they had sought advice from the local authority and NICE advisor regarding the monitoring and recording of medicines. We looked at a sample of MARs and saw one MAR contained a number of prescribed creams. We saw very detailed topical medication application body chart showing where cream needed to be applied on the body and where appropriate were colour co-ordinated to distinguish which cream needed to be applied where. This meant staff had clear directions where to apply cream to a person's body.

In a care plan we looked at we saw medication was supplied in a monitored dosage system (MDS) for the person to self administer. A MDS contains a person's daily medicines dispensed by the pharmacist into individual trays in separate compartments. In this instance, the MDS had an alarm sound system to alert the person to take their medicine daily at a specified time. We noted the care plan stated the person sometimes forgot to take their medicines and left them on a table beside their chair. We saw a risk assessment was in place to ensure care staff checked the table for medicines on a daily basis and written evidence care staff checked the medicines had been taken.

A staff member told us they supported a person to take their medicines. They described they would prompt a person to take their medicines from a MDS. This meant people would receive their medicines as intended.

One person told us "I have psoriasis and the carers put the creams on for me. Sometimes I can be very sore and they understand, so are extra gentle on those areas."

A relative told us "We have two carers who are our regulars and they help [Name] to have a bath. They are really careful." Another relative told us "The carer puts cream on my relative. They always puts on an apron and gloves and uses different gloves for the body and for the bottom area."

One care plan we looked at contained detailed information regarding the use of personal protection equipment when carrying out personal care and staff we spoke with told us they always used gloves and aprons. This meant people were protected from the spread of infection.

The registered manager told us staff knew their responsibilities in reporting concerns and incidents for further investigations and would seek advice from the local authority where appropriate. We were told staff would be kept informed and lessons learnt via telephone or a face to face meeting. Staff we spoke with reflected this.

Is the service effective?

Our findings

People told us that they thought staff were well trained and knew what they are doing.

In the care plans we looked at we saw these included the provider's mission statement in providing care and support services to people in a non-discriminatory way. We saw people's care needs were assessed taking into account protected characteristics. This helped demonstrate the service promoted equality and people would not be discriminated against.

The registered manager told us all staff attended induction training and were required to complete the Care Certificate. The Care Certificate is a standardised programme of knowledge designed to ensure staff have a good knowledge of all the essential standards for their daily caring role. This meant staff received training appropriate to help deliver effective support and care.

The staff we spoke with told us they had received supervision. We looked at the staff support and supervision matrix and saw staff had received supervision within the last three months, however, prior to this timeframe supervisions had not been consistently carried out for all staff. The registered manager told us they were currently reviewing and updating the supervision policy and future supervisions would be in line with their new policy requirements.

One care plan we looked at noted the person preferred to eat a cooked breakfast. We looked at the daily care logs for that person and saw staff had offered the person a choice of what they wanted to eat and had prepared hot food. This demonstrated people were supported in their food choices.

People told us that either they or their relatives normally organised doctors or hospital appointments. One person told us, "I am sure the carers would call the doctor if I needed them to but fortunately that has not happened up to now."

A staff member told us how they supported a person who had a sensory impairment and who disliked wearing their hearing aid. They described how they would show the person things they could have to drink to enable the person to point to what they wanted. This meant people individual needs were supported in a way appropriate to them.

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.

The registered manager told us staff received training in MCA but the service did not currently support anyone who lacked capacity to consent to their daily support needs.

Is the service caring?

Our findings

All people and their relatives we spoke with told us staff were respectful and very polite.

One person told us, "It is lovely when carers come. One carer comes in singing and they are really cheerful which brightens me up."

People told us care staff were kind and compassionate. Staff we spoke with were very knowledgeable about the people they supported and the care each individual required to help them live as independently as possible. One staff member told us, "I see each person as part of my own family. It is important that the care is provided at a level I would expect for my own mother or father."

The registered manager told us the service was designed around people's requirements and individual needs. People were involved in their care planning and care plans reflected these needs. In one care plan we saw one person was able to move using mobilising aids independently, but moved very slowly, and asked for staff to have patience with them.

One person told us, "I want to be as independent as I can be and I try to do a lot for myself. The carers understand that and they let me do as much as I can, like getting my cereals out in the morning, but then they will just watch to make sure I'm alright and then clear the pots away for me."

One staff member we spoke with told us they supported a person with their laundry needs. They described how they tried to promote independence by suggesting they help the person take their items to the laundry room together rather than carry out all the activities for the person. They told us this also allowed the time, and an opportunity, for further conversations. This meant people were supported to live as independently as possible.

People told us care workers understood confidentiality, dignity and respect and we were told that carers were very committed to their clients, building a good rapport and taking time to get to know them.

One person told us "They are very good about closing the curtains when I am getting dressed and they make sure I am appropriately dressed before they leave."

Staff we spoke with were very knowledgeable about maintaining people's privacy and dignity at all times. Staff gave examples of how they would ensure the curtains and room doors were closed before carrying out personal care. They described how they would talk to the person to let them know what they were going to do before proceeding with care. This meant people privacy and dignity was respected during personal care.

Is the service responsive?

Our findings

People told us that they or their relatives were able to make their own decisions and that their preferences were taken into consideration.

One person told us, "They came and talked to us about the care plan. They have made it very clear that if we find we need more support they can come and review things with us."

Another person told us, "When I first started with them, the registered manager came and went through everything I need. They said that if anything changes (in what support is needed) they will come and talk to me about it. It's very reassuring to be honest."

A staff member told us how they supported a person with their religious beliefs when the person had become unable to leave the home to attend church. They told us the family arranged for the church service to be recorded and they would play back the recording for the person and read out aloud the bible passages relating to the daily service. This meant the person was supported to maintain their religious beliefs.

We saw care plans were person centred and included personal routines and mobility capabilities. Staff we spoke to were knowledgeable regarding the support people needed. This meant people were being supported in a way that was personal to them.

The registered manager told us they had not received any formal complaints about their service and would respond immediately if concerns were raised.

We asked people if they had any complaints or concerns regarding the service they received. People told us that they had received information about the complaints procedure in their folders and said they knew what to do if they had any concerns or complaints about the service.

One person told us they would usually tell the carers in anything needed changing and they would deal with it and they had, "No complaints at all." Another person told us they had morning visits and had asked whether staff could come earlier than originally agreed and it had not taken long to sort out an earlier time. A third person told us, "I'm very happy with this service. I've never had a bad carer from them. They are so willing."

One staff member told us a person had told them felt some carers completed the service call in less time than the company had allocated, and as a consequence they felt rushed, but had felt unable to raise this as a concern to the provider themselves. The staff member told us they had fed this back to the registered manager for further investigation.

Is the service well-led?

Our findings

One person told us, "I can't think of any improvements they could make. I'm very happy with them."

The registered provider is required to have a registered manager as a condition of their registration. 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.

There was a registered manager in post on the day of our inspection and therefore this condition of registration was met. The registered manager was supported by a deputy manager. The registered provider was also the registered manager and was involved in the daily running of the service. They told us they wanted to remain a small service providing high quality care to people in their homes. They stated it was important to ensure people were treated as they would treat their own family members and intended to keep the service this way as there were no immediate plans to expand.

People told us they thought the service was well managed. Staff spoke positively regarding the registered manager. One staff member told us it was the best company they had ever worked for. They further told us the registered manager was supportive and always responded to any queries or concerns they had. Another staff member said they felt well supported by the registered manager who was easy to approach and helpful.

There were audit systems in place to review and monitor the quality of service provided. MAR charts and people's daily care logs and saw these were audited on a monthly basis. Errors highlighted through the audit process had been investigated and we saw detailed notes of audit findings communicated to staff. This meant the audit process highlighted areas of improvement and these were fed back to staff.

People were asked to provide feedback about the service they had received. We looked at the annual service feedback from 2016 and saw it had been requested via an external company. The feedback forms asked people to rate the service in respect of quality of care, management, staff and values. We saw feedback was extremely positive. We asked whether the summary feedback was shared back to people who used the service and to staff but was told this currently did not happen. The registered manager told us they would start to do this.

A staff member we spoke with described an instance when on arrival at a person's home an item required to provide care had run out. They had not been advised earlier in the day so had telephoned the office to inform the manager of the problem. They further told us that all staff had later received an email reminding them of the importance of communicating instances such as these so that staff who were scheduled to attend a call later in the day could be made aware and ensure they took the item with them. This showed that staff understood their responsibility to raise concerns appropriately and actions were taken to reduce the reoccurrence of similar events.

The registered manager told us the service received referrals from the local authority and clinical commissioning groups but the majority of new referrals were as a direct result of client recommendations. They stated it was extremely important to ensure client satisfaction and the service worked hard to achieve this. A high level of client satisfaction was evident in the feedback and documentation we looked at.

The registered manager told us they had established links with the local authority and clinical commissioning groups and we saw they had recently sought advice from the local authority regarding moving and handling.