

Odara Care Limited

3.5 Enterprise Hub

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 

Summary of findings

Overall summary

About the service

Odara Care Limited is a domiciliary care agency offering support and personal care to people in their own homes and flats. At the time of the inspection they were supporting three people with personal care.

Not everyone who used the service received personal care. 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

Risks associated with accidents and incidents were not always monitored effectively. Risks to people were assessed but assessments would benefit from more detail.

We have made a recommendation the provider reviews their systems for recording and monitoring accidents and incidents.

Audits and checking systems needed improving to ensure they were appropriate to monitor the quality of the service being provided. The provider did not carry out spot checks or regular observations of staff practise.

People's care needs were assessed and they received consistent person centred care from staff who knew them well. We received positive feedback from relatives about the quality of the service provided.

Staff had the skills to support people appropriately. They were knowledgeable about people and the topics we asked them about. They received support, training and supervision. This was reviewed regularly to ensure staff had the knowledge and skills to meet people's needs. Recruitment was managed safely.

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 encouraged people to make decisions about their own care, and promoted people's rights to dignity, independence and privacy.

The registered manager was approachable and committed to the ongoing improvement of the service. Staff and relatives described the service as being well-run and organised. They spoke very positively about the company and the quality of the care and support provided.

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 6 September 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service did not have a 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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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

The inspection was carried out by two inspectors.

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

We gave the service a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. On 5 July 2021 we visited the office to review documentation relating to people's care and the management of the service. Between the 7 and 8 July 2021 we made telephone calls to people who used the service, relatives and staff.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, assistant manager, care coordinator and care workers. We spoke with two social care professionals who worked closely with the provider.

We reviewed a range of records. This included three people's care records. We looked at two staff files in relation to recruitment, training and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

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

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 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.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Risks to people's health and safety were assessed. Risk assessment documents were in place which demonstrated risks associated with topics such as mobility and people's health needs had been assessed. However, some assessments were brief and required more detail. For example, one person required support to mobilise with the use of a walking frame, but the level of support required was not described in detail.
- The registered manager told us there was a process for reporting accidents and incidents but there had been a very low level reported. We noted two instances in people's care records where low level incidents had been recorded in daily notes but not reported. A form was available to staff, but this did not provide clear information about the details required or follow up action taken. This meant the registered manager did not always have prompt oversight of events that had occurred when care was being provided.

We recommend the provider reviews how accidents and incidents are reported, reviewed and monitored.

- We saw examples of lessons being learned and action being taken. There was an open culture and the management team encouraged good communication.
- At the time of the inspection the provider was only supporting one person with 'as required' medication. Clear records were in place. Staff received training to administer medicines, but this did not include competency assessments in line with best practise guidelines. We spoke with the registered manager about this and they told us these assessments would be introduced.

Staffing and recruitment

- Relatives said people were supported by consistent and experienced staff.
- The provider had a process to ensure people had face to face introductions with new staff before they started providing care and support. One care worker said, "People like the same face, continuity and care provided safely."
- Recruitment checks were in place to ensure only staff suitable were employed.

Preventing and controlling infection

- The provider had an up to date infection control policy and staff completed training in infection prevention and control. Relatives confirmed staff followed good practise and wore the appropriate levels of personal protective equipment.
- Staff were engaged in a regular testing programme for COVID-19.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe and secure. One relative said, "It has given us all peace of mind as we have a professional service. We are all working together. Nothing is too much trouble."
- Staff had received safeguarding training and understood how to raise concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. As part of the initial assessment process the care coordinator visited people and their relatives at home to discuss their needs and wishes.

Staff support: induction, training, skills and experience

- Relatives spoke positively about the quality of the staff who supported people.
- Staff received a mixture of face to face and on-line training. This included training which was specific to people's health needs.
- Staff received regular supervision and new staff received an induction and the opportunity to shadow experienced staff before they started to work on their own. However, the provider did not have a process of ongoing spot checks or competency assessments. We discussed this with the registered manager, and they confirmed they would implement this.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Relatives said people's health needs were supported well. One relative told us about an event when their relative had become unwell. They said, "The carer was so responsive and called for help." After this event referrals were made to other agencies for additional support and equipment to support the person.
- Care plans contained information about people's health needs.
- At the time of the inspection the provider was not supporting anybody with meals. There was information in people's care plans about their hydration needs during the night.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The service was acting within the legal framework of MCA.
- Staff understood the principles of MCA and how they applied this in their day to day work. People told us they were asked for consent before any care or support intervention. Staff gave us examples of how they promoted people's choice and asked for consent before providing care and support. One care worker said, "People are in control of their care and how they want to be cared for."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 staff were caring and treated people kindly. People generally received support from the same staff, so their care was consistent. One relative said, "They [staff] sit on the seat next to [person] and speak with her before they do anything. Very lovely, very caring and good listeners. They would go the extra mile."
- Staff we spoke with demonstrated caring values and a desire to provide people with high quality personalised care.
- Care records were written in a respectful way.
- We saw the service had received a number of written compliments which highlighted a caring approach by staff.

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

Respecting and promoting people's privacy, dignity and independence

- Relatives told us staff listened to people's views and gave examples of how they were supported in a respectful and dignified manner.
- People and relatives were involved in providing regular feedback through telephone and face to face reviews.
- Staff had formed warm and genuine relationships with people. They spoke passionately about providing a good service. One care worker said, "Everything we do promotes dignity and respect. We tailor everything to suit the client's needs and treat them like family. Everyone really cares. That's what's good about Odara, we all think and work the same."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives said person centred care was provided.
- Care plans were person centred and up to date. Most contained information about people's likes and dislikes and what was important to them. Some care plans would benefit from more detail. For example, one person was regularly feeling anxious and there was no clear information about what staff should do to help them feel reassured.
- People's care plans had been recently reviewed. It was not always documented clearly how people and their relatives had been involved in the review. We discussed this with the registered manager, and we were assured this would be addressed.
- We spoke with a social care professional who had worked with the provider. They described them as communicating very well and being, "responsive and reliable".

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.

- The service identified people's communication needs as part of their initial assessment.
- Care plans provided staff with guidance about the most effective way to communicate with people. Staff supported one person to use personalised picture cards to help them to communicate their wishes.

Improving care quality in response to complaints or concerns

- The provider had a system to monitor complaints and compliments. The provider had not received any complaints, but the registered manager told us they would welcome any concerns being raised as a way of learning and making improvements.

End of life care and support

- At the time of the inspection the provider was not supporting anybody who was at the end of their life. Some staff had received training. The registered manager told us further training was being planned.

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 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had commenced the process to register an additional location office nearer to the area where they were providing care and support.
- Systems to monitor and improve the quality of the service required improvement. The service was small, and the registered manager generally had good oversight. However, recorded audits and quality checks were not detailed and there was a reliance on informal conversations. This was in part due to the size of the service but we identified some issues in people's care records that had not been reported and accidents had not always been monitored by the registered manager. We discussed this, and the registered manager confirmed they were in the process of devising a monthly audit schedule to ensure all checks were in place.
- Staff were clear about their roles. They received information through induction, training and supervision. They praised the support they received from the management team and described them as approachable and supportive. One care worker said, "They are caring and interested in our roles and the care we provide."

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

- Relatives confirmed people felt involved in their care. They said the registered manager was approachable. One relative said, "It comes across as well managed. Out of all the care firms we have had these lot really care. Not just the carers, the managers as well." Another relative said, "I can't fault them. They have been great."
- The provider conducted regular surveys to get feedback about the care and support provided.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with people, relatives and social care professionals to provide good outcomes for people.
- The registered manager was committed to the improvement of the service. They were receptive to feedback throughout the inspection process. They demonstrated commitment to maintaining good standards and building the company without compromising the standards of care. They said, "We care about people first."