

Possibilities North East Limited

Office NE

Inspection report

1 Holmlands Park
Chester Le Street
County Durham
DH3 3PJ

Date of inspection visit:
24 October 2022
03 November 2022
24 November 2022

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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

Office NE is a domiciliary care agency. The service currently provides personal care to younger and older people living in their own homes. The service is also registered to provide personal care to children, people with a learning disability or autistic spectrum disorder, mental health needs, physical disabilities and sensory impairments.

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. At the time of our inspection 8 adults were receiving personal care.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the service did not care or provide support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support

People were supported by a regular team of staff who knew them well. This promoted continuity of care. People were happy with the care and support they received. Staff enabled people to have access to specialist health and social care services. 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.

Right Care

People received consistent care from staff who knew them well. People and those important to them were involved in planning their care. People's needs and preferences were assessed prior to receiving the service. There were enough appropriately skilled staff to meet people's needs and keep them safe. Staff understood how to protect people from poor care and abuse. Risk assessments identified and reduced any risks to people and staff.

Right Culture

People received care that was tailored to their needs. The registered manager and care team listened and responded to people's views. Quality assurance and monitoring systems were used to identify shortfalls and improve the service for the people who used it. People were supported to maintain good health, were

supported with their medicines and accessed healthcare services when needed. Staff prepared food and drink to meet people's dietary needs and preferences.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 January 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation regarding how the provider records direct observations of staff competence.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Office NE

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 October 2022 and ended on 24 November 2022. We visited the location's office on 3 November 2022.

What we did before the inspection

We reviewed information we had received about and from 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager (who was also the nominated individual) and the quality lead. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We contacted 3 care staff for their feedback.

We spoke with 4 people receiving support and 2 relatives. We reviewed 3 people's support records. We reviewed records and audits relating to the management of the service. We asked the nominated individual to send us documents before and after the on-site inspection. These were provided in a timely manner and this evidence was included as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to recruit staff in a safe manner. This was a breach of regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe recruitment practices for staff had been followed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care.
- The numbers and skills of staff matched the needs of people using the service. People received consistent care from staff who knew them well.
- People said home visits mostly happened on time and lasted the correct duration. People told us if staff were running late, they were usually informed of this.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe. One person told us, "I definitely feel safe with all the carers I get. I have faith in all of them and they are lovely." A relative said, "I do think [family member] is safe with the carers as they tell me they're very impressed with them, that they are kind and pleasant. [Family member] is not someone easily pleased so if anyone upset them they would let us all know."
- Staff had completed safeguarding training and had access to relevant policies and procedures. They understood how to raise any concerns about poor practice.
- The management team and staff were clear about when to report incidents and safeguarding concerns to other agencies.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks associated with people's care were identified and were managed safely.
- People's care plans included risk assessments about current individual care needs and their home environment. Control measures to reduce risks, such as trip hazards, were set out in care plans for staff to refer to.
- There were systems in place to reflect on events and ways of working. Staff were encouraged to share their learning and discuss best practice.

Using medicines safely

- People were happy with the way they received their medicines.
- Medicines were administered safely. People's care plans included information about how to support them to take their medicines as prescribed. People received their medicines when they needed them.
- Staff completed training in medicines administration and their competence to administer medicines was assessed regularly.

Preventing and controlling infection

- The provider had relevant policies in place to support effective infection prevention and control.
- Staff completed training in infection prevention and control.
- Staff had access to appropriate personal protective equipment.

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 time this key question has been assessed at this service. At this inspection we rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had completed online training relevant to their job roles, but they had not completed practical training in areas such as moving and handling and catheter care. The registered manager had completed observations of staff competence in these areas and deemed staff competent. However, records relating to staff competence required more detail in terms of what specific criteria they were being assessed against.

We recommend the provider reviews the way they record observations of staff competence.

- People and relatives felt staff were competent in their roles. One person said, "I think the carers are adequately trained to attend to my needs." Another person said, "I think their training has been good and it meets my needs. So far all my transfers have been safe and they all know how to use my hoists."
- Staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received ongoing support through regular supervision sessions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care was delivered in line with standards, guidance and the law.
- People's care plans were person-centred and considered their individual needs and preferences.
- Overall, people and their relatives told us they were happy with the care and support they or their family member received.

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

- Staff supported people with eating and drinking where they had needs in this area. One person told us, "They ask me what I fancy and do what I want. They never leave without ensuring I have access to drinks and snacks."

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

- People were supported to maintain their health and wellbeing.
- Care plans promoted people's health and staff supported people with accessing other health services when needed.

- Where people needed assistance, staff alerted a health care professional or family member if they had concerns.

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 MCA 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. We checked whether the service was working within the principles of the MCA.

- At the time of the inspection nobody using the service was subject to restrictions of their liberty under the Court of Protection, in line with MCA legislation.
- People and relatives told us they were involved in decisions about their care, and said staff always asked for consent before providing care and support.

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 time this key question has been assessed at this service. At this inspection we rated this key question 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

- People and their relatives spoke positively about the caring nature of staff. One person said, "I can talk to the carers about anything and they are lovely to me." A relative told us, "[Family member] says the carers are kind, caring, friendly and chatty. They make [family member] laugh a lot and include visitors in conversations. They interact well with [family member] and I."
- People and relatives had formed good relationships with staff. One relative commented, "On arrival the carers always ask how I am before attending to [family member]. They chat away to my [family member] as they go. They make [family member] laugh and at times will tell me jokes as well."
- Staff completed training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

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

- People, and where appropriate families, were consulted about the care they needed and how they wished to receive it. People told us they were involved in developing their care plans and their views were listened to and respected. One person told us, "I was involved in setting the content of my care plan and got what I asked for."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said staff always upheld their rights and respected their dignity. One person said, "Staff close the blinds before attempting any personal care."
- People and relatives told us staff supported people to be independent without compromising their safety. One person told us, "Staff try hard to enable me to be as independent as possible, for example when helping me wash I do my front, they do my back and I dress myself." A relative said, "Staff encourage [family member] very gently to wash their face, but never force [family member] to do things they aren't happy trying."
- People's information was stored securely and used appropriately in line with the provider's policies and government regulations. Each staff member had their own secure login details to access any information stored electronically.

Is the service responsive?

Our findings

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

This is the first time this key question has been assessed at this service. At this inspection we rated this key question 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 received care and support which was focused on their individual needs, preferences and the things which were important to them. A relative told us, "I was involved in the setting up of [family member's] care plan. They were very professional about it and we got exactly what I thought [family member] would need. They did phone me when they felt a few changes needed to be made, which I agreed to."
- Staff monitored people's changing needs and brought these to the immediate attention of the management team, who promptly contacted relatives to arrange for reviews or referrals, as required. Care plans were reviewed and updated to ensure they reflected people's current needs.
- The management team and staff understood the importance of promoting equality and diversity and respecting individual differences. People told us staff knew their needs and preferences well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service was meeting the AIS. People's communication needs were assessed and appropriate measures were put in place to support them.
- Care plans contained relevant information about people's communication needs and information could be provided in different formats if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records included information about people's important relationships.
- People were supported to attend events and do activities they valued, if this was in line with their care plan. People's care plans included information about their life histories and how they wished to spend their time.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain as they had been given information on how to do this. Only one person we spoke with had raised a concern and this was dealt with immediately, to their satisfaction.

End of life care and support

- At the time of our inspection no one was receiving end of life care. The registered manager told us people were offered opportunities to discuss their preferences for end of life care.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to submit an action plan outlining how they intended to improve the service. The provider failed to submit this within the specified time period. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team undertook a range of regular audits and checks to help ensure high standards were maintained. All aspects of the service, including spot checks on staff practice and people's safety were monitored. Where further improvements were identified these were acted on promptly.
- Staff were clear about their roles and responsibilities, and knew how to contact managers for support, and when to raise concerns.

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

- People and relatives told us the service was well managed and they were happy with the care provided. Staff knew people well and supported them to make decisions about care and support.
- The provider used various electronic systems to record information about people's assessed care needs, capture any risks and share updates about changes in people's presentation so these could be acted upon.
- Staff were committed to promoting positive outcomes for people who used the service. Staff were familiar with the aims of the service and the quality of care expected. Staff told us the management team were approachable and supportive.

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 registered manager, who was also the nominated individual, understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.
- The management team understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care

- The registered manager was open and responsive to our inspection feedback. They were passionate about the service and committed to continuous improvement.
- The provider was committed to protecting people's rights regarding equality and diversity.
- People felt comfortable raising concerns with managers and were confident they would be listened to.

Working in partnership with others

- The service worked in partnership with other professionals and agencies to enable effective co-ordinated care for people.