

Objective Care Limited

# Objective Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Objective Care Limited is a care home for up to eight adults who have mental health needs. People who live at the home, other stakeholders and the provider call the home West House. At the time of the inspection eight people were living at the home. The provider is also called Objective Care Limited who are a small private company.

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

People who lived at the service felt the staff and management were caring and kind and available when needed. People, their relatives and other professionals were satisfied with the level of care people received.

The provider had effective systems in place to help safeguard people from the risk of abuse. Staff were recruited safely and supported to develop their skills through supervision and training to help them deliver appropriate care to people.

The provider had quality assurance systems in place to monitor and manage the quality of service delivery. The environment was safely maintained. There was evidence that the staff had responded appropriately to incidents and accidents to help prevent reoccurrence.

People felt the service was well managed and they were able to speak with the registered manager whenever they needed. Records were appropriately maintained and well organised. There were clear policies and procedures and the staff were aware of these.

People's care needs had been assessed and planned for in line with current guidance. Each person had an individual care plan which informed the staff how the person needed to be cared for. Care plans were followed and updated when people's needs changed. People received the support they needed to stay healthy and the staff worked closely with other healthcare professionals to meet people's needs.

### Rating at last inspection and update

The rating at the last inspection was good (published 22 December 2017).

### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good. This is based on the findings at this

inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Recommendations

We have made a recommendation for the provider to review their risk assessments around locking the kitchen

#### 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.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well led.

# Objective Care 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 Health and Social Care Act 2008.

#### Inspection team

This focused inspection was carried out by 1 inspector.

#### Service and service type

Objective Care Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Objective Care Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we held about the provider. This included the last inspection report, information we had received since the last inspection, such as notifications of incidents and other contact with the provider. We sought feedback from the local authority who work with the service. The registered

manager had completed a Provider Information Return (PIR) on 30 July 2022. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We met 3 people who lived at the service. We also met the registered manager and the owner of the organisation and the regional manager and 3 care staff. We looked at the care records for 3 people who lived at the service. We looked at the recruitment, training, and support records of 3 members of staff. In addition, we viewed other records the provider used for managing the service which included records of meetings and quality monitoring. As part of the inspection, we looked at how medicines were stored, recorded, and administered.

# 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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were managed safely. However during the inspection, we found information about one person's medicines was repeated on 2 different medicines administration records (MARs). We discussed this with the registered manager and they rectified this issue immediately.
- People's medicines were reviewed monthly by the registered manager to monitor the effects on their health and wellbeing, relevant professionals were involved in this process.
- People's care records included a list of their prescribed medicines, details of why they had been prescribed and the potential side effects. This meant that staff had the information to monitor people's conditions after their medicines and take action where indicated.
- Staff had appropriate training and medicines competency testing to help ensure they were administering medicines safely.
- Guidance was in place to help staff identify when people required medicines that were prescribed to be taken 'as required' (PRN).

### Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help manage the risk of harm to people. These included up to date policies and procedures for safeguarding and whistleblowing.
- People felt the service was safe. One person told us, "I feel safe here, staff are always available, day and night". Another person told us, "There is always enough staff here when I need them."
- Staff had relevant training. They demonstrated a good understanding of how to recognise abuse and were clear on how to report concerns under safeguarding and whistleblowing procedures.
- The provider had systems for reporting and investigating suspected abuse. They knew how to raise safeguarding concerns with the local authority and CQC to help protect people from further harm.

### Assessing risk, safety monitoring and management

- The provider had systems and processes in place, including risk assessments and risk management plans, to help keep people safe.
- Some people were at risk when accessing the kitchen. Sometimes staff locked the kitchen to help keep people safe. We discussed this with the registered manager. Whilst there was a reason for some people having restricted access to the kitchen, the provider had not evidenced whether they had considered this the least restrictive way of managing the risks.

We recommend the provider follow best practice when recording how risks are managed to make sure these follow the least restrictive approach.

- Personal emergency and evacuation plans (PEEPS) were in place. These provided guidelines for how each person should be evacuated and the assistance they required, should there be an emergency.
- Regular health and safety audits and environmental checks of the premises were carried out to ensure they were safe for people, staff and visitors.
- When people became upset, anxious, or emotional, risk assessments and management plans were in place so staff had information to guide them how to support people at these times.

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 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Staffing and recruitment

- The provider followed safe recruitment practices to help ensure only suitable staff were employed to care for people using the service. Staff records showed appropriate recruitment checks had been completed before they were employed. These included a Disclosure and Barring Service (DBS) check and obtaining references from previous employers and a full employment history of the applicant. A DBS check provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe and meet their needs. People told us they did not have to wait for care and staff were available when they needed them.
- After being recruited, staff completed induction and training, so they had the required knowledge to care for people appropriately. The provider had enough staff to care for and support people and did not use agency staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to have visitors in the service when they wanted, and visits were carried out safely and in line with best practices. One person commented, "My family can visit anytime."

#### Learning lessons when things go wrong



- The provider had a system in place for recording and analysing accidents and incidents to identify what went wrong so they could make improvements to prevent reoccurrence
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned with all staff, so learning took place.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 planned and personalised care and support that was individual to their needs and preferences.
- People and their relatives were involved in making decisions and planning of their care and risk assessments.
- People's needs were regularly reviewed, and support was adjusted as required.

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.

- People's communication needs were met. Their preferred method of communication was addressed in their individual care plan. For example, one person was supported through a translator to communicate in their preferred language.
- Staff understood people's individual communication needs and knew how to facilitate communication and support them when they were trying to tell the staff something.
- A stakeholder told us "A recent client who was limited in their communication using British Sign Language (BSL) was admitted into the home. Prior to discharge [from hospital] the provider had engaged a trainer to teach staff BSL and had downloaded training videos and material to be able to use to communicate [with the person]."

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

- The staff supported people to stay active, receive visitors and to stay in contact with friends and families.
- People were supported to take part in different social and leisure activities. One person told us they enjoyed the weekly exercise class.
- People made use of facilities within the local community and enjoyed outings with staff to pursue individual interests.
- The home had an activity coordinator who arranged outings for people based on what they wanted to do. They also showed us activity folders which included photos of celebrations and birthday parties.

Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place for dealing with any concerns or complaints.
- The service had received 1 complaint in the last 12 months. This was investigated and responded to within the appropriate timescales.
- Relatives told us they had no complaints and if they raised a query or concern these were responded to promptly. One relative commented, " I never had to make a complaint, but know if I speak to [Registered manager] they will get things done."

# 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 good. The rating for this key question has remained good. 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

- The service was person centred and open. People consistently told us they were satisfied with the care provided. One person told us, "I feel safe here, staff are caring."
- The registered manager had a good understanding of people's individual needs. For example, when someone became visibly upset on the day of our inspection, we observed that the situation was dealt with effectively and sensitively and staff were supportive towards the person.

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

- People and relatives confirmed the registered manager was approachable and listened to them. One person said, "[The registered manager] listens and always gets things done."
- The registered manager told us they treated each person as an individual. For example, an interpreter was sourced to support someone for whom English was not their first language, to ensure they were meeting the person's communication care needs.
- Staff contributed to team meetings to share information and raise any concerns.
- The provider recognised staff achievements and had monthly staff awards; this meant the staff felt valued in their roles which the staff team appreciated.

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 understood their responsibility around the duty of candour.
- They submitted notifications to CQC and informed other relevant agencies such as the local safeguarding teams when things went wrong. We saw evidence that the provider fully investigated incidents and safeguarding concerns and learned from these to reduce the risk of the concerns happening again.

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

- The registered manager had suitable qualifications and experience in managing care services. They understood their role, responsibilities and legal requirements.
- Staff felt supported and there was good communication within the staff team through handovers and team meetings.
- Staff were clear about their role and responsibilities. Staff had received training which ensured they

provided care and support to the required standard.

- The provider had processes to monitor the quality of services provided and make improvements as required.

#### Continuous learning and improving care

- There were systems and processes for monitoring the quality of the service. These included audits and checks, meetings with the staff and a good oversight from the management team.
- People using the service were asked about their views as part of a yearly survey to help develop and improve service delivery.
- When concerns or problems were identified, there were plans to address these and lessons were learnt to help make sure people received good quality care.

#### Working in partnership with others

- The provider worked with other professionals to maintain people's wellbeing. This was confirmed by records which showed the involvement of various healthcare professionals including the GP, pharmacist, and the local mental health team.
- Where appropriate the provider shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service. One healthcare professional told us "We find that the staff team are caring and will go the extra mile to assist. They are a good provider and very responsive."