

Osmanthus Care Ltd

# Osmanthus Care Ltd

## Inspection report

74 Shearwater Lane  
Wellingborough  
NN8 4TS

Tel: 07942257499

Date of inspection visit:  
09 November 2022  
10 November 2022

Date of publication:  
29 November 2022

### 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

Osmanthus Care is a domiciliary care agency that provides personal care to people living in their own homes.

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 this inspection 1 person was receiving support with personal care.

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

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to the person using the service were assessed and strategies were put in place to reduce the risks.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. The person using the service received their medicines safely and as prescribed. They were supported by regular, consistent staff who knew them and their needs well.

The provider ensured that lessons were learned when things went wrong, so that improvements could be made to the service and the quality of care.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

The person's needs and choices were fully assessed before they received a care package. Their care plan included information needed to support them safely and in accordance with their wishes and preferences. The person using the service was supported to eat and drink enough to meet their dietary needs.

The person was 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.

The provider involved the person and their relative in the care planning process and reviews of their care where possible. The provider had a complaints procedure which was accessible to the person and their relative, so they knew how to make a complaint. There had not been any complaints received at the time of our inspection, but systems were in place to address and investigate complaints.

The service had good governance systems in place to ensure all aspects of the service and quality of care provided were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us on 21 December 2021 and this is the first inspection.

#### Why we inspected

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

#### 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?

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 ●

# Osmanthus Care Ltd

## 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.

#### Service and service type

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

#### 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 48 hours' notice 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 09 November 2022 and ended on 17 November 2022. We visited the location's office on 09 November 2022.

#### What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any

notifications (events which happened in the service that the provider is required to tell us about) and any feedback about 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 information gathered as part of monitoring activity that took place on 04 October 2022 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with the relative of the person using the service and had discussions with 3 staff members including the registered manager and 2 care and support staff.

We reviewed a range of records. This included the persons care records, risk assessments and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including accident and incident reports, complaints and action plans were reviewed.

# 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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person using the service was protected from the risk of potential harm. CQC received written feedback from a relative that read, 'Safety is paramount, and every care has been taken to ensure that the care provided is carried out in a safe environment. This includes labelling of food items, PPE, sanitiser, as well as dementia specific training for all staff.'
- Systems and processes were in place to help identify and report abuse to help keep the person safe. For example, staff received training in safeguarding and knew how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks associated with the persons care, support and environment had been identified and assessed. Records provided guidance to staff on the measures needed to reduce potential risk.
- The registered manager told us that risks to the person using the service was monitored by staff at every care call. The persons care plan was reviewed regularly so any changes to their needs and risk management strategies could be implemented swiftly. One staff member said, "The communication is excellent. If there are any changes we are told really quickly."
- Staff informed the registered manager when they had concerns about the persons health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.

Staffing and recruitment

- There were sufficient numbers of staff to keep the person safe and meet their needs. Rotas showed there was a team of three staff (including the registered manager) who provided care and support for the person using the service. This ensured consistency and the registered manager told us this was important to the person because it reduced their anxiety.
- Staff told us they felt staffing numbers were sufficient to meet the needs of the person using the service and keep them safe. One told us, "I think the time allocated is okay. I quite often have time to spare so never have to rush."
- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Paperwork with employments checks was in place but was disorganised and difficult to locate. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

### Using medicines safely

- Records showed staff had completed training in the safe management of medicines and had their competency checked.
- The person's care plan highlighted any risk associated with medicines and provided guidance for staff as to how people took their medicines and what support was required.
- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

### Preventing and controlling infection

- Systems were in place to protect people from the risk of infections because staff had been trained in infection prevention and control.
- The relative of the person using the service informed us staff followed guidelines to reduce the risk from infection transmission. They said, "The carers wear gloves and aprons always use hand sanitiser."
- Staff confirmed they had supplies of PPE and completed testing for COVID-19 when needed following the government guidelines. This meant the risks from infection transmission were reduced.

### Learning lessons when things go wrong

- Written feedback received by CQC from the person's relative read, 'The company responds very well to feedback from us to learn from any mistakes (which there have been very few just the occasional reminder in the early days) and ultimately improve the service provided.'
- Accidents and incidents were recorded, and systems were in place to identify possible themes in order to reduce the chance of a similar incident occurring again. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.



# 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

- An assessments had been completed regarding the persons health and care needs and this was kept under review and updated to reflect any changes.
- Staff had access to the persons care plan and risk assessments, so they could understand how to meet the person's needs. This helped staff to provide effective and consistent care.

Staff support: induction, training, skills and experience

- Staff were provided with support and training to be able to meet the persons needs effectively. Staff confirmed and records showed they received the training they needed to meet the person's needs.
- Written feedback from the persons relative read, 'I am reassured that the new staff have received adequate training through training modules, shadowing the care manager and on the job learning.'
- New staff completed an induction and were able to shadow more experienced staff to understand and gain knowledge about the job role.
- The persons relative felt staff were competent. They commented, "They have had training in dementia and understand my relatives needs and how to support them."
- Staff said they could approach the registered manager for support and guidance at any time, including out of hours support.

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

- The person was supported to eat and drink enough to meet their dietary needs and this was done in a safe way.
- Staff training records showed they had completed food hygiene training so knew how to handle food safely.
- The persons care file contained a dietary risk assessment and a nutrition and hydration care plan and detailed the support the person needed with their meals. This meant staff had the guidance they needed to meet the persons dietary needs.

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

- The persons care plan provided a clear overview of the persons health needs and the involvement of health care professionals where applicable.
- The registered manager informed us staff did not currently attend hospital appointments with the person using the service as this was usually undertaken by the persons relative. However, staff we spoke with

confirmed if they thought the person was unwell, they would contact the relative so they could contact the persons doctor. The persons relative confirmed this to be the case.

#### 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 and were satisfied staff understood the importance of seeking consent before providing care or support. Staff had completed training in relation to the MCA.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

# 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

- The person was treated with dignity, kindness and respect.
- Written feedback from the persons relative read, 'We are very happy with the excellent and safe care service they provide. This is over and above what we imagined.'
- One staff member told us how they were the same age as the person they were supporting so they remembered a lot of the same things such as TV shows. They told us this helped to build a relationship with the person and get to know their likes and dislikes.
- The relative of the person using the service told us, "The carers are very good with [family member]. They have tailored the care, so it is individual to my [family member]."
- Staff had received training in equality and diversity and spoke with kindness about the person they supported. One staff member said, "I feel like I'm doing something good for someone." They demonstrated an understanding of the persons care needs and the importance of respecting diversity.
- The persons care plan described their individual daily routines, cultural needs and personal preferences.

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

- The provider involved the person and their relative in decisions about their care where required where possible. For example, the person using the service was offered choices about their day to day decisions such as what they wanted to wear, what they wanted to eat and drink and what social activities they chose to take part in.
- Information had been provided about the service and how to contact the management team. The persons relative confirmed they were involved in making decisions about their family members care these were reviewed to ensure they remained up to date.
- Records showed that the persons care plan was reviewed regularly. Written feedback from the persons relative read, "The care plan has been regularly reviewed and adapted as needed due to changes in care needs."
- A staff member told us, "I always make sure that I explain what I want to do and ask [person] if that's okay. I respect their decision when they say no.'

Respecting and promoting people's privacy, dignity and independence

- The person using the service was encouraged to maintain their independence and do as much as they could for themselves. The relative of the person told us, "The carers do encourage [family member's] independence. [Family member] can still do some things and the carers encourage them."
- Staff understood how to promote and respect the persons privacy and dignity, and why this was

important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private.

- The persons relative told us, "The staff do treat [family member] with respect and dignity, especially when they help with their care."
- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

# 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

- The relative of the person using the service told us the registered manager was responsive when things needed to be changed. They commented, "We always discuss any changes that need to be made. The care plan is reviewed regularly, and I have a lot of input. Communication is very good."
- A needs assessments was completed in detail and used to develop a person-centred plan of care. This had been reviewed regularly and when the persons care needs changed.
- The care and support plan we looked at contained personalised information for staff on how best to support the person with personal care, eating and drinking, medicines and other day to day activities. They were reflective of the persons current needs and included information about their personal preferences.
- The person using the service received person centred care from regular, reliable and consistent staff, which helped to build trust and support.

Meeting people's communication needs; 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

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 persons communication needs were assessed, and details of any needs were recorded. The person using the service did not have any specific communication needs; however, the registered manager said they would consider each person individually and would provide any support they needed.
- The person using the service was supported to develop and maintain meaningful relationships with family and friends.
- Staff supported the person to go out and enjoy the activities they liked and preferred, such as going out for walks and attending a choir.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that had been provided to the person using the service and their relative, so they knew how to make a complaint. The person's relative told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.
- The registered manager told us that there had been no formal complaints about the service and records

confirmed this. There were processes in place to ensure that all complaints, both formal and informal, verbal and written would be dealt with appropriately.

#### End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

# 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 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 had a positive ethos and staff members were enthusiastic about their roles and committed to providing good care. One member of staff said, "I come away and feel like I've helped to improve someone's life."
- The person's relative expressed their satisfaction with the care their family member received. They commented, "I put my trust in [registered manager] and I'm very glad I did. Its good care and that means I have peace of mind."
- Staff spoke positively about the leadership and management of the service. Staff felt well supported and able to approach the registered manager with any feedback about the care or quality of the service and felt this would be listened to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting the person using the service. Audits and checks were carried out on the persons care and their care records to ensure continuous improvement.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to the persons care and support systems to staff. Staff told us communication was exceptional. There were regular staff meetings and the provider had introduced a secure social media platform to enhance communication with the staff.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and training programme in place.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected the person who used the service.
- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The person using the service, their relative and staff were involved in the improvement of the service

where possible.

- The person and their relative had regular contact with the registered manager and felt able to raise concerns and give compliments. The relative of the person using the service said, "I completed a survey recently. However, we talk all the time and I give feedback on a regular basis."
- Staff told us they felt supported by management. One staff member told us, "[Registered manager] is kind and caring. They are always available to talk to and very supportive of us."
- The registered manager told us they ensured the person using the service and their relative had the opportunity to give feedback and we saw a survey had been sent out in October 2022. The overall result was that the person and their relative were very satisfied with the care.

Continuous learning and improving care; Working in partnership with others

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care the person received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care the person received. These were shared with staff during meetings and supervisions.
- The registered manager and staff team worked with other professionals when required to ensure the service developed and the person remained safe.