

Open Doors Healthcare Services Ltd

# Open Doors Healthcare Services Ltd

## Inspection report

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Date of inspection visit:  
17 January 2023  
20 January 2023

Date of publication:  
06 March 2023

## 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

Open Doors Healthcare Services Ltd is a domiciliary care service providing personal care and support for people in their own homes. The service provides support to older people and younger adults with a range of needs including dementia, physical disabilities and sensory impairments and people who need end of life care. At the time of the inspection, there were 14 people using the service.

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

Some risks to people had not been assessed and some records were not well personalised. The provider's quality assurance systems had not identified these shortfalls. We did not find that this had a negative impact on the care people received, but we have identified these as areas of practice that need to improve.

People were supported by staff who had suitable skills to meet their needs. People were protected from risks of abuse and told us they felt safe. People were receiving their medicines safely and staff followed safe procedures for the prevention and control of infection.

People and their relatives were receiving a person-centred service and they spoke highly of the care and support they received. One person said, "The carers are wonderful, very happy, and jolly and willing to do anything they can to make me feel more comfortable."

Staff had received the training and support they needed to be effective in their roles. People's diverse needs were assessed in a holistic way and staff worked with other services to ensure their health and welfare needs were met. Staff had enough time to spend with people, including those who needed support with eating and drinking.

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.

People and their relatives had developed positive relationships with staff who knew them well. One person said, "I have built up an excellent rapport with the carers." Some people were receiving end of life care, staff were responsive to changes in their needs. Staff were described as kind, caring and compassionate.

Relatives told us they were also supported by the staff.

The provider had systems in place to learn from mistakes and support continuous improvement. People knew how to complain and were confident that concerns would be acted upon.

Staff worked in partnership with other agencies and supported people to be involved and engaged with their care. Feedback we received about the registered manager and the service was consistently positive. A relative told us, "The service is really good. I can't think of anything that needs improving."

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

This service was registered with us on 4 October 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 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** ●

# Open Doors Healthcare Services 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 team consisted of 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 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 24 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 17 January 2023 and ended on 20 January 2023. We visited the location's office on 17 January 2023.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used this information to plan our inspection.

#### During the inspection

We spoke with 3 people and 4 relatives by telephone about the service they were receiving. We spoke with 4 home care support workers by telephone. We visited the provider's office on 17 January 2023 and spoke with the registered manager. We reviewed records that included 5 people's care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, including policies and procedures, quality assurance systems and staff recruitment and training records.



## 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 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

- Some risks to people were not identified and assessed and care plans did not have all the information staff needed to manage risks safely.
- Some people needed to have oxygen therapy at home. Risks associated with the use of oxygen had not been considered as part of the provider's environmental risk assessment process for providing care in people's homes. This meant the provider could not be assured that staff had the information they needed to support the person safely.
- A person was receiving their nutrition and medicines through a Radiologically Inserted Gastrostomy (RIG) tube. A RIG feeding tube allows liquid feed, water and medication to go directly into the stomach. There was no risk assessment or care plan in place to guide staff, including for administering medicines through the RIG.
- The registered manager told us some staff had received additional training and were assessed as competent in the use and maintenance of the RIG. These were the only staff who were able to support the person with the RIG and there was guidance from the RIG provider in the person's home for staff to refer to. This meant risks were being managed and the registered manager gave us assurances that risks assessments and care plans relating to the use of oxygen and RIG tubes would be put in place following the inspection. This was an area of practice that needed to improve.
- Risks associated with people's health needs had been assessed. For example, one person had a pressure area and a risk assessment and care plan detailed care the person needed to prevent the damage from increasing and to support healing.
- People told us they felt care was provided safely. One relative said, "I feel my relation is very safe with the carers and they do monitor how she is."
- Staff told us how risks were managed. One staff member described how a risk assessment had identified a number of trip hazards in a person's home. They said, "The amount of furniture in the room increased the risk of falls for the person and made it more difficult for us to provide care. It was a hazardous situation for us all. The person and their family understood, and some furniture was removed to make it safer to move around."

- There were safe systems in place to manage medicines. People told us staff supported them to have their prescribed medicines when they needed them. One person said, "They record exactly what they have given to me and when."
- People who were able to manage their medicines were supported to do so.
- Some people were prescribed PRN or "Just in case" medicines. There were clear protocols in place for staff to follow when PRN medicines were needed.

#### Staffing and recruitment

- There were enough suitable staff to provide care to people. People told us they received a reliable service, visits were usually on time and staff did not rush people or cut their visits short. One person said, "They arrive roughly the same time every day." Another person told us, "They have never missed a call," and "They have rung me to say if they are going to be late."
- Staff said there were enough staff to cover all the visits. One staff member said, "We have never missed a call, and we have enough time in our schedule so we don't have to rush."
- The provider had a recruitment strategy and there were appropriate checks in place to ensure staff were suitable to work with people. For example, Disclosure and Barring Service (DBS) checks had been undertaken before staff began to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- People were protected from harm and abuse. Staff understood their responsibilities for safeguarding people.
- People and their relatives told us they felt safe with staff because they had regular staff who knew them well. One person said, "I feel very safe with the carers. They are good, a pleasure to have around. No one has ever been nasty or been off hand with me."
- Staff had received training in safeguarding people and demonstrated how they would recognise abuse and knew how to report any concerns. One staff member told us, "I would contact the manager if I was worried or the local authority, I would never leave it if I had concerns about abuse."
- The registered manager had reported possible safeguarding incidents in line with their policy.

#### Learning lessons when things go wrong

- The provider had a system for recording and monitoring incidents and accidents. Staff understood their responsibilities for raising any concerns and reporting incidents and near misses.
- One staff member told us, "You don't have to wait for long, they (registered manager) respond and attend fast if there's a problem." They gave an example of having reported a concern and said, "Their reaction was swift."
- Records showed that staff reported appropriately, and the registered manager dealt with incidents as they arose. For example, the registered manager was proactive in requesting support from the mental health team, when staff suspected a person with dementia was showing signs of being in pain. This meant that the person's care was changed to better support their needs.

#### Preventing and controlling infection

- The provider's policy followed national guidance for the prevention and control of infection.
- People told us staff were wearing appropriate personal protective equipment (PPE) when supporting them, including masks and gloves. One person said, "They do wear masks, aprons and gloves. They also wash their hands. They are good with Infection control and leave my bathroom and kitchen very clean before they go."

- Staff said they had access to the PPE they needed.
- Staff had received additional training in procedures for preventing and controlling infection.

## 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

- Assessments were holistic and considered the full range of people's diverse needs and preferences including people's physical and mental health, their cultural and religious needs and social situation.
- People's needs had been assessed before the service started to ensure their needs could be met.
- Current evidence-based assessments were used to assess people's needs. For example, a Malnutrition Universal Screening Tool (MUST) was used to identify the level of nutritional risk for a person.

Staff support: induction, training, skills and experience

- Staff were receiving the training and support they needed to provide effective care.
- People and their relatives told us they had confidence in the skills and knowledge of staff. One person said, "The carers know exactly what to do and how to do it. I am very confident in their ability and feel really relaxed when they are helping me." A relative told us, "They (staff) are well trained and seem really nice and caring. I am very confident they can support (relative) efficiently."
- Staff described receiving a thorough induction including shadowing experienced staff. One staff member said, "I have learned a lot, I am feeling confident, and I know there are more opportunities for learning."
- Staff were provided with support and training that was relevant to people's needs. This included additional training when specialist techniques were required. The registered manager told us, "We have new staff and we are continuing to monitor and support them to ensure their competence."

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

- Some people needed support with food and drink and staff ensured they had sufficient amounts to maintain a balanced diet.
- A staff member told us, "We always check that people have enough food in and make sure they have a drink they can reach when we leave."
- People who were receiving support at mealtime told us staff involved them in choosing what to eat. One person said, "They check what food I have available in the freezer and fridge and they then prepare it for me. When I was not mobile they ensured I had plenty of drinks and snacks nearby that I could reach."

- Where people had been assessed as being at risk of malnutrition or dehydration, staff were aware of the need to provide support and encouragement. One staff member said, "We always try and offer things they like and encourage them to have some, even a little, to keep them going."

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 access the healthcare service they needed and staff worked effectively with other agencies.
- People and relatives told us staff were proactive in supporting their health care needs. One person said, "The carer noticed I had a skin rash and phoned the district nurse." A relative told us how staff had responded when their relation was unwell. They told us, "The carer reported it (to the doctor) and it was sorted. They are very good and helpful."
- Staff described working collaboratively with other agencies. For example, one staff member told us how a person needed an injection regularly with a district nurse. They explained how they arranged the care visit to coincide so that they could support the person to be ready for the nurse's visit. They said, "I make sure everything is done by 9am sharp before the nurse comes."

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.

- Issues of consent were consistently considered, and care was provided in line with the MCA.
- People and their relatives told us staff sought consent before providing care. One relative said, "They (staff) try hard to get (relative)'s consent before doing anything, one carer is really good at getting her to accept personal care."
- Staff demonstrated a clear understanding of their responsibilities regarding MCA. One staff member said, "I always assume capacity and ask their consent, even if they lack capacity in some ways."
- Staff described how decisions would be made in people's best interest if they lacked capacity. One staff member said, "We would include professionals and family members if that was appropriate."

## 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

- People were receiving a personalised service from staff who were kind, caring and respectful.
- People were consistently positive about the service they received. One person told us, "I know I can talk to them about anything, especially when having a bad day. They are so very kind." Another person said, "They really are very kind and compassionate."
- Relatives described receiving support from staff. One relative said, "They always ask if I am okay."
- Staff spoke about the people they were caring for with compassion and respect. They described having developed positive relationships. One staff member told us, "I enjoy every minute. I get to talk to people, and they tell me about their lives, it's a great experience."

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

- People and their relatives were involved in planning their care and support.
- One person told us, "We were involved in the setting up of my care plan before I left hospital." Another person said, "The carers know exactly what I need, we have a routine now, but I feel should I want something done differently or extra they would do it."
- Staff explained how they supported people to be involved with their care. One staff member said, "I want them to feel they are in control." A relative told us how staff ensured their relation's views were listened to, they told us, "They have included what she feels she needs help with."
- Staff provided people and their relatives with information about other organisations offering support and advice. For example, one relative explained how staff had signposted them to a service that supports family carers. A person described how staff had provided support saying, "They have helped my husband to get an advocate who he can speak to, and from whom he can get emotional support."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was encouraged.
- People were receiving a consistent service from staff who were familiar with their needs. One person said, "I have always had a small regular group of carers that I got to know."

- People described having developed a good rapport with staff and said they felt comfortable with them. One person said, "They always respect my privacy, dignity and do things in a way I found most suited me." Another person told us, "They do respect my privacy and I don't feel embarrassed with them."
- Staff understood their responsibilities for maintaining confidentiality and protecting people's privacy. People described having confidence that their personal information and privacy would be protected. One person said, "I have never heard them talk about anyone at all in any form. They seem to maintain good confidentiality."
- Staff described a focus on supporting people to remain independent. One staff member said, "We are there not to take over their life, but to support them to have a good life." A person told us, "The carers encourage me to do what I can do for myself, and now I am able to walk a bit with a frame."

## 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.

### End of life care and support

- People were supported to have dignity, comfort and respect at the end of their life.
- The registered manager explained that the main focus of the service was to provide end of life care and support.

- People and their relatives were consistent in their positive view of the service they received.

One person said, "They (staff) give me a better quality of life than I would have without them. They cheer me up when I am down in the dumps." A relative told us, "They (staff) are aware that (person's name) is very ill with little time left. We both get along well with the carers, and they always ask if I am okay before providing care. They help me to feel that I am in control of my own wellbeing and the care."

- Staff described an awareness of people's diverse needs and wishes. One staff member said, "We have to respect people's beliefs for example, ensuring they have time to pray before giving care, if that is what is important to them." People told us staff were considerate of their needs and wishes. One person said, "Being at the end of life, they understand the fact that I am unable to do very much now, but they still ask me what is required."

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving a personalised service that was responsive to their needs.
- People and their relatives were involved in decisions about their care and support. Staff supported people to make choices and to have as much control as possible. One person said, "Although I can't do much for myself, I am still able to make decisions concerning my well-being." Another person told us, "The carers will do exactly what I need them to do, in fact they are happy to do anything that makes me feel more comfortable."
- Staff described being able to provide a flexible service when needed, for example if a person's needs changed. A person told us, "If I am having a bad day and I tell them I am not up to a wash on the first call, they then help me wash and change night dresses on the next call."
- Records confirmed that staff were providing a responsive service. For example, staff noted changes in people's health and well-being and took appropriate action to report changes. One person told us, "The

carers are very on the ball and pick up very quickly on things such as noticing my breathing has deteriorated."

#### 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 provider had implemented the Accessible Information Standard and care plans included details of people's communication needs and any sensory needs. For example, one person's care plan included that they needed glasses and used touch and gestures to communicate.
- Staff knew people well, understood their needs and were able to communicate successfully with them. A relative told us how staff supported their relation who had difficulty with communication saying, "This does not stop them, or her, from interacting with each other."

#### Improving care quality in response to complaints or concerns

- The provider had a complaints system and people told us they felt comfortable to raise any issues.
- One person told us, "I have not had to make any complaints but if something arose we were not happy with I would speak to (registered manager) as she is wonderful to talk to and I know she would sort it out for us to our satisfaction."
- The registered manager explained how any concerns were dealt with straight away and this meant that no complaints had been received. People we spoke with confirmed they had confidence that any issues would be addressed. One person told us, "I am confident that if something happened (registered manager) would sort it out immediately."

## 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems for identifying and managing risks were not fully embedded. Risk assessments and care plans did not always contain all the information staff needed and quality assurance systems had not identified these shortfalls. The registered manager took immediate action to put in place the risk assessments that were needed.
- Some records did not reflect decisions about people's care. For example, when a best interest decision was made, the provider had involved relevant people and professionals but had not fully recorded the best interest decision. This did not have an impact on the care provided but was an area of practice that needed to improve.
- Some care plans lacked personalised detail. For example, people's wishes for end of life care were not well recorded. We did not find these shortfalls in records had a negative impact on the care people were receiving, but ensuring accurate records are maintained is an area of practice that needed to improve.
- Staff had a clear understanding of their roles and responsibilities and spoke highly of the management of the service. One staff member said, "The service is well run, the manager is very hard working and supports the staff, if we need help she teaches us."
- The registered manager used audits and spot checks to monitor the quality of the service. They described how the service was relatively new and they welcomed feedback about the service to help make improvements.
- There were systems in place to support continuous learning and improvement. For example, additional training was planned to further support staff in providing end of life care to people.

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

- People, their relatives and staff were consistent in their views that the service was well run.
- One person told us, "I know the manager and she really is very good, in fact a really lovely lady. She is good with her staff and they all seem very happy working with Open Doors." A relative said, "The manager has been really helpful and is very good. She is polite and patient, as are the carers."
- Staff described a positive culture where they felt well supported and able to express their views. One staff member said, "They (registered manager) are good at considering our suggestions." They gave an example of how they had suggested a change to the scheduled time of some visits and the registered manager had agreed. Another staff member told us, "In team meetings we have an agenda and we can ask any questions." They explained how staff were encouraged to be open about any difficulties they were having.
- People described feeling in control of their care. One relative told us, "They (staff) will do exactly what (relative) wants them to do and in the way (relative) wants it done."
- The registered manager was aware of their responsibilities including legal requirements and conditions of registration such as the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The registered manager was proactive in engaging with people, relatives and staff.
- People and relatives described having regular contact and involvement with the registered manager. One person told us, "The manager listens and helps me to sort things out. She is very reassuring" A relative said, "They have listened to our request and dealt with it efficiently and effectively."
- Staff demonstrated a clear understanding of equality issues. One staff member told us, "We are a diverse group of staff from different backgrounds. That helps us understand and support people who are from all walks of life." The registered manager described how staff were matched to people, considering their needs, views and preferences.
- Staff had developed effective working relationships with other agencies. Records showed regular involvement with a range of services including occupational therapist, dietician, district nurse and GP. The registered manager described working with a social worker and mental health team to review the needs of a person with dementia. One person described how the service worked effectively with their palliative care team. A relative told us, "They will alter the times if (relative) has to attend an appointment which might interfere with the carer's (visit) time."