

00J Homecare Services Ltd

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Inspection report

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12 July 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

OOJ Homecare Services Limited is a domiciliary care agency providing personal care to adults living in their own homes. Not everyone who used the service received personal care. Care Quality Commission (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. During our inspection visit, the provider was caring for 21 people in Leeds and Scarborough.

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.

Right Support: Although there were policies and procedures in place to ensure people's rights under the Mental Capacity Act (MCA) was respected, we found people were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

Medicines were not always managed safely. Medication administration records (MARs) were not completed in line with national guidance.

We could not be assured all aspects of recruitment were managed safely.

Right Care: People told us they received kind and compassionate care however we found concerns in relation to quality of records, late visits, and quality assurance systems. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Right Culture: People's care plans and daily records lacked detail and were not always person-centred. Effective quality monitoring was not fully in place and issues identified had not been previously identified by the provider. The registered manager cooperated with the inspection process and told us the action they would take to address the issues found.

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

Rating at last inspection

The last rating for this service was good (published 12 March 2020).

At our last inspection we recommended the provider consults and implements good practice and guidance in recording administration of medication and recording of mental capacity assessments and best interest decisions. At this inspection we found further concerns in these areas and the recommendations had not been acted upon by the provider.

Why we inspected

We received concerns in relation to staffing. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The provider has been responsive and taken action to mitigate risks including updating care plans, arranging medication reviews, and putting additional medication administration records (MARs) in place.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for OOJ Homecare Services Limited on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

OOJ Homecare Services 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 inspection was carried out by two inspectors 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.

OOJ Homecare Services 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 the service is small and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 July 2023 and ended on 28 July 2023. We visited the location's office on 12

July 2023.

What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested and received feedback from other stakeholders in Leeds and Scarborough. These included the local authority safeguarding team, commissioners, and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who were using the service and 4 relatives of people using the service. We spoke with 5 support workers, the nominated individual, and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from one healthcare professional.

We looked at care records for 3 people. This included medication administration records, risk assessments, care plans, and daily records. We reviewed staff recruitment files, various policies and procedures, and the quality assurance and monitoring systems of the service.

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. At this inspection the rating has changed to 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.

Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had not made improvements.

- Medicines were not always managed safely.
- Medication administration records (MARs) were not completed in line with national guidelines. MARs did not provide clear information about how to administer people's medication, including route or time of administration. Staff were not completing records in full and some lacked detail including time of administration and signatures. The registered manager confirmed people had received their medication, but this had not been appropriately recorded.
- Staff told us prescribed creams were being applied, but this was not being recorded. The registered manager took action to implement recording of prescribed creams when this was identified.

We found no evidence people had been harmed, however systems were not robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were trained in administering medication and had their competencies assessed by the registered manager.
- The provider was working effectively with other agencies and relatives to share the responsibility for giving medicines to people. Where the shared responsibility resulted in concerns the registered manager was working to resolve this.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems, policies, and procedures in place. The registered manager was confident in identifying and managing safeguarding concerns. They provided examples of where they worked in collaboration with the local authority.
- Staff spoke confidently about identifying abuse and following internal safeguarding processes.
- People told us they felt safe and well supported. One person shared: "These guys they are like family to tell you the truth."

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

- We could not be assured the service had oversight of specialist training completion or renewal. The

provider monitored mandatory and additional training in place for staff however, not all training was reflected and certificates of completion were not available for specific training such as percutaneous endoscopic gastrostomy (PEG) or catheter care. A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. The registered manager assured us the training had taken place and staff spoke confidently about providing the specialist care, however this was not recorded. After our inspection, we received a further update from the registered manager which evidenced the staff had been trained in PEG and catheter care.

- Safety monitoring and management were not robust. We found evidence where incidents were reported and followed up by the registered manager however, we found not all incidents were reported, such as missed signatures on people's MARs.
- Risk assessments varied in detail. The provider assessed risks through generic risk assessments and developed more detailed risk assessments for specific needs including epilepsy and people at high risk of falls. Staff told us they were not always clear about risk assessments for people who used the service or where they could access this information. We raised this with the provider and they intended to address this in team meetings and with additional training for staff.
- Staff had a good understanding of reporting accidents and incidents.
- The provider responded to incidents by putting additional training in place for staff and consulted professionals involved in the person's care. The registered manager discussed incidents in team meetings to share learning and met with staff individually.

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.

At our last inspection we recommended the provider consider current guidance on mental capacity assessments. The provider had made some improvements.

- We found the service was not always working within the principles of the MCA. The registered manager had carried out some capacity assessment where relevant however, this was not the case for all people where a need was identified.

Staffing and recruitment

- The provider had enough competent staff however, there were concerns with staff arriving late. We were not assured people always received their care on time. The registered manager was aware of this and implementing systems to monitor and improve this. People did not come to any harm as a result of late calls.
- Staff recruitment checks were not always carried out in full. We found gaps in employment history were not always explained prior to appointment. The provider carried out audits of staff files however, these did not identify gaps in employment history. We raised this with the provider and the registered manager told us gaps in employment were discussed but not recorded. They intended to implement a new recording system.
- We could not be assured all staff had the right mix of skills and training to make sure practice is safe. The provider did not provide evidence of training for all staff providing support at the time of the inspection.

Preventing and controlling infection

- The provider managed the control and prevention of infection well.

- Staff were trained in preventing and controlling infection and had access to personal protective equipment (PPE).
- People who used the service and their relatives did not report any concerns relating to cleanliness or hygiene.

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. The rating for this key question has remained 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care records were not always complete or contemporaneous. Care plans and daily records lacked detail and legibility. Records for people with nutritional needs did not always include specific information required around fluid intake.
- Care records were not always written in a person-centred way. Some records used generic statements to describe people's goals and objectives.
- Quality assurance arrangements were not always applied consistently and were ineffective. The provider carried out audits of MARs and staff files however, we found these did not highlight concerns or gaps within process.
- The provider did not always submit the required statutory notifications to CQC as required by law. We are looking at this issue under a separate process.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a breach of regulation 17(2) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

- People and their relatives told us they were happy with the management of the service. Staff told us they felt well supported by the registered manager. One staff member said, "Anything I feel I don't understand she's always there to give advice and support."
- The registered manager spoke passionately about continuous learning and improvement. We saw the service had grown since the last inspection to support more people. The provider was implementing a new call monitoring system which included electronic recording.
- Staff spoke confidently about person-centred support. Their comments included, "Kind of care that is centred around the individual. Support the way they want to be supported."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 sought the views and opinions of people who used the service and their relatives through surveys.

- The registered manager met with people who used the service following incidents relating to staff conduct.

Working in partnership with others

- The provider demonstrated good partnership working. We received feedback from a healthcare professional who shared they were impressed with how the service, "Considers what is best for the client and is happy to work with myself to achieve this."
- The provider belonged to a network of registered managers to share experience, knowledge, and practice locally.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to demonstrate medicines were managed safely. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm.