

D.Osteen Limited

D.Osteen Limited t/a

D.Osteen Homecare

Support

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

D.Osteen Limited trading as D.Osteen Homecare Support is a home care service providing personal care to people in their own homes. At the time of our inspection there were eight people receiving personal care services. The two registered managers carried out all care calls at the time of our inspection, as there were no employed staff at this time.

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

People received care and support that was safe. The provider took steps to protect people from risks, including the risk of abuse or avoidable harm. Recruitment processes were in place to make sure when staff were employed they were suitable to work with people in their homes. The provider actively promoted safety around medicines and infection control.

People received care and support that was effective and based on thorough and detailed assessments and care plans. When staff were employed they were trained and supported to deliver care according to people's needs, and worked with other agencies to deliver consistent and effective care. People were supported to have maximum choice and control of their lives; the policies and systems in the service supported staff to support people in the least restrictive way possible and in their best interests.

People had caring and kind relationships with their care workers and the registered managers. The provider worked to respect and promote people's privacy, dignity and independence by encouraging people to be involved in their care.

People received care and support which met their needs and reflected their preferences. The provider complied with best practice guidance with respect to meeting people's communication needs.

The service was well led. There was focus on meeting people's individual needs, working in cooperation with others and continuous learning. This was supported by an effective management system appropriate for the size of the organisation.

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

### Rating at last inspection

This service was registered with us on 11 May 2018 and this was the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# D.Osteen Limited t/a D.Osteen Homecare Support

## **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 Care Act 2014.

### Inspection team

One inspector carried out this inspection.

### Service and service type

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

The service had two managers registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In this case the registered managers were also the owners of the business.

### Notice of inspection

We gave a short period 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 and finished on 1 August 2019.

#### What we did before the inspection

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. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service or relatives about their experience of the care provided. We spoke with both registered managers. As there were no staff employed at the time of the inspection we reviewed records to understand how the service worked when staff were employed. We reviewed a range of records. These included five sets of care records, three staff files and other records relating to the management of the service. These included the most recent staff and service user survey forms.

#### After the inspection

We reviewed information sent to us by the provider in the days following the inspection.

# 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 for 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 provider had processes in place which protected people from the risk of abuse or avoidable harm. Both registered managers were aware of their responsibility to protect people. When they had concerns about a person's care involving a third party they had raised their concerns with the person's social worker.
- People using the service felt safe. Everybody we spoke with told us they were confident people received care and support in a safe way. One person said the principle was "safety first". A family member had written, "Mum thinks you are wonderful, and she feels safe with you."

Assessing risk, safety monitoring and management

- There were processes in place to identify, assess and manage individual risks. There was particular attention paid to falls risks and pressure injury risks. The provider used standard assessment tools where these were available, and developed individual care plans to manage risks.
- The provider had contingency plans to keep people safe and comfortable in extremes of weather. These identified high priority calls where people had more complex needs. The provider worked with people's families to make sure people had fans, ice cube trays and other ways to keep cool in summer. During the winter the provider checked people's heating and hot water systems were in good working order.

Staffing and recruitment

- There were sufficient staff, including the registered managers, to support people safely. At the time of our inspection, the registered managers were covering all calls because three employed staff had resigned for different reasons. The registered managers had assessed the risks associated with this, and concluded they were able to support people according to their current needs while they recruited new staff. People told us they had their care calls as scheduled and they were happy with the service provided.
- There was a robust recruitment process in place. The provider made the necessary checks that applicants were suitable to work in the care sector and kept the records of checks as required by regulations. When new staff started a registered manager accompanied them on all calls until they were signed off as competent to work alone.

Using medicines safely

- The provider supported people to take medicines as prescribed and in line with their preferences. Where possible the provider respected people's independence and prompted them to take their medicines. When staff were employed, they received training in medicines and had their competence checked by one of the registered managers.
- Accurate records were kept of medicines administered. These included body maps to show where creams and ointments were applied. Where the provider assisted with ordering and receiving medicines appropriate

records were kept including expiry dates of time limited medicines.

#### Preventing and controlling infection

- Appropriate measures were in place to protect people from the risk of infection. The provider made personal protective equipment such as disposable gloves and aprons available, as well as soap, paper towels and liquid hand cleaners. The provider used spot checks to assure high standards of hand hygiene.
- Where the provider prepared food for people there was a risk assessment in place. The provider's training for all staff included food safety.

#### Learning lessons when things go wrong

- The provider had a systematic process to monitor safety and identify improvements. Their "safety thermometer" for each person receiving care and support was based on practice the registered manager had seen in NHS hospitals. It covered areas such as falls risks, prevention of pressure injuries, and hospital admissions. It allowed the provider to check for any trends or patterns and to identify early signs of changes in people's needs.

# 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

- People's care and support were based on individual assessments and care plans which were detailed and comprehensive. Care plans were reviewed regularly with input from other healthcare professionals. People's care and support were reviewed in line with people's changing needs. One person had a temporary care plan in place while they recovered from a broken ankle.
- People's care was based on current guidance and led to good outcomes for them. A family member had written, "Direct and consistent care is of a very high quality." The registered managers kept themselves up to date with published guidance and good practice based on their experience as registered nurses.

Staff support: induction, training, skills and experience

- The provider had processes in place to make sure staff had the necessary skills and support. Staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. Training available to staff included dementia awareness and falls risk awareness.
- There were processes in place to make sure training had been effective. The provider's policy was that a registered manager accompanied new staff on all calls until they were happy staff were competent to work alone. This was followed up by a system of spot checks and occasional on site supervisions

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

- At the time of our inspection responsibilities in this area were limited to preparing food purchased by people or their families. Feedback to the provider from people and their families in this area was good. One family member had written, "Healthy foods and drinks are offered on every care call, and a precooked, nutritional frozen meal is heated every evening."

Staff working with other agencies to provide consistent, effective, timely care

- The provider had effective policies to work with other agencies. Where a person had additional support from a live-in carer and care workers from another agency, their care plan made clear who was responsible for different aspects of their care.
- The provider had worked with other professionals to deliver effective care. They had worked with an occupational therapist to make sure support met a person's moving and positioning needs. The provider had received positive feedback from this professional.

Supporting people to live healthier lives, access healthcare services and support

- The provider adapted their support to people to take account of activities which enhanced their wellbeing. They timed care calls so that people were ready if transport was arranged to day services. When

people's families arranged events and activities, the provider adapted their medicines support so that people could attend.

- Where people had exercises recommended by other healthcare professionals, the provider adapted their care plan to support them to do the recommended exercises and speed their recovery.

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 Act 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.

- The registered manager was aware of their legal responsibilities under the MCA. However, none of the people supported at the time of our inspection had been assessed as lacking capacity.
- Records showed consent for day to day care was in place. Where people had appointed a lasting power of attorney to make decisions on their behalf, the provider had a copy of the paperwork on file.

# 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

- People told us they had good relationships with the registered managers. One person said, "They are absolutely great. No complaints. They do more for me than other agencies. They are very kind and caring. I have never had better." Comments in service user survey forms included, "I wish all carers and care agencies were this good," and "Caring, careful and respectful - much better service than the last firm."
- Where people had a preference to be supported by a woman, the provider respected this. The registered managers were aware of equality and diversity issues. Staff training included equality and diversity.

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

- The provider encouraged people to express their views and take part in decisions with regard to the care and support they received. One person described themselves as "very critical but happy with the service". Comments in service user survey forms included, "Mum is part of the decision making process and is given choices in her day to day living," and, "The Manager is always concerned about my welfare and is always looking for ways to improve the service."
- The service supported one person to go shopping, and their care file contained a map of the supermarket. This meant they could plan ahead, keep control of their support and maintain their independence while planning each shopping trip.

Respecting and promoting people's privacy, dignity and independence

- The provider promoted people's dignity as individuals. As well as identifying information about people's life history and interests to promote meaningful conversations and relationships, the provider made information about their care workers available to people. Each care plan contained a "know my carer" care with three important facts about the care worker. These were, "what is interesting about me", "what I enjoy about my job", and "what are my hobbies and interests".
- People told us the provider respected their independence and dignity. One person said, "The care I receive has always been dignified, caring and my wishes are always considered." Another person said, "I feel safe, supported and am encouraged to be as independent as possible."

# 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 registered managers supported people according to their care plans in ways that met people's needs and reflected their preferences. One person's family member had written, "My husband has complex needs and everything they do for him is to our complete satisfaction." Another person told us the service was "very good so far, very good on medical things, everything is in good order".
- The registered managers maintained close contact with people to make sure they had appropriate care that gave them choice and control. As well as undertaking care calls with and without staff, they contacted people and their families regularly and monitored care delivered via daily care notes and other records. A healthcare professional had complimented the service on "gathering qualitative information about a client's needs before sending in carers".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had developed communication care plans which conformed to the AIS. Where they supported a deaf person, the registered managers and staff, when employed, knew how to make it easier for them to lip read. Their care plan included guidance to speak clearly and more slowly rather than more loudly. The care plan took into account the person's individual communication needs.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. There had been one complaint logged in the year before our inspection. The complaint had been followed up and the provider had replied to the complainant. The registered managers had reflected on lessons learned from the complaint and taken steps to stop the same thing happening in the future.

End of life care and support

- At the time of our inspection the provider did not support and had not supported anyone with end of life care. The registered managers were aware specific training was required if they were to take on an end of life care package in the future.

# 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 was well led and promoted person-centred care, with the underlying principle of "putting the care of clients first". The basis of this was a set of policies, processes and procedures which promoted compliance with relevant standards and legislation. Staff were encouraged to become familiar with these, and the registered managers communicated the ethos of the service through induction, supervision, and regular informal contact with staff.
- The service achieved good outcomes for people. The registered managers discussed people's care plan with the person and staff who would be supporting them. Where appropriate, these discussions involved the person's social worker and family. There were checkpoint reviews after two weeks and six months. One person's social worker had reported they "had never seen [Name] so engaging and happy with her care". The person had told their social worker, "I did not realise I had been receiving poor care until I had this new company."

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 managers were aware of their responsibilities under the duty of candour. Records showed the service was managed in an open, transparent way with honest communication with people and their families.

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

- There was an effective management system based on regular, minuted, management and staff meetings. The registered managers had developed a job-share system which meant they were both clear about their responsibilities and duties. The registered managers had experience of working in regulated services which had given them an understanding of regulatory requirements.
- There were effective quality monitoring and assessment processes in place. Records were in place for medicines audits, care plan reviews and spot checks.
- There were effective risk management processes in place. These covered individual risks, such as risks arising from supporting a person who chose to smoke, and contingency risks affecting the whole service, such as the impact of bad weather on the service.

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

#### characteristics

- Processes were in place to engage people, their families, and staff by means of regular reviews and surveys. The registered managers engaged proactively with other healthcare professionals such as occupational therapists and community nurses. They had received positive feedback from them.

#### Continuous learning and improving care

- There was a focus on continuous improvement and learning. This was based on reflection in response to comments made in surveys and complaints with a view to identifying lessons which could apply to other people's care and support. Regular and frequent contact with people and their families led to continuous learning about their needs and preferences, and how these could best be met. The registered managers updated people's care plans to reflect this.
- The registered managers kept up to date with the local government ombudsman's weekly report. This allowed them to identify any relevant lessons from the experience of other similar services.

#### Working in partnership with others

- Records showed there was regular contact with the local authority care quality team. The service worked in cooperation with other agencies engaged to support the same people, and with other professionals such as community nurses. The registered managers kept up to date with the CQC newsletter and updates from other trusted organisations such as the National Institute for Health and Care Excellence (NICE).