

Official Care Limited

# Official Care Newcastle

## 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

Official Care Newcastle is a domiciliary care agency providing personal care to three people in their own homes. 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.

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

People were treated with kindness and compassion and staff knew their preferences. People and their relatives were involved in decisions about their care. Dignity and respect was maintained at all times.

People confirmed they felt safe with the care staff. The provider had policies and procedures for dealing with safeguarding and whistle blowing concerns. Staff knew how to raise concerns and told us they would do so if needed.

Staff were consistent and reliable so that people received their care on-time. New staff were recruited safely. People received their medicines safely and staff followed good infection prevention and control (IPC) practices.

Care was personalised and responsive to people's needs. People's concerns were listened to and acted upon in a timely manner. The service learnt from issues and took action to improve the service.

People's needs were explored and suitable care was put in place. Staff training was appropriate and up to date. People were supported to maintain their independence and make choices about their care.

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, relatives and staff had opportunities to provide feedback. The provider had quality assurance systems to help improve the care people received.

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 23/08/2019 and this is the first inspection.

### Why we inspected

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

## 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 ●

# Official Care Newcastle

## 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

The inspection team consisted of two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service short notice of the inspection due to it being a small service.

Inspection activity started on 25 June and ended on 3 August 2021. We visited the office location on 3 August 2021.

#### What we did before the inspection

We reviewed the information received about the service since its registration with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with one person and two relatives about their experience of the care provided. We contacted four staff members, including the registered manager and three care workers.

We reviewed a range of records including three people's care records and one person's medicines record. We looked at four staff files in relation to recruitment practices and staff management. We reviewed a selection of records relating to the management of the service including policies, risk assessments, training records and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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

- People were safe. The provider had policies in place to help keep people safe from abuse. One person commented, "Oh yes [I am] very safe, very satisfied."
- There had been no safeguarding concerns raised. The provider had accessible safeguarding procedures to guide staff if needed.
- Staff had completed safeguarding training. Staff knew about the service's whistle blowing procedure and told us they would use it if needed. One staff member said, "I am very confident to use the whistle blowing procedure, needed to. Should the need arise, I confidently will."

### Assessing risk, safety monitoring and management

- The provider managed risks to help keep people safe.
- The provider assessed potential risks to people when care was planned. These covered a range of areas, including the person's home, moving and handling, medication and smoking. Assessments identified measures to reduce the risk of potential harm.

### Staffing and recruitment

- The provider employed sufficient staff to provide care when people needed it. People received care from a consistent and reliable team of care workers. One relative commented, "It is always the same two carers. They seem to be [on-time] from what we know, they do four visits a day."
- New staff were recruited safely. The provider completed various checks to ensure new staff were suitable to work for the service.

### Using medicines safely

- Medicines were managed safely. People received their medicines from trained staff.
- The provider regularly checked staff followed the correct medicine procedures. This helped ensure people received the right medicines at the right time.

### Preventing and controlling infection

- The provider had procedures to promote safe IPC practices.
- Staff completed IPC training and were supplied with the PPE they needed. One staff member commented, "I am adequately supported through the provision of protective equipment and training to enable me discharge my duties to the satisfaction of my clients."

### Learning lessons when things go wrong

- The provider had systems to investigate incidents and accidents and the learn from them.

# 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 were involved in assessing their needs and deciding how their care was provided. People's social, religious and cultural preferences were considered.

Staff support: induction, training, skills and experience

- Staff were suitably supported and trained. They had the skills and experience needed to provide good care to people. Relatives confirmed this was the case.
- Staff were recruited safely and received a full induction on joining the service.

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

- People were supported to eat and drink enough, where required. People's care plans described the support they needed to maintain good nutrition.
- One person told us staff knew and understood their nutritional likes and dislikes.

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

- Staff worked with other health and social care professionals involved in people's care such as Social Workers.

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 provider followed the requirements of the MCA. Staff asked people for consent before providing care.
- People and their relatives confirmed care staff supported them to make choices.

# 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

- Care staff treated people well and supported them with kindness and compassion. One person said, "[Carers] are very kind and caring, it's always the same [carers]".
- Staff ensured people's needs were met during difficult times. During the COVID-19 pandemic, the registered manager supported a person by going shopping for them to help keep them safe.
- People and relatives told us care staff knew them well. One relative said, "[Care staff] have a lovely relationship with [person] and they really seem to care about her."

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

- People and their relatives were supported to make decisions about their care. This included regular reviews to check their care still met their needs.
- Relatives were actively involved in some people's care and advocated on their behalf, depending on their needs.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. This was at the heart of the service's philosophy of care. One person confirmed care staff always treated them with dignity and respect. The person said "The staff always treat me with dignity and respect".
- Care staff supported people to maintain their independence. One relative told us, "They [care staff] very much respect [person's] dignity. They let [family member] do what they can like getting dressed, they just help with the fiddly bits like buttons."

# 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

- People's care had been planned around their individual needs and preferences. Each person had a detailed, person-centred care plan which detailed how they wished to be cared for.
- The registered manager regularly reviewed care plans. The registered manager also held meetings with people and their families on a regular basis to discuss care.

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 service could make information available in different formats when needed.
- People's communication needs were discussed and recorded in their care plan. This was available for staff at all times.

Improving care quality in response to complaints or concerns

- The service investigated complaints and concerns thoroughly. The registered manager evidenced actions taken and lessons they had learnt from complaints.
- The registered manager maintained communication with people and their relatives. One relative said "[registered manager] is very approachable we have a great relationship with the staff".
- Relatives knew how to make a complaint, if needed.

# 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 provider prioritised people's needs to help ensure care was personalised. One relative said, "[Names of care staff] are the only two carers [family member] seems to have, which is brilliant. They have a lovely relationship with [family member] and they actually seem to care about [family member]." A staff member said, "In my opinion we endeavour to provide tailor made services to our various clients' needs."
- People and staff confirmed the registered manager was approachable. One person commented, "He [registered manager] is very good too [as well as care staff]."

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

- The service had a registered manager who understood the duty of candour and the need to be open and honest if anything were to go wrong. They were proactive in submitting the required statutory notifications for significant events to the Commission.

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

- The provider engaged with people and staff to gather their views. Questionnaires were used to gather feedback and the results used to improve the service. The feedback from previous surveys had been positive.
- The registered manager was in regular contact with people and staff. One staff member commented, "Yes my suggestions are listened to and alterations done should there be a need."

Continuous learning and improving care

- The provider had systems to monitor the care people received. They checked a range of areas, including care planning, medicines and infection control. The findings were used to improve the service.
- Spot checks were used to provide reassurance that people received safe care. One staff member said, "I am well supported, with spot checking to ensure my safety and that the right care is delivered."

Working in partnership with others

- The provider worked with others to work towards promoting good outcomes for people.

