

Approved Care and Support Limited

Oswestry

Inspection report

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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

Oswestry is a domiciliary care agency providing personal care to 33 people at the time of the inspection. The service supported people from the local area and had an office in the main town centre.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were protected from the risk of harm although not all incidents were being reported to the office in a timely manner. The registered manager reviewed the process in place to ensure all staff know what to report and when.

Risks to people's safety were assessed, including people's home environment. We highlighted some areas where further assessment was required. For example, with certain health conditions. There was sufficient staff to meet people's needs and no reports of missed or late calls. Some people told us they would like a more consistent staff team.

People received their medicine safely. Staff had received training in safe administration and their practice was reviewed during spot checks. People were protected from the risk of infection and plans were in place to mitigate the increased risks from the current Covid-19 pandemic.

The registered manager was aware of their responsibilities. However, at the time of inspection we found the systems in place did not always enable them to have clear oversight of everything that was happening in the service. Staff felt they delivered a quality service to people and most people we spoke with told us they would recommend the service to others.

The service worked in partnership with health and social care professionals..

Rating at last inspection

The last rating for this service was good (published 01 June 2018).

Why we inspected

We had received a number of reports which suggested safeguarding concerns had not been adequately investigated and the processes required to keep people safe were not always robust. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We have found no evidence that anyone was at risk of harm. However, the overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

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 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 ●

Oswestry

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

This inspection was carried out by three inspectors. Two inspectors carried out a site visit and a third inspector spoke with staff and people who used the service, over the telephone.

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 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 July 2020 and ended on 17 July 2020. We visited the office location on 15 July 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, and care workers.

We reviewed a range of records. This included four people's care records and three people's rotas. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including, infection control procedures and safeguarding records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and information sent to us by the provider, in response to the findings of the site visit. We also contacted a health and social care professional who works with the service for additional feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Prior to this inspection we received reports suggesting action had not been taken in response to concerns being raised in the service. We followed up in relation to each concern that had been shared with us and found evidence confirming investigations had taken place. The service was able to demonstrate a range of learning outcomes from concerns over a two year period.

- However, the provider's systems did not show all incidents were reported in a timely manner. We discussed two separate incidents with the registered manager where a clear process had not been followed. This caused some confusion in establishing what had happened. Some staff had told us they were not sure of the external contact details they may need, should they wish to escalate a concern outside of the service.

- As a result of this discussion the registered manager reviewed the reporting process in place to ensure they received information quicker and staff knew who to go to and when.

- People told us they felt safe with the support they received from Oswestry. One person said, "I have a good relationship with my carer. She makes me feel safe, she is wonderful."

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and people were aware of their risk assessments and what they were for. One person told us, "I have a risk assessment and I was involved in developing this and it is reviewed."

- We looked at a number of care plans and found one risk assessment for moving and handling was missing. We also found a number of areas where further risk assessment was needed. For example, with the use of certain equipment and in relation to health conditions such as, diabetes. The provider took immediate action to mitigate the risks identified and the missing assessments were replaced.

- People's home environments were assessed. The hazards staff needed to be aware of when visiting certain houses was documented, for example, people who smoked in bed when staff were not present.

Staffing and recruitment

- There was sufficient staff to meet people's needs. We received no reports of missed calls or staff not staying for their allocated time.

- Some people told us they had the same care staff most of the time, but other people told us they did not always have consistent staff. One person said, "I get a rota telling me who is visiting and what time they are arriving, but I don't always have the same carer." Another person said, "I do have different carers, but they are lovely." The registered manager instigated a review of people's view of their staff allocation.

- We reviewed the recruitment process and found checks were being completed on people's character, background and qualification. However, we alongside the local authority, identified some areas where the

process was not being applied as robustly as would be expected. For example, following up on references, ensuring no gaps in the employment history and competency assessing new staff before they are permitted to lone work.

- The provider has provided us with an updated recruitment policy which highlighted to the office staff areas where increased due-diligence was needed.

Using medicines safely

• People received their medicine from staff who had received training in the safe administration of medicine. However, several staff were unsure if they had been competency assessed after their training. A competency assessment ensures staff practice is in line with national guidance. One staff member said, "I've received medication training and our practices are reviewed during spot checks, but I don't think a medication competency assessment was completed." We checked the training matrix and we saw evidence of the spot checks but no evidence of any competency assessments. The registered manager commenced a review of staff training and how training was recorded

- We reviewed the process in place to monitor the medicine records and could see they were checked monthly. However not all reported issues were clearly recorded. For example, one medicine administration record (MAR) had been amended as the dosage was wrong but no explanation had been recorded as to why there had been a change and who was responsible for the error.

Preventing and controlling infection

• People were protected from the risk of infection. One person told us, "Staff always leave my home tidy and work safely. The staff wear PPE (Personal and Protective Equipment) and they wear it properly. They wash their hands when they arrive."

• The service had infection control procedures in place which had been increased as a result of the Covid-19 pandemic. During the site visit we saw updated risk assessments in people's care files, appropriate signage promoting social distancing and touch surfaces being cleaned on a frequent basis.

• Staff surveys had been completed in relation to Covid-19 and the results were positive, especially in relation to training and information received. Staff reported feeling safe and able to raise any concerns in relation to the current situation.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- We found the registered manager to be clear about their role and responsibility. However, we found the systems in place did not always enable them to have clear oversight of what happened in the service and to ensure the required standards were being met.
- The provider's audit checks had not picked up on the gaps in the recruitment process, explain why changes had been made to medicine records or identify missing assessments in people's care files. The provider and the registered manager were responsive to our findings and acted to address these issues. We will review the impact of these changes on our next inspection.
- Staff told us they received information about people's care plans and any risk assessments but described different ways in which information was received. This suggested there was not a consistent approach to the dissemination of information. This could result in staff missing out on key bits of information about people's care needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The Provider's vision for the service was displayed in the foyer of the office and there was a clear focus on person centred care. The feedback from people using the service was predominately positive, with many saying they would recommend the service to others. One person's relative told us, "The staff always stay their allocated time and if they have any spare time, they will put a bit of washing on and tidy up. I would recommend the service."
- Staff felt the care they delivered was of a good quality. One staff member said, "We make sure people are happy, comfortable and are feeling safe."
- We spoke with one professional who worked with the service and they were complimentary of the services ability to respond to and communicate issues.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour. No instances had been reported where its application had been required.

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

characteristics

- Spot checks were carried out on staff working in people's homes. One person's relative told us, "They come around about every three months and ask if we are happy and check on the carers." During our discussions with people we found some people did have concerns about receiving male carers for personal care calls. We shared this information with the service, and they carried out an immediate review.
- The provider engaged with staff and surveys had recently been completed in relation to Covid-19. The results were positive, and scores were good in relation to the training and information received. Staff reported feeling safe and able to raise any concerns in regard to the current pandemic.
- Staff reported they did have one to one meetings with their supervisor and were able to discuss their concerns. Some staff mentioned they would like the opportunity to have more team meetings. One staff member said, "I miss the staff meetings because you get to see everybody. However, views are aired through one to one meetings."

Continuous learning and improving care

- The registered manager could evidence a level of continuous development within the service. Identified issues and new national guidelines were reviewed and changes were made when needed. However, the providers systems did not always show a consistent process was being used for reporting, learning and sharing improvements.
- The registered manager advised us they had not always given feedback to those who reported concerns and would be ensuring this did happen in the future. This would ensure all parties could learn from situations and collectively improve the care being delivered.

Working in partnership with others

- The service worked in partnership with others. We saw several examples of the service working with multi-disciplinary teams. The service kept external professionals updated and acted on advice given to ensure people achieved positive outcomes.