

Oswestry Care Limited

# Oswestry Care Limited

## Inspection report

3 Queens Courtyard  
Oswald Road  
Oswestry  
Shropshire  
SY11 1RB

Tel: 01691671798

Date of inspection visit:  
31 January 2018  
01 February 2018

Date of publication:  
06 March 2018

## 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

This inspection was carried out on 31 January and 1 February 2018.

Oswestry Care Limited is a domiciliary care agency that provides personal care and support to people in their own homes. It provides a service to older adults, some of whom are living with dementia, and younger disabled adults. Not everyone using Oswestry Care Limited receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care': help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 83 people were receiving a personal care service.

There was a registered manager in post who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive safe care and treatment. People were protected from the risks of abuse, avoidable harm and discrimination by staff who knew how to identify and report signs of abuse. The provider had safe recruitment procedures to ensure that prospective new staff were suitable to work with people living in their own homes. People were supported by regular care staff who were punctual and reliable.

Risks associated with people's needs and environment were routinely assessed, monitored and reviewed. Staff were aware of these risks and how to minimise them. The management team monitored any accidents or incidents and took appropriate action to prevent them happening again. The provider had infection control systems in place to prevent the risk of infection.

People received support to take their medicine as prescribed to promote good health. Staff monitored people's health and wellbeing and supported them to arrange healthcare services as and when needed.

People were supported by staff who had the skills and knowledge to meet their individual needs. Staff received training relevant to their roles and felt well supported by management and colleagues.

People were satisfied with the support they received with meals and drinks. People's nutritional needs were assessed and known by staff.

People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice.

Staff treated people with dignity and respect. People found staff to be kind and caring. Staff had formed effective working relationships with people and their relatives. Staff offered people choice and respected their wishes. Staff provided information to people in a way they understood to enable them to make decisions about their own care.

People received care and support that was shaped around their individual needs and preferences. People were supported by regular care staff who knew them well and were able to recognise and promptly respond to any changes. People had not had cause to complain but felt comfortable to raise any concerns with staff of management.

People and their relatives felt the service was well run and would recommend it to others. They found the management team friendly and approachable.

There was an open and honest culture within the service where people, their relatives and staff were given opportunities to put forward ideas for change.

The provider and registered manager had systems in place to monitor the quality of the service and to drive improvements.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Oswestry Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 January and 1 February 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because they provide care in people's homes and we needed to be sure that someone would be in the office.

The inspection was conducted by one 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We reviewed the Provider Information Return (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with 10 people who used the service and 13 relatives. We spoke with the provider and eight staff including the registered manager and seven care staff. We viewed three records which related to assessment of needs and risk. We also viewed other records which related to the management of the service, such as quality assurance checks, policies and procedures and three recruitment records.

# Is the service safe?

## Our findings

People continued to receive care and support that made them feel safe living in their own homes. One person told us, "I've certainly never had any reason not to feel safe, and to be honest, these days I just wouldn't be able to have a shower without my carer being here to support me. If I did have any concerns, I would chat with my [relative] and get them to speak to somebody in the office about it."

People were protected from the risk of avoidable harm, discrimination and abuse by staff who knew how to identify and report concerns of abuse. Staff told us they would not hesitate to report any concerns to the registered manager or provider. Where there had been concerns of abuse, we saw that the provider had worked in partnership with the relevant agencies to investigate the concerns and reduce the risk of reoccurrence.

Risks to people were assessed, monitored and reviewed on a regular basis. These included risks associated with their mobility, skin integrity and their home environment. One relative told us, "When [family member] started with the agency, [Staff member's name] met with us and as part of putting together the care plan, they also looked round [family member's] home to see if there were any hazards which might have caused them to fall over, or knock themselves or just get in their way." Staff we spoke with were aware of the risk associated with people's needs and how to minimize these. Staff explained that they assessed for any risks every time they visited a person. This included any changes in their needs or environmental hazards such as frayed carpet or faulty electrical equipment. They reported any such concerns to the office staff to enable them to rectify them. The provider completed fire risk assessments and where appropriate and with people's consent referred them to the fire safety officer for equipment and advice.

People were supported by regular care staff who were punctual and reliable. One relative explained that staff used the telephone to log in with the office when they arrived at their family member's house and again when they were about to leave. They said, "They (staff) are very good and they will always ask [family member] if there's anything extra they can help them with, before they phone to say they've finished." If staff were running late they contacted the office staff to let the next person know. This was confirmed by a relative we spoke with who said, "Very rarely, somebody will call us from the office, as some emergency has happened and the carers are going to be held up in getting to [family member]. If they're going to be sometime, the office will try and find somebody who is nearer to them, to step in and do the call at that time. It has only happened once or twice though."

The provider continued to follow safe recruitment procedures. These included the receipt of satisfactory references and checks with the Disclosure and Barring Service (DBS). The DBS service enables employees to make safer recruitment decisions.

Staff were aware of their responsibility to report any accidents or incidents. Staff reported any such concerns to office staff and these were overseen by the registered manager and the management team. Where required, the management team referred people on to other professional such as the GP to address any associated health issues, or the occupational therapist if they felt the person would benefit from the

provision of equipment to aid their mobility. Records we looked at confirmed this.

People continued to receive the support they needed to take their medicines as prescribed. One person told us, "My carer takes my tablets out of the blister pack and passes them to me with a glass of water. Once I've taken them, they always write it down in my records so everyone can see that I haven't missed any doses." Another person said, "I usually have a glass of water with me, and my carer will pass me my tablets and then write up in the records to show that I have had them each time. Because they come regularly, I've never had to worry about my tablets being late at all." Only staff who had received training and had been assessed as competent in the safe handling of medicines were able to administer medicine.

People were protected from the risk of infection as staff had received training on infection control and knew how to mitigate the risks. This was confirmed by people we spoke with. One person told us, "They (staff) always bring their disposable aprons and gloves with them and particularly when they are having to cream my back and legs. They always have an apron on and they change their gloves once they have done my back, before they then turn to my legs." Staff we spoke with told us they had access to adequate protective equipment.

## Is the service effective?

### Our findings

People's needs were assessed and their care plan agreed with them prior to their care starting. One person told us, "We set out what we wanted. [Staff member's name] went through what was needed." A relative said, "We met with [staff member's name] and they came and had a look at [family member's] property as well as having a good chat with us about what help [family member] needed and how we wanted it to be organised. [Staff member's name] went away and wrote up the care plan which was then sent to us to look at and, as far as I'm aware, [family member] signed it when we were happy with it."

A senior care staff member explained when they assessed people's needs they made sure that they captured people's preferences as this was really important to people. They liked to complete the first care visit so they could make any necessary updates to the person's assessment and care plan based on first-hand experience of supporting the person. This helped make sure that the person's care plan accurately reflected what people were able to do themselves and what they needed assistance with. They kept people's needs under review and used feedback from staff to inform people's care plans. They told us, "We (staff) share experiences about their (people's) likes, their ways, how they like things done; it makes them having care easier." They also worked with other professionals, such as district nurses and occupational therapists, to arrange provision of equipment and for guidance on how to meet people's needs. Contact with other professionals was recorded in people's care records we looked at.

People and their relatives were confident that staff had the skills and knowledge to meet their needs. One person told us, "They're (staff) very good, they are excellent." A relative we spoke with said, "They (staff) use a portable hoist to get my [family member] in and out of bed and I have to say that on the few occasions I've watched them, I've never had any problems with how they are doing it and certainly my [family member] has always said that they feel safe when they (staff) are lifting them." Staff received training relevant to their role and received yearly refresher training to make sure they were up to date with current practice. Staff were happy with the range of training available and found that it was of good quality. One staff member told us, "I enjoy the training. [Trainer's name] is great. They make it interesting which makes you want to learn." They went on to explain when they had manual handling training they volunteered to be lifted up with the hoist. This made them realise how people may feel when they moved them with a hoist. They were, therefore, always careful to talk to and reassure people when using a hoist to lift them. Another staff member told us they found the training on pressure area care particularly beneficial. They found it made them more aware of the possibilities and how quickly people's skin could break down. This enabled them to promptly identify changes in people's skin integrity which they reported to office staff who arranged for the district nurses to attend.

The provider had systems in place to monitor staff training needs and when any refresher training was due. New staff received a structured induction where they received training the provider considered essential to their role such as manual handling, food hygiene and safe handling of medicines. They worked alongside experienced staff members until they were deemed competent and able to conduct visits on their own. New staff who had not worked in care before undertook the Care Certificate. The Care Certificate is a nationally recognised training programme which teaches staff about the standards of care required of them. Staff

received regular one-to-one meetings with their line manager and 'spot checks' where they received feedback on their practice and spoke about their training needs. This helped ensure staff had the skills to support people effectively.

People were supported to eat and drink enough. One person told us, "My carers make my meals for me. They always give me a choice of whatever is in the fridge and then they always make sure it's nice and hot before they put it on a plate for me. They always ask me if I want some gravy making and if I would like some salt and pepper. It's quite like being in a restaurant to be honest." Another person said, "My carers always ask me what I would like to eat whether it's for breakfast, dinner, or a snack at teatime and sometimes they must think I'm coming out with some strange choices depending on how my appetite is. They never question anything, and will always make me whatever I like, and I have to say they're not bad cooks' given the time they have to prepare it all."

People's nutritional and dietary needs were assessed and known by staff. One staff member told us, "If we notice people are not eating and drinking as they should we raise the alarm." They went on to explain they raised any such concerns with the office staff who took action to address the concerns. In some cases, the provider put food and fluid monitoring charts in place and where necessary reported concerns to the person's GP.

Staff monitored people's health and wellbeing and arranged healthcare appointments as and when required. One relative told us, "They (staff) are quick to ring me if they have any concerns about [family member] whatsoever. They have even, on occasions, called [family member's] GP out to see them when they haven't been able to get hold of me." Another relative said, "My [family member's] carers were concerned that they had a pressure sore starting, so, once they had told me, they asked if they could get hold of his district nurse and I was grateful because they did that for me and the nurse is now coming in regularly to attend to it."

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. We checked whether the service was working within the principles of the MCA.

People told us staff always sought people's consent before supporting them. One person told us, "They (staff) do insist on doing that (gaining consent), although I tell them that honestly when they come every day it's alright just to get on and do the things that we usually do. They always stop to ask me if it's okay with me." A relative said, "They (staff) always insist on asking [family member] to tell them when they are ready before they do anything." Staff confirmed that they asked people for their permission before supporting them. All the staff we spoke with had received training on the MCA and demonstrated a good understating of what this meant for their practice. They confirmed that they asked people if they were happy for them to help them. One staff member told us, "When people are capable of making decisions, it's their right to do so." They went on to say, "We sometimes have to explain things in more detail so they (people) can make informed decisions. We can't force them to do something they don't want to do." The staff and management team understood where people lacked the capacity to make certain decisions these needed to be made in their best interest.

## Is the service caring?

### Our findings

People continued to receive good care from staff who were patient and kind. One person described staff as, "professional, caring, friendly and above all willing to help". Another person said, "They (staff) are absolutely wonderful." A relative we spoke with said, "In what I've witnessed, I think that their (staff's) central concern is my [family member] and their wellbeing and I can't ask more than that!" A thank you card we looked at read, "My [family member] could not live without the care and support which we value highly. All the carers are kind and respectful but I would particularly thank [staff member's name] who goes above and beyond."

Staff had formed positive working relationships with the people they supported and their relatives. One person said they had received support from one staff member for three years and considered them as one of their family. A relative we spoke with said, "They (staff) always make time to sit down and have a bit of a chat with (family member) before they go on to the next client. [Family member] really values this." Staff told us they enjoyed getting to know people and talked about people with genuine warmth and respect.

People and, where appropriate, their relatives were involved in decisions about their care and support. One person told us, "They (staff) always ask me what I'd like to wear each morning, and also what I'd like to eat. I think that's probably the only decisions I have to make whilst they are with me, oh and I suppose whether I'd like a cup of tea or coffee, depending on the time of day." Another person said, "My carers always want to know if I'm ready for my wash in the morning. I must admit, that some mornings I don't feel like it first thing, so they will usually tidy up everywhere and sort my breakfast out by which time I'm usually ready to have my wash." A relative who we spoke with said, "On the couple of occasions when I have had to speak to the agency about something to do with [family member's] care, I have always felt that they've listened to me."

Staff we spoke with recognized the importance of offering people choice and control in how they liked things done. One staff member told us, "Not everyone is the same. It's not text book care you need to respect what people want." They explained that they always offered people choice in all areas of their care and support. Staff were mindful of people's communication needs and took care to ensure that people had heard and understood what was being asked of them. Where people had hearing aids, staff encouraged them to wear them and made sure that they were worked properly. Staff spoke clearly and at eye level to facilitate effective communication. Some people had difficulty speaking and staff adapted to their individual needs looking out for body language and gestures they used to make their wishes known. One staff member told us, "We take each person on an individual basis and get to know which way is best for them."

People were supported to remain as independent as possible to enable them to remain living in their own homes for as long as possible. One person told us, "I do what I can. Their (staff's) emphasis is on that." A relative explained that they were able to retain their independence because staff came in to support their family member and allowed them to get out to appointments, to do shopping and meet with friends. They told us, "They are a lifeline to me, and I don't know what I'd do without them." One staff member told us, "We try and encourage as much independence as possible. If they (people) are able to do things, we are not there to take that away from them. We are there to encourage it." Another staff member said, "We promote independence as much as we can. It is not healthy to do it all for them (people). I try and involve them in

doing bits and bobs."

People told us staff were polite and treated them with dignity and respect. One person told us they were never able made to feel embarrassed about the support they needed. Staff confirmed that they maintained people's privacy by making sure their doors and curtains were shut when providing personal care. Staff were mindful they were working in people's own homes and respected people's wishes. One staff member said, "I try and treat people like I want my family treated or myself."

## Is the service responsive?

### Our findings

People continued to receive care and support that was shaped around their individual needs and preferences. One person told us, "I've never had it (care) delivered any other way." Another person said, "They (Oswestry Care Limited) demonstrate person-centred care in everything they do and how they manage the service." A relative we spoke with told us, "We were asked what days of the week [family member] wanted the care, at what times and whether they preferred male or female carers." They went on to say they had stressed the importance of having a small number of regular care staff and this request was fulfilled by the service. Another relative explained that their family member was very particular how they liked things done. They said, "They (staff) are nothing but patient and no one ever minds doing things the way [family member] likes them to be done." Staff we spoke with recognized the importance of following people's care plans and respecting their wishes. One staff member told us, "It's down to the basics of how they like things done. It (people's care) is very individual. Some people like to have a drink before getting washed and dressed. Another staff member told us, "[Person's name] is very particular. They show you how they want things done. You get to know exactly what they want."

People's care plans were regularly reviewed to establish if they were effective in meeting their needs or if any changes were required. People appreciated that the registered manager and senior care staff completed care calls and were aware of their needs and abilities. One person told us, "My care plan is regularly looked at by [staff member's name] who comes and has a chat with me. When I met with them last, my care was reduced from three visits a day to two, because I find now that I've got my strength back, I'm capable of organising some food for myself." A staff member responsible for assessing and reviewing people's needs explained that, prior to conducting a review of a person's needs, they spoke with staff that supported them on a regular basis. They considered on-going communication with care staff to be invaluable in delivering a service that was responsive to people's changing needs. They emphasized that people's care plans needed to be individual to the person and needed to be kept up to date. However, we found that one person's care plan had not been updated to reflect that staff now supported them to order their food shopping. The staff member acknowledged this oversight and committed to update the person's care plan.

Staff we spoke with told us they were informed of any changes in people's needs by the office staff and, likewise, they reported any changes they observed to the office. Staff told us the office staff were quick to respond to any concerns they raised. For example, one staff member reported that a person's mobility had deteriorated and within a week a new bed and mobility aids were provided.

People and their relatives found the service to be flexible. They said staff always checked whether there was anything they wanted them to do before they left. One person told us, "They (staff) are always willing to do extra jobs for me and they know that I struggle with my hands these days. So if there is anything that I need opening before they go, they will usually ease off the lids so I don't have any problems later on." A relative we spoke with explained the provider was prompt to respond to their requests for extra visits as and when needed. They said, "I don't want to regularly have more help, it's just those few days when I'm struggling that I really appreciate their kindness."

Staff had a sound understanding of the principles of equality and diversity and respected people's differences. One staff member told us, "No two people are the same. You respect their values and should never judge them." Another staff member said, "Everyone is equal and can have different religions or nationalities and different ways of doing things. We've got to make sure we respect that difference." One staff member explained they were working with a person who spoke little English and they worked closely with the person and their relatives to learn about their culture and what was important to them."

People and their relatives had not had cause to raise a complaint but felt able to raise any concerns with staff or management as they arose. The provider had a complaints procedure which formed part of the information pack people were given when they started to receive a service. This was available in other formats on request. We saw that complaints received were dealt with fairly and in line with the provider's complaint process.

The registered manager and provider told us no one was receiving end-of-life care at present. Where people were nearing the end of their life, they worked with them to ensure their wishes were met during this sensitive time. Where appropriate, they worked with other agencies, such as the district nurses and Marie Curie, to make sure people had a pain-free and dignified death.

## Is the service well-led?

### Our findings

People and their relatives felt the service continued to be well run. They described everyone who worked for Oswestry Care Limited as professional, friendly, caring and above all, willing to do whatever it took to satisfy the people who used the service. One person told us, "We would highly recommend this service to anybody who is looking for a reliable, high-quality service." Another person said, "We have used other agencies in the past, but I cannot tell you how highly I rate the care and the organisation of the whole agency's work. Nothing is too much trouble and the attitude of everyone, from the carers, to the office staff, to the managers, has been exemplary."

The provider and registered manager were both present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives knew the registered manager and management team well and felt able to approach them at any time. They found communication to be open and transparent. One person told us, "We have really felt as if they (managers) want to hear what we're saying. On the rare occasion where there has been something that needed to be changed, it has always been taken care of quickly without us ever being made to feel guilty about it." Relatives we spoke with told us they were kept fully informed of any matters relating to their family members and could contact office staff for help and advice whenever needed. One relative explained that when they spoke with care staff directly, this was relayed back to the office and one of the management team would contact them if they needed to clarify anything.

The provider sought people's views about their care and support to drive improvements in the service. One person told us, "I think during the last year, I've had two review meetings. In between, the office staff will phone me up to also ask if I have any problems or if there is anything that I need to speak to them about, and then there's also the occasional survey that I send back. I definitely don't have any worries with not being asked my opinion about the service." We saw that where people had offered ideas for improvement, these were appropriately responded to and acted upon by the registered manager.

Staff described a positive working culture and told us they enjoyed working for the provider. One staff member told us, "They're such a good company to work for. I really enjoy my job. I can't really fault them." Another staff member said, "It's nice to have company that I'm settled in and can grow with." This staff member went on to explain that they were encouraged to undertake training to further their career in care. Staff felt supported in their roles by the management team. One staff member told us, "If I have got a problem, I can come straight to them (management). They are very obliging. I'm not afraid to ask them for anything as you can be in other workplaces." Another staff member said, "[Registered manager and provider names] are very approachable. Any problems they are happy to listen. If we have any ideas to improve things, they look into and implement them." There was a real sense of team work where staff covered for each other when they needed to take time off work. Staff described how staff had pulled together to cover

calls in the recent inclement weather to make sure people received their care calls. They felt that being able to help each other had increased staff morale.

There was a clear management structure in place where the registered manager was supported by the provider, senior care staff and administrative staff. The provider operated an on-call system so that people and staff were able to gain support outside office hours. Staff we spoke with were clear about their roles and responsibilities.

The registered manager and provider had systems in place to monitor the quality and safety of the service. This included checks of care plans and risk assessments. They monitored staff practice and development through regular spot checks and one-to-one meetings. Staff confirmed senior staff members made unannounced spot checks during their care visits. The spot checks included observations of staff approach, safe management of medicines and correct completion of all paperwork. One staff member said, "They're (management team) basically checking we are doing our job correctly." Another staff member told us, "When they (management) do spot checks they check everything. You can't fault them with that." After the spot check staff received feedback on their practice which they found beneficial to their development. Where there was an identified training need, the provider arranged additional training to support the staff member.

The registered manager was aware of their regulatory responsibilities. They kept abreast of good practice through training events and accessing health and social care websites. They had ensured the ratings from the previous inspection were conspicuously displayed at the premises. They had also submitted statutory notifications as necessary.