

Same Ways Care Limited

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Inspection report

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Date of inspection visit:
10 September 2020

Date of publication:
07 October 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Same Ways Care Limited is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community. 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.

At the time of our inspection, 14 people were receiving personal care from the service.

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

People who used the service told us they felt safe. They told us staff treated them well and they knew who the registered manager was. People's relatives told us they were happy with the service. Safeguarding notifications to the relevant bodies had been made where required and appropriate action taken.

Medicines were administered safely in line with prescribed needs.

We have made a recommendation about the supply and ordering of medicines in the community.

There were suitable numbers of appropriately recruited staff available to ensure people were supported safely in line with their assessed support needs and risks.

The provider and management team had made improvements since the previous inspection and continued to learn to improve the service further. The management team were eager to learn and share good practice and this helped people to make good progress. Systems were in place to audit the care provided and to seek feedback from people involved with the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 September 2019) and two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the regulations of safe care and treatment and good governance.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements in relation to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements. The key question Responsive also had a breach but we ensured this was met by reviewing the Well Led section of the inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. 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 Same Ways Care Limited 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Same Ways Care Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection activity was completed 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.

Service and service type

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

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

Notice of inspection

We gave a short period notice of the inspection because we needed to visit the office location and due to COVID-19 we wanted to be sure the registered manager would be at the office. Inspection activity started on 4 September 2020 and ended on 10 September 2020. We visited the office location on 10 September 2020.

What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We spoke with the provider and requested a range of documentation relating to the management of the service. We looked at five people's care and medicine records. The ExE spoke with seven people who use the service and four relatives by telephone. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider, the registered manager and a senior carer. An inspector telephoned three care staff to seek their feedback. We looked at one staff file in relation to recruitment and staff supervision.

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.

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection, the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent an action plan about how they would improve this area of the service.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We looked at the audits for medicines. It was noted that stocks of medicines were occasionally not available. We spoke with the registered manager about this who said some families were responsible for ordering medicines and staff prompted them to re-order, but this didn't always happen. The registered manager said they would review systems to ensure responsibilities for ordering were made clear on each person's care plans.

We recommend the provider considers current guidance on managing medicines for adults receiving social care in the community in respect of ordering and supplying medicines and take action to update their practice accordingly.

- Where staff administered medicines, they did so safely. One person said, "The meds need to be done right, It's mainly [name of drug] and they have to give me my right dose to take three times a day, and [name of drug] at night. There's been no accidents, and with Same Ways it gets done and I don't have mishaps."
- Staff told us, and records showed, they received training in the safe handling of medicines and maintained records of medicines they had administered.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to ensure there were systems in place to ensure risks to people were effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Systems were in place to review and update people's risk assessments and care plans involving people, relatives and relevant social and health care professionals. A person commented, "Yes, I feel safe and at ease with them, not tense. They are friendly and polite. They are respectful and do the care with dignity when they help me. They check with me at each stage and make sure I'm ok." A relative said, "All the carers are polite, nothing nasty, none make us feel anxious. [Name] has had no falls or accidents or injuries, safer now having a wash. They take time to do it right. They are not rushing or skimping or in a rush to get away".
- Staff said people's risk assessments and care plans contained enough guidance for them to follow to keep themselves and people safe.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with the staff providing their care, and they received care from a regular staff team. A person told us, "Yes, I feel very safe with them. They help me stay safe. I have to be careful. They help me with confidence, and they take a lot of care, and are obviously concerned." A relative said, "Same Ways have been very safe with [name] so and [name] feels that way to."
- Staff told us, and records showed they received safeguarding training. They understood how to keep people safe and how to report any safeguarding concerns. A member of staff said, "Yes, I had my safeguarding training. I would report my concerns to my manager but also to Oxfordshire County Council (OCC) or to the CQC if they are not dealing with my concerns correctly."
- The provider kept records of safeguarding concerns raised with the local safeguarding authorities.

Staffing and recruitment

- Most people told us that staff arrived on time and if staff were running late, the management team would inform them. However, five people reported some issues with timekeeping. One person said, "They provide what I've asked for and mostly arrive on time but if not, they should let me know if they might be running a bit late. They don't always phone to let me know". We spoke with the registered manager who said the electronic system for scheduling and monitoring visits flagged up to them if staff were running late. People were told in the service guide that they would be contacted if visits were more than 15 mins late. The registered manager would seek further feedback from people about times of visits and updates.
- Staff had the relevant training to keep people safe. A relative said, "They seem aware of how to assist him and respect his dementia needs as well as his physical needs."
- The provider ensured there were effective recruitment processes in place to support safer recruitment decisions. This included a record of applicants work history and completing pre-employment checks.

Preventing and controlling infection

- We asked about staff wearing personal protective equipment (PPE) such as masks, gloves and aprons to prevent the spread of infection. A couple of people said not all staff were consistently wearing full PPE as guidance required. Comments included, "They do now use masks, aprons and gloves, but odd ones do not fully use them" and "Not all of them use face masks." We spoke with the provider and registered manager and they were aware of this issue through communications with people to get feedback. Staff had been spoken with about ensuring this was worn, as necessary. In addition, the RM created a task on the electronic system as a prompt for staff to complete at the start of each visit to ask if they were compliant.
- Staff received training in COVID-19 and general health and safety infection controls, food hygiene and good hand hygiene practice.
- Staff told us the provider ensured they always had plenty of PPE available. For example, disposable gloves, aprons and hand sanitiser.

Learning lessons when things go wrong

- Systems and processes were in place to ensure lessons were learnt. For example, a relative told us about unsafe practice when transferring to a wheelchair. They spoke to the registered manager and it was actioned. They felt some more spot checks would be helpful and we discussed this with the registered manager who was putting these into place.

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 requires improvement. At this inspection, this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure there were systems in place to have an overview of the safety and quality of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and management team had worked hard to take into account our concerns at the last inspection and created improvements.
- Since the previous inspection, the provider had implemented a new electronic care plan system. This had resulted in improved records of care planned and delivered. It also assisted in ensuring quality of care could be effectively audited.
- The electronic system would alert office staff if care visits were late. The office staff would then respond to individual risks.
- Staff reported being happy in their roles and keen to provide high quality care. One said, "I feel definitely supported. The management are always approachable, there is always somebody at the end of the phone for me. I have my supervision on a monthly basis when possible. Able to discuss or raise any issues. Due to have my appraisal very soon. We are quite good with communication. There would be several of us using mobile app to sort out an issue. Since we had our new registered manager things have been so much better. I feel more confident visiting people. I have so much more support since she has been in post."
- The provider had notified CQC about issues that may affect the service in line with regulatory requirements.

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

- People and their relatives spoke positively about the management and care staff. A person commented, "[Registered manager] has been out in the past two weeks. She met my carer that day, and after she spoke with me, she did some spot checking and supervision with the carer. I think that [registered manager] is gradually getting things sorted out since she started".
- People and their relatives were confident they could get in touch with management when needed. A

relative said, "I can get in touch with them okay and they respond quickly. They've done a follow up, it was with [registered manager] so we've met her. [Registered manager] got to know [name] and listened to her."

- People said they would recommend the service to others. They said they felt at ease raising any concerns with the provider.

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 service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong. There had not been any duty of candour incidents, however, the registered manager understood the requirements of this.

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

- Routine spot checks were carried out, during which people were asked for feedback on the care they received. People and relatives told us that reviews had also been booked.

- Staff said they felt well supported by the provider. They said they felt comfortable to share ideas to further improve the service and address any issues with the provider.

Working in partnership with others

- The provider and staff team worked in partnership with health and social care professionals to make sure people got the support they needed.