

Overington Care Limited

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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

This inspection took place on 15 September 2016 was announced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the registered office.

Overington Care Limited provides personal care to people in their own homes in Seaton and surrounding areas. The registered provider is also the registered manager of the service. 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 time of the inspection the service were supporting ten people receiving personal care. Times of care visits ranged from 30 minutes up to five hours. However the registered person said they were flexible and had supported people at night. The registered person was supported by an office manager, administrator and four care workers, who were trained to deliver care and support to people as needed.

A number of effective methods were used to assess the quality and safety of the service provided. People knew who the registered person was and trusted them to provide good care. They said they were very knowledgeable, kind, approachable and listened to them.

People felt safe. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate guidance. People's medicines were managed safely. People and relatives said the support they received from the service met their care needs. Care workers relationships with people were strong, caring and supportive. Care workers gave care that was kind and compassionate.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. Where people were supported with their nutrition needs care workers supported them to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment and were positive about the service.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable people. People were protected by care workers who had completed safeguarding training and knew what to do if they were concerned that a person was being abused.

There was a very small team at the service which meant people received consistent care workers who they knew and trusted. Care workers received a range of training and regular support to keep their skills up to date in order to support people safely and effectively. Care workers spoke positively about communication and how they had a hand over each day and were kept informed. There was a caring ethos at the service. The responsible person encouraged team working and promoted an open, positive culture.

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.

People said they felt safe. Care workers were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

A small team of care workers ensured people had continuity and that arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Care workers received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well by a small team of consistent care workers. They supported people to access healthcare support if required.

People's legal rights were protected because care workers had an understanding of the requirements of the Mental Capacity Act (MCA) 2005.

People, where required, were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People said care workers were caring and kind.

Care workers relationships with people were caring and supportive. Care workers knew people's specific needs and how they liked to be supported.

Is the service responsive?

Good ●

The service was responsive to people's needs.

The registered person was committed to providing a flexible service which responded to people's changing needs.

Care files were personalised to reflect people's personal preferences.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. People were confident their concerns would be listened to by the registered person and acted upon.

Is the service well-led?

Good ●

The service was well led.

Care workers spoke positively about the responsible person and how they worked alongside them and listened to their views.

People's views and suggestions were taken into account to improve the service.

The registered person's visions and values centred around the people they supported. This reflected in the quality of care provided by care workers.

A number of effective methods were used to assess the quality and safety of the service people received.

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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 registered person 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 15 September 2016 and was announced. The registered person was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector. Before the inspection, we reviewed the information we held about the service and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care. Following the inspection we requested information from the registered person to tell us about the service they provided.

Following the inspection we spoke with two people and three relatives of people using the service to ask their views. We also spoke with five members of staff, which included the registered person, office staff and two care workers. We reviewed three people's care files, two care workers files and training records and a selection of records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two health and social care professionals.

Is the service safe?

Our findings

People and relatives said the service was good and they treated them well. One relative commented, "I cannot fault them. Having them has meant (person) is able to live in their own home and they are such lovely girls."

Care workers demonstrated an understanding of what constituted abuse and knew how to report any concerns they might have. For example, they knew how to report concerns within the organisation and externally such as the police and to the Care Quality Commission (CQC). Care workers had received safeguarding training provided by the local authority to ensure they had up to date information about the protection of vulnerable people. The registered person understood their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. Health and social care professionals confirmed there was good communication with the registered person.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls management, skin integrity and moving and handling. The manual handling risk assessments, identified details and precautions to be taken. For example, does the person's weight, shape, size present a risk and had there been a history of falls or emerging patterns. Care workers were then guided about tasks to be performed, equipment to be used and the required number of care workers to undertake.

When people started to use the service a risk assessment was undertaken of people's homes. This was reviewed annually or if changes or concerns were highlighted. The risk assessment took into account both the external and internal environment. Externally they checked the gates, fences, lighting, doors and windows. Internally they checked the lighting, electrical equipment and whether there were pets. Care workers were reminded as part of their duties to check every visit for visible signs of damage. If they found any concern they were instructed to contact the office and inform the home owner.

There were effective recruitment and selection processes in place. Care workers had completed application forms and interviews had been undertaken. Prior to new care workers beginning work for the service, they had two interviews with the registered person. The registered person said this gave them the opportunity to get to know the new care workers member and to assess their knowledge and character. In addition, pre-employment checks were carried out, which included written and verbal references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Care workers, people and their relatives told us because Overington Care Limited is a small service they had consistent care workers and had no visits where care workers had not turned up. The registered person said they were actively recruiting as they were looking to undertake less care delivery and concentrate on managerial duties.

People received rotas of who would be visiting for up to a month in advance. These showed their visit time and the name of care workers who would carry out each visit. People and their families said care workers arrived on time (within the agreed time scale) and stayed for the agreed length of the care call. The registered person said, "If care workers are going to be late they have people's details and will ring them to let them know and ask if it is alright to wait. If they aren't someone else will try and go out. "

People received varying levels of care workers support when taking their medicines. For example, from prompting through to administration. Care workers had received medicine training and competency assessments to ensure they were competent to give out prescribed medicine safely. One care worker said they felt the medicine training they had received was very thorough and informative.

Medicine administration records (MAR) were written by the local pharmacist. Care workers completed a monthly medicine receipt checklist for all medicines for each person they were responsible for their medicines. This ensured people received their correct medicines and that the MAR was accurate and reflected any changes. In each person's file there were information guides for each medicine people were prescribed. This meant care workers were guided about each person's medicines to be able to identify side effects and what the medicine was for. Care workers checked on an on-going basis that people's medicines had been given as prescribed. They also undertook a monthly audit to ensure no errors had occurred.

An environmental risk assessment was completed annually of the provider's office to ensure it was safe for care workers and people to access. This included checks on fire equipment, access and structure.

Care workers were provided with torches and winter coats with reflective strips to ensure they were visible and safe at night. They were also provided with thermometers to check bath temperatures when supporting people with a bath to ensure the water was not too hot.

Uniforms, disposable gloves and aprons were provided to ensure care workers had protective clothing and promote good infection control practices.

Is the service effective?

Our findings

People were supported by care workers who had the knowledge and skills required to meet their needs. Care workers received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

Care workers completed an induction when they started work at the service, which included training. The induction required new care workers to be supervised by more experienced care workers. This ensured they were safe and competent to carry out their roles before working alone. One care worker said, "I spent time in the office, doing the care certificate and also courses with Devon County ... I spent the first few weeks shadowing (the responsible person). Even now if I come across anything new, I ask and have guidance. They always take me out and introduce me and ensure I am happy before I am left."

The registered person recognised that in order to support people appropriately, it was important for them to keep their care workers skills up to date. They had implemented the new care certificate which came into effect in April 2015 for new care workers. The registered person had decided that all care workers that work at their service will undertake the care certificate. They said it was because, "it is based on the CQC's KLOE's (key lines of enquiries) and breaks things down and gives a clear understanding."

Care workers received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling, medication, health and safety, equality and diversity, mental health matters, fire awareness and food hygiene. They had also undertaken training in a range of topics specific to people's individual needs. For example, understanding Parkinson's, dementia and diabetes.

Care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care workers demonstrated an understanding of the MCA and how it applied to their practice.

Care workers felt supported; communication between them and the office staff was good and they could pop into the office at any time. The responsible person works alongside care workers and contacts them every evening on a working day for a handover. One care worker said, "All of us are in contact on a daily basis...we speak together all the time."

Supervision and appraisal systems were undertaken by the registered person to support care workers during which they were given the opportunity to discuss concerns, training needs and performance issues. One care worker said regarding their last supervision, "It was just the two of us, there were no time restraints...we went through things, asked if there was anything I needed support with or wanted to flag up any concerns." This showed that the registered person recognised the importance of care workers receiving regular support to carry out their roles safely.

People were always asked to give their consent to their care, treatment and support. People had signed to confirm their agreement to the planned care and had signed an agreement consenting to the service providing care and support which included medicines and to share information as necessary with health professionals. Care workers knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. They were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Care workers felt people's support plans were really useful in helping them to provide the appropriate care to people.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. Care records showed evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and district nurses. Records showed how care workers had recognised changes in people's health care needs. For example where there were concerns regarding a person's capacity they had made arrangements for the person to see their GP for an assessment and review. The registered person said, "They (staff) have the contact details of local GPs, hospice team, out of hours GP service and district nurses so they can be proactive and take action if they have concerns."

Health and social care professionals had been involved to encourage health promotion. One healthcare professional said, "They get in touch promptly...very good record keeping, very thorough and they undertake their own risk assessments. I would describe it as a bespoke service." A second healthcare professional said, "They always follow the procedures and always ask."

People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. At the time of our visit the service were supporting four people with their dietary needs. Care workers purchased some people's meals and ensured they had a balanced diet. Other people required greater support which included care workers supporting a person to prepare and cook their meals, snacks and drinks. Where care workers were responsible for providing meals they recorded and monitored their food and fluid intake. Records showed that one person had gained weight since being supported by the service regarding their meals.

Is the service caring?

Our findings

People and their relatives were positive about the care, care workers provided. They said care workers were polite and respected their privacy and dignity. Comments included, "Good high quality carers", "Incredibly well looked after. They are fantastic", "Very caring" and "They have never let us down...always come, the girls are very good very kind, no complaints what so ever. We are very happy with the care we receive."

People said that they were involved in making decisions about their care and were consulted about changes to their care plan. Where possible, people had signed to confirm their agreement. Where people were unable to sign or be involved in their support plan, they were represented by their next-of-kin or power of attorney. One person said, "They have changed a couple of things; they are very adaptable, I am very happy with them." A relative said, "If anything is changing they will always let you know. Any problems they give us a ring." Another said, "They keep you aware and informed. They seem to click so well with (person)."

Care workers had an understanding of the need to encourage people to be involved in their care. In the 'client's handbook' was recorded, 'The needs and wishes of all clients will be respected at all times and clients will be encouraged to make choices for themselves if they are capable of doing so.' They explained that people being involved in their care was important so they received the care and support they most needed. They also encouraged people to be as independent as possible. For example, one person required care workers to support them to prepare their food. The support plan reminded the care workers, 'needs support in preparing and cooking due to her short term memory. This does not mean she lacks the ability to prepare and cook for herself. Our role is to verbally guide and support.'

Care workers treated people with dignity, privacy and respect when helping them with daily living tasks. This was clear in one person's support plan which recorded, 'to be given privacy to wash in private...to stand outside the bathroom door to allow (person) privacy.'

Care workers spoke about people with a genuine affection. One care worker commented, "Because we are a small and friendly agency. I am seeing the same clients. I have been able to build up relationships and really get to know the clients, so am able to cover the whole person not just what is in the care plan. I can build a bigger picture and help in all areas. I like that it is a small company giving personalised care we have the time and skills to do it properly."

Care workers relationships with people were caring and supportive. We were given examples of them doing extra things for people which mattered to them. One person said "I have one girl (care worker) who goes the extra two miles to help us...They are brilliant more of a friend than a carer." The registered person said, "We try to have consistent carers for clients, we try to match personalities. One of my care workers has hit it off fabulously... now referred to as part of the family."

The registered person said they had supported people with their end of life care. They said, "We try and make it a positive experience, pain free, relaxed and a positive ending for the person and their relatives. As part of the pre admission process and the monthly reviews people were asked their views regarding their

end of life wishes and whether they had any decisions in place.

A health care professional from the hospice team said, "Anything we ask them to do they do beautifully there it is a very personal service for each individual."

Is the service responsive?

Our findings

People and relatives said they were happy with how their or their relative's health and social care needs were being met. We looked at how the service assessed and planned for people's needs, choices and preferences. Initial assessments were undertaken by the registered person prior to the service commencing. This enabled them to speak with the person and their relatives before the service started to ensure they could meet their needs. The registered person said, "We never take on a new client without doing an assessment. I work with them to get to know what they need and write the support plan before introducing new care workers to them." As part of the pre assessment they gained people's consent to ask and record their responses to questions. They also requested people and their relatives consent to be involved in preparation, review and continued management of their support plan.

People's support plans were very detailed and included information about people's physical and emotional support requirements. These included, sleep patterns, communication, appetite, elimination, memory, mood and orientation. They identified the aims of the support plan and the expected positive outcomes. In order for care workers to be aware of people's primary medical health conditions. There was a clear explanation of the conditions and the symptoms.

People's support plans gave care workers clear instructions how to support people. For example, '(The person) is no longer able to independently mobilise...but requires verbal and physical support and guidance when transferring...To aid (person) in his transfers...place both hands independently on to the handles of the rota aid (handling equipment) ...he manages to lift himself up to standing position.' There was a copy held at the services' office and one in people's homes. The support plans also included people's personal details, personal background, likes and dislikes, equipment needed, hobbies and interests and medical history. People's support plans were reviewed on a monthly basis or more frequently if changes occurred with the person and their families as appropriate. When changes were made to people's support plans, a new support plan was put into place which care workers had to sign to say they had read and understood them.

Healthcare professionals confirmed that care workers gave personalised care, treatment and support. Comments included, "The patients we are involved with are looked after really well. It is a very personal service for each individual." A second said, "My patients who receive a service from Overington Care are full of praise for the service and of the carers. If we have to ring them, they are always willing to help and are very thorough. They are really good at matching the needs of the patient with the carers."

When new people start using the service they are given a personalised handbook which contains details of the service and how they can make a complaint and external agencies they can complain to if they are not satisfied with how a complaint is dealt with. They are also sent a copy of the most recent Care Quality Commission (CQC) report and are requested to sign that they have received these.

People could feed back their experience of the care they received and raise any issues or concerns they may have. The registered person undertook care duties most days and met people receiving the service.

Everyone said they would be happy to raise concerns directly with the responsible person but had not needed to. The service tried to resolve all concerns before they became serious.

Is the service well-led?

Our findings

People who used the service were very clear about who the registered person was and how they could contact them. The registered person was very passionate about delivering a good service and that it was important to get it right for each person they supported. In the 'client's handbook' was recorded, 'Overington Care Ltd will strive to ensure that all clients are given the opportunity to improve on their existing quality of life by meeting our client's needs, and helping all clients to live their lives in the way in which they want to.' This was the ethos evident at the service. For example a person who had a short term memory. Care workers supported the person to live as they chose to; when they wanted to go out for lunch or go for a walk the care workers supported their choices.

We received very positive comments in respect of the registered person and their leadership style. One person and their relative said, "(The registered person) is incredibly caring and intuitive and knows about caring. A health care professional said "No concerns whatsoever, always found them to be very good both the manager and the carers."

Care workers were very positive about working for the service. Comments included, "love working for (registered person) she is a very good person to work for, very kind and knowledgeable."

Care workers said there was good communication between them and the registered person; this included a daily handover by telephone and access to supervisions. They said the small care workers team of four worked well together to ensure people received a reliable service. Care workers said they felt supported and were kept informed and were able to put forward ideas and suggestions. One care worker said, "Because we are a small organisation we are very open and speak regularly. I can go and see (registered person) whenever I need to."

People's views and suggestions were taken into account to improve the service. The registered person recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided. A satisfaction survey and comment sheet was sent to people and their families every six months. The last one in June 2016 had responses which were good or excellent. On this occasion no comments had been made. The registered person said if comments or suggestions are made we would act upon them.

Quality assurance checks were completed on a regular basis. As part of their duties the care workers checked people's care plans and risk assessments, as well as daily records and medicine records. These were checked again by the responsible person when they were taken to the office monthly. This helped them identify where improvements were needed to be made. Where actions were needed, these had been followed up.

There were accident and incident reporting systems in place at the service. There was a means to gather the information in order for the registered person to be able to monitor. However there had been no incidents recorded in the last year.

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.