

Olive Leaf Health & Homecare Limited

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Inspection report

242 Redwood House
Brotherswood Court, Great Park Road, Bradley Stoke
Bristol
Avon
BS32 4QW

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Tel: 03330124384

Website: www.oliveleafhealthcare.co.uk

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

Olive Leaf Health & Homecare Limited is a domiciliary care agency that provides personal care and support to people who live in their own home. At the time of the inspection 43 were receiving personal care.

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 received safe care from staff who knew them well. There was a safeguarding policy in place and staff knew how to identify and report any concerns. The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited and pre employment checks carried out. Medicines were managed and administered safely. Staff had received medicines training and regular competency checks were in place.

Governance systems, such as audits and quality assurance monitoring, were robust and actively used to monitor and continuously improve the service. There was a person-centred and positive culture within the service. People received person-centred care from staff that were caring and professional. The registered manager looked at ways that they could continuously improve and develop the service.

Rating at last inspection

The last rating for this service was Good (published 10 August 2017). At this inspection the rating had remained Good.

Why we inspected

This inspection was carried out as the service had not been inspected since the 18 July 2017. We undertook this focused inspection to check the service was safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained 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 Olive Leaf Health & Homecare 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.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out 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. The Expert by Experience made phone calls to people and their relatives.

Service and service type

The service is a domiciliary care agency which provided personal care to people living in their own homes.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice to ensure they were available for the inspection. Inspection activity started on the 13 October 2022 and ended on the 17 October 2022.

What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager who was also the nominated individual (director), the deputy manager and seven staff. We spoke with nine people and five relatives by phone. We looked at a range of records relating to the management of the service. This included recruitment records, risk assessments, and quality assurance records. We considered all this information to help us to make a judgement about the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from risk of abuse. Staff had received safeguarding training and had a good understanding of how to report any safeguarding concerns. One staff member told us, "If anybody has a bruise or a mark then I record this and report to the office."
- We asked people what made them feel safe when the staff visited them. Their comments included, "My carer gives me a wash every morning then gets me out of bed, using a hoist. I do feel safe when she does it." and "We have two carers who come every morning and they do a very good job. I'm totally confident that (Named) is safe in their care."

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people were assessed and managed safely. The provider had processes in place to manage risks to people's safety and wellbeing. Staff had the information they needed to safely support people's needs.
- Risks associated with people's home environments were identified and plans were in place, so staff understood how to work safely within that environment.
- People were protected from the risks associated with poor infection control because the provider had processes in place to reduce the risk of infection and cross contamination.
- Staff used personal protective equipment (PPE) effectively and safely and had completed training in infection control prevention. Their competency in relation to wearing PPE safely was also checked during visits.

Staffing and recruitment

- There were enough staff to provide people's planned care calls. Some people the service supported required 24-hour care whilst others required day to day support.
- People told us they received care from a regular team of staff and felt the service had enough staff. One person told us, "Yes, we have enough staff. Four carers take it in turns to visit, so all holidays and sickness is covered. I'm very grateful for that." Another person told us, "Yes, there are enough staff. I have two carers for every visit, and it's usually the same group of staff who come here. I know them well and they know me well."
- The provider had recruited some staff on sponsorship from another country. We were told this had worked well and that the staff spoke good English. The staff had built good relationships with people.
- Staff were recruited safely. Staff were not permitted to start working at the service until the provider had received satisfactory references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely for those people who required support. Staff had received training in medicine management and had their competency checked regularly.
- Staff recorded the administration of any medicine electronically. The registered manager and deputy checked the electronic monitoring system daily. This was to make sure medicines had been administered and were correctly recorded.
- There were PRN protocols (as required) medicine guidelines in place, with personalised details of the signs the person may show, indicating when they needed those medicines.

Learning lessons when things go wrong

- The service had a system for recording and dealing with incidents or accidents. There had been very few accidents and incidents but where these occurred, they were managed.
- Monthly audits of accidents and incidents were completed and helped to identify any action that could be taken to help prevent recurrence.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The values and expectations of the provider were shared and understood by staff. Staff told us, "They have high expectations of us but in return we do provide good care to people. I like to be pushed to do my best."
- Staff consistently described a positive, supportive and inclusive culture within the service. Staff told us, "I do feel the manager is really supportive of us." And "I like working for Olive Leaf as the manager is supportive and positive."
- People and relatives spoke highly of the care staff and how the service was managed. Their comments included, "I am really impressed with the organisation. They listen to our needs and are flexible when we need them to be." And "Management is very good; they are well organised, train their staff well and ensure their staff understand the complex care needs of people."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 also the registered manager of the service. They were supported by a deputy, administration team and senior care staff.
- The registered manager was aware of the legal requirement to notify the CQC of reportable incidents and had submitted these in a timely way.
- Quality assurance checks took place to monitor the quality of service. These included checking visits to people were carried out, medicines were administered, and people's care records were up to date.
- The service used an electronic care records system. The system provided the registered manager with analytics and reports. This helped them to monitor the performance of the service and the quality of care given to people. The system scored areas of performance, which helped the registered manager to target areas, where improvements were needed.
- The registered manager and deputy were open and transparent. They expressed a clear desire to act on learning opportunities to develop and improve the service on an ongoing basis. Any concerns received had been handled in line with the provider's policies and a learning culture followed.

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

- Staff and people were engaged and involved in how the service was run in a positive way. Satisfaction

surveys had been sent out to staff. The registered manager told us they planned to review the results and address any shortfalls if needed.

- The registered manager used a range of methods were used to gather people's views, which included regular telephone contact and regular care plan reviews.
- Observations of staff working practices were carried out during scheduled visits. This included a competency-based assessment. Medicine competency checks and spot checks were carried out with feedback shared with staff.
- The staff team communicated well together and were kept updated with information and changes in people's needs.

Continuous learning and improving care; Working in partnership with others

- The registered manager, deputy and staff on partnership with other professionals such as district nurses, GP's, occupational therapists, social workers, commissioners and the hospital discharge team.
- We were shown evidence of how the service had liaised with other professionals to help improve people's care and wellbeing. This included seeking moving and handling equipment for people and requesting medication from GP's to help improve people's wellbeing. This helped to ensure people received the care and support they required and remained as independent as possible.
- The registered manager worked in partnership with other organisations. They were a member of a local care network and attended regular forum meetings.
- One of the main focus's the registered manager was keen to challenge locally was helping to address the staffing shortfalls within health and social care. They wanted to entice staff back into the care industry to show them how you can have a successful career in health and social care.