

Olam Care Services Ltd

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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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Olam Care Services is a domiciliary care agency providing personal care to people living in their own homes. 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 the inspection the service was providing personal care to 16 people.

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

People spoke positively about the care and support provided by the service. People said they received care from a consistent staff team who were caring, knowledgeable and competent. Their comments included, "I can't ask for better. I have no complaints. They give good care." and "It really is very good, they help me a lot. They check that I am doing ok."

People were protected from the risk of harm and abuse. Staff had the knowledge and confidence to identify safeguarding concerns and knew how to act on them to keep people safe.

Care records reflected people's needs. Risks to people's health had been assessed and plans were in place to mitigate these risks. Care plans and risk assessments were reviewed regularly to ensure guidance remained current and relevant to the person's needs.

There were systems in place to manage medicines safely. People were supported to access healthcare services and maintain a healthy diet. The service worked alongside other health and social care professionals to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality monitoring and assurance systems were in place to ensure the registered manager had oversight of the service. Regular audits were undertaken, and actions followed up. There were processes in place for reviewing and investigating accidents, incidents and safeguarding to ensure lessons were learned and these were shared with staff.

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

Rating at last inspection

The last rating for this service was requires improvement (published 12 November 2021).

Why we inspected

This inspection was carried out to follow up on action we recommended the provider to take at the last inspection. At our last inspection we recommended the provider undertook a review of people's care and support records to ensure they were reflective of people's needs and risks, and that care records provided staff with clear guidance. We recommended the provider also reviewed their quality monitoring and assurance systems. At this inspection we found the provider had acted on our recommendations and had made improvements.

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 changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Olam Care Services Ltd

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 team consisted of 1 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.

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

We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 April 2023 and ended on 2 May 2023. We visited the location's office/service on 2 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch, and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the field manager and compliance manager. We spoke with 7 people who used the service.

We reviewed a range of records including 3 people's care and medicines records. We looked at the recruitment records for 3 members of staff. We also looked at records relating to the safety and management of the service. We also reviewed records the registered manager had sent to us electronically.

We received feedback from 2 health and social care professionals who work with the service and 11 members of staff.

After the inspection

We continued to seek clarification from the provider to validate the evidence we found.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider reviewed people's care and support needs to ensure risks were accurately identified and managed. At this inspection we found the provider had acted on the recommendations and improvements had been made.

- Risks to people's personal safety were assessed and guidance put in place to support staff to provide safe care. These were reviewed regularly to ensure records reflected people's current support needs.
- Prior to people accessing the service, risks to their health, safety and well-being were assessed and recorded. These were now being reviewed and updated when there was a change in people's needs
- Accidents and incidents were appropriately recorded and analysed for trends. Lessons learned were fed back to staff in individual supervisions and team meetings.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse or harm.
- Staff had received training on how to safeguard people. They had the knowledge and confidence to identify safeguarding concerns, and they were confident any concerns raised, would be dealt with appropriately.
- People said they received a safe service. One person said, "They are very good; they give very good care."

Staffing and recruitment

- People, where possible, were supported by a consistent staff team who knew them well. People told us staff were punctual and stayed for the allocated time. One person said, "I've had no miss calls, I can't fault them. They care and they visit on time."
- Safe recruitment practices were followed. Appropriate checks were made to ensure staff were of good character and suitable for their role.

Using medicines safely

- People's medicines were managed and administered safely.
- Medicines were administered by staff who had received training. Staff had their competency assessed before being allowed to administer medicines.
- Regular audits were completed to identify any errors and take appropriate action.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- The provider's infection prevention and control policy were up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection we recommended the provider undertook review of people's care and support records to ensure they were reflective of people's current needs.

- The management team had reviewed people's care records and had implemented nationally recognised risk monitoring tools to improve risk management. The records we reviewed evidenced that these tools had been embedded into people's care plans.
- People's needs were assessed, and this information had been used to develop a person-centred care plan. Care plans included information about people's preferences and wishes on how they wished to receive their care.

Staff support: induction, training, skills and experience

- Staff received core training as required by the provider which included new members of staff completing The Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff spoke positively about the training and support they received. The provider carried out regular spot checks to ensure staff were following safe working practices. Comments from staff included, "We do receive the necessary training and support and I am up to date with my training."
- People spoke positively about staff. They told us staff were skilled to meet their needs. Comments included, ""Excellent staff, they have knowledge, they have quality, and they are well trained" and "They are lovely, they know what they are doing. They are knowledgeable and they go on training."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to lead healthier lives. Care plans contained information for staff on how to monitor and support people's health, including oral care.
- Staff worked closely with other agencies involved in people's lives. This included health professionals, social workers and people's families.
- The service respected and adhered to people's medical directives which were part of their religious beliefs. Care plans contained guidance on how to support people who had specific medical needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Care plans detailed people's dietary needs and preferences and the support they required.

- People were supported eat and drink enough. Staff prepared meals and drinks for people when needed and this was recorded in their daily notes.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff received training in MCA and told us they would seek permission from the person, where they could, before providing any care or support. One staff member said, "We assume the person has the mental capacity to make decisions themselves, unless it's proved otherwise. Wherever possible we will help people to make their own decisions."

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 requires improvement. At this inspection the rating has changed 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 we recommended the provider undertook a full review of their quality monitoring and assurance systems.

- At this inspection, the provider had completed and improved the systems in place to monitor the quality and safety of the service. The systems now ensured that changes in people's needs and care were identified, addressed and care plans updated.
- There was a system in place for accidents and incidents to be recorded and monitored. Information was analysed for trends to identify any lessons to be learned or any changes to working practices.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff had the opportunity to feedback their views about the service. Feedback had been reviewed by the management team to identify any improvements needed to the service.
- Staff spoke positively about the leadership and support they received. Comments included "I receive supervision regularly and I am being well supported by the management", and "The management is very supportive of its staff members and have an open-door policy and give very clear instructions."
- The service had a positive culture. The registered manager had a good understanding of equality and diversity and was active with putting this into practice.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people's physical and emotional needs were met. One professional said, "I find the company responsive, and they keep up us updated with any change in condition/needs of our clients. Clients report they receive a good service and find all staff approachable and caring."

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 registered manager understood their legal responsibility to be open and honest when something had gone wrong.
- The registered manager was aware of their responsibility to notify CQC of significant events that had occurred, such as safeguarding concerns.

