Olive Homecare Ltd

Olive Care

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

The inspection took place on the 12 June 2018. The provider was given 24 hours' notice of the inspection, as this is a small service where people are often out during the day and we needed to make sure that the registered manager would be available to meet us. This is the first inspection since the service was re-registered under a new name in May 2017.

This service is a domiciliary care agency. It provides personal care to older adults living in their own houses and flats in the community. It currently provides personal care to 23 people who live in their own homes.

There was a registered manager in post. 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 were cared for safely and staff understood their responsibilities to safeguard people. Care needs were identified and plans put in place to reduce the risk of harm from known risks. There were sufficient knowledgeable and skilled staff to meet people's needs and they worked together as a team. Medicines were managed safely and staff were trained to administer them. Staff took adequate precautions to reduce the spread of infection and keep people save from harm.

Staff received specialist training that enabled them to care for people's complex needs. People were supported to maintain a nutritious and healthy diet and steps were taken to monitor this if there were concerns about a person's health. Staff had positive and constructive partnerships with local community health services and supported people to access specialist care when they needed it. Staff sought consent from people and worked within the principles of the Mental Capacity Act 2005.

People were cared for by staff who were kind and compassionate. Staff developed positive and supportive relationships with people based on equality and respect. People were involved in planning their care and their views and preferences were known to staff. People were cared for in ways that promoted their independence and dignity.

Staff were very responsive to the changing needs of people. People were overwhelmingly positive about their care and they were encouraged to feedback to the management team. People's wishes and preferences regarding their end of life support were known to staff and they were followed, where possible.

The service was very well led and there was a positive, person-centred and inclusive culture. The quality assurance systems in place ensured that continuous improvement was central to all learning and development. There were clear lines of accountability and staff were supported in their roles. There were constructive partnerships with local community services which ensured people received holistic care and support.

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.

Staff were recruited safely and all pre-employment checks were completed before they cared for people.

Staff understood their responsibilities to safeguard people.

Medicines were managed safely and staff received relevant training.

Is the service effective?

Good

The service was effective.

Staff clearly knew people's care needs and had the knowledge and skills to meet these needs.

Staff worked in partnership with other services to ensure people received holistic care.

Staff followed the principles of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was very caring.

Staff were kind and passionate about caring for people.

People and staff developed positive relationships based on dignity and respect.

Staff promoted people's independence and dignity.

Is the service responsive?

Good

The service was very responsive.

Staff clearly understood people's preferences and respected these.

The management sought feedback and used this to improve the

service and the care people experienced.

Is the service well-led?

Good

The service was very well-led.

There was a positive and inclusive culture that was open and transparent. The registered manager responded positively to feedback and was keen to make any changes necessary to improve people's care experience.

Staff were supported by a management team that was available and responsive to any concerns.

The registered manager had the knowledge and skills to develop and deliver the service; and forged productive relationships with other services to ensure people received joined-up care.

Olive Care

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 12 June 2018 at the provider's office base. We gave the provider 24 hours' notice because they provide a community based service and the managers are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of two inspectors.

Before the inspection we reviewed any information we held about the service, including any information the provider had sent us. This included the provider information return (PIR). A PIR is a report that we ask the provider to complete which gives details of how they deliver their service, including numbers of staff and people using the service, and any plans for development. We also reviewed any notifications the provider had sent us. Notifications are reports the provider must send to us to tell us of any significant incidents or events that have occurred.

In order to make an assessment of the quality of the service, we looked at a variety of records and spoke to people. We spoke to six people who used the service and their families; as well as the registered manager and four staff. We also reviewed three care records which included needs assessments, risk assessments and daily care logs; and management records which included staff records, policies, development plans and evidence of training.

Good

Is the service safe?

Our findings

Staff understood their responsibilities to safeguard people from harm or abuse. One person told us, "I'm very happy with the quality of the care. I feel safe with them." Staff explained how they would report any concerns if they felt a person was at risk of harm or abuse; and we saw policies in place to support them with this. A staff member said, "If I had any concerns I would report them straight to the manager".

One person told us, "The care started with a plan, but gradually evolved." People's care needs and risks were assessed when they began using the service and then regularly every three months or more frequently if people's needs changed. People were included in these assessments and care plan reviews. For example, we saw evidence in a care plan that one person had previously been able to use a standing aid to support their mobility, but was unable to do so now due to increasing weakness. There had been a review of the care plan and a new one was completed along with a new risk assessment which highlighted changes in this person's ability and the need for a hoist to assist them to mobilise. Staff told us they checked the care records in people's homes at each visit, to keep up-to-date with any changes or incidents. This demonstrated there were processes in place to support staff to care for people safely.

The provider followed safe recruitment practice and employment law when recruiting new staff, this ensured that staff were capable and safe to care for people. Records confirmed that all relevant checks were completed before new staff were employed and they completed a robust induction before caring for people. We found there were enough trained and experienced staff to care for people. One person told us, "There is always continuity of the carers. Unless someone leaves. But then I am always introduced to new carers" A second person said, "I have four different carers come to me. I know them all really well. They are very friendly." Each person had a designated team of support workers who worked together, or alone as necessary, to care for them. Staff told us that where it was stated in the care plan, there were always two staff in attendance. One staff member said, "We always have two staff when people need a hoist for transfers, or for showering; we wouldn't try and do it on our own, it would put us and the person at risk." We saw rotas demonstrated that, where required, two staff were allocated the same care visit. People confirmed two staff attended where required. This meant staff were familiar with each person's needs and the rota was managed to ensure that team members covered for each other's holidays and days off. This ensured continuity of care for people, by staff who understood how to meet their needs and keep them safe.

One person told us, "I manage my own medication, but they will help me cream my legs. They do a good job." Many people managed their own medicines but for those that were supported with this, there were policies in place to ensure this was done safely. Staff told us they were trained to manage and administer medicines and the training records we saw confirmed this. We saw medicine administration records (MAR) were updated by staff at each visit and these records were audited each month by the senior team.

When people are prescribed 'as required' medicines like paracetamol for intermittent pain management, there should be protocols in place to guide staff when and how this should be administered. These are called PRN protocols. We found some 'as required' medicines did not have PRN protocols in place to

support the administration of these medicines. However, staff were able to tell us when and how much was required and how it was recorded on the MAR. We reviewed the MAR and confirmed that PRN medicines had been recorded correctly and people had received their medicines as prescribed. The medicine policy generally supported staff in the safe administration and management of medicines, including the use of 'as required' medicines. The inclusion of PRN protocols for individual people's medicines would reduce the risk of administration errors, ensure people received their medicines safely and would support staff to identify when they were required. We found the registered manager responded positively to this information and assured us they would take immediate steps to ensure that the correct documents were with people's medicine records. They also said staff would receive guidance and refresher training to make sure they understood the process. This demonstrated that medicines were managed safely and the registered manager responded positively to feedback and learning opportunities.

Staff told us how they used personal protective equipment when providing personal care in people's homes. This was disposed of after each activity and at the end of the day in bags in outside bins. One staff member said, "We always bag it and bin it. We don't leave anything behind." They explained how they always cleaned up after themselves and often did some cleaning as part of their visit according to the care plan. We saw policies in place to support staff and evidence that staff had completed training in infection prevention and control. This ensured staff took precautions to prevent cross-contamination and keep people and themselves free from infection.

The senior team conducted regular spot checks of the records in people's homes, to ensure they were completed correctly. A relative told us, "The manager does random spot checks and makes sure everything is working well for my [family member]." Any errors were reported to care staff and discussed in one-to-one supervisions or team meetings as appropriate. Senior staff were also able to observe and spot check staff care practice during these visits, to ensure they were using agreed techniques and procedures to care for people safely. We saw records of these spot checks and staff told us they were not pre-arranged with them; this ensured there had been no time for extra preparation. By spot checking the care and records the management team were able to identify where additional training or guidance was needed and were able to focus on improving this.

Good

Is the service effective?

Our findings

Care was assessed and planned to identify and meet the needs of individuals of all abilities. Where required, care was co-ordinated with other community services to ensure that people received holistic care to meet all their needs. Joint visits with district nurses and occupational health therapists meant staff were able to observe and learn from specialist practitioners. This meant care was delivered in line with current evidence based practice; and adapted to meet people's individual needs. Policies referred to current guidance and legislation, for example NICE and SCIE guidance; and job descriptions referred to 'The Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England'. The service was developed with reference to national legislation, guidance and best practice.

People were cared for by trained and competent staff. One person told us, "Staff are very co-operative and always helpful." And a relative said, "My family member uses a hoist to move around. The carers are always careful when they use this. They seem trained to use equipment." Staff told us they received "loads of training" which, along with the information leaflets about specific health conditions found in people's care records, they found really helpful. This ensured that staff had the skills and information to ensure people received safe and appropriate care for their individual needs. We saw health information leaflets in people's care records and saw that they were referred to in staff logs and comments. We also saw training records that confirmed that staff had access to a range of training courses developed to match the individual needs of people. For example, we saw staff had received training on peg feeding and the use of a new hoist, which meant staff cared for people knowledgeably and effectively.

There was an induction process in place that was aligned to the Care Certificate. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure staff had the necessary training and skills to meet people's needs. New staff told us their induction had prepared them for their role and they had time to become familiar with the policies and procedures in place. All staff were introduced to the people they would be caring for and had time to read their care plans and get to know their personal preferences, before they became part of that person's care team. This demonstrated that staff had the knowledge, skills and competence to care for people.

Not all people needed support to eat and drink, but for those that did visits were planned to coincide with preferred meal times. Staff received relevant training in food hygiene and food preparation and were able to assist in the preparation of meals or warm up ready meals chosen by the person they were caring for. One person said, "I like to have Wiltshire Farm Foods delivered. They always ask which one I want heating up. I'm involved in the decisions." Staff took advice from people's family members when preparing culturally appropriate meals for them. Where necessary, fluid and nutrition charts were maintained to ensure people's diet was monitored and any concerns were reported to the relevant health service. Staff told us how one person's diet was monitored because they were losing weight which could impact on their general health and mobility. They said they had introduced this person to 'smoothies' and they were now enjoying their favourite fruits again. People were supported to maintain a nutritious diet that supported them to maintain

their general health and wellbeing.

Some people also received care from other health and social care services. Where this was the case, this was recorded in people's care plans and staff were aware of who and when other practitioners were visiting people. Staff told us they had good communication with these services and the registered manager said they worked well together with other agencies to ensure people received all the care required to meet all their needs. When appropriate, care visits were arranged to coincide with community health service visits, especially where staff needed to be up-dated on a person's additional health needs. One staff member told us how they had been guided by a district nurse when applying cream to a person's skin. Another told us how they had received information about a person's health condition which they were able to share with the rest of the team. This demonstrated the service worked in partnership with other agencies to ensure people received the most appropriate care for their needs.

People were supported to access additional health and social care services in the community, in order to maintain their general health and wellbeing. Where necessary staff made appointments for people and accompanied them to appointments. Where people's needs had changed staff made referrals to specialist agencies who provided more relevant support and advice. For example, when a person began struggling with their meals and having difficulty chewing their food, staff made a referral to a speech and language therapist (SALT). A therapist who assessed this person recommended a more appropriate diet and consistency of food. They advised staff how to prepare more appropriate food and this person was now eating well again. Staff sought the advice of specialists when required and followed instruction, which meant people were supported to maintain their general health and to access specialist support when required.

People told us staff were very considerate and always asked for consent before caring for them. One person said, "They ask permission before they do anything. Even to use my toilet." Where people could make their own decisions, staff asked for consent and preferences before caring for them. We saw records and assessments that people had signed to show they had seen them and been involved in making the decisions. Where people with dementia or other cognitive impairment associated with their health conditions lacked the capacity to make decisions for themselves, we saw that decisions had been made in their 'best interest'.

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. The registered manager told us that capacity assessments were completed by community health care practitioners and then shared with Olive Care staff members. We saw that where people had been assessed by healthcare practitioners as lacking capacity to make decisions about their care, Olive Care staff had been involved in making decisions in the person's best interest. Where appropriate, family members and relevant practitioners who understood the needs and preferences of the person, were also involved. We reminded the registered manager that it was their responsibility to complete capacity assessments, if people could not consent to the care they were providing. They assured us they would review their procedures and ensure staff had relevant training and guidance to do this. This showed that the provider operated under the principles of the MCA and that people's views and preferences were considered, when making decisions regarding their care.

Good

Is the service caring?

Our findings

People were cared for by staff who were kind and compassionate. People told us they were 'very happy' with the care they received and said the care staff were 'very kind'. One person said, "I really like the carers. They are excellent. They help me." Staff told us they have enough time to spend time chatting with people during care visits and do any extra things to help people. For example, one person told us, "They have gone to the shop when I run out of milk, put the bins out if I am struggling and water my plants." Staff said it was having the time to do these extra things for people which made a big difference to them; one staff member said, "We do everything so they don't have to worry about it." Staff told us that the registered manager really cared about people and was supportive of them doing what they could to make people's lives easier. For example, spending time talking to people if they felt lonely or sad, doing shopping so people did not run out of food and other essentials, or accompanying them on a walk outside so they had some exercise and fresh air. Staff said this was an important part of helping a person maintain their mental health and wellbeing, which had a positive effect on their general health and welfare.

People were actively involved in planning their care and made their own decisions. One person said about the staff, "Oh I love them. They always help me. They are really friendly and will do anything for me. I never want them to stop." A second person told us they were very happy with the quality of care and had no concerns. They said staff were are all friendly and did what was expected. We saw the views and preferences of people were recorded in their care records and where possible these were adhered to. For example, we saw references to people's preferred time to rise in the morning and go to bed at night, when we checked the rota we saw visits were arranged to support this. Daily records also evidenced that care visits had been completed as planned. Staff recorded what care had been provided and how the person was feeling. This demonstrated a person centred approach to care and not just a focus on tasks.

Staff promoted people's independence and encouraged them to do as much as they could for themselves. One person said, "They encourage my independence with everything. Like I said I wanted to be stronger. So the girls said I should go on a walk with them at lunch while my food is cooking. I really enjoy it." Staff told us this had made a positive difference to this person's wellbeing and mobility; and enabled them to see other people in the local community so they felt less isolated. This demonstrated how staff cared for people with respect and dignity and helped them maintain their place in the community.

Staff told us how they encouraged one person to plan and prepare their own meals during their care visits, as this was something they had always enjoyed. Staff said they busied themselves with other tasks nearby and kept a discrete watch over the person; to make sure they were safe and within easy distance to offer assistance, if the person became tired or unable to manage. They said this person was pleased to be able to prepare their own meals as it meant they were less dependent on others and gave them some dignity. It supported their individuality and the skills and activities they had always enjoyed which helped them maintain their sense of identity and purpose. Staff also explained how important it was for people to maintain these day to day skills and their cognitive functions in order to keep their independence and dignity, which was empowering.

We saw feedback from families on the homecare.co.uk website and people and families were consistently positive about their care experience. One relative wrote, "We are extremely pleased with the care and support my [family member] is given. The staff are kind, friendly and thoughtful. Giving [family member] dignity in her difficult situation which is appreciated by the family."

Staff promoted people's privacy by ensuring that personal care took place in private and details of people's care was not discussed with other people. Care records in people's homes were kept neatly in a folder and kept in a suitable place to ensure maximum privacy. Care records in the office were kept in locked cupboards in a locked office and were only available to relevant staff. Staff asked permission to share personal information with other agencies when it was necessary to do so, for instance when making a referral for specialist support. There were policies and procedures in place to support staff maintain confidentiality.

Good

Is the service responsive?

Our findings

Staff were very responsive to people's individual and changing needs. One person told us, "They know what I need but are always happy to help if I want anything extra." A second person said, "I have all the numbers. I always ring if I am going out and there is no problem rearranging." Staff told us they could be flexible with people's planned appointments and told us of times when they had gone earlier than planned to make sure people were dressed and ready to go to appointments or outings with family. A staff member told us the service had recently increased the number of visits to a person whose family had gone on holiday, as they required more care than originally planned for. We saw evidence of people's preferences recorded in care plans and risk assessments; and people had signed the reviews to confirm they were in agreement with what had been discussed. Records confirmed visits had been changed at the request of people. This indicated a flexible and responsive service.

Staff told us how they formed positive relationships with people and their families without discrimination, which led to more consistent support and understanding of people's needs. People said they were involved in planning and reviewing their care and this was discussed with the registered manager, when they came out to visit them at home. We viewed records of these reviews and saw people and/or their family had clearly been involved in them, as their comments and preferences had been clearly recorded. Staff told us of meaningful activities that people were involved in which enabled them to continue with their hobbies and interests. For example, one person liked to watch football and talk about their favourite football team. The registered manager had ensured there was a staff member on this person's care team who also liked football and they had many conversations about the performance of their favourite teams. By encouraging this person to maintain their interest in football, staff demonstrated that they had promoted this person's individuality, respected their views and assisted them to maintain links with the local community.

People were offered information about other services they could access to enable them to maintain their cultural interests, hobbies and links with the community. One person was supported to access a local day centre where they could meet their friends and access activities of their choosing; another person was supported to attend their local church and maintain their faith. A third person who practiced Islam asked for calls to be re-arranged on Fridays so they could attend prayers at the mosque; and changes were made to the timing of their care visits. The registered manager explained how they could adapt information to make sure it was available in different formats to meet individual need. For example, different languages, large font, plain english. This demonstrated the service followed the principles of the Accessible Information Standard, which was introduced to make sure that people with a disability or sensory loss are given information in a way they can understand.

There was a complaints policy in place and people told us they would be comfortable making a complaint or feeding back to the registered manager if they were unhappy with any aspect of their care. One person said, "I've never needed to make a complaint. But I know the manager is called [name] and I met her a lot at the start. I know I could call her if I was unhappy." A relative said, "My family member seems to like them coming in. If they didn't we would tell the manager and I'm sure something would be done. I've never had reason to complain." There had been no formal complaints made in the last 12 months but the registered

manager showed us the policy and explained how they would respond. We saw evidence that people had fed back to the registered manager and this had been acted upon. For example, the timing of one person's care visits had been changed to suit their preference for going to bed later in the summer.

One person said, "They send me out surveys to fill in. But I can always feedback how I feel and things will change for me." A second person said, "The manager will always listen and act on concerns." We saw the results of surveys that had been sent to people and the comments were overwhelmingly positive. There were no recommendations for change as people were satisfied with the care they received. Staff told us the registered manager was very responsive to feedback and where required, would make changes immediately.

Most people who had used Olive Care previously, had been transferred to hospital or residential services when they approached the end of their life. Therefore the staff had little experience of caring for people at the final stage of their life. However, where people had been willing to discuss this part of their care planning, their views and preferences for the final stages of their life were known and recorded in their care plans. Where people preferred to remain at home, the registered manager told us that every attempt was made to ensure this was possible. The staff used their links with other services to ensure that people had culturally sensitive, specialist and appropriate care and support in place, which accommodated their changing needs. Staff supported the wider family and involved them in caring for the person where appropriate, if this was in line with the person's known preferences. In order to develop this area of care, 'end of life training' was planned for staff, which would improve their knowledge and understanding of people's needs at this stage of their life. People were cared for at the end of their life in ways that promoted their dignity and personal preferences.

Good

Is the service well-led?

Our findings

Olive Care has a positive, person centred and inclusive culture. This is embedded into policies and is evident in care plans and records. The views of people are central to their care plans and to the overall development of the service. People told us they knew who the registered manager was and said they had regular contact with them, either in their own homes or by telephone. One person said, "I know how to contact them," and another said, "I know who the manager is and I can ring her at any time." Staff were overwhelmingly positive about the registered manager. One staff member said, "The manager is amazing, they don't just support me, they support my whole family" and "I've never had a manager like [name], it makes such a difference."

The ethos of the company was to provide high quality care for people who wished to remain in their own homes. Staff supported this statement and said this is what they wanted to achieve. A staff member said, "I wouldn't change anything about this company, it's a really good company, it's so different from other companies. The manager really does care, clients know who she is. We see how happy clients are, which makes us feel good and we can see we're making a difference. We receive lots of praise and thanks and it makes it so much more worthwhile." Staff were motivated to provide good quality care for people and develop their practice.

There were clear governance and quality assurance processes in place that focused on accountability and outcomes. The audit system was used effectively to identify risks and areas for improvement; and adjustments were made as necessary. Management reports were published each month and progress was discussed with the provider who played an active role in service development and governance. Staff understood their roles and responsibilities and there were clear lines of management and accountability. Staff had the support and supervision they required to provide good quality, safe care. Staff told us the management team were very supportive and gave encouragement and guidance. They said they were not blamed if something went wrong. Staff were motivated and empowered and felt comfortable raising concerns and feeding back to the registered manager. There was an open and transparent culture within the organisation, which focused on learning and development rather than blame.

The registered manager understood their role and the responsibilities associated with their registration with the CQC. They returned the provider information report (PIR) on time and submitted notifications as required. Personal information was protected by the processes in place; and only shared with consent and when absolutely necessary to ensure people had appropriate care in place. Policies were aligned to national guidance and legislation including NICE and SCIE and there were positive links with external agencies which provided learning and development opportunities for staff. For example, some staff were working towards the health and social care diploma, all staff had received training from The Alzheimer's Society and some staff had become 'Dementia Friends'. Staff also received guidance directly from health practitioners in people's homes. This meant staff skills were developed in line with current guidance and best practice.

People told us they were consulted and involved in their care planning. We saw results of the last client survey and people were overwhelmingly positive about the care and the staff. The staff survey results were also positive and indicated that staff were satisfied with the support they received from the management

team. Staff told us they had regular supervision and team meetings where they were encouraged to feedback and contribute to discussions about the quality of the service and future developments. One staff member said, "I feel listened to, as though my opinion matters." We saw minutes of team meetings and supervisions were recorded and retained in staff records. There was evidence of frequent contact between the management team and people who used the service and any feedback was recorded and acted upon. The service actively engaged with people and staff, encouraged feedback and responded positively to comments and suggestions.

Olive Care had recently received the 'Top 20 Home Care Providers East Midlands 2018' award. This was in recognition of the positive responses and feedback that were posted on the homecare.co.uk website, from people and families who used the service. One of the comments said, "Indeed they are very caring people, exactly what carers should be. They should be very proud. The management team appear to be extremely efficient and always very helpful when my [family member's] needs increased." There was a culture of continuous improvement and a focus on developing staff to ensure that people had the high quality care they deserved. We found the registered manager to be very responsive to feedback during our inspection and keen to make any changes required to improve people's experience of care. There was ongoing recruitment and the registered manager told us they selected staff on the basis of attitude and compassion and they then completed a 12 week induction period aligned to the care certificate. This ensured availability of staff with the personal qualities, knowledge and skills to care for people which would enable the service to expand and become more sustainable.

Olive Care has developed positive and productive partnerships with local healthcare services and works collaboratively with these services and practitioners to ensure people have the quality of care they require. The registered manager described how they had worked collaboratively with occupational therapists, dieticians, SALT, GP's and district nurses to provide holistic care for people. They also said they had a good response when referring people to be 'fast-tracked' into 24 hour services, when there care needs became too complex to be managed solely by Olive Care. Where possible, Olive Care continued to care for people alongside specialist services to ensure continuity of care.

Olive Care was a well-managed service with excellent leadership. Staff ensured people were central to all decisions about their care and the service was developed to meet the changing needs of people.