

Olive Home Care & Support Limited

# Olive Home Care & Support Limited

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

About the service:

Olive Homecare & Support is a domiciliary care service providing personal care to 17 people living in their own homes. People using the service were older adults with a range of care and support needs. These included dementia and physical disabilities.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

People's experience of using this service:

- Improvements to the service and quality of care people received had significantly improved since the last inspection and introduction of a new management team.
- Quality assurance processes were not fully imbedded in practice to drive consistent improvements in service delivery.
- Issues identified from audits were not always acted on in a timely way to improve staff practice.
- People were protected from the risk of abuse. Risks to people were identified and lessened where possible.
- Recruitment processes ensured staff were safe to work with people before they started working at the service.
- People were supported to access healthcare services and with their dietary needs.
- Staff had access to training opportunities that supported them to care for people's specific needs.
- People told us staff gained their consent before carrying out any care or support. People's care plans directed staff to offer people choices.
- People and their relatives all told us staff were kind and compassionate.
- A relative told us, "They are very kind and caring. They are very good and know their role."
- People and their relatives, if appropriate, were fully involved in discussions about their care.
- Staff supported people to maintain their independence.
- People's care was person centred and their care plans contained information about their life history, preferences and the way in which they like to be supported.
- People told us they would feel comfortable making a complaint but hadn't needed to.
- People, their relatives and staff were all complimentary of the new management team and improved communication.
- People, staff and relatives were engaged and involved in the service provided.
- Staff worked in partnership with other organisations to ensure people's needs were met.

Rating at last inspection:

Requires Improvement (The report was published on 26 February 2019). The overall rating has improved

since the last inspection.

Why we inspected:

The was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Good.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# Olive Home Care & Support Limited

## **Detailed findings**

### Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to older adults living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. This was because the management team are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 25 February 2019 and ended on 26 February 2019. We visited the office location on 26 February 2019 to see the registered manager, nominated individual and care staff; and to review care records and policies and procedures.

What we did:

Before the inspection:

- We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Notifications we received from the service about important events.
- Information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

- We spoke with three people who use the service, five relatives, the registered manager and four members of staff.
- We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
- We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and three staff recruitment records.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection on 17 and 20 August 2018, we asked provider to take action to ensure people's safety. This included ensuring people received their medicines safely, staffing levels met people's needs, incidents of alleged abuse were referred to the local authority and recruitment practices were safe. The actions identified at the last inspection were completed and embedded in staff practice.

At this inspection, there was a new management team in place including a new registered manager. The service was not using any agency staff and people told us they had received consistent and competent carers for several months. The provider had invested in an electronic call monitoring system which the registered manager used to monitor that people received their care in a timely way and to support staff safety. There had been no missed calls since this system was imbedded and effectively monitored. Staff competency to administer medicines had been reviewed and support put in place for staff to improve their practice, where necessary and the management team were now completing regular spot checks of medicines practice. Since the implementation of these measures, there had been no safeguarding incidents relating to medicines. The registered manager understood their responsibilities relating to safeguarding and made referrals to the local authority and notified the Care Quality Commission, when appropriate. Recruitment checks were now completed in line with the providers policy, including checks with the Disclosure and Barring Service (DBS) to ensure staff were safe to work with people. These processes were embedded within the policies and procedures of the service, of which the registered manager had robust oversight to support people receiving safe care.

### Staffing and recruitment

- There were suitable levels of staff to support people safely. People all told us this had greatly improved in recent months. One person told us. "The last five or six months it has settled we have a regular carer that comes week days. The good thing is we get a printout of the next weeks carers a week in advance."
- The registered manager ensured people and staff were matched to suit their needs and people received care from regular members of staff to aid continuity of care.
- There were safe recruitment practices in place. Checks were made to ensure staff were of good character and suitable for their role.

### Using medicines safely

- People's medicines were managed safely. There were safe systems in place to manage, administer and dispose of medicines.
- Care workers were trained to administer medicines and had regular competency and spot checks which ensured safe practice.
- People's risk assessments and care plans guided staff on how to support people with their individual medicines. One person was at risk of refusing their medicines due to their confusion. Their care plan guided

staff to encourage the person and provided staff with techniques to support the person to take their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Referrals had been made to the local authority, in a timely way, when staff suspected people were at risk of abuse.
- Staff knew what constituted abuse and what to do if they suspected someone was being abused. One member of staff told us, "I feel confident about being able to spot abuse and to report my concerns, I know the manager would take me seriously."

Assessing risk, safety monitoring and management

- Risks to people were assessed and understood by staff. Staff knew about people's individual risks and actions they would take to keep people safe. One person was supported to mobilise using a ceiling hoist. Their risk assessment was detailed and provided staff with sufficient guidance to lessen associated risks to the person. Staff told us they were confident in the use of this equipment.
- People received consistent care from regular staff which reduced the risks to them as staff knew people and their needs well. A relative told us, "Just the fact that he knows them now make him feel safe and secure. I can go off and do what I need to do and know that he's safe."

Preventing and controlling infection

- People were protected from infection control risks.
- Staff had completed infection control training. Care staff told us they access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them.

Learning lessons when things go wrong

- Accidents and incidents were managed safely and lessons learned to improve the care people received. The registered manager analysed incident reports to reduce the risk of a similar incident happening again.
- One person was experiencing an increase in behavioural incidents. The registered manager and staff responded to this in a timely way and worked with a variety of health and social care professionals to support the person's changing needs, and maintain their safety.
- The registered manager had learnt from previous incidents, prior to their employment, and worked openly with the local authority to improve the care people received. The registered manager told us, "I do not want the same problems to reoccur. We are open and honest and keep auditing our service to make sure lessons are learnt and care is improved."

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection on 17 and 20 August 2018, we asked provider to take action to ensure staff received appropriate and consistent training and support, including assessing competency and knowledge to support people effectively. The actions identified at the last inspection were completed and embedded in staff practice. The registered manager had reviewed staff training and the induction process, including ongoing competency assessments and support structures for staff. Staff now received an induction when they started working at the service which included shadowing with senior staff and training courses. Competency assessments, spot checks and supervisions were now embedded within staff practice as tools to support staff development. Staff could now only support people with medicines and personal care if they were deemed competent by the management team to do so. This has improved staff practice and people's safety as they are now receiving consistent care from skilled and competent staff.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support. People all thought staff were well trained. One person told us, "They are trained, they definitely know what they are doing."
- Staff were provided with training to meet people's individual needs, such as dementia care, behaviours that could challenge and end of life care.
- Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff. A member of staff told us, "The shadowing was useful, I am an experienced carer so it was a good refresher. It helped to get to know people before I delivered their care."
- People were cared for by staff that were suitably supported within their roles. Staff received regular spot checks and feedback about their performance. One member of staff told us, "I am supported by the manager and field care supervisor. They always answer my questions and support me to do my job well."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before people used the service. This ensured staff had information about their needs, backgrounds and preferences. This information informed the care they received.
- Protected characteristics under the Equality Act (2010), such as disability and religion were considered as part of people's initial assessment. This demonstrated that people's diversity was included in the assessment process.
- The new management team were re-assessing all people using the service to ensure people's care was reflective of their current needs. One person had been reassessed and their care plan gave staff more detail about their life history and things that were important to them. A member of staff told us, "The updated care

plans are better as we know more about the people we are supporting." They told us how they now knew one person's religion was important to them and about their previous employment which they could staff conversations about things the person was interested in.

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

- People were supported at mealtimes to have food and drink of their choice, where it was delivered as part of the package of care. A relative told us, "Mum decides what food she would like. The carers know what I've left out in the fridge and they prepare it for mum."
- If people had specific dietary requirements guidance was in place for staff to support them effectively. For example, one person was living with diabetes. Their care plan gave staff guidance around the condition and their dietary needs to support their health.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well within their team and across organisations.
- One person's health had deteriorated and they required support with decision making. Staff worked, in a timely way, with their legal representative and social workers to meet the person's needs safely. A legal professional told us, "The staff understand their needs well and are responsive to any changes."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services in a timely manner. One person required more support with their mobility. Staff identified this need following an assessment and worked with their OT in a timely way to get the equipment they need to support them safely and maintain their dignity.
- Staff supported people to attend appointments as and when needed.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- Staff and the registered manager had a good understanding of the MCA.
- People told us staff gained their consent before carrying out any care or support and offered them choices. A relative told us, "It's really important that they talk to him and give him time to respond and they do. They are very patient which is brilliant."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection on 17 and 20 August 2018, we asked provider to take action to ensure people received consistently compassionate care and to protect people's confidential information. The actions identified at the last inspection were completed and embedded in staff practice. The management team had completed supervisions and meetings with staff to build a positive and supportive culture within the team to support person centred care. Staff spoke positively of the support they had received. People told us staff were kind and caring and knew them well. Person centred care planning had been reviewed and the new management team had started to complete assessment of all people's care to ensure this was being delivered in the way they preferred, people were positive about their involvement they had in their care planning. The registered manager had set up secure communication channels for staff, which were embedded in staff practice.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives all told us they were treated with kindness and respect and the care they received had improved in recent months. One person told us, "The carers that we have are very good. They are very professional."
- Staff knew people's preferences and personalities and spoke positively about people they supported. It was evident that they were empathetic and cared for people they supported. One member of staff told us how they were supported by the registered manager to celebrate one person's birthday. They took the time to find out about their favourite food and bought them this for their birthday lunch.
- People were supported to maintain their personal identity. One person liked to have their hair washed regularly but found this difficult due to their mobility needs. Staff order a specialist product to wash the person's hair in the chair. Staff's flexible approach maintain the person's dignity and ensured their care was delivered in their preferred way.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives, if appropriate, were fully involved in discussions about their care. A relative told us, "They talk to me about her care plan as well as including mum. She still has control over her care with my support."
- The field care supervisor visited people regularly and supported people with their care needs. They told us they used this informal opportunity to gain feedback from people and discuss their care with them.
- People's communication needs were assessed to ensure barriers to communication were removed.

Respecting and promoting people's privacy, dignity and independence

- People's confidential information was protected. When the new registered manager started they stopped staff communicating via a social messaging application and only through a secure, audited way.
- People's privacy and dignity was maintained. Staff told us how they support people to remain covered and close doors and curtains during personal care to maintain their dignity.
- People's care plan demonstrated that their independence was encouraged. One person's care plan directed staff to support the person to wash parts of their body but encourage them to wash other parts on their own to maintain their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

At the last inspection on 17 and 20 August 2018, we asked provider to take action to ensure people's care plans reflected their changing needs. The actions identified at the last inspection were completed and embedded in staff practice. The management team had reviewed people's health needs, following the last inspection, and provided staff with updated care plans, risk assessments and guidance relating to people's specific health needs. This guidance was known and used by staff. Care plans and people's daily records were audited monthly to ensure changes in people's needs were identified and supported. Procedures to report changes in people's needs were now imbedded in staff practice to ensure the registered manager was aware of these to take appropriate action in a timely way.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's received person-centred care, reflective of their needs and preferences. When people's needs changed these were reflected within their documentation to ensure staff had access to up to date guidance.
- Staff responded to people's changing needs in a timely way. For example, one person needed emergency dental treatment. The management team arranged for a member of staff to support them to attend their appointment within 24 hours.
- People's care plans contained information about their life history, preferences and the way in which they liked to be supported and staff knew this information about people. A member of staff told us that one person was, "very independent who likes listening to music. They don't like you to wear shoes in their house so we are given shoe protectors to respect their wishes." Their care plan reflected this about the person and gave staff guidance to respect their home.
- People were given information in a way they could understand. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. One person had difficulty with their eyesight. Their care plan guided staff to support this need and to ensure they had their glasses left with them. There was NHS published guidance in place for staff to enable them to understand the person's sight needs.
- The registered manager had considered the use of assistive technologies to improve people's experience. Some people liked to receive their rota of staff who would be visiting them via email. The registered manager can send these electronically to them. One person told us they appreciated this and said, "I've a schedule for the whole week which I've never had before the new manager. I now know what carer will be coming."

Improving care quality in response to complaints or concerns

- The service had received no formal complaints since the last inspection. People had access to the

provider's complaints procedure.

- People said they had no need to make a complaint but would feel comfortable to do so if needed. A relative told us, "If I needed to complain I would go straight to the office. I would have no problem in doing that."

End of life care and support

- No one was receiving end of life care at the time of the inspection. Staff told us care plans would be completed as and when people need this support.

- Staff had access to end of life care training and the registered manager told us this had improved the service as they had more knowledgeable staff supporting people, when they need this care.

# 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. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection on 17 and 20 August 2018, we asked provider to take action to ensure risks to people were mitigated, quality assurance systems were effectively monitoring and improving the quality of the service and the provider and registered manager had sufficient oversight of incidents and service quality.

At this inspection we found some improvements had been made. A new management team, including a new registered manager were in post. The registered manager and provider had reviewed the areas of concern following the last inspection and implemented an action plan to drive improvements to the service. They worked openly with the local authority to act on safeguarding concerns which have now been closed. The registered manager focussed their approach to driving improvements by prioritising high risk areas of the service. Risk assessments were reviewed and actions taken to reduce risks to people. A field care supervisor was now in post and provided care staff with additional support whilst caring for people to improve staff practice, this had a positive impact on the person-centred care people received. The registered manager had imbedded feedback processes into the service and acted on people's comments to improve their care. The registered manager had oversight of the service and imbedded safe practices to improve care delivery whilst continuing to act and identify areas for improvement.

Although improvements had been made, further action was required to ensure quality assurance processes were embedded in practice and outcomes of audits were actioned to drive improvements.

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

- Quality assurance processes and audits had improved and begun to take place, with the aim of assuring good governance, though these needed more time to be effective and fully imbedded in practice.
- Areas of service delivery were audited; however, action was not consistently taken when issues in practice were identified and this had not been picked up by the registered manager or provider.
- Medicines audits took place monthly, these did not always identify issues in staff recording and where issues were identified these were not always dealt with in a timely way to support staff to improve their practice. For example, audits of medicines administration record (MAR) charts in December 2018 and January 2019 showed that staff were consistently making recording errors. The member of staff responsible for auditing had yet to speak to staff about this to support them to improve their practice. Although there was little impact on people, not actioning issues found during audits increased the potential risk of medicines errors as staff were unaware of their areas in need of development.
- The registered manager told us they were working systems to audit and monitor the quality of the service to include monitoring of safeguarding's, accidents and incidents and staff training with the aim of improving

their oversight of service delivery.

- This is an area of practice that requires improvement to ensure outcomes from audits are actioned to improve service quality and new quality assurance process are imbedded within the service to continuously drive improvements.
- The registered manager was new in post following the previous inspection and had implemented a range of actions to improve the quality of the service provided. The registered manager was knowledgeable about their regulatory responsibilities and notifications of important incidents were now appropriately submitted to the CQC.
- People, relatives and staff were all complementary about the management team and the recent improvements at the service. One person told us, "There are new managers now and the staff are more professional. It used to be a bit hit and miss before."
- Staff told us they felt well supported in their roles and were aware of their responsibilities. One member of staff said, "The manager is very supportive, I can contact him anytime and his support makes me feel safe as a member of staff. He always answers the phone and I trust his advice."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture of the service had improved. The registered manager had focussed on improving communication with care staff and implemented consistent support structures such as supervision, observations, competency assessments and improved access to training. Staff told us the increased support made them feel valued.
- The management team promoted an open and supportive service. They were accessible to people and staff who told us communication had improved. Staff spoke of a positive team who felt well supported.
- A relative told us, "They have tightened up a few things since the new management has been in place. They are better at communicating. For example, if carers are going to be later than the agreed time the office will contact you to let you know." People confirmed that this happened if staff were going to be late, but said this was rare.
- Staff enabled people to live how they wanted to. There was a clear person-centred approach to people's care. Staff knew people well and understood their personal needs.

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

- People, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff and through regular care reviews.
- The new management team had implemented monthly telephone reviews to build communication with people and gain their feedback of the service. A member of the management team was completing these call during the inspection and the feedback from all people was positive. One person said during their review that they were, "Very happy, the carers and office staff have been wonderful. It is very hard to accept you need carers but Olive have made it so much easier than I thought. The manager has been brilliant and very understanding."
- The registered manager had plans in place to develop yearly questionnaires for people, relatives, staff and professionals to offer further engagement opportunities.

Working in partnership with others

- Staff worked in partnership with others to ensure people's needs were met.
- During the inspection a member of the management team was liaising with OT's and social workers to ensure a person had the right care and equipment in place to support their changing needs. They were professional in their discussion with them and were very knowledgeable about the person.
- A legal professional told us, "There have been definite improvement in communication with the new management, they are on the ball and professional in how they communicate."