OLIVE TREE (KIRKLEES) LTD

Olive Tree (Kirklees) Limited

Inspection report

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Batley
West Yorkshire
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Tel: 07943868957

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection took place on 25 September 2018 and was announced. The provider was given short notice of our inspection in line with our current methodology for inspecting domiciliary care services. The provider registered with the Care Quality Commission (CQC) in September 2017. This was their first inspection.

Olive Tree (Kirklees) Limited is a domiciliary care agency. The service provides personal care to people living in their own homes in the community.

Olive Tree (Kirklees) Limited has a registered office which is situated in the Batley area. At the time of our inspection the registered provider was providing a service to 15 people.

At the time of our inspection the service had a registered manager. 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.

The registered provider had a safe recruitment system to ensure suitable staff were selected to support vulnerable people. However, records we saw did not always contain a full employment history.

It was not clear what training staff had received to give them the knowledge to carry out their role. Staff support networks such as supervision, appraisals and team meetings needed to be developed and embedded into practice.

People were safeguarded from the risk of abuse. Safeguarding training was completed as part of the induction package. Concerns were reported when required and appropriate actions had been taken.

Risks associated with people's care and support were identified and action was taken to ensure people were as safe as they could be.

People who required support to take their prescribed medicines, were assisted and documents were maintained to evidence this.

The registered provider had policies and procedures in place to ensure there were no discrimination and to ensure the protected characteristics of the Equality Act were considered when making support decisions.

Where people required support to eat and drink this was offered. People received support from healthcare professionals as required.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People's likes and dislikes were included as part of their care records and staff we spoke with knew people well.

We looked at care records and found they reflected the support package the care workers were delivering. Care records were person centred and included information about how people liked to be supported and this was respected.

The registered provider had a complaints procedure which was included in people's care records folder, which was kept in their home.

The registered provider had systems in place to ensure the service was monitored. However, these systems required embedding into practice.

People who used the service had opportunities to voice their opinion of the service and offer constructive feedback. This was used to develop the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were safeguarded from the risk of abuse

Risks associated with people's care and support were identified and minimised.

People who required support to take their medicines, were assisted and documents were maintained to evidence this.

The registered provider had a safe recruitment system to ensure suitable staff were selected to support vulnerable people. However, records did not always contain a full employment history.

Is the service effective?

Requires Improvement

The service was not always effective.

It was not clear what training staff had attended to give them the knowledge to carry out their role. Staff support networks such as supervision, appraisals and team meetings needed to be developed and embedded into practice.

Where people required support to eat and drink this was offered. People received support from healthcare professionals as required.
The registered provider was meeting the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

People's likes and dislikes were included as part of their care records and staff we spoke with knew people well.

People who used the service were happy with the care workers and felt they respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Care records we looked at were person centred and included information about how people liked to be supported and this was respected.

The registered provider had policies and procedures in place to ensure staff knew how to support people at the end of their life.

The registered provider had a complaints procedure which was included in people's care records folder, which was kept in their home.

Is the service well-led?

Requires Improvement

The service was not always well led.

The registered provider had systems in place to ensure the service was monitored. However, these systems required embedding into practice.

People who used the service had opportunities to voice their opinion of the service and offer constructive feedback. This was used to develop the service.

Olive Tree (Kirklees) Limited

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 checked 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 25 September 2018 and was announced. The registered provider was given short notice of our inspection because the location provides a domiciliary care service.

The inspection was carried out by one adult social care inspector.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with Healthwatch to gain further information and views about 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 also gathered information from other professionals.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five staff including the registered provider, care co-ordinator and care workers. We spoke with people who used the service and their representatives.

We looked at documentation relating to the management of the service and looked at four staff files. We also looked at five support plans belonging to people who used the service.

Good

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt staff supported them in a safe way. One person said, "The care workers are good, they keep me safe."

People were safeguarded from the risk of abuse. Safeguarding training was completed as part of the induction package. Concerns were reported when required and appropriate actions had been taken. One care worker said, "If I suspected any concerns I would report them to the office staff immediately."

Risks associated with people's care and support were identified and action was taken to ensure people were as safe as they could be. Care records included risk assessments which identified the risk and informed the reader of how the risks were managed. We saw risk assessments for things such as, environmental issues, mobility, fire safety and falls. For example, one person had a risk assessment in place to prevent falls particularly in the bathroom. Staff were required to check the bathroom floor was dry and the environment was free from obstructions. Another person had a risk assessment in place for mobility and guided staff to ensure the person had access to their walking frame when mobilising.

We looked at systems in place to ensure people, who required support to take their medicines, were assisted to take them as prescribed. Care records we saw included information about medicines and indicated when people required support to take them. We saw people who required support with their medicines had a medication administration record (MAR) in place. This was signed by care workers following the administration of their medicines. Care plans contained specific information about what medicines people were prescribed and how they liked to take them.

The registered provider ensured there were sufficient numbers of suitable staff to keep people safe and meet their needs. The registered provider informed us that they listened to feedback from staff and people who used the service to ensure the correct amount of staff were visiting and that they had sufficient time to ensure people's needs were met. Any changes would be reported to social services staff and a review of the care package would be requested.

The registered provider operated an electronic call monitoring system. Staff were required to sign in when they arrived and left each call. The system recorded how long the call lasted and informed the management team if a care worker had not arrived for a scheduled call.

The registered provider had a recruitment system to ensure suitable staff were selected to support vulnerable people. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Service (DBS) Check. The DBS check help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable
people.

We looked at three staff recruitment files and found they contained all the relevant checks. We also spoke

with staff who confirmed that checks were completed when they began working for the agency. However, records we saw did not always contain a full employment history. We spoke with the registered provider about this and following our inspection they confirmed this information had been put in place.

Requires Improvement

Is the service effective?

Our findings

We looked at training records and found it was not clear what training staff had received to give them the knowledge to carry out their role. We observed induction training taking place on the day of our inspection, but could not evidence that all staff had received mandatory training. We asked the registered provider to send us a training record following our inspection to evidence training undertaken. However, this only included moving and handling, first aid and medicine awareness.

We spoke with the registered provider about the introduction of the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. It was the registered provider's intention that all staff employed that were new to a caring role were required to complete the 'Care Certificate' within the first three months of their employment. However, this had not yet commenced.

This was a repeated breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider could not evidence that appropriate support, training and professional development was available .

Staff support networks such as supervision, appraisals and team meetings needed to be developed and embedded in to practice. The registered provider had a policy in place which stated that staff should receive supervision sessions every three months. Supervision sessions were individual meetings with a member of the management team to discuss work related issues. Some staff had been employed by the provider for a year and had only received one supervision session. Following our inspection, the registered provider sent us a supervision matrix which showed that staff would be supervised in line with their policy. This required embedding into practice.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where someone is living in their own home, applications must be made to the Court of Protection.

Care plans contained detailed information about people's capacity ad ability to consent to care. Where required mental capacity assessments had been completed.

Where people required support to eat and drink this was offered. Care plans included information regarding people's dietary requirements and preferences. Care workers we spoke with told us they ask people what they would like to eat and drink. One care worker said, "One person requires their sandwich cutting into bite

size pieces. We also ensure food and drink is available and in easy reach for people."

People received support from health care professionals as required. Care workers we spoke with told us they would liaise with families and the care co-ordinator if they found someone was unwell or they would seek medical attention depending on the severity of the situation.

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and found they were happy with the support provided by the staff. One relative said, "The carers are good, they know what they are doing." Another relative said, "They [staff] are all good. Very caring people and everything is fine."

We spoke with staff who were passionate about providing a caring service and meeting people's needs. The staff understood how important it was to ensure they respected people's privacy and dignity. One care worker said, "It is important to learn how people like to be supported. Some people prefer a male or female carer."

Staff we spoke with told us they knocked on the person's door before entering, shouted their name and asked permission to go inside the persons home. This showed staff respected people and their property. One care worker said, "The first thing I do is introduce myself and asked how the person is feeling. I then explain what I am there to do and ask their permission to continue."

The registered provider had policies and procedures in place to ensure there were no discrimination and to ensure the protected characteristics of the Equality Act were considered when making support decisions. Policies and procedures also informed staff that it was important they respected people's rights and to ensure they led as independent a life as possible. People's spiritual needs were documented in care records including their faiths and believes.

People's likes and dislikes were included as part of their care records. We saw life histories in place to assist staff in building positive relationships with people. Life histories included what people were proud of, work life, family life and significant events which have shaped their life. One person's care plan stated they were an independent person who enjoyed social clubs and reading the daily newspaper.

Good

Is the service responsive?

Our findings

We spoke with people who used the service and their relatives and they felt involved in their own and their relatives care and support. One relative said, "They [staff] visit when we expect them and provide a good service. We have a book in our home which they write in to say they have visited."

We looked at care records and found they reflected the support package the carers told us they were delivering. Care records were person centred and included information about how people liked to be supported. For example, one person's care plan stated they required staff to communicate in a loud and clear voice to enable the person to hear them. Another person had a care plan in place regarding mobility and informed the reader that the person had arthritis. We also saw a fact sheet in place about arthritis which gave staff more insight in to the persons problem and how they could support them.

Prior to people commencing the service they were visited by the care co-ordinator who gathered all the information required to formalise a care plan which met their needs. Times of calls were confirmed and then the care co-ordinator introduced care workers to people. Care plans were reviewed regularly to ensure they remained current.

The registered provider had policies and procedures in place to ensure staff knew how to support people at the end of their life. This was to ensure that the best quality and person centred support was provided. At the time of our inspection the registered provider was not supporting anyone who required end of life care. Staff we spoke with knew how important it was to care for someone at this stage of their life and to ensure their preferences were considered as part of their care.

The registered provider had a complaints procedure which was included in their care records folder, which was kept in their home. Any complaints received were responded to in a timely manner and the complainant was involved in discussions and informed of the outcome.

People we spoke with told us they did not have any cause to raise any concerns but were aware of how to raise concerns. People were confident that the registered provider would take appropriate actions to address their concerns. One relative said, "If I had any concerns I would contact staff straight away, they would sort it."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection 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. However, there were some imminent changes and the registered provider had applied to be registered as the manager.

The registered manager was supported by a management team which consisted of two care co-ordinators and an administrator. The management team were supported by a team of care workers. The management team were available outside office hours via contact on mobile telephones.

People we spoke with and their relatives told us the management team were supportive. One relative said, "They [office staff] would contact us if there were any changes."

We looked at how the registered provider monitored the quality of service provision. We saw spot checks took place. These were unannounced visits from a member of the management team, to people's homes to assess the quality of the support provided. They ensured the care worker was wearing the correct uniform and had their identification badge with them. They also looked to see if the care worker was wearing personal protective equipment such as gloves and aprons. The checks also included looking at the persons care records to ensure they were fully completed and meeting people's current needs. The manager carrying out the visit also spoke with the person who used the service and their relatives to ensure staff were delivering care as they expected.

Other audits were in place to monitor the service. These included looking at medicine management, care plans, risk assessments, and staff files. However, some of these audits had not identified the issues we found on inspection. For example, the audit of staff files had not identified that the previous employment history section had not been completed. This meant the provider could not identify any gaps in employment. This audit had also not identified that staff supervision was not taking place in line with the registered providers procedure. Therefore, audits were not always effective.

Staff we spoke with told us they felt supported by the management team. One care worker said, "I have not worked for the service long but I have found the managers very helpful."

People who used the service had opportunities to voice their opinion of the service and offer constructive feedback. The registered provider completed a questionnaire to ensure people who used the service could comment about the support they received. Comments from questionnaires were collated and any actions were identified and addressed.

The registered provider informed us that the service held meetings for people and their relatives to attend. These meetings were known as forums. We saw the registered provider had asked people for convenient times and days of the week they could attend. The forums were used to capture feedback about the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider could not evidence that appropriate support, training and professional development was available .