

Olney Care Services Limited

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## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Olney Care Services Limited is a domiciliary care agency providing personal care and support to people living in their own homes. The service provides support with personal care, medication, meal preparation, domestic tasks and bespoke services agreed with individuals. At the time of our inspection they were providing a service to 63 people in and around the town of Olney in Buckinghamshire.

This comprehensive inspection took place on 23 and 24 February 2017, and was announced. At the last comprehensive inspection in February 2015, we asked the provider to take action to make improvements to the completion of training, professional development, supervision and appraisal and associated records. We conducted a focused inspection of the service in September 2015 to see if the service had made the improvements stated in their action plan. We found that the required action had been completed.

The service has two managers who share ownership of the agency, one of whom is the registered manager. A registered manager is a person who has registered with the CQC 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 told us that they felt safe and were supported by consistent, reliable staff. Staff understood their responsibilities with regards to safeguarding people and they had received relevant training. There were systems in place to safeguard people from the risk of possible harm.

Accidents and incidents were reported promptly, analysed by senior staff and action taken to reduce reoccurrence. Personalised risk assessments that gave staff guidance on how individual risks to people could be minimised were completed and updated regularly.

The service had robust recruitment procedures in place. There were sufficient staff to meet the care and support needs of people and an effective system to manage the rotas and schedule people's care visits.

There were effective systems in place for the management of medicines. People were supported to take their medicines as prescribed, where assessed as required. Regular audits of medicine records and competency checks of staff were completed by senior staff.

Staff were skilled and competent in their roles and were supported by way of spot checks, supervisions and appraisals. These were consistently completed for all staff and used to improve and give feedback on performance.

People were supported, where required, with their meals and the preparation of food. People were supported to maintain their health and well-being and accessed the services of health professionals.

Staff were kind, caring and friendly. They provided care in a respectful manner and maintained people's dignity. People were involved in making decisions about their care and their consent was sought. Positive relationships existed between people and staff.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which was reflective of their needs and had been reviewed at regular intervals. Staff were knowledgeable about the people they were supporting and provided personalised care.

People, their relatives and staff knew who to raise concerns to. The provider had a robust process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

There were effective quality assurance processes. Feedback on the service provided was encouraged and an action plan had been developed to address any issues raised within audit processes, surveys and general information received, with a view to continuously improve the service.

There was an open culture. People, staff and relatives spoke highly of the managers and there was positive leadership in place. Staff felt valued, motivated and were committed to providing quality care.

## 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 told us that they felt safe.

There were appropriate systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

There was sufficient staff to support people and meet their needs.

Robust arrangements were in place for the safe management of people's medicines.

### Is the service effective?

Good 

The service was effective.

Training, supervision and support from senior staff equipped staff with the knowledge and skills to provide the care and support people required.

People were asked to give consent to the care and support they received and were supported in decision making.

People were supported to access the services of health care professionals to meet any on-going healthcare needs and to ensure their well-being.

### Is the service caring?

Good 

The service was caring.

People were supported by staff that were kind, helpful and friendly.

Staff were aware of people's preferences and knew the people to whom they provided care. Positive relationships existed between people and staff.

Staff protected people's privacy and dignity and demonstrated

respectful behaviour.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Detailed care plans were in place which reflected individual needs.

The provider had a robust system to manage complaints.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People, relatives and staff spoke highly of the managers and their management of the service.

There was an open culture at the service. Staff told us they felt supported and valued by the senior staff and managers. Staff were motivated and committed to provide quality care.

There were effective quality assurance procedures. Senior staff completed regular audits to monitor the quality of the service provided and took action where it was identified as required.

# Olney Care Services 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 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 23 and 24 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that staff would be available on the day of the inspection and that records would be accessible.

The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience used for this inspection had experience of a family member using this type of service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information available to us about the service such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

We spoke with 11 people and three relatives of people who used the service and reviewed written comments and feedback received from 31 people who completed a questionnaire. We also spoke with six care workers, the deputy manager and both of the managers.

We looked at six people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment files, reviewed the staff duty rota and care call scheduling system and staff training records. We also looked at further records relating to the management of the service, including complaints management and quality audits, in order to review how the quality of the service was monitored and managed to drive future improvement.

## Is the service safe?

### Our findings

People and their relatives told us that they felt safe receiving care and support from the service. They had no concerns about the conduct of staff or their ability to provide care safely. One person told us, "I feel safe with all of the girls. They knock and let themselves in. They call out 'morning' and their name." Another person told us, "I feel completely safe. They are trustworthy and very welcoming." A relative told us, "I would say my [Name of person] is very safe with the carers. They know how to look after [them]."

Staff we spoke with had a good understanding of safeguarding procedures and were able to confidently describe what they would do should they suspect abuse or if abuse had occurred. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "I have absolutely no concerns however; I am confident and capable of speaking up if I did. I would discuss my concerns with one of the managers or contact social services." Another member of staff told us, "We are a very open team and the communication is excellent. We can raise any concerns that we might have and know that advice will be given to us or action be taken to ensure people aren't coming to harm."

We looked at staff records which confirmed that they had undergone training in safeguarding people from the possible risk of harm. A safeguarding training session was being delivered to a group of carer workers on the first day of our inspection. There was a current safeguarding policy and information about safeguarding people was displayed in the communal areas of the office. This included guidance for staff on how to report concerns and the contact details for local agencies. The registered manager demonstrated a clear knowledge of their responsibilities in relation to safeguarding and the requirement to ensure that referrals were made to the local authority where required.

Care and support was planned and delivered in a way that ensured people's safety and welfare. Detailed personalised risk assessments were in place for each person which identified the risks associated with individual care and support needs and gave guidance to staff on specific areas. These included risks in relation to health issues, medicines, nutrition support, mobility and where people were at risk of falls. The risk assessments provided information about the risk, the control measure in place and the action that staff should take to reduce the risk of harm. We saw that risk assessments had been reviewed and updated regularly to reflect changes in people's needs.

A record of all incidents and accidents was held, with evidence that they had been reviewed by a senior member of staff, and appropriate action had been taken to reduce the risk of reoccurrence. Records showed that incidents had been reported by staff in a timely manner. Where required, people's care plans and risk assessments were updated to reflect any changes to their care as a result of these, so that they continued to have care that was appropriate for them.

People told us that staff were reliable and that they had consistent members of staff. One person told us, "I have a range of girls and I have got to know them. They always say who it is as they come in." Another person told us, "I have a mixture and sometimes there's a turnaround but I am quite happy with that variety."

It's the spice of life." A relative told us, "We used to get a lot of different ones but now we seem to get [Name of care worker] most of the time. She is very good with my [Name of person]." Another relative told us, "Some staff are more regular than others but they all know [Name of person] really well."

People also told us that staff visited them on time and stayed for the time allocated to them. One person told us, "They are usually good at time keeping and if they are late they let me know." Another person told us, "They can be a bit late at times but never very late and if they are they phone to let me know." A third person told us, "They always stay the full time."

Staff we spoke with told us that they thought there were enough team members to provide the care required. One member of staff told us, "The team is brilliant and we all work together even if we're not directly together when making a call." Another member of staff told us, "Between the team there is enough of us to cover the calls. Both [Names of managers] complete calls. We all work together to make sure we are there for the people when they need us and for as long as they need us." We saw that there was an effective system to manage the rotas and schedule people's care visits. We reviewed rotas and found there was consistently the required number of staff on duty.

The registered manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service. They told us they had a flexible approach in their recruitment process to ensure that adequate members of staff were employed to meet the needs of the people who required support from the service.

There were effective recruitment procedures in place. One member of staff told us, "I had to wait for all my checks to be done before I could start shadowing." We reviewed the recruitment files for four staff and found the provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. This robust procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

There were effective systems in place to administer medicines to people safely. People told us that they received their medicines as prescribed. One person told us, "I am having four hourly visits at the moment as I need eye drops. They come on time and always wear gloves." Another person told us, "They put my tablets out into a pot for me and then sign the book to say they have done it." Staff were aware of who required their medicine to be administered, who required prompting and who was able to administer their medicines without support so as to maintain their independence.

The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. Members of staff we spoke with described the processes involved in the safe administration of medicines and the training they had received. One member of staff told us, "We receive full training to provide support to people with their medication. If we have any questions or queries we can always get hold of a manager very easily. Spot checks make sure we are doing everything right and we get staff messages via WhatsApp if there is important information we need to know, like if someone's medication has changed or they have a course of antibiotics."

A review of the daily records and Medicine Administration Records (MAR), showed that staff were recording when medicines had been given or prompted. Where issues with medicines had been identified by staff they had been reported promptly with appropriate action taken and recorded. We found that monthly audits

were completed by senior staff to check the accuracy of the administration and documentation of all medicines and that action was taken to rectify any discrepancies.

## Is the service effective?

### Our findings

People and their relatives told us that staff received the correct level of training and support to carry out their duties effectively and had the necessary skills to provide their support. One person told us, "They are all very good. I couldn't manage without them." Another person told us, "They are well trained. They know what I like and make sure they write in the red book at the end of the visit." A third person told us, "They are all very good at their job. [Name of registered manager] would soon be on them if they didn't meet requirements."

Staff told us the registered manager had a positive attitude towards training and they were kept up to date with the skills relating to their roles and responsibilities. One member of staff told us, "The training is constant and the courses are good. We use some online courses, face to face and I've been working on my level three qualification." Another member of staff told us, "We are always up to date with training and complete regular courses. We are encouraged to complete recognised qualifications and are supported in our work to complete the units and have the observations needed."

Records showed that staff had completed the required training identified by the provider and further courses were available to develop staff skills and knowledge. The registered manager monitored the training needs of the staff team and when refresher courses were required.

A comprehensive induction was completed by all staff when they commenced employment with the service. Staff told us that all new staff completed mandatory training courses followed by a period of shadowing experienced team members during which time their competency was assessed. One member of staff told us, "The transition from my previous career was just brilliant. I felt completely supported during my training, shadowing and then when I started working alone. I know that had I needed more time it would have been made available for me." Records confirmed the training programme followed by each member of staff and the assessment of their performance during the induction period through observations of task completion, medicine administration and the completion of spot checks. All members of staff were provided with the opportunity to complete the Care Certificate.

Staff received formal supervision at regular intervals and told us that they had regular contact with senior staff. One member of staff told us, "The support here is great. We get regular supervision and spot checks and can always just call in to the office if we need anything." Another member of staff said, "We get good support and supervision. We get feedback from our spot checks and any observations and have a chance to speak up about any concerns or problems that we might have. You only have to ask." All of the staff we spoke with expressed that they could speak to the managers or a senior member of staff if they needed support. We saw evidence of meetings in the records we looked at and saw that they were used as opportunities to discuss performance, training requirements, staff well-being and any other support measures that the member of staff may require.

In addition to formal supervision, senior staff undertook various spot checks to ensure that staff were competent in their roles and that they met the needs of people appropriately. These checks included an

evaluation of the care workers' performance with regards to task completion, the skills used, attitude shown and the timeliness at care visits. We noted that these records were discussed with members of staff and an action plan completed to address any issues found in the assessment.

People told us they were supported to make their own decisions and confirmed that staff would always ask them for consent before they provided them with care or support. One person said, "They always make sure I am happy to get on with things like getting up. I like to take it steady and they don't rush me. They are very patient." We saw that consent forms were present in people's care records which they or a relative had signed on their behalf to show they agreed with the care and support package provided.

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.

Staff told us that they had received training on the requirements of the Act and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People's needs in relation to food and fluids were documented in their care plan and they told us they were supported with preparing meals, where they needed help. One person told us, "The girls know how I like my food. Like my porridge for instance." Another person told us, "They are very good at making sure I am well stocked up. I write the list and give them the money and they bring me the receipt and change back." Staff told us that they were aware of the different support people required in relation to their food and drink. Records we viewed showed that staff recorded the meals that they prepared for people and, where required, they recorded the dietary intake of people for monitoring purposes.

People were supported to maintain good health and were supported to access health care services. One person told us, "They know I am trying to lose weight and are being really supportive. They really understand my health needs." A member of staff told us, "Most people are helped by their families with their health appointments or can manage their own. We make sure we are aware of people's health needs and how we can support them to stay well. We have a good relationship with the local doctor and are in regular contact with regards to some people." All members of staff we spoke with told us that they sought advice from the senior member of staff on duty if they had concerns over a person's well-being, called the person's GP or contacted emergency services if required. We noted from the care records that people had accessed the care of other health care professionals, such as the district nurse team, occupational therapists and physiotherapists. This had occurred either during their assessment or when required in managing an ongoing health concern.

## Is the service caring?

### Our findings

People spoke positively about the caring attitudes of staff and told us that they were kind, caring and friendly. One person said, "All the staff are very caring, very nice, very friendly. They allow me to do what I can for myself. I am quite independent and they understand and support that." Another person told us, "I can't speak too highly of them; they are always willing to help. They are all pleasant staff, I love them coming." A relative told us, "Everyone is very friendly and they are very caring with my [Name of person]."

Comments from the questionnaires received as part of the inspection process included, "The service is caring and excellent. My [Name of person] is very pleased with the care she receives", "Wonderful carers" and "We have been very happy with all aspects of the care service provided and the excellent provider."

Staff were positive about working at the service and the relationships that they had developed with people. One member of staff told us, "I love it. I'm proud to work for the service and the quality of care we provide." Another member of staff said, "We are provided with really individual, personal information about people and the aims they want to achieve. We treat people as individuals and get to work closely with them, building relationships with them and their families. There's a real community spirit here in Olney and we often find common connections with people."

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds.

People told us they were asked their views and were involved in making decisions about their care and support. They said that staff listened to them and acted on their wishes. One person told us, "The care plan reflects what I need. It was signed by me." A comment made on a questionnaire received as part of the inspection process was, "I am able to make my own decisions after discussing all aspects involved with my carers. I trust them completely to advise what is best for me." Members of staff explained to us the flexibility available in the service and were able to accommodate changes and additional requests for support on a day to day basis.

People confirmed that they had been involved in developing the care plans that they had and knew what they were for. Records showed that people had been involved in the assessment of their care needs and deciding the care they wished to receive and had been provided with a range of information to enable them to decide if the service was right for them.

Care plans were regularly reviewed and updated whenever there was an identified change. One person told us, "Either [Name of both managers] will come to do my review and [Name of staff member] comes to check my medications. It takes all the worry off me." We looked at six care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relative, involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content. Regular meetings were held with people and senior staff to monitor and evaluate the care being

provided and to review the care package in place. We saw any changes agreed at these meetings were reflected in the care plans and signatures of people to evidence their involvement and agreement were present.

People told us that care workers were respectful and treated them with dignity and took care not to rush when helping them. One person said, "They take care to make sure I am as covered as I can be. I don't get embarrassed anymore but they do look after my modesty." Another person said, "I have found that they have respect for you. They will never talk down to me and they will sit and have a chat." A relative told us, "They all treat my [Name of person] with respect. They make sure they maintain privacy and afford my [Name of person] the dignity they should have." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people. We saw that policies were in place to ensure that all staff respected the privacy and dignity of people and this was promoted within the staff team.

## Is the service responsive?

### Our findings

People we spoke with confirmed that they or their relatives were involved in planning their care and felt they received a personalised service. One person said, "I have a care plan and I think I signed it. If there are any changes I tell them. It's all done around my needs." Another person told us, "I sometimes have a look at what they have written down. It is a true record of what they have done for me." Relatives described a comprehensive assessment process and regular reviews of the care provided with the participation of people. One relative told us, "We went through everything that my [Name of person] would require and I signed the plan. I do believe my [Name of person] put their mark on it too."

People and their relatives told us how a member of staff from the service came to complete an assessment prior to them receiving a care package. The registered manager confirmed that this was part of the assessment process. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan.

Staff were knowledgeable about people they supported. During our conversations it was evident that they were aware of people's hobbies and interests, family backgrounds as well as their health and support needs. One member of staff told us, "We get basic information regarding people from the rotas but the care plans give us so much more individual information about that person. Who they are, what service they are looking for, their history, what their aims are and all about the things that interest them. When we begin supporting someone we can also speak to the manager who completed their assessment and get extra detail and knowledge from them." Staff told us that they were kept informed of changes in people's needs via messages, during team meetings or by reading updated care plans. Staff confirmed there was always a senior member of staff available to ask for clarification if they were unclear about any changes in people's needs or the information within people's records.

People using the service and their relatives were aware of the complaints procedure or who to contact in the service if they had concerns. One person told us, "I would speak to [Name of both managers] if I was worried about anything. I know they would listen and sort whatever it was out." Another person told us, "I have never needed to complain as I am very happy with the service but I would go to [Name of registered manager] I know her quite well. [They] are very approachable." A copy of the complaints procedure was issued in the information pack when a person began using the service and displayed in the office.

There was an effective system for managing concerns and complaints. We saw that where issues had been raised and had been identified as a concern they were recorded on the 'issues log' maintained by the managers along with the action taken to resolve them. Where formal complaints had been made they were also logged and an investigation completed. For all recorded complaints, there was a response to the complainant and the action that had been taken to prevent the concern occurring again or the learning achieved from the investigation. This demonstrated how the managers used complaints as opportunities to make improvements to the service.

People were also asked about their views on the service through care plan review meetings and via an

annual survey. The registered manager explained how people, and their relatives, were offered at the time of a review the opportunity to give feedback specific to their care they received.

The annual survey was conducted by sending questionnaires to each person who used the service to determine how the service was performing. All of the responses seen were positive with many complimentary comments with regards to the staff, the care received and the quality of the service provided. The positive results did not result in a formal action plan being completed however we saw that a response had been compiled and shared with people, relatives and staff. The registered manager was able to demonstrate how some of the feedback given was included on the action log for the service with a view to further improving the service.

## Is the service well-led?

### Our findings

The service was managed by two managers, one of who was the registered manager. Staff told us that both the managers and the deputy manager provided them with consistent support and guidance and were a positive, active influence in the running of the service. All senior staff were visible in the service and provided care directly to people on a frequent basis.

People knew who the managers were. One person told us, "The office staff are very nice, very approachable." Another person told us, "[Registered manager] has been a few times. I have her email and can contact her whenever I want."

Relatives had confidence in the management and senior staff and found them to be open and approachable. All of the relatives we spoke with said they would be comfortable about approaching the registered manager with any questions, concerns or issues they may have and knew that they would be listened to.

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "Both [Name of managers] are easy to approach. They really do have an open door policy. We can ask about anything and I feel completely supported." Another member of staff told us, "I can't fault them at all. They are incredibly supportive. They are managers but also colleagues and I really appreciate their openness." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the management. We found staff to be motivated and committed to providing the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. This was completed formally, in team meetings and supervision, and informally through discussions during visits to the office or via phone. Staff told us that regular staff meetings were held where they were able to discuss issues relating to their work and the running of the service. They confirmed that they were given the opportunity to discuss any concerns at these meetings. Recent meeting minutes showed that topics discussed included medication, training, paperwork, health and safety, quality survey feedback and updates on people receiving a service. Information was also available to support staff through internal messaging and notices at the office.

There were effective quality assurance processes in place. Senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. The managers also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records or errors noted, an explanation was given and the actions taken recorded. We also saw the service action plans that had been completed by the managers following receipt of information via a number of means. This demonstrated how the managers used feedback and information from a variety of sources to drive future improvement in the service.

During our inspection we saw that members of staff who visited the office were relaxed. We observed positive communication amongst the staff on duty and saw the senior members of staff working together to meet the needs of people and enhance the experiences of the staff on duty. We saw frequent, positive conversations between members of staff and these opportunities were used to actively share information about people and their care. The managers encouraged open conversations with staff to share information, asked questions about their work and personal well-being and responded positively to any concerns that were raised.

We saw that records were held securely in the office and that any computers used were password protected. This meant that people's information was protected from unauthorised access.