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

Overall summary

This inspection took place on the 24 February 2015 and was announced.

Olney Care Services Limited is a domiciliary care agency providing in-home care for the elderly and adults with a range of health conditions, such as dementia, learning disabilities and mental health needs. The service provides support with personal care, medication, meal preparation, domestic tasks and bespoke services agreed with individuals.

At the time of our visit there were 48 people receiving care in and around the town of Olney in Buckinghamshire.

There was a team of 13 carers which included the two owners/managers, one of whom is the registered manager for the service. 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.

Summary of findings

People were protected from abuse and felt safe with the service being provided to them. Staff were knowledgeable about risks of abuse and the different forms it could take. Systems were in place to report abuse and act to reduce the likelihood of it re-occurring.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Safe and effective recruitment practices were followed.

There were suitable arrangements for the safe storage, management and disposal of medication.

Staff received regular training, however we found that a number of courses had not been completed by all staff others were over-due refresher training.

People were asked for consent before being supported by staff, however we did not find use of the Mental Capacity Act (MCA) 2005 or sufficient levels of training and understanding regarding this piece of legislation.

People told us their health care needs were met and staff treated them with kindness, dignity and respect.

The service listened to what people said about the care they received and took active steps to encourage feedback from each person and their families.

There was a positive and open culture at the service. The registered manager worked closely with the other co-owner to ensure people received good care.

Effective systems of audits, surveys and reviews were used to good effect in monitoring performance and managing risks. The service had identified areas for development and invested time and money into improving their service delivery.

Summary of findings

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.

People were protected from abuse and avoidable harm by staff that understood the risks and knew how to report and deal with concerns.

Staffing levels were sufficient to meet peoples' needs and contingency plans were in place in the event of disruption to staffing.

Effective recruitment practices were followed.

People's medicines were managed safely by staff that had been trained.

Good

Is the service effective?
The service was not effective.

People received care that met their needs and wishes from staff who received good training. However some staff had not completed areas of essential training and others required refresher training.

Staff recently received supervision sessions, however they had not received regular supervisions previous to this.

People's consent to care and support had been obtained during the planning process and records confirmed this. However there was a lack of understanding and implementation of the Mental Capacity Act (MCA) 2005.

Peoples' health and nutritional needs were monitored by the service and people were supported with these where necessary.

Requires Improvement

Is the service caring?
The service was caring.

Staff provided care with kindness, compassion and empathy. They respected peoples' privacy and dignity and built meaningful relationships with service users' and their families.

People were involved in planning their care and were provided with sufficient and appropriate information about the service they were going to receive.

Good

Is the service responsive?
The service was responsive.

People received care that was specific to their individual needs and wishes and care plans were updated in accordance with peoples' changing needs.

A system was in place for the regular review of care plans which involved people who received care and their families.

Good

Summary of findings

People were encouraged to provide feedback on the care they received and comments or complaints were dealt with appropriately.

Is the service well-led?

Good

The service was well-led.

People who used the service and their families knew who the managers were and were positive about the way the service was run.

The managers were involved in care delivery and had invested in the service to improve the experience both of service users' and staff. Staffing levels were appropriate to meet people's needs and there was a low turnover of staff.

There were quality assurance procedures in place.

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 24 February 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care services and we needed to be sure that someone would be in.

The inspection team comprised of one inspector and one 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 in this inspection had expertise in caring for and supporting older people.

Before this inspection we looked at the information that we held for the service. This included notifications received from the service and previous inspection reports. We also spoke to the local authority to identify any existing concerns regarding the service.

During the inspection we gathered information by talking to six people using the service and six relatives on the phone. We spoke with two members of care staff and two managers. We reviewed care records relating to eight people, as well as five staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel very safe" and another person told us, "I wouldn't have them here if I didn't feel safe and secure." Peoples' family members told us they were confident that their relatives were safe when being cared for by Olney Care Services Limited. One family member commented that they wouldn't leave their [relative] if they didn't think they were safe.

Care staff told us that a key part of their role was to make sure the client is safe and they showed us that they had a good understanding of safeguarding and different types of abuse. They were able to explain actions they would take if they suspected abuse and the reporting process they would follow in that event. Staff also explained that they would escalate their reporting and would whistle-blow if they felt that appropriate action had not been taken.

The service had safeguarding and whistleblowing policies in place and also accessed the local authority policy to ensure they were up to date with procedures in the area. The registered manager informed us that each staff member read the policy and signed a statement to demonstrate they had read and understood it, which we found in individual staff files.

We found that risks had been assessed both for individuals and for the organisation. People had individual risk assessments which linked to their care plan. We saw detailed assessments of environmental risks that had been completed for each person's home to inform staff of the risks they may experience when providing care to people. All risk assessments had clear actions to take to reduce the likelihood of that risk causing harm. The service also had a comprehensive contingency plan, outlining actions to take in the event of a range of different emergencies to try to maintain levels of care delivery. Service users' had a Personal Emergency Evacuation Plan (PEEP) to inform staff of specific action to take in the event of an emergency at a service users' home.

Reporting systems were in place so that incidents and accidents that occurred were reported to the registered manager who logged them on an electronic system. We saw that they had put actions into place as a result of each incident or accident to try to prevent it re-occurring.

People and their relatives felt that staffing levels were appropriate and that their needs were being met. Staff members were able to give people the time and attention they required, in accordance with their care package. Feedback surveys carried out by the provider confirmed that carers were punctual and were able to spend their allocated time with people. We looked at staff rotas and saw that effective systems were in place to plan and monitor staffing levels. The registered manger informed us that there had been recent investment in an electronic system which allowed greater flexibility and allowed staff to view their rota on their phone. The system also had a punch-in function, which allowed management to monitor the promptness of staff and ensure that people were receiving the correct duration of visit. The registered manager told us that in the event of a staffing shortage both service managers would carry out care visits to ensure that care delivery was maintained.

The registered manager told us that all the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate staff were employed to work with people at the home and were clear about their roles and responsibilities. Staff recruitment files confirmed this.

We looked at the arrangements in place for the safe administration of medicines and found these to be appropriate. Some people were supported to take their medication as part of their care package. They told us staff helped them to make sure they took their medication on time and helped to make sure they had enough in stock. We looked at Medication Administration Record (MAR) sheets which showed that medication was administered at the correct times and that staff had signed to confirm that medication had been given. We saw that people had a medication administration consent form signed in their files and the way they liked to take their medication was recorded. The service had a clear medication policy in place and staff members received training arranged by the provider and local authority to ensure their knowledge was up-to-date. There were no clear medication audits in place, but management told us they carried out informal checks during visits. They told us that if signatures were missed

Good

Is the service safe?

they investigated as soon as they were aware, to ensure the medication had been administered correctly. Staff members would then be re-trained and assessed before administering medication in the future.

Requires Improvement

Is the service effective?

Our findings

We looked at staff training records and found that staff did not always have the right skills, knowledge and understanding to perform their roles. There was evidence that the service had a commitment to training and staff had completed a range of different courses. However there were a number of gaps in the training records where no training had taken place or was over-due for a refresher session. For example, four out of 13 staff members had received training on the Mental Capacity Act (MCA) 2005 several were out-of-date for safeguarding and one hadn't received the training altogether, despite starting in 2012. One member of staff hadn't had safeguarding training since 2011, two since 2012 and three since 2013. Other courses such as record keeping, health and safety, control of substances hazardous to health and challenging behaviour had also not been completed by all members of staff.

This was a breach of regulation 23 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We found there was an induction programme in place for new staff. One staff member told us that during their induction they were shadowing a more experienced staff member for a few weeks and they also attended a lot of mandatory training." We found that people had their induction period reviewed by management; however there were some gaps in signing people off as competent. The manager told us they would be enrolling all staff, regardless of experience, on the new care certificate to ensure they had the necessary skills to perform their roles.

Staff told us that the service provided good training with a mixture of e-learning and face-to-face sessions. They told us there was a mixture of in-house courses and courses arranged by local authorities on specific subjects. One staff member told "The training is really good" and another commented that they were encouraged to attend trainer training courses so that they could facilitate in house training. The manager informed us that they intended to run internal training sessions and work with local authority training providers to ensure all staff received the training they needed to perform their role. They also said that the service encouraged their staff to attend external courses and complete qualifications, such as level two and three courses in Health and Social Care.

We looked at staff supervision records. We saw that all staff had received supervision since January 2015, however previously to that people had not received regular formal supervision sessions. The registered manager informed us that they had identified this shortfall and had put systems in place to provide regular supervision and annual appraisals for each member of staff. In addition to this, they had started a programme of spot checks where they observed a member of staff providing care in a person's home.

We spoke with people who told us they received the right care to meet their needs. One person told us that their care, "works for me" and another said, "I wouldn't be able to stay in my own home if it wasn't for the excellent care I am given." Relatives were also positive about the care their family members received, with one person telling us their [relative] received, "Very good quality of care."

People we spoke with and their families told us that staff members asked for their consent before they carried out a task. One family member said, "The staff always say what they are going to do and ask if it will be alright." Another told us "Staff ask before they do anything." We checked peoples' care plans and found that consent forms had been completed to record that people agreed to the care that was planned for them. One staff member we spoke with told us that they had received MCA 2005 training, but were not sure how to assess peoples' capacity on a day-to-day basis. We did not find any evidence that the MCA (2005) had been used or considered to make best interest decisions for service users. We discussed this with the manager who stated they would address this through training and supervision.

Several people we spoke with explained that they required support with food and drink preparation. They told us they had pre-prepared meals delivered and staff helped them with ordering, heating, serving and cleaning up after the meal. Where necessary, staff completed a food and fluid monitoring chart to help ensure the person received enough to eat and drink.

Staff also supported people to attend heath visits and appointments if necessary. One person told us that staff helped them when going to the opticians for an appointment and the manager explained that sometimes staff booked appointments for people as well as supporting them if they wanted it. The service had good

Requires Improvement

Is the service effective?

relationships with local GP's, with many of their referrals coming from these practices. We saw in peoples' records that the service monitored peoples' changing health needs and adjusted care plans and risk assessments accordingly.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. They said they had positive relationships with staff who were kind, caring and respected their privacy and dignity. One person said, "I would recommend them to anyone. We couldn't have anyone better." Another person told us, "I can't imagine life without them." Relatives had a similarly positive view of the staff, with one relative telling us, "I have nothing to say against them. Staff chat away and respect my home." One family member also stated that staff showed concern for them, as well as the person receiving care. They said, "They notice if I am not looking well in myself." Staff were described as being considerate by one family member who felt they, "Talk to my [relative] as a human being despite their disability."

Staff were very positive about their role and the relationship they had with people they cared for. One staff member said, "The job is rewarding. It doesn't feel like work." Another commented that "The whole team want to care for people."

Staff also told us about how people expressed their needs and wishes regarding their care plan. One staff member told us, "They tell us and we give them choices." We were told, "All people are individuals and have individual needs and wishes." The manager told us that they sit with people and go through each section of their care plan in detail, ensuring the information which is put in the plan is in line with that person's wishes. We found that people had signed forms in their care plans stating that they agreed with the contents of the plan.

People were provided with information about the service, including contact information, data protection and privacy commitments and services which the provider could deliver. People were also given the option of receiving their own personalised rota which detailed the specific staff that would be visiting them throughout the week.

People's privacy and dignity were promoted by staff. People told us that staff knocked on the door and waited before entering their homes and that staff closed doors and curtains when supporting them with personal care tasks. One person said, "They are happy and polite" and another told us, "staff are very respectful." We found that care plans detailed how staff should interact with each individual and gave staff outcomes for each care task assigned. For example, an outcome for supporting somebody with their personal care was to 'be treated with respect and dignity.' Care plans showed that people's preferred routines were followed by care staff and that individuals were listened to by the service.

Good

Is the service responsive?

Our findings

People told us they received care and support that was specific to their individual needs and was reviewed on a regular basis. We were told that people had been involved in deciding their original care plan and in reviews of their plans. One person told us "staff will do anything I ask" and another explained, "The carers do the shopping and ironing for me as well as take me somewhere [on a social trip]."

Relatives told us that they were also involved in reviewing their family members care. One relative told us, "Discussions take place if we need to change something." Another relative described a situation where their [relative] took an instant dislike to a carer. They said the manager immediately took action to change rotas so that different carers were allocated to that person. This meant that both service users and their family members felt that their care was responsive to their needs and that they were listened to when their needs or wishes changed.

Staff told us that they spent time reading and understanding care plans before carrying out tasks but also responded to the changing needs of the people they supported. One staff member told us, "I regularly report back changes to the office so that care plans can be updated."

We looked at people's care plans and found that they provided staff with all the information they needed to provide person-centred care. The manager explained that some care plans had been updated recently to a more person-centred format, and that all care plans would be updated over the coming months. We found that the plans detailed what tasks were necessary for staff to complete, but also provided information on what the person was able to do for themselves or where they received support from somewhere else, such as a family member.

The manager told us that they reviewed these plans as needs changed or at regular intervals and records confirmed this. We saw evidence that peoples' views had been sought. For example, one care plan review recorded that the individual was happy with call times and length of calls. This meant that all people involved in each individual's care had a good idea of their responsibilities and helped to promote peoples' independence. Plans reflected the latest developments in peoples' care requirements.

We saw that staff kept daily progress notes about each person. This enabled them to record what had been done and meant there was an easy way to monitor their health and well-being. We found that any changes were recorded and plans of care adjusted to make sure support was arranged in line with people's up to date needs and preferences.

People were encouraged to raise concerns or issues with the provider, either with carers during their visits or with the registered manager. One person told us that if they needed to, they would be straight on the phone to the manager. Another person said, "If I had a problem I would chat to [registered manager], I know them well enough." People were formally asked for their feedback during care plan reviews and their views recorded on a review form. In addition to this, people and staff were asked to complete an annual satisfaction survey. The answers for this were collated and put on display in the office and provided a positive overall image of the service.

We saw that the service had a complaints policy in place and a system for recording, logging and acting on complaints. We found that complaints had been dealt with by one of the managers' in a timely fashion. Issues had been acknowledged, actions had been put into place and the complainant had been contacted to inform them of the progress of complaint. We also found that the provider had a system in place for logging compliments from current and past people using the service. Compliments were passed on to staff regularly to celebrate positive feedback throughout the service.

Good

Is the service well-led?

Our findings

People we spoke with knew who the service's managers' were. Most could tell us their names and those that couldn't, knew where they could find the names in their information about the service. People who used the service and their family members were positive about the managers', with one service user telling us, "If there is an issue the owners would deal with it." A family member told us the manager was, "Nice and helpful." Another family member told us "The service is very well run, the best care service [person's name] has had."

People told us that there was an established team and one family member told us that there was consistency and not a great turnaround of staff. We saw in staff files that staff turnover was low and the staff we spoke with were very satisfied in their role. One staff member told us the service was really good to work for.

We saw that staff were encouraged to develop their skills for their development and that of the service. Staff benefitted from having close support from their managers who held regular staff meetings and sent out weekly briefings informing them of developments across the service and highlighted changes to peoples' care plans. Compliments received by the office were also passed on to staff in this way so that positive messages found their way to the staff delivering care. We saw staff members dropping into the office throughout our visit and the manager told us that they encouraged staff to come in for a drink and a chat.

We saw that the managers were both involved in regular care delivery and saw all people using the service over a number of months. This meant that they had a visible presence in the service and led their team by example. There had been significant investment in moving premises and implementing a computerised shift management system to ensure that staff had adequate facilities to carry out training. In addition this would monitor the length of time staff spent on each visit and staff punctuality.

There was an open culture at the service and the care and welfare of people was the clear priority of the managers/ provider. They informed us that they had been in discussion with several local authorities about potential care packages, however they said they were only prepared to take on new packages in the local area and on the premise that people currently using the service did not see their service decline as a result. The service was in the process of recruiting new staff to meet additional demands.

We found that there were some quality assurance procedures and audits in place within the service and that reviews of paperwork had been completed. Until recently these procedures had not been completed on a regular basis, however the managers told us that they had addressed this and had a system in place to ensure that paperwork was reviewed more regularly. We saw that the service had also implemented new systems such as regular staff spot checks in service users' homes and an electronic call monitoring system to ensure people were receiving the correct duration of care visits.

We also saw that records were well kept and that data management systems had been implemented for appropriate storage and archiving of records. This process had been started but had not been completed at the time of our inspection.<Summary here>

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff Suitable arrangements were not in place to ensure that persons employed for the purpose of carrying on the regulated activity received appropriate training, professional development, supervision and appraisal.