

Oliveheal Healthcare Ltd

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Inspection report

88 Parkway
New Addington
Croydon
CR0 0LA

Tel: 07868967152

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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

About the service

Oliveheal healthcare ltd is a domiciliary care agency providing personal care support to people in their own homes. At the time of our inspection two people were receiving support with their personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People received safe, person-centred care. People and their relatives were involved in the development of their support plan and how their care was delivered. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff had built good working relationships with the people they supported. They respected their privacy and dignity and enabled them to be as independent as possible. Staff spoke to people politely and engaged them in conversation to provide some social stimulation and minimise the risk of people feeling socially isolated.

Staff provided support with meals when required and liaised with medical professionals should they have any concerns about a person's health.

Staff were well supported and required regular training to ensure they had the knowledge and skills to undertake their duties and stay up to date with best practice guidance. People received support from regular care workers, who turned up on time and stayed the required length of time to ensure people received the level of support they required.

The registered manager regularly reviewed the quality of care provision and involved staff, people and their relatives in service development. There were opportunities for staff, people and relatives to feedback about the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 4 November 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Oliveheal Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was undertaken by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

In line with our new approach we gave short period notice of this inspection and explained what was involved under the new methodology.

Inspection activity started on 6 September 2022 and ended on 8 September 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

We spoke with a person receiving support, another person's relative, two care workers and the registered manager. We reviewed two people's care records, staffing records and records related to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- People received safe care and treatment.
- Assessments were undertaken to identify any risks to people's safety, and plans were in place to manage and mitigate those risks. Staff liaised with district nurses if they had any concerns regarding risks to people's health and welfare, for example in relation to catheter care or pressure ulcers.
- The registered manager checked equipment was regularly serviced to ensure it was safe for people and their staff to use.

Staffing and recruitment

- Safe recruitment practices were in place to ensure appropriate staff were employed. This included obtaining references, checking people's identity and eligibility to work in the UK and undertaking criminal record checks.
- There were safe staffing levels. People received visits at times that were convenient for them and staff stayed the required length of time to support people with their needs. A relative told us, "The times work well. We've had no missed visits or late visits."

Using medicines safely

- At the time of our inspection people did not require support with their medicines and therefore we did not look at this during our inspection.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- An incident reporting process was in place and staff knew how to report and record any concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people receiving a service the registered manager met with the person and their relatives to assess their needs and identify the level of support they required. Needs assessments were undertaken in line with national good practice guidance.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to undertake their duties.
- Staff completed an induction, including completion of the Care Certificate and mandatory training to ensure they were up to date with best practice guidance. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff felt well supported in their role and they received regular supervision. A care worker told us, "Every time you need anything my manager is always there."

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

- Where required, staff supported people with their nutritional needs. People confirmed that they chose what they wanted to eat, and staff supported them to prepare it.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff did not directly support people with their healthcare needs. However, if people needed support with their health staff liaised with people's relatives and their GP. Staff were aware of signs of possible infection and would liaise with community nursing teams if they had any concerns, for example, in relation to catheter care.

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

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People received support in line with the MCA. People's consent was obtained prior to support being provided and staff ensured they provided support that people were comfortable with.
- At the time of our inspection no-one was deprived of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well, and care workers had built friendly, caring relationships with them
- A relative told us, "[I'm] very happy with the [care worker]. I think she's really good. She's very compassionate. Very good indeed." A person said, "I'm happy with the care and I have the same [care worker]."

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

- Staff provided support in line with people's wishes and choices. They involved the person and their family in their care and respected their decisions. A relative said, "We work together and discuss [their family member's] needs."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, particularly when supporting them with personal care. A person said, "Staff give me time and space, they respect my privacy and dignity."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that met their needs.
- Staff liaised with people and their relatives to ensure their views were captured and care plans were developed outlining how people wanted to be supported. A care worker told us, "Everything was made clear and was in the care plan about what we need to do. If I have any queries then I can ask [the registered manager] and she is there to help."
- People's care needs were regularly reviewed, and care provision was adapted according to any changes in people's health.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in a way they preferred and understood. Staff were aware of people's communication needs and adapted their communication style according to people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records included information about people's interests, likes, religion and cultural background. This enabled staff to have meaningful and engaging conversations with people and reduce people feeling socially isolated.

Improving care quality in response to complaints or concerns

- No complaints had been received since the service began operating. People, their relatives and staff felt able to speak openly with the registered manager and knew how to make a complaint should they feel the need to. A relative told us, "I don't have any reason to make a complaint."

End of life care and support

- When appropriate, staff understood people's wishes regarding their end of life care and their wishes as to whether they wanted to be resuscitated and the level of care they wished to receive should their health decline.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff, people and their relatives were involved in service delivery. They were asked for their views and opinions about service provision through informal discussions, meetings, spot checks and completion of satisfaction surveys. The findings from these were used to improve and develop practice when required.
- Comments from the staff satisfaction survey included; "My manager is really helpful and looks after my wellbeing", "My manager is very supportive, and I have an amazing team", "My manager always encourages me to give feedback." A care worker told us, "It's been really good working with [The registered manager]. She's very interactive with us. She's ready to help us... [The registered manager] is always ready to listen."
- Comments from people's satisfaction survey included; "I am happy with the [care workers]" and "My [care workers] are reliable and always on time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- There were systems in place to review and improve the quality of service provision. This included regular communication and visits from the registered manager

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service apologised to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning and improvement. They attended the local authority's provider forum to stay up to date with best practice and share ideas with their peers.