

Olives Healthcare Services Ltd

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Inspection report

Unit 1
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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Insufficient evidence to rate

Is the service effective?

Insufficient evidence to rate

Is the service caring?

Good ●

Is the service responsive?

Insufficient evidence to rate

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Olives Healthcare Services is a domiciliary care service. The service provides personal care and support to adults, with a range of needs, in their own homes. At the time of our inspection one person was using the service.

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

We found oversight and quality monitoring at the service was not effective. There was no business contingency plan for emergencies. There was an absence of detailed records in respect of assessments of care needs, risks and care planning. Staff did not experience a formal programme of support or supervision. Audits were informal and not always recorded. People said they received person centred care, but the care plans to guide staff were not person centred.

The feedback we received about the service was positive throughout. People told us they felt safe using the service. Staff understood their needs and risks and were very kind caring and reliable.

Recruitment checks were completed on new staff and there were safe infection control processes in place.

People said they were supported to be as independent as possible and that staff treated them with respect and dignity.

A relative said the service was well run and they were asked for their views about the service. Staff gave positive feedback about the registered manager and said they were approachable and supportive.

We were unable to evidence some aspects of some key questions at this inspection.

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 22 April 2021 and this is the first inspection.

We have not been able to provide a rating for some key questions and therefore no overall rating at this inspection as we have been unable to find sufficient evidence to meet the characteristics of ratings and report on aspects of some key questions.

Why we inspected

This inspection was prompted by a review of the information we held about this service. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified a breach in relation to the governance and oversight of the service. We have made five recommendations in relation to the assessment and management of risks, the assessment of people's needs, person centred care planning, staff training and the responsibilities and requirements of a registered manager.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. 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?

It has not been possible to rate this key question.

Insufficient evidence to rate

Is the service effective?

It has not been possible to rate this key question

Insufficient evidence to rate

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

It has not been possible to rate this key question

Insufficient evidence to rate

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Olives Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We looked at the information we held about the service. We used information gathered as part of monitoring activity that took place on 17 October 2022 to help plan the inspection and inform our judgements.

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

We visited the office on 6 December 2022. We spoke with the registered manager and reviewed two staff records and a care plan and risk assessments for the person that used the service. We looked at other records related to the running of the service.

We spoke with a family member of the service user and two staff members by phone on 7 December 2022 to gain their views about 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 inspected but not rated as we did not have sufficient evidence for some of the key lines of enquiry in this key question, to provide a rating.

Assessing risk, safety monitoring and management

- People were at risk of falls or from their environment but the provider had not assessed or mitigated these risks. There was no risk management guidance for staff. This had not impacted on people's care as people told us they felt possible risks were safely managed and no accidents or incidents had occurred. However there was a risk that unfamiliar staff would not be aware of potential risks and how to manage them.
- Staff told us they knew people well and understood any possible risks and how to keep them safe. There were no records to evidence how risks had been assessed in relation to people's health to help guide staff.

We recommend the provider consults and uses best practice guidance on the assessment and management of risk.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from neglect. A relative told us they thought their family member was safe. They told us, "Yes they are quite safe. We want the care worker to stay forever."
- Staff received safeguarding training. They were aware of the different types of abuse that could occur and what action to take if they suspected abuse. One staff member told us, "I'd report any abuse allegations to the registered manager."
- The registered manager told us they knew how to report abuse allegations to the local authority safeguarding team and to CQC

Staffing and recruitment

- There were enough suitably skilled staff available to meet the one person using the service needs safely.
- Staff were recruited safely. Appropriate checks were carried out to protect people from the risk of unsuitable staff working with them.
- Staff told us they had enough time to complete the calls and support needed and did not need to rush. Relatives confirmed there had been no missed or late calls. They told us staff were punctual and stayed the full time if not longer than planned on occasions.
- The registered manager told us they checked in with staff on a daily basis to ensure they were where they needed to be.

Preventing and controlling infection

- There were infection, prevention and control measures to keep people safe. A family member told us, "PPE is always worn. Staff confirmed they had access to sufficient supplies and had been trained in how to

use it safely.

- Staff had received training on infection prevention and control and understood the importance of good hand hygiene.

Using medicines safely

- We are unable to report on this key line of enquiry as the service was not supporting people with medicines at the time of the inspection.

Learning lessons when things go wrong

- Staff told us they were aware they needed to report any accidents and incidents to the registered manager. However we were unable to judge the effectiveness of any reporting or learning as no incidents or accidents had occurred. It was therefore not possible to understand how effective the oversight of accidents and incidents and identifying learning or patterns would be at the time of the inspection.

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 of this newly registered service. This key question has been inspected not rated as we did not have sufficient evidence for some of the key lines of enquiry to provide a rating.

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

- An assessment of people's needs was carried out before they used the service. However this did not follow best practice guidance. Several areas of people's needs such as health needs, skin care and nutrition were not assessed. Individual preferences in relation to aspects of their care were also not recorded.

We recommend the provider seeks best practice guidance to follow on the assessment of people's needs from a recognised source.

- A relative said that staff understood the needs of their family member well and checked with them on a daily basis that their needs and preferences were being met.

Staff support: induction, training, skills and experience

- There was no evidence of an induction, or, for staff or period of work shadowing in order to support them in their roles. Staff had received some training to meet the needs of the people they supported. However, this was not embedded or supported through a programme of formal supervision for staff.

We recommend the provider seeks best practice guidance on an effective system of staff induction, training and support from a reputable source.

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

- People's nutritional and hydration needs were met where this was a part of their care and support plan. A relative confirmed that staff supported their family member with food and drinks of their choice and were aware of their dietary needs and preferences. They said, "Staff are aware of [my family member's cultural needs and support them with traditional meals. [My family member] tells them how to get something ready."

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

- We are unable to report on this key line of enquiry as the registered manager told us they were not working with any health professionals or other agencies or supporting people with access to healthcare services.

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.

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

- The registered manager said they were working with one service user who had full capacity to make decisions. We saw their consent to receive care had been sought. However, we are unable to report on this key line of enquiry fully as we could not evidence if staff understood their role and if the registered manager would work within the Mental Capacity Act code of practice.

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 received kind and compassionate care. Staff understood and responded to people's individual needs. A relative said, "The carers' are really nice, they communicate well and know [my family member] well. They are thoughtful and will do extra things where they can."
- Staff told us they were happy to support people with their diverse needs and preferences. A staff member told us they were mindful and respectful of the customs of people from different backgrounds. A relative commented staff were aware of their family member's culture and supported them appropriately. For example in relation to the food they prepared.

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

- People and their relatives had been consulted about the support they received. A relative confirmed that staff involved their family member in decisions about their care, "all the time."
- Daily notes of the support provided confirmed that staff involved people in decisions about their support.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative remarked, "They always treat [my family member] with full respect and dignity."
- People's independence was promoted. A staff member told us, "When I support [person using the service] I always check to understand what they can manage to do themselves on each day as it can vary."

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 inspected not rated as we did not have sufficient evidence for some of the key lines of enquiry to provide a rating.

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

- People received personalised care in accordance with their needs. This was confirmed from feedback by relatives. However, records did not reflect person centred care planning. There was an absence of detail about the care to be provided and people's preferences in relation to their support. Care plans did not provide sufficient detail about how to meet people's needs.
- A relative said that a care plan had been agreed with their family member and was reviewed to ensure it met their needs. However, care plans were not sufficiently detailed to provide unfamiliar staff with enough information to deliver care in a person-centred way

We recommend the provider seeks best practice guidance on the recording of person-centred care planning from a recognised source.

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 (AIS). AIS 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.

- People's communication needs were recorded in their care plans.
- The registered manager was not aware of their responsibilities under AIS and told us they would arrange for information in different formats. However, we are unable to report on this key line of enquiry as we could not evidence the effectiveness of this statement at this inspection.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. However, we are unable to report on this key line of enquiry as we were told there had been no complaints and so, could not evidence how the complaints process would be managed.

End of life care and support

- We are unable to report on this key line of enquiry as we could not evidence how people's end of life care needs would be planned for and met.

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 requires improvement.

This meant the service management and leadership was inconsistent.

Continuous learning and improving care

- The system to oversee the quality of the service was not always effective. The registered manager said they carried out checks on daily notes written by staff. These checks were not always signed to evidence the audit or any learning identified. A review of the care plan had not identified the gaps we found in the assessment of risk or care planning. There was a risk the quality monitoring would not identify possible risks.
- The business continuity plan did not provide information to evidence how the service had planned to operate in a range of emergencies such as severe winter weather.
- There was no audit of staff training or recruitment records. Staff confirmed they had an interview before they were recruited. There were no copies of interview notes to verify that staff were suited for their roles. We identified a missing recruitment record which was sent to us following the inspection.
- The system for covering the office in the absence of the registered manager was not robust as it was delegated to an individual who was not employed by the service.
- Spot checks were carried out on staff although they did not identify which staff member it was and asked about areas more related to residential care such as doors being propped open. We were not assured they were effective in identifying possible issues.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. These issues did not impact on people's care but placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 registered manager did not always demonstrate full understanding of the regulations and best practice guidance; for example in respect of person-centred care planning, Mental Capacity Act, emergency planning, assessing risk and staff training and support.

We recommend the registered manager seek appropriate training from a recognised provider in relation to the responsibilities of a registered manager.

- Feedback we received was positive about the way the service was run and the registered manager. A relative commented, "The registered manager is lovely. She is approachable, and we have confidence in her."
- Staff told us they had the leadership and guidance they needed to be effective in their roles.
- The registered manager was aware of the need to comply with the requirements of their CQC registration including submitting notifications of significant events at the service. They were also aware of their responsibilities under the duty of candour and the need to be open and transparent when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager told us they were open and honest and wanted to achieve good outcomes for people. A relative remarked told us the service was well run, responsive and met their family member's needs
- The service worked to meet people's needs flexibly. People's care was delivered on a planned basis, but a relative said that staff stayed longer if needed.
- People were given a service user guide when they started to use the service to refer to when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The registered manager told us they worked in partnership and involved people and staff in the running of the service. This was confirmed from the feedback received. However, this was on an informal basis and not recorded to evidence how this involvement was used to improve the service provided or how any negative feedback would be used to improve the service.
- The registered manager said as the service grew, they would seek written feedback through a survey and showed us a survey they had recently sent out.
- A relative confirmed the registered manager regularly sought their family member's views.
- Staff said the registered manager was in touch with them on a daily basis and involved them in discussion about the running of 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 17 HSCA RA Regulations 2014 Good governance Systems to monitor the quality and safety of the service were not effective. Regulation 17(1)