Care Quality Commission

Olympus Care Services Limited

Northampton START

Inspection report

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Ratings

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

Overall summary

This announced inspection took place between 18 January and 2 February 2016. The Northampton START (Short Term Assessment and Rehabilitation Team) service provides care and support for people who need immediate support to live independently in their own home; this may be as a result of a crisis or illness, or following a discharge from hospital. They provide short term support for people to re-gain independence or identify if people require a permanent care provider to meet their longer term care needs. At the time of the inspection the service was supporting 56 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Statement of Purpose did not reflect an accurate description of the service that was provided and adequate records were not in place to record additional reviews for people that used the service for longer than

Summary of findings

anticipated. The culture of the agency was focussed on supporting and enabling people to become as independent as possible and this was evident throughout all aspects of care. Quality assurance systems were in place to identify where improvements were required and action was taken to rectify any issues.

Improvements were required to ensure that staff received regular refresher training. Staff were knowledgeable about how to provide safe and effective care and supervisory staff completed spot checks and observations to ensure staff were competent in their care. Staff received regular supervision to ensure they were effective in their roles.

People were asked for their consent before care was provided and people were supported and encouraged to eat and drink well. Staff understood their responsibilities under the Mental Capacity Act and staff supported people to seek medical assistance when required. Staff identified and liaised with healthcare professionals when they needed to.

People felt safe and reassured by the care they received. People received their visits from staff when they expected it and had risk assessments in place to ensure they received care and support in a safe and supportive manner. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns.

Staffing levels ensured that people received the support they required at the times they needed it and the recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service. People received their medication in a safe and timely way, and staff supported people to take their medication as independently as possible.

People and staff developed positive and caring relationships with each other, and staff treated people and their relatives with kindness and understanding. People's privacy and dignity was promoted by staff. People were encouraged to express their views, and this was acted on by staff. People had access to advocacy services if they needed it. Staff provided additional support for people above and beyond their job roles.

People's needs were assessed and care plans provided guidance for staff about the care and support people required. People's care was responsive and enabled people to become as independent as possible. People and their relatives were involved with the assessment process and deciding on the level of support people required. Procedures were in place to obtain and record people's concerns and complaints and these were investigated and acted upon.

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 felt safe and reassured using the service and staff provided the care and support they required in a safe way.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

People were supported to live in their own homes in a safe environment.

There were systems in place to support people to take their medicines in a safe and person centred manner.

Good

Is the service effective?
The service was not always effective.

Staff did not always receive regular training to refresh their knowledge.

Staff had access to guidance and support when they needed it.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the requirements of the Mental Capacity Act, 2005 (MCA).

People were supported to eat regularly and independently.

People's healthcare needs were identified by staff and prompt requests for medical assistance were made when necessary.

Requires Improvement

Is the service caring?
The service was caring.

People described the staff positively and with affection and staff went the extra mile to support people's additional needs whenever they were able to.

People were encouraged to express their views and to make their own choices about how their support was provided.

People were supported to maintain their independence and their privacy and dignity were protected and promoted by staff.

People had access to an advocacy service to support their choices, independence and control of their care.

Good

Is the service responsive?
The service was responsive.

People were assessed for their suitability to receive the service to ensure their needs could be met.

Good

Summary of findings

People received flexible and responsive care that changed as people's care needs changed.

People's care needs were reviewed after an initial period to identify if they required ongoing care by another provider.

People were provided with opportunities to provide feedback about the care they received.

People were given information about how to make a complaint and the provider had a system in place to respond to complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The provider had not updated the Statement of Purpose to reflect the service they provided.

The provider did not always record the reviews that were completed when people received care for longer than anticipated.

The registered manager provided managerial oversight and leadership to the team and worked with them to overcome difficulties.

The service had an open and transparent culture with everybody working as a team to meet people's needs in the best way possible.

Systems were in place to monitor and assess the quality of the service and any shortfalls were addressed.

Northampton START

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 between 18 January and 2 February 2016. The service was given short notice of the inspection because it provides a domiciliary care service and we needed to ensure we could meet with people in their homes and that the registered manager would be available. The inspection was completed by one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we visited three people in their homes and spoke with four other people that used the service on the telephone. We spoke with three relatives and seven members of the care team. We also spoke with the registered manager and one healthcare professional.

We looked at five people's care plans and looked at staff training and supervision records. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, meeting minutes, incident and accident records and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People said that they felt safe and reassured using the service. One person said, "I'm getting stronger but first thing in the morning I'm quite shaky – the staff always make sure I'm OK and stand with me until I sit down." Another person told us they felt safe. They said "They always turn up. They've never let us down."

There were appropriate recruitment practices in place. Staff employment histories were checked and staff were checked for criminal convictions before they were able to start work and provide care to people. This meant that people were safeguarded against the risk of being cared for by unsuitable staff.

There was enough staff to keep people safe and to meet their needs. People told us that staff usually arrived within 30 minutes of the agreed time and they generally saw the same staff provide their care. One person said, "I usually have the same staff but sometimes it does change. I don't mind too much." People told us that staff supported them with all of their care and they were not rushed or hurried. Most staff agreed that there were enough staff and that they were encouraged to assist each person with all of their care needs regardless of how long this took. Staff explained if a visit took longer than expected, or if they were running late for their next appointment they could contact the office who arranged for another member of staff they would contact the next person to inform them that the staff might be late.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. Staff had submitted safeguarding referrals where necessary which demonstrated their knowledge of the safeguarding process. We saw that where concerns had been identified the registered manager and staff team had taken immediate steps to support people and ensure their safety.

People's care needs were supported with risk assessments which ensured they could live as independently and safely as possible. Risk assessments were reviewed as people's needs changed, for example if people became more independent and needed less support. Risk assessments were also reviewed if people's health deteriorated and additional support was required to keep them safe. Staff were knowledgeable about when people's risk assessments needed updating and guidance was available to staff to support the safe delivery of care for identified risks.

There were appropriate arrangements in place for the management of medicines. People said that they got their medicine when they needed it. One person said, "I can't get my pills out so staff get them out for me and I take them myself." Where staff supported people with their medicines, there were care plans in place to provide guidance and Medication Administration Records for staff to record which medicines had been given and when. Staff also supported people to obtain medicines in a way that met their needs. For example staff supported people to request that their medicines in blister packs so all medicine was pre-prepared for each time of day. This removed the need for people to manage numerous medication bottles and boxes in their homes. One relative told us, "It seems much easier to manage now everything's in the blister packs. The staff helped us get that all set up." People were given advice about the safe storage and disposal arrangements for their medicines.

Requires Improvement

Is the service effective?

Our findings

People could not always be assured that staff had received up to date training to meet their needs. We saw that all new staff were required to complete mandatory training which included supporting people to use a hoist safely, and training around supporting people to move and mobilise safely. New staff shadowed experienced staff and were required to complete five units of the Care Certificate which enabled them to understand the needs of the people they were supporting. However, whilst there was a comprehensive training plan in place for all new staff, existing staff had not received regular refresher training to ensure the care they were providing was up to date. Staff told us they had access to online training but limited resources prevented staff from completing this when required. The registered manager explained there were difficulties obtaining training courses from the provider as limited opportunities were available. In addition, the service did not have an up to date list of staff training requirements. This area of the service required improvement, as although staff were able to demonstrate their knowledge and competencies in a number of areas of care, the lack of refresher training meant staff may not be up to date with current procedures and expectations.

Staff competencies were assessed by supervisory staff completing spot checks and observations however the frequency of this varied and there were no robust mechanisms in place to ensure all staff were observed on a regular basis. Staff received group supervision sessions and were able and encouraged to request individual supervision sessions when it was needed. Staff provided mixed feedback about the effectiveness of this method of supervision but all confirmed they were able to request individual supervisions and these were arranged immediately. Staff received an annual appraisal which provided them with feedback about their performance.

Staff had access to guidance and support when they needed it. The service provided care to people in their homes between the hours of 7am and 11pm and at all times there was a member of senior staff on duty. Staff told us they could contact the office via telephone or in person if they required additional support and there were occasions that senior staff attended visits with care staff if concerns had been identified. The registered manager had an open door policy and was accessible to staff.

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 decisions 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. For people receiving care in their own homes any applications to restrict people's liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA however there had been no requirements to submit any applications to the Court of Protection. Staff understood the importance of obtaining people's consent before any care was provided and they complied with this.

People were supported to eat regularly and independently wherever possible. People told us the staff helped them to prepare their meals if they were unable to, and provided people with choices about what they ate. One person said, "If I'm not hungry when they come they make me something so I can eat it later." Another person told us, "The staff encourage me to help make my own meals so I can get my independence back." People told us staff supported them as much as possible to have meals they enjoyed.

Staff monitored people's health as part of the care they provided and made prompt requests for medical assistance were made when necessary. One person told us, "The staff saw that my skin was getting really sore so they arranged for a District Nurse to come and see me – they're pretty good like that." Another person told us, "I felt a bit giddy one morning and one of the girls [the staff] made sure I phoned the doctor and made sure I was alright." We saw evidence that staff had identified when further healthcare assistance was needed, and this was followed through to ensure it was provided to people.

Good

Is the service caring?

Our findings

People described the staff positively and with affection. One person said, "They've [staff] all been marvellous. They're very good." Another person said, "They're all very helpful. I haven't met one yet I don't like!" Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. People told us that they were able to have a laugh and joke with staff and that staff took an interest in their families and interests. One person told us, "The staff always look at my photos and ask me about my family, or tell me about theirs. It's nice." Staff had a good knowledge about each person and provided care in a person centred manner. Each person was treated as an individual and staff understood and respected their needs.

Staff went above and beyond their job roles and took on extra responsibilities to support people that required additional help. For example a group of staff volunteered to help one person declutter their home as they had been unable to do this themselves. We also saw evidence that staff supported people to obtain home appliances through charities or from the community when they required additional help to maintain their independence.

People were encouraged to express their views and to make their own choices. Staff respected people's decisions and supported them in whatever way they could. One person said, "I decide what I want to wear and what I want to do first, and they just help me when I need it." The staff took time to interact with people, we saw staff were patient and their manner was encouraging to allow people to do things for themselves. People were involved in making decisions about their care and this was reflected in people's care plans. People's families and relatives were also involved to assist people to make decisions about the care and support they required to enable them to become as independent as possible, or to seek long term care arrangements.

People were supported to regain their independence. One person told us that over time they had got back their independence and had been able to wash themselves and gain more confidence with their mobility. Another person told us they were unable to gain the independence they had before their illness but staff supported them to do all they could, and to feel proud of what they had achieved. They told us that the staff always encouraged them to try and do what they could but offered good support when they were unable to complete tasks.

People's dignity and right to privacy was protected by staff. People told us that they felt respected by the staff that came into their home and staff always ensured their dignity was maintained whilst they were supported with their personal care. Staff could give a number of examples to describe how they ensured that people's personal care was delivered in a dignified manner, which included ensuring bedroom or bathroom doors were shut and people were supported to get dressed in stages so they were not left uncovered.

People had access to an advocate to support their choice, independence and control of their care. People were provided with information about advocacy services at the start of their care with the Northampton START team and staff were able to give examples of when a person may need the support of an advocate. For example, one member of staff told us they would consider exploring the use of an advocate if a person did not have any family support or they required ongoing care and were unsure about what to do. This meant staff had a good knowledge of when to discuss advocacy services and there were arrangements in place for people to be able to utilise this additional support if they needed it.

Good

Is the service responsive?

Our findings

People were referred to the service by healthcare professionals or the local authority, usually following an illness or crisis which meant they required immediate care so they could be supported to live in their own homes. There was a robust telephone screening and assessment procedure to ensure the agency would be able to meet people's needs before they were accepted by Northampton START. This included questioning of people's current capabilities and medication needs. Staff were able to demonstrate their understanding of people's potential needs and how they had worked with the referring service to attain current information. The registered manager confirmed that this was effective in ensuring that they only accepted people whose needs could be met. Most staff agreed this was robust and explained that people only returned to hospital if their health unexpectedly declined.

People and their relatives were involved in deciding on the support they required. Staff met with people in their homes and completed an assessment of their needs. Staff worked with people to consider and the depth and frequency of the support they needed. Staff took into account people's goals and worked with them to provide a package of care that met those needs. One person said, "The staff came out and asked us all about what I needed and what they could do to help." Another person told us the staff explained to them from the beginning how the service worked and that they would be able to support them on a short term basis. This meant people's expectations were realistic about the service that was available. One person told us, "I'll be sad to see them go, they're all so good."

People received flexible and responsive care that changed as people's care needs changed. Staff adapted the level of support they provided to people as they recovered and became more independent. People were very complimentary about the encouragement and support staff provided to facilitate their independence. One person told us, "I've come a long way and the staff have helped me with that. There are days I can't manage and the staff help me. Sometimes it [my abilities] changes on a daily basis and the staff do what I need them to do." Staff evaluated the support they had provided at each visit in folders at people's homes and at the office. Staff regularly updated their supervisors about people's changing needs, and any requests people had for more or less support from staff. The office staff accommodated people's changing needs in a flexible and efficient manner wherever possible.

People's care needs were reviewed after an initial period of care, usually within two weeks of the service starting. This review identified if it was likely that people would need ongoing care from a different provider, or if people would be able to live independently in their own homes. People were involved in this decision and were provided with information about how to make their own choices about identifying a new care provider if necessary. One person and their family told us, "They [the staff] weren't allowed to tell us which care service is good or bad, but they gave us information and advice about how to choose one which was helpful."

People said they had no complaints about the service. People told us they felt comfortable talking to staff about the service, or they knew they could contact the office if they wanted to. One person said "If I wasn't happy about something I'd just call the office." We saw people had received written information about how to make a complaint and that each person would be treated with dignity and respect. We looked at one complaint and saw that it had been investigated in a timely manner and the resolution had been clearly documented. The registered manager confirmed that they attempted to identify learning from complaints wherever possible.

Requires Improvement

Is the service well-led?

Our findings

Improvements were required to ensure that the current focus of care Northampton START provided was in accordance with their Statement of Purpose. A Statement of Purpose is a document which details what the service does, where they do it and who they do it for. It is a statutory requirement that the service keeps this updated and notifies the Care Quality Commission (CQC) of any changes. Northampton START were set up to support people for a six week period however the care provided to almost a third of people at the time of the inspection was for longer than this, and this fundamental change had not been reflected in the provider's Statement of Purpose. The registered manager understood their requirement to keep the CQC informed of any changes to the service but had failed to ensure the true position of the service was captured in the Statement of Purpose. We found that the registered manager had submitted all other statutory notifications and was aware of the requirement to do so.

People's changing needs were adequately supported by care staff however when further reviews were completed with people, particularly when they received care for longer than the anticipated period, staff did not record the meetings and reviews they held with people. Care staff were able to explain that reviews of care were held when people received ongoing care however these were not adequately documented and this was an area that required improvements to the record keeping of the service.

The registered manager provided managerial oversight and leadership to the team. For example, during difficulties with a new computer system the registered manager worked with the team to trial different methods to ensure the service could respond to meet people's needs. Staff told us they felt well supported by the management team but at times would like more input and advice from the registered manager. One member of staff told us, "The registered manager is very good at delegating, which is often fine but sometimes we all need a bit more support." Staff told us that prior to the inspection they had not had a team meeting for quite some time however the registered manager confirmed that full team meetings had taken place but there had been some delays to individual group meetings; the registered manager acknowledged this had been a failing due to issues the service experienced with a new computer system. The registered manager offered assurances that now the computer system was established and staff were getting to grips with it, they intended to ensure systems were in place to offer regular support to staff. During the course of the inspection two team meetings had taken place with further meetings planned.

The provider delivered on-going support to the registered manager; they commented that they felt well supported and were never left alone to struggle. All of the registered managers of similar services within the provider met on a monthly basis to discuss issues and concerns within their services and to share best practice. The registered manager confirmed that they had raised concerns about the extended periods they were providing care for people and the provider was working with the local authority to look for resolutions. There were also regular opportunities to meet with all the registered managers of other local providers which provided further insight into the adult social care sector and share support and guidance to each other's peers.

We found that the service had an open and transparent culture, with everybody working as a team to ensure people's care needs were met in a timely and supportive manner. All the staff we spoke with talked with pride and compassion about their jobs and the positive impact they were able to make on people's lives and wellbeing. Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. There were examples which showed that the registered manager listened to staff suggestions and acted on them, for example, some staff had raised their difficulties at attending staff meetings during the day so the registered manager agreed to hold two staff meetings at different times of the day to facilitate opportunities for all staff to attend. In the most recent staff meeting prior to the inspection we noted that there had been an apology to staff for the disruption the new computer system had caused and the impact this had made on staff, and gratitude and praise had also been recorded when staff had gone the extra mile to support people. This meant staff experiences were valued and acknowledged when necessary.

People were provided with opportunities to provide feedback about the care they received. In addition each person was asked to complete a satisfaction questionnaire. The registered manager told us that not many people had

Requires Improvement

Is the service well-led?

completed the questionnaires in the past, but they had now changed the system so staff could mention the questionnaires and encourage people to complete them following their care review.

Systems were in place to monitor and assess the quality of the service. Quality assurance procedures were completed by the registered manager and the provider. Where shortfalls had been identified we saw that an action plan had been produced to document how improvements would be made. For example, one audit identified that there could be improvements to the accessibility of the registered manager. The registered manager held an open session for staff to come and "Get It Off Your Chest" in an attempt to encourage staff to talk to the registered manager. At each audit, the previous audit was reviewed to ensure the agreed actions had been completed. The registered manager also completed a service improvement plan which monitored the actions to ensure the service provided good quality care that met people's needs.

The registered manager monitored incidents and accidents to identify if any further events could be prevented. We reviewed these incidents and found that there were very few incidents related to the delivery of care or any preventable incidents. Suitable action had been taken following each event to ensure people's safety and wellbeing, and to identify if any improvements could be made to the service.