

Olive Healthcare Solutions Limited

Manchester

Inspection report

Bright House,
Bright Road, Eccles
Manchester
Lancashire
M30 0WG

Tel: 0161240350

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19 March 2019

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Manchester is a domiciliary care service based in Salford and provides care to people within their own homes, predominantly in the Trafford area of Greater Manchester. The service is operated by Olive Healthcare Solutions Limited and their headquarters are based in Mansfield.

Rating at last inspection:

Our last inspection of Manchester was in August 2018. The overall rating at this inspection was inadequate, including the key questions safe and well-led, and the service was placed into special measures. This also resulted in the local authority no longer offering new packages of care to the service until standards improved.

At the August 2018 inspection we identified regulatory breaches in relation to safeguarding people who used the service from abuse and improper treatment, receiving and acting on complaints, fit and proper persons employed and staffing. We also issued two warning notices relating to safe care and treatment and good governance. The service then sent us an action plan, telling us how they intended to improve to meet regulatory requirements.

People's experience of using this service at this inspection:

We carried out this comprehensive inspection on 14 and 19 March 2019. At the time of the inspection there were five people using the service.

We found the service had improved in all areas since our last inspection and this was reflected in the feedback we received from both people who used the service and their relatives.

People said they felt as a result of the care they received, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.

There were enough staff to care for people safely and people told us staff always arrived to deliver their care. When staff were going to be late they were kept informed by the service.

People received their medication as prescribed.

Staff received the appropriate induction, training and supervision to support them in their role.

People received the support they required to eat and drink at meal times.

People who used the service and their relatives made positive comments about the care provided. The feedback we received from people we spoke with was that staff were kind and caring in their approach.

People said they felt they were treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately, with an appropriate complaints system now in place.

Appropriate systems were now in place to monitor the quality of service being provided, with a number of audits, spot checks and competency assessments used to check the quality of service being provided.

We have made a recommendation for the service to develop more community links within the local area.

We received positive feedback from everybody we spoke with about management and leadership within the service. Staff said they felt supported and could approach the registered with any concerns they had about their work.

More information is in the detailed findings below.

Why we inspected:

This inspection was carried out to check if standards of care had improved since we last inspected the service in August 2018 when regulatory requirements were not being adhered to. The inspection was also to check that the two warning notices regarding safe care and treatment and good governance had been met.

Follow up:

We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Good' rated services, however if any further information of concern is received, we may inspect sooner.

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 now Safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was now Effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was now Caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was now Responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was Well-Led, although we have rated this domain as Requires Improvement to ensure that the improvements are sustained over time.

Details are in our well-led findings below.

Manchester

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC). An inspection manager also attended to observe the inspection.

Service and service type:

Manchester is a domiciliary care service. People receive care and support in their own homes from staff who work for the service. CQC does not regulate the buildings in which people live, therefore this would not form part of our inspection.

The service had a manager at the time of the inspection, who was appropriately registered with the CQC.

Notice of inspection:

The inspection was announced 48 hours prior to our visit in line with our inspection methodology to ensure it could be facilitated on this day by the registered manager.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay. We also asked for feedback from the local authority and professionals who worked closely with the service.

During the inspection we spoke with the registered manager, two care staff, three people who used the service and two relatives. We visited each of the three people we spoke with at their own home and also looked at how their medication was administered to ensure this was done safely.

We reviewed four care plans, three staff personnel files, three medicine administration records (MAR) and other records about the management of the service to help inform our inspection judgements 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

Good: People were now safe and protected from avoidable harm. Legal requirements were met.

At our last inspection of the service in August 2018, we had identified concerns regarding medication, safeguarding people from abuse, staff recruitment and the monitoring of accidents and incidents. Therefore, this key question was rated as Inadequate. We found improvements had now been made at this inspection.

Assessing risk, safety monitoring and management

- Each person who used the service had their own risk assessment in place covering areas such as fire safety, the environment and medication. Where risks were identified, there were details about how risk needed to be mitigated.
- People had specific care plans in place regarding keeping their skin safe. Relevant professionals were also involved as necessary, such as district nurses, to attend to any dressings that were required.
- People with reduced mobility had relevant equipment such in place, such as walking sticks or zimmer frames. Moving and handling assessments had been completed, although at the time of the inspection nobody needed support with any specialised equipment such as a hoist.
- Records of any accidents or incidents were documented in people's care plans and provided details about any follow up actions taken. Body maps were completed if any injuries were sustained.

Staffing levels and staff recruitment

- Enough staff had been deployed to safely meet people's needs, although due to the local authority not currently offering any new packages of care, the service only employed a total of three care workers at the time of the inspection. This was to provide care and support to five people. The feedback we received from staff was that this was sufficient to meet people's care needs. The staff we spoke with during the inspection told us their rotas were well managed. People told us if staff were going to be late they were notified so they knew what was going on. A call monitoring system was used, and this enabled managers to ensure calls were being carried out at as required by staff.
- Staff were recruited safely, and we found all relevant checks were carried out prior to them commencing their employment. This included completing application forms, attending interviews, ensuring written references were provided from previous employers and carrying out disclosure barring service (DBS) checks. Where certain aspects of the recruitment process hadn't been followed, for example a lack of references from previous employers, risk assessments had been completed, demonstrating how this would be managed.

Using medicines safely

- We found people's medication was administered, recorded and stored safely. People's MARs were completed accurately, with appropriate records maintained by staff. Information on the MAR included the dosage of medicines people needed to take, the frequency and if staff had observed the medicines being taken. One person who used the service had creams applied by staff, however records were not being maintained to demonstrate this was being done. We spoke with the registered manager about this issue who told us a cream chart would be introduced for this person after the inspection.
- Staff had received training regarding medication and displayed a good understanding about how to ensure people received their medicines safely.
- Where any medication errors had occurred, the registered manager told us about the steps they had taken to try and prevent re-occurrences, such as additional training for staff and further medication competency assessments.

Systems and processes

- People and relatives, we spoke with, told us they received safe care. One person living at the service said, "When the staff come to see me they make me feel very safe." Another person said, "I feel safe with the staff coming into my house. I have a key safe on the wall which they use."
- Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns. A member of staff said, "I have done training. Types of abuse can be financial and physical. If I saw marks, or bruises on a person, then that would give me cause for concern."
- A log of all safeguarding concerns was maintained, along with any minutes from case conferences and strategy meetings that had taken place. We found referrals were made to the local safeguarding team where any allegations of abuse had occurred within the service and this was something that had improved since our last inspection.

Preventing and controlling infection

- Staff had access to relevant personal protective equipment (PPE), such as gloves and aprons. The people we spoke with during the inspection said these were always worn when staff were assisting them with their care.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection of the service in August 2018, we identified concerns regarding a lack of staff supervision and appraisal. The care certificate was also not being used as part of the staff induction process where staff had not worked in a care setting previously. Therefore, this key question was rated as Requires Improvement.

Staff skills, knowledge and experience

- Staff completed regular training to ensure they had the knowledge, skills and support to carry out their roles. Records were available on the training matrix of courses completed, with certificates available in staff files. An induction was also provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role. The care certificate was now being used for new staff working for the service who had not worked in a care setting previously. Staff spoke positively of the training provided. One member of staff told us, "The training is all going fine and if you want to do anything extra then you can be put forward for this."

- Staff supervisions were now being done approximately every three months and took into account areas such as concerns regarding people who used the service, rotas/availability, complaints/compliments and training requirements. Appraisals had not yet taken place, although this was because the staff currently working for the service had not yet been in post for over 12 months. We will review this again at our next inspection.

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 Act requires 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.

- DoLS are not applicable in domiciliary care services and are instead known as Deprivation in Domestic Settings (DiDS). However, at the time of the inspection, there was nobody using the service who required a DiDS order to be in place. People's care plans reflected people's current capacity. Staff had completed MCA training and demonstrated a good understanding about how to support people with their decision-making capabilities if there were concerns.

- Written consent was obtained from people and recorded in their care plan regarding the care they received. In one person's care plan, they had been assessed as having capacity, however their relative had signed their consent form on their behalf. The registered manager told us this was the person's choice, and they would review with the person how this was recorded in their care plan.

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

- The care and support people needed to receive from staff had been captured as part of the initial assessment process and was recorded within people's care plans. This was done following a referral from the local authority, who in most cases, were responsible for funding the packages of care.

Supporting people to eat and drink enough with choice in a balanced diet

- The support people required with their nutrition and hydration was clearly recorded in care plans, along with details about people's favourite choices of meals. We could see from reading people's daily notes that these were the foods staff prepared for them each day. One person said to us, "I receive quite a lot of support with eating and drinking. The staff always make something for me and ask me what I would like first. They always leave me a bottle of water too after they have left."

Supporting people to live healthier lives, access healthcare services and support

- People's care plans provided an overview of their health and any specific conditions they had. The service also worked closely with other health professionals as required, such as doctors, district nurses and social workers.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

Good - People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in August 2018, although the feedback we received was that staff were kind and caring, some of the wider concerns we found during the inspection did not demonstrate a caring culture. Therefore, this key question was rated as Requires Improvement.

Ensuring people are well treated and supported and ensuring people's equality and diversity needs are respected:

- People and their relatives spoke positively about the standard of care provided. Staff were described as being kind, caring and considerate. One person who used the service said, "The girls are pleasant and I can't fault them. I would definitely say they are kind and caring." Another person said, "Everything is okay from my point of view and I feel they are providing a good service to me. I have a consistent staff team and they are all great with me." A third person added, "The care is good and I have had no issues. The staff seem like very caring people."

- People's equality, diversity and human rights needs were taken into account. Staff were aware of people's cultural backgrounds and things that were important to them such as the languages they spoke and the foods they chose to eat.

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

- People received care in line with their wishes from staff who knew people well and what they wanted. Satisfaction questionnaires had been sent to people, seeking their views and opinions about the service. Reviews of people's care took place and we saw both people who used the service and their families were involved in this process and were able to contribute towards the care provided. One person said, "We had a review recently. I had some changes to my medicines so we had a review about it."

Respecting and promoting people's privacy, dignity and independence:

- People told us staff always treated them with dignity and respect, gave them privacy if they needed it, and said staff never made them feel uncomfortable or embarrassed. One person said, "I do feel like they treat me with dignity and respect. If I ever need help in the toilet, the door is always closed so I have privacy."

- Similarly, people told us staff always gave them the opportunity to be independent with their own care. One person said, "They do let me do bits and pieces for myself. Like with my personal care for example, if I am able to reach certain parts of my body, then the staff let me wash myself."

Is the service responsive?

Our findings

Responsive - People's needs were met through good organisation and delivery.

Good: People's needs were met through good organisation and delivery.

At our last inspection in August 2018, we identified concerns the management of complaints. Therefore, this key question was rated as Requires Improvement.

Personalised care:

- People who used the service had their own care/support plan in place and we reviewed four of these during the inspection. We noted they were completed with good detail and provided information for staff about the care and support people needed. When speaking with people they told us staff assisted them with the things detailed written in their care plan. One person said, "I have three visits a day and receive assistance with meal preparation, medication, personal care and emptying my commode. They meet my needs as far as I am concerned."
- People's likes, dislikes and what was important to the person were recorded in their care plans. Life histories had also been completed and provided details about people's families, where they were born and things they were interested in. People's daily routines were captured within their care plans and staff displayed a good knowledge about the types of things people enjoyed doing throughout the week.
- The service was meeting the accessible information standard (AIS). This meant people who may need information presenting to them in a different format had their needs met. Care plans contained information about people's communication and if they required the use of any equipment, such as glasses or hearing aids. Where these were required, we observed people to be wearing them when we visited them at home.

Improving care quality in response to complaints or concerns:

- People knew how to provide feedback about their experiences of care and information about how to make a complaint was provided to them in a service user guide. A complaints policy and procedure was also available and provided people with details about how they could express if they were unhappy with the service they received. Since our last inspection, a central log of complaints was now being maintained and provided details about how any complaints made had been responded to and any actions taken.

End of life care and support:

- Due to the nature of the service, end of life care was not something that was directly provided. The registered manager told us they would work alongside any external professionals such as palliative care teams and district nurses, to support people with the care they needed when approaching the end of life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in August 2018, we identified concerns regarding a lack of governance systems of the service where the quality of service was not being monitored effectively. This key question was rated as Inadequate.

Although the service was Well-Led and we found the service had improved since our last visit, we have rated this domain as Requires Improvement to ensure that the improvements are sustained over time.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- Staff spoke positively about how the service was managed and told us they felt supported to undertake their roles. One member of staff said, "The service is well managed. You can raise concerns and the manager is approachable." Another member of staff added, "Management is okay for me. You are always given the time to do the training you need." A person who used the service also added, "I do feel the service is well managed and seems organised. It is from my point of view anyway."
- A range of quality assurance systems had been implemented since our last inspection to ensure the quality of service was being monitored effectively. This included audits of medication, care plans and communication books (the daily notes made by staff in people's homes). Spot checks and observations had also been introduced, as well as competency assessments of staff administering medication.
- Staff meetings were held regularly to ensure staff could raise concerns about their work. Staff told us they felt listened to in these meetings and that any issues raised were acted upon.

Continuous learning and improving care:

- Following our last inspection in August 2018, the service sent us an action plan telling us how they would improve to ensure regulatory requirements were met and that an overall rating of at least 'Good' would be achieved. The registered manager and the staff had worked hard since that inspection, to ensure the necessary systems were implemented to enable the service to operate effectively.

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

- There was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.
- Where incidents had occurred, the manager had submitted statutory notifications to CQC and also notified the local safeguarding team (if needed). This meant we could respond accordingly to the information and determine if further action was required.
- People at all levels understood their roles and responsibilities and the manager was accountable for their staff and understood the importance of their roles.
- As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. At the time of the inspection, the ratings from the last inspection were not displayed on the Olive Healthcare (the provider) website. We raised this with the manager who told us they had been having issues with the company who maintained their website. We received confirmation from the registered manager after the inspection that this had now been rectified.

Working in partnership with others and community links:

- We asked the registered manager about any links they had within the local area, although at the time of the inspection, none had yet been made.

We recommend this is something that is explored ahead of our next inspection of the service.