

Olympus Care Services Limited

Wellingborough/East Northants START

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 29 and 30 October 2015.

The Wellingborough/East Northants START service is a re-ablement service for people to manage independently at home following discharge from hospital. It provides short-term intensive support for people to work towards

independence. This service is provided for a maximum of six weeks. The agency does not provide any overnight care. There were 30 people using this service when we visited.

The service had a registered manager. A registered manager is a person who has registered with the Care

Summary of findings

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.

Staff had not received up to date training to ensure they were qualified, competent and skilled to deliver care or treatment to service users.

Staff were knowledgeable about the risks of abuse and reporting procedures. We saw that risks to people's safety had been assessed and were linked to their care plans. Pre-employment checks were completed on staff before they were judged to be suitable to look after people at the service.

Medicines were stored, administered and recorded safely and correctly.

People told us that staff always asked for their consent before undertaking any task. They were supported to eat and drink sufficient amounts to ensure their dietary needs were met. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

There were positive relationships between people, their families and members of staff. People and their families were treated with kindness and compassion. The privacy and dignity of people was promoted by staff who treated people with respect. People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People received care that was responsive to their needs and centred around them as individuals. People's needs were assessed and care plans gave clear guidance on how they were to be supported. Records showed that people and their relatives were involved in the assessment process and review of their care.

There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The service was well-led and staff were supported and motivated to do a good job. We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

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?

This service was safe.

Staff understood the systems and processes to follow if they had any concerns in relation to people's safety and welfare.

People had risk management plans in place to promote their safety.

Safe recruitment procedures were carried out and staff rotas were organised to provide adequate support to people which met their needs.

There were systems in place in respect of medicines and these were robust in ensuring that people's medicines were managed safely.

Good



Is the service effective?

This service was not consistently effective.

Not all staff had completed the necessary training in core subjects to ensure they were competent and qualified, to deliver care or treatment to people.

Staff obtained people's consent to care and treatment.

People were supported to eat and drink sufficient amounts to meet their nutritional needs and were offered a choice of food that met their likes and preferences.

People were referred to healthcare professionals promptly when needed.

Requires improvement



Is the service caring?

This service was caring.

People were treated with kindness and compassion and positive relationships had been developed between them and staff.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

People's privacy and dignity were promoted at all times.

Good



Is the service responsive?

This service was responsive.

Care was personalised to reflect people's wishes and what was important to them.

Care plans and risk assessments were reviewed and updated when people's needs changed.

The service was responsive to feedback from people and complaints were addressed promptly and appropriately.

Good



Summary of findings

Is the service well-led?

This service was well-led.

The service promoted an open and positive culture.

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

There were internal and external quality systems and processes in place.

Good



Wellingborough/East Northants 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 on 29 and 30 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in to meet with us.

The inspection team comprised of one inspector.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include

information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people using the service. We visited one person and their relative in their home to talk about the care and re-ablement support they received. We spoke with four people who used the service and five relatives in order to gain their views about the quality of the service provided. We also spoke with three care staff, a re-ablement support worker and the registered manager to determine whether the service had robust quality systems in place.

We reviewed care records relating to four people who used the service and four staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service including quality audits.

Is the service safe?

Our findings

People told us they felt safe and comfortable in the company of staff. One person told us, “They make me feel safe because they seem confident and know what they are doing.” A relative commented, “I know my [relative] is safe. I am always around when the carers are here and I see that they look after [relative] safely and they take great care.”

Staff members were able to describe abuse and the different forms it may take, as well as identifying potential indicators of abuse which they would look out for. Staff members explained that if they suspected somebody was at risk of abuse, they would take action to stop the abuse and report the incident. One staff member said, “I would report anything that I was concerned about.” Another told us, “I know that any worries or issues I have would be dealt with quickly and properly and I would be supported by the manager and the staff team.” They told us that, as well as reporting internally, they would also report it directly to the local authority safeguarding team if it was necessary.

Records showed that safeguarding procedures, including those in relation to whistle blowing, were available to members of staff for guidance. We found that incidents had been reported and investigated in accordance with the local safeguarding policy.

There were risk management plans in place to protect and promote people’s safety. One relative told us, “I have read my [relative] risk assessments. I understand why they are in place. Staff always read them if they have not visited for a few days.”

Staff were able to explain to us how risk assessments were used to promote people’s safety. For example one member of staff told us how one person they visited required support to cook their meals. They described the risk management plan in place for this person and said, “We do not restrict people’s independence but need to make sure people are safe at the same time.” Staff told us that people were involved with the development of their risk assessments and records confirmed this.

We looked at people’s care files and found that risk assessments were in place for people where risk had been identified. Risk assessments outlined key areas of risk, such as falls, medication and manual handling. They included information on what action staff should take to promote

people’s safety and independence; and to minimise any potential risk of harm. We saw that risk assessments were up to date and reviewed as people’s rehabilitation needs changed.

There were sufficient numbers of staff to meet people’s needs. One person told us, “We have never been let down. Staff are reliable and we tend to see the same staff most of the time.” A second person said, “We have no problem with staff. They always arrive when they should and never rush me.” People’s relatives also expressed satisfaction with the staffing arrangements and felt the needs of their family members were being met. One commented, “It’s a relief to know they will come and take care of my [relative]. I have peace of mind. I know that staff will arrive on time and stay for as long as they need to.”

Staff confirmed they had a manageable workload and did not feel under pressure. One told us, “We have time for travelling and I never feel rushed.” A second staff member commented, “We never have more work than we can manage. If there is ever a problem the staff team are flexible and we help each other out.”

Care and support was based upon a number of assessed support hours and whether the person required one or two staff members to provide that care. This meant that staffing numbers were based on the level of people’s dependency and re-ablement needs. We looked at rotas and saw that staffing levels were planned and sufficient to meet people’s needs. Rotas’ also gave staff time between calls to get from one place to the next which was based on the geography of the calls.

Staff told us they had been through rigorous recruitment checks before they commenced their employment. One staff said, “I came for an interview and then had to wait for all my checks to come through before I was able to start work.”

We saw evidence that safe recruitment practices were followed. We looked at four staff files and found that new staff did not commence employment until satisfactory employment checks such as, Disclosure and Barring Service [DBS] certificates and references had been obtained. In the staff records we looked at we saw completed application forms, a record of a formal interview, two valid references, personal identity checks and a DBS check. All staff were subject to a probationary

Is the service safe?

period before they became permanent members of staff. Recruitment procedures were robust to ensure that staff employed were of good character and were physically and mentally fit to undertake their roles.

We looked at the arrangements in place for the safe administration of medicines and found that people received their medicines safely and as prescribed. One person said, “The carers help me with my medicines. They take it out of the packet and put it in a pot for me to take myself.”

Staff told us they supported people to take their medication safely. One told us, “I always look at the care plan to check there has been no changes to people’s medicines. Different people need different help with their medicines and it’s always detailed in the care plan.”

The service had policies and procedures in place to manage people’s medicines when they were not able to, or chose not to take them themselves. We saw risk assessments that recorded the level of support each person required to take their medicines. For all levels of support the provider’s policy was to have a Medication Administration Record (MAR) for staff to record that they had given medicines. When medicines were not given, the appropriate code to explain the reason was stated and there were detailed separate instructions for giving ‘as required’ (PRN) medicines and creams.

Is the service effective?

Our findings

We spoke with staff about the on-going training they received. One staff member told us, "Training is okay. I think I need to catch up on a few subjects." A second member of staff said, "Yes the training is pretty good. We can now access the on-line training which will be useful."

The registered manager told us that staff working at the service had not had access to on-line training until the week prior to our visit, however this was now accessible to staff and was being used. Staff we spoke with told us they had recently completed health and safety training on-line.

Staff training records demonstrated that there were gaps in mandatory training. For example, seven of thirty seven care staff had completed safeguarding training, nineteen had completed basic food hygiene training and seven had completed first aid awareness refresher training. In addition twenty six staff needed to complete medication awareness refresher training. We spoke with the registered manager about this shortfall. They explained that the service had not previously had access to on-line training, however this had been made accessible the week prior to our visit and time could be set aside for staff to update their training.

People told us that staff had the right skills, knowledge and experience to meet their needs. One person told us, "Yes the carers know exactly what to do. I think they are well trained." A relative said their family member had a lot of re-ablement needs and said, "The staff are very competent and confident to meet my [relatives] needs." Another relative commented, "They are very good and provide all the care my [relative] requires."

Staff told us that when they had started working at the service they completed an induction. This involved identifying training needs, whilst completing mandatory training courses, such as safeguarding and moving and handling. One staff member told us, "I had an induction when I first started work here. I was also able to shadow more experienced staff until I felt competent." We found staff were knowledgeable about the needs of people using the service and were confident they knew people well.

We saw records in staff files to confirm that staff had completed an induction programme at the start of their employment with the service.

Staff told us that formal supervision with a line manager took place on a regular basis. One staff member told us, "We get supervision about every four weeks. I find it very useful and an opportunity to talk about my work load and any training I might need." Supervision sessions were used to provide staff with support and identify areas of their performance which required further development. Staff said they felt well supported and could request supervision whenever they required and regularly dropped into the office if they wanted to check something or needed some advice.

We looked at supervision records and found that they had been completed on a regular basis. We also saw there were records of spot-checks carried out during calls to people's homes. During these checks a senior staff member carried out observations of staff practice and their relationships with people they were supporting. They were used to provide feedback to staff and highlight areas of positive performance, as well as areas for improvement.

People's consent was sought by staff. People told us they were able to make their own choices and that staff asked them before providing them with care. One person told us, "The staff discuss things with me before we do anything." Another person said, "Staff ask if it's okay to do my care every time."

A staff member explained, "We check the care plan on every visit. Then we always ask people if it's okay to start their care. If they said no then we would respect their wishes." Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty

Safeguards (DoLS). One staff member explained that the MCA would be used to help people make decisions if they were not able to without support. They said, "I know what the Mental Capacity Act is but it hasn't been necessary to use it yet."

People told us that, where necessary, staff supported them to prepare meals and drinks as part of their re-ablement support. One person said, "The carers help me to prepare my meals." A relative told us, "It's good to know that my [relative] has the support she needs to prepare her meals."

Staff explained that they provided people with the food they had chosen and involved them as much as possible in its preparation as part of their re-ablement support. A staff member told us, "We help re-train some people to use the microwave oven and how to make hot drinks."

Is the service effective?

We saw good guidance in people's files about the support they required with their meal preparation. This included information about the support they needed and how much they were able to do independently. Staff we spoke with confirmed that before they left their visit they made sure people were comfortable and had access to food and drink. Care plans we looked at recorded instructions to staff to leave drinks and snacks within people's reach.

People were supported to access health services in the community. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or

their relatives. However, staff were available to support them if needed and staff would liaise with health and social care professionals involved in their care if their health or re-ablement needs changed. One staff commented, "We would escort someone to their health appointment if they needed us to."

Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had attended appointments with health professionals such as their GP, dentist, optician and dietician.

Is the service caring?

Our findings

There were positive relationships between people using the service and members of staff. People told us that staff treated them with kindness and compassion and made them feel that they mattered and were important. One person told us, “The carers understand me and what’s important to me.” Another person said, “As soon as they come through the door they cheer me up. They are always so friendly, kind and caring.” Relatives told us that staff treated their family members well and had developed strong relationships with both themselves and their relatives. One relative commented, “The carers are wonderful. They lift my spirits.”

Staff were positive about the service and the relationships they had developed with people. One staff member told us, “We work closely with people and quickly build up relationships with them.” Another staff member commented, “This work is rewarding and I intend to stay working here until I retire.”

We visited one person and their relative in their home when the staff member arrived to provide care. We observed that the staff member spoke with kindness and patience both to the person they were supporting and their family member. They answered questions and took time to explain things in detail.

Staff told us that they tended to go to the same people for visits to provide them with continuity and to build up relationships. Staff told us that they were supported to extend the duration of calls if people required additional support or time to ensure they weren’t rushed or placed at risk. We looked at the staff rotas which demonstrated that where possible, the service ensured that people saw the same members of staff to allow them to build relationships and their understanding of their strengths and re-ablement needs.

People were involved in making decisions about their own care and support. They told us that staff encouraged them to express their views about their care and to inform staff about how they would like their care to be delivered. One person told us, “We discussed my care needs with the staff and how we were going to sort them out.” Another person told us, “I have been involved in my care from the beginning.” Staff told us they are aware of the needs and wishes of each of the people they see on a regular basis.

They also told us that people told them how they would like to be cared for. We looked at people’s records and saw evidence to show people were involved in decision making processes and their preferences were clearly recorded.

People told us that they had been involved in the development of their care plan. They said that they had been listened to and the care they received was according to their own wishes. One person told us, “I was involved in my care plan. I need to know all about my care.” A relative informed us, “They [staff] have listened and included us in all areas of my [relative’s] care.” We saw that people had care plans in place and these recorded their individual needs, wishes and preferences. They had been produced with each individual so that the information within them focussed on them and their re-ablement needs. There was evidence of people’s involvement in their care plans and signatures to state they agreed with the content of them.

People told us that staff treated them with dignity and respect. They said that staff spoke to them in a polite and respectful way and that they took steps to ensure their privacy was maintained as much as was possible. One person said, “I have no concerns about the carers. They all treat me with dignity and respect. They consider my wishes and are very thoughtful towards me.” Another person said, “They always carry out my care in the bathroom to protect my modesty.” Relatives we spoke with were also positive about the staff and one relative commented, “The care staff are very good at making sure my [relative] has privacy and dignity. Everything is carried out with respect and in private.”

Staff confirmed that they respected people’s dignity and that privacy and people’s rights were important to them. They gave us examples of how they maintained people’s dignity and respected their wishes. One staff member said, “I always take people to the bathroom to provide their personal care. I will always keep people covered up with a towel and try my best to make sure they don’t get embarrassed.” We visited one person and their relative in their home when the staff member arrived to provide their care. The member of staff treated them with respect and carried out all personal care in the bathroom. They were discreet when discussing what care the person needed.

Is the service caring?

Records showed that this approach was reflected in people's care plans and that these areas had been covered in staff induction and on-going training. We found that any private and confidential information relating to the care and treatment of people was stored securely.

Is the service responsive?

Our findings

People received personalised care that was specific to meet their needs and were involved in the planning of their own care. They said that staff visited them in their homes before a care package was offered to fully identify their re-ablement needs and future wishes. One person told us, "They came and discussed what we needed." Another person said, "It was very thorough. My family were involved which made me feel more comfortable about everything." A relative informed us, "I have been involved in all decisions about what my [relative] needs."

The registered manager told us that care packages were usually provided to people following a crisis and usually lasted for six weeks. If a person was assessed as needing further care after the six week period the service would support them to access other care services. People also told us they were involved in regular updates of their care plans as they made progress and their re-ablement needs changed.

Staff told us that they contributed to people's care planning and reviews and these took place in people's homes. They told us that people's needs and wishes were considered, such as what visits were needed by the person and what time they want staff to come. If staff had any views or concerns regarding somebody, they passed that

information on to the office staff so that a review could be arranged accordingly. One staff member told us, "We come into the office every day. We always swap information and pass on our views and thoughts about people."

People told us that the service encouraged them to provide feedback about the care they received. At the end of each care package people were asked to complete a satisfaction questionnaire. In the office we found evidence that these questionnaires were completed and the results compiled to produce a report, from which actions could be taken to drive improvements.

People told us that if they any concerns or issues they could raise them with the staff or contact the office and the problem would be resolved quickly. One person told us they had not had to raise any issues yet, but they were confident they could and would be listened to if they had to in the future. Another person said, "I haven't had to complain but I would feel comfortable to pick up the phone." Relatives also felt that they could raise concerns with the service and they would be handled appropriately. One said, "If I need something explaining or sorting out then I know if I ask it will be dealt with."

We looked at the complaints file and found that there were very few formal complaints made, those that were had been investigated and followed up.

Is the service well-led?

Our findings

The service had a manager in post in accordance with their legal requirements, who offered advice and support. In addition, there were systems in place to ensure the service met with other legal and regulatory requirements, such as sending the Care Quality Commission (CQC) notifications of certain incidents, such as safeguarding concerns. We looked at records which showed that the registered manager had sent such notifications, and had taken appropriate action to investigate and resolve concerns when they were raised.

Staff we spoke with were positive about the management of the service. One staff said, “The manager is approachable and they have an open door policy.”

We found that the service had a positive, open and transparent culture. People were positive about the care they received and felt that they were included and valued. They told us they received the re-ablement support they needed to help them live as independently as possible. People were also positive about the registered manager and senior staff. They told us that they were visited and supported by the service. One person told us, “The service is well managed; it has all been very organised.” There was a clear relationship between people and the staff that cared for them, as well as with the registered manager. The manager involved people and their families in the monitoring of the quality of care. We saw that people had been asked to share their experiences via satisfaction surveys. We found that people’s views and wishes were acted upon.

Staff told us there was positive leadership in place from the registered manager, which encouraged an open and transparent ethos among the staff team. They felt they were well supported and were committed to the care and development of the people the service supported. Staff told us that communication was effective and concerns or issues were quickly identified and rectified. One staff member told us, “If I have any concerns I can raise them and know I will be listened to.” A second member of staff commented, “I feel happy to raise any worries or maybe new ideas with any of the management staff.” They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. Feedback was sought from staff through face to face meetings, personal development reviews and supervisory practice.

The registered manager told us they maintained a number of quality checks and audits to ensure care was delivered to a high standard. They explained that they, and senior staff, carried out checks on areas such as medication and care plans to ensure information was accurate and that staff were following the correct procedures. We looked at records and saw evidence of care plans being reviewed regularly and there were systems in place to monitor other areas of performance, such as incidents and complaints. Actions plans were used to identify areas for development. We saw that accidents and incidents were reported in full and that these were analysed to ensure that the service and staff learned from them.