

Mrs Valerie Brennan

Olive Stone Support

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Olive Stone Support provides personal care and support to people living in 2 'supported living' settings, so that they can live in their own home as independently as possible. The service provides support to adults and older people with a physical disability and people with a learning disability and/or autism. At the time of our inspection there were 6 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Medicines were given safely but some systems needed review to ensure best practice was consistently followed. We have made a recommendation about medicines. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service had plans and guidance to support people with identified risks. For one person a risk assessment needed further review to ensure they were always supported in the least restrictive way. The provider acted to address this during the inspection. Care was person centred and promoted choice and independence. People were supported to achieve positive outcomes. People were supported by staff who received an induction and ongoing training. Staff knew people well and had built positive relationships with them.

Right Care:

People received kind and compassionate care. Feedback from people and their relatives was all positive. Staff knew people well, understood and responded to their individual needs. Staff promoted and respected people's right to privacy, dignity, and respect. Staff knew how to protect people from the risk of harm and abuse. People were fully supported to live a life of their choosing and to increase their independence.

Right Culture:

People and relative told us there was a positive culture. The provider and acting manager listened to concerns and promoted a positive culture that was person-centred, open, and inclusive. Staff were supported and given opportunities to feedback about the service. Staff told us it was a good place to work, and they supported each other. Quality assurance processes enabled continuous improvement. There was a learning culture and learning was shared. There was good communication with partner agencies to support people's health and wellbeing. Professionals gave positive feedback about the service and told us it went above and beyond for people.

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

Rating at last inspection

The last rating for this service was Good (published 19 June 2018).

Why we inspected

This inspection was based on the length of time since we last inspected. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Olive Stone Support on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about medicines management.

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Olive Stone Support

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

The inspection team consisted of 1 inspector.

Service and service type

This service provides care and support to people living in 2 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is not 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.

Notice of inspection

The inspection was announced. We gave the service 48 hours of the inspection. This was because it is a small service and we needed to be sure that the provider would be available to support the inspection. We also needed people's permission to visit them in their own homes.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people about their experience of the care provided and 3 relatives. We spoke with 6 staff including the provider, acting manager and senior support workers and support workers. We looked at written records, which included 3 people's care records and 3 staff files. A variety of records relating to medicines and the management of the service were also reviewed. Following our visit to the service we received feedback from 2 professionals.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely.
- Medicines were administered and stored safely. Staff were appropriately trained and had their competency to give medicines checked by a senior member of staff.
- Staff did not always have clear written instructions about how and when to administer medicines, such as topical medicines (creams applied to the skin) and medicines needed on an as required basis (such as for pain relief). Staff had a good knowledge of the medicines needed and people received these as prescribed, there was no evidence anyone had missed medicines, or been harmed, due to the lack of written guidance.

We recommend the provider reviews their medicines procedures in line with good practice guidance.

- The provider updated guidance for topical and as required medicines and made these available for staff during the inspection.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. People, relatives, staff and professionals told us they felt the service kept people safe.
- The provider had a safeguarding process for staff to follow. Staff received safeguarding training and were aware of when and how to report any concerns.
- People told us they felt safe and could discuss any concerns about their safety with staff. One person told us, "I can talk to any member of a staff. I can talk to all of them and they'll tell you how to deal with situations."

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- People had detailed and person-centred risk assessments in place that were reviewed regularly. These included details about people's communication needs and how to respond to people when they became agitated or upset.
- One person had a risk assessment in place that needed further review to ensure it remained appropriate and as least restrictive as possible. The provider arranged this review during the inspection.
- People told us staff spoke with them about their safety and how to keep safe. One person told us they were responsible for locking their home up on a night and making sure it was secure. Several people told us they knew what to do in the event of a fire and that they checked the identify of visitors to keep each other safe.

Staffing and recruitment

- The provider ensured there were enough suitable staff. The provider operated safe recruitment processes.
- There was a consistent team of staff who knew people well. Some staff had supported people for a long time, which helped people to have trusting relationships with staff.
- People were able to take part in activities of their choice and interact with staff in groups or on a 1 to 1 basis.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People were encouraged and supported to keep their homes clean and tidy.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There were processes to share learning with staff. Staff told us how practices had improved following incidents and accidents.

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.

- The provider was working in line with the Mental Capacity Act.
- The provider and staff had training on, and a good knowledge of, the requirements of the MCA. MCA assessments and best interest decision were completed when staff believed people lacked capacity to make decisions for themselves.

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a positive and open culture at the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- People told us they worked towards set goals and achieved positive outcomes. One person told us, "I'm doing travel training to get the bus independently" and, "I put the bins out, do cooking. I'm learning with staff, they help." Other people told us they were supported to increase their skills and were supported to be active members of their local community.
- Staff also told us they worked in a positive environment and were well supported by each other and by the provider. One staff member told us, "It's really good here, we're part of a team."
- The provider promoted equality and diversity in all aspects of the running of the service.
- People, relatives and staff told us there was an open culture and they were encouraged to discuss any issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The provider had created a learning culture at the service which improved the care people received.
- The provider had oversight of the service and was regularly present. There was also an acting manager in the service who was applying to be registered with CQC. The acting manager and provider worked directly with people and knew them well.
- Quality assurance systems and governance arrangements were in place to identify areas for improvement and actions required. The provider and manager had several action plans to monitor and continually improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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 wrong

- People and staff were involved in the running of the service. Staff fully understood and took into account people's protected characteristics.
- People were asked about and supported in-line with their equality characteristics. One person was supported to regularly attend church and be part of their local faith community.

- Systems were in place to involve relatives and people including surveys and meetings. One relative told us, "We know what's going on all the time." People had regular meetings with named staff, their keyworkers. They told us they could make suggestions at these meetings, and they felt listened to.
- Staff were consulted through regular surveys and meetings. Staff told us they felt able to put forward suggestions about what worked well and how the service could improve.
- The provider understood their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked in partnership with others. The service worked in partnership with a range of other health and social care services.
- Professionals gave positive feedback and told us the service went over and above for people. One professional commented that staff had worked with an individual in ill health and had provided, "The best possible care anyone could ever wish for their loved ones."