

Olive Tree Domiciliary Services Ltd

# Olive Tree Domiciliary Services Ltd

## Inspection report

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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?

Good 

### Overall summary

Olive Tree Domiciliary Services is located in Blackburn Lancashire. The service provides care and support to adults with learning disabilities in their own homes with their families or in supported living accommodation and enables them to maintain their own independence and lifestyle. The service currently supports around 50 people.

We last inspected this service in April 2014 when the service met all the standards we inspected. This unannounced inspection took place on the 16 and 17

June 2015. We went to the office and inspected all the paperwork on the first day and met with people who used the service and their families who kindly came to see us or invited us to their home.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe. Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service. The service had signed up with a trainer to enrol staff on the new care certificate to keep up with current guidelines.

People who used the service had mental capacity to be able to make decisions around their care and support. Most staff had been trained in the Mental Capacity Act (2005) and should be aware of when a person needed to have a deprivation of liberty safeguard hearing to protect their rights.

Staff had access to a wide range of training and were supervised on a regular basis, including spot checks, to ensure they were performing well. People were assisted by trained staff if they required their medicines to be administered for them.

People who used the service said staff were kind. Family members and professionals thought staff went 'above and beyond' their duties.

People were offered the choice of meaningful activities in the community or the activity centre provided by the service on a non-profit making basis. We observed people using the hall for a variety of activities and to meet socially. We also saw people who used the service coming to the hall to meet after attending community activities such as swimming.

People were supported to attend life skills sessions such as baking and had access to well-being advice and healthy eating sessions.

There was a modern office with all the necessary equipment to provide a functional service for people who used the service and staff. The equipment was suitably maintained and fire precautions were undertaken such as emergency evacuations. The manager and staff conducted audits to ensure the service was safe.

People who used the service helped to develop their plans of care to ensure their wishes were taken into account. Plans of care were updated regularly. The plans contained details of people's preferences and interests to help them retain their individuality. Family members told us staff informed them of any changes or incidents that happened when on their activities.

Risk assessments were conducted to help keep people who used the service and staff safe. The risk assessments were conducted for personal, health or environmental hazards and helped enable people who used the service to live fulfilling lives.

The registered manager updated policies and procedures and conducted audits to help ensure the service maintained standards.

The complaints procedure gave people sufficient information of how the service would respond and how to take a concern further if they wished.

The registered manager and provider had regular contact with people who used the service, staff, family members and other organisations to gain their views. The registered manager audited concerns, complaints, incidents and compliments to spot any trends, minimise risks and improve the service. We saw that from the information staff were able to attend meetings at different times and people who used the service attended more activities.

# 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. There were systems in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse. Staff used their local authority safeguarding procedures to follow a local protocol.

Arrangements were in place to ensure medicines were safely administered. Staff were trained to administer medicines if they needed to give people their medicines whilst in their care. Some families were responsible for the administration of medicines.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service. During the two day inspection we saw that most people who used the service received one to one care.

Good



### Is the service effective?

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions or social care needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle. People were assisted to prepare food by staff who had been trained in food safety.

Good



### Is the service caring?

The service was caring. People who used the service and their families thought staff were helpful and kind and said they went above and beyond what was expected of them

We saw that people who used the service had been involved with developing the plans of care. Their wishes and preferences were taken into account and staff were flexible with their support.

We observed a good interaction between staff and people who used the service, either in a group situation or one on one with people who used the service.

Good



### Is the service responsive?

There was a suitable complaints procedure for people to voice their concerns. The manager responded to any compliments, concerns or incidents in a timely manner and analysed them to try to improve the service.

People were asked their opinions in surveys, reviews of care and spot checks. This gave people and their families the opportunity to say how they wanted their care and support.

People who used the service had a wide range of activities they could enjoy in the community or the activity hall the service provided as a non-profit making facility.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There were systems in place to monitor the quality of care and service provision at this service.

During meetings and at supervision sessions the service obtained the views of staff. Staff said the managers and provider were supportive.

Healthwatch Blackburn with Darwen, professionals who had contact with the service and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

**Good**



# Olive Tree Domiciliary Services Ltd

## 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 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.

This unannounced inspection took place on the 16 and 17 June 2015.

This service supports people who live in their own homes, either with their families or as supported tenants. Part of the care package is to provide support to attend activities. We looked at the care records for four people who used the service, including their medication records. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We spoke

with three people who used the service, five family members, three members of staff, the registered manager and provider. We observed a communal activity on both days of the inspection and one to one care on the first day.

The membership of the team consisted of one inspector.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We requested a Provider Information Return (PIR) and received the information prior to planning the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. The service provided us with a lot of information in how they were meeting the regulations.

We also asked Blackburn with Darwen Healthwatch, a random selection of professionals who provided support to people who used the service and the local authority safeguarding and contracts departments for their views of the home. The views were very positive and they did not have any concerns.

# Is the service safe?

## Our findings

Family members told us, “I think my child is safe. They look after her really well. I trust our member of staff implicitly. She is trustworthy”, “They are extremely reliable. I think my daughter is safe in their care”, “Staff are reliable, very much so, they are trustworthy and will do anything for us” and “We have been her main carers all her life. We would not let her go with just anyone and she would refuse anyway. She would not stay with staff she did not like so she must feel safe”.

Staff had been trained in safeguarding issues and the staff we spoke with were aware of their responsibilities to report any possible abuse. Staff had policies and procedures to report safeguarding issues and also used the local social services department’s adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. One member of staff said he had reported an issue and he had not been victimised for doing so. There was also a copy of the ‘No Secrets’ document for staff to follow good practice. There was a further document about what abuse is and what people should do located in the hallway for any visitor to use. There were also forms people could take away and complete anonymously for any concerns including abuse. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We observed that people mainly received one to one care. There were sufficient staff employed by the agency to meet people’s needs. There were no concerns raised around unreliability.

There were administration of medicines policies and procedures for staff to follow good practice. The registered manager said some people’s medicines were given by their family. We saw that there were risk assessments in the plans of care for medicines to be safely given in the community. This included safe storage, administration and recording. We saw in the plans of care that where medicines had been administered there were no errors or omissions. One person required a medicine which would only be given as needed. This medicine would normally

require the witnessing and signatures of two staff. The person using the service was only funded for one to one care. The registered manager had completed a risk assessment that enabled the person to go out and enjoy her activities yet ensured the medicine was given and recorded in a safe way to protect the member of staff.

We looked at two staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. People who used the service supplied questions for the manager to ask prospective staff at interview to help form the decision about which person to employ. In one house where people were supported to live people who used the service had helped choose which members of staff they wanted to work in their home. The registered manager told us a member of staff had been employed to work in this area because the person using the service had requested someone from the same ethnic background.

We examined four plans of care during the inspection. We saw that risk assessments had been completed for health related issues or attending community activities such as swimming or completing life skills such as using the kitchen. The risk assessments were completed to keep people safe and not restrict what they wanted to do. People who used the service or where necessary a family member were involved in any decisions made.

There were policies and procedures in place for the prevention and control of infection. We saw from the training matrix that staff had been trained in infection control. Staff had access to personal protective clothing such as gloves and aprons should they be required. We observed staff and people who used the service using aprons on the day of the inspection when baking and they were also supported by staff in the safe washing of hands. We noted in plans of care that part of the personal care of people included any reference to hand washing or personal cleanliness to further protect people from spreading bacteria.

We looked at the maintenance of the office. Fire records were maintained for the testing and periodic maintenance of the fire system. There were records for the testing of fire

## Is the service safe?

alarm points and extinguishers were checked annually by a suitable company. The electrical and gas equipment had been maintained and included portable appliance testing

and ensuring emergency lighting was in good order. There was a fire evacuation plan and a business continuity plan for how the service would function in an emergency such as a fire.

# Is the service effective?

## Our findings

Family members of people who used the service said, “We get staff she knows. The staff are well matched and they look after her well”, “My sister is getting more confidence and is very happy with Olive Tree”, “They ask both of us what we want from the service. At the review they ask us what we want and they will do the utmost to provide it” and “She has improved in confidence with using this service. Her self-esteem is now through the roof. I think that is mostly due to this service.”

The service was not fully responsible for the nutritional needs for most of the people who used the service. However, the service provided both nutritional and well-being advice (staying healthy) at their activity centre. Some people who used the service had been able to attend a course on healthy eating and living a healthy lifestyle provided by a specialist. Family members we spoke with said the staff who looked after their children took people to eat in places of their choice and were aware if they had any special needs.

We observed that cooking was one of the activities people were taught at the activity centre run by the agency to improve people’s life skills. On the day we observed the cooking it was cakes but the person who ran the centre said they also taught people about healthy options and took people shopping to buy the ingredients. One meal we saw cooked was a pasta dish the young person enjoyed eating.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

Most staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. There were policies and procedures regarding the mental capacity act and DoLS for staff to follow the correct practice. Information about the Mental Capacity Act and DoLS was provided in the hallway for visitors and family members to gain information around these subjects. The service had been involved in arranging a best interest decision for one

person and had supplied relevant information for social services who made the application. Normally people living in their own homes or under the age of 18 are not subject to the Mental Capacity Act or DoLS. People living in supported homes may be but an application would be the responsibility of the social services department who placed them there.

We inspected four plans of care during the inspection. The care plans contained a profile of each person which gave staff details of a person’s choices and personal preferences. The details included the person’s photograph (which people had consented to), important people in their lives, the level of support required, any personal care needed, mobility, sleep, social activities and what each person liked and disliked.

There was also a record of what people liked to be called, any disabilities, eating and drinking, likes and dislikes, medicines, any pain, sight, hearing, any behavioural risks and any specific support required.

There was a record of the times and duration of any support although family members and one person we spoke with said staff were very flexible with any changes or stayed longer than they needed to in their own time to ensure any activity was completed. They also told us staff would keep them informed on any changes or incidents out of the normal.

From all the details a plan was put together with people who used the service and their families to highlight what care and support was needed. The plan was reviewed regularly to ensure it was what people wanted and amended accordingly.

Family members told us, “The provider came to assess her and put me at ease because I was unsure if it was what we wanted and would I be able to let her go into their care. They wrote a care plan following the meeting which I read and agreed to. The plan is updated and very accurate”, “We have just had her review. I read the care plan and it is accurate. I thought I had better read it. They write in her diary after each trip out so we are kept up to date” and “We read the care plan and sign it. We then read the care plan to my sister so she understands it. It says what she does.”

We saw that families and people who used the service attended reviews to have their say and ensure their wishes were recorded and formed part of the plan.



## Is the service effective?

People who used the service or a family member also signed a contract which told them of their rights and conditions of the service.

Staff worked in an office close to Blackburn town centre. On the ground floor there was a reception area where the services CQC and insurance certificate was displayed. There was a lot of useful information on display. The service had developed a large room into an activity centre. This contained a kitchen, toilets, dining and arts and crafts area, a television with a DVD for people to watch films if they wished, an electronic games machine and a pool table. On this floor there were also other rooms for staff supervision with a plan to make a sensory room.

On the upper floors staff worked to run the service and there was sufficient equipment such as computers with email access, printers and telephones etc to provide a good service. Managers worked out rotas and activities from this office and stored people's personal data securely.

New staff were given an induction prior to working with vulnerable people. Part of the induction was to familiarise themselves with key policies and procedures such as recording the times they attended to people's needs. They were given the agency handbook which contained all key policies and procedures, a commitment to induction, training and supervision and the rules of employment such as the minimal use of personal mobile phones or completing accurate documents. New staff also had access to the department of health's guidelines for health and social care workers. A member of staff on six weeks probation told us, "I will finish my induction tomorrow and have been here six weeks. I am enjoying the induction and I love this work which is so different from working with children like I used to. I have had my probation and supervision session today and I could bring up topics that I

wanted to." New staff were supported and taught to how to work with people with a learning disability. The service had enrolled with a training provider for the care certificate. This means they were following the latest good practice guidance around training and induction.

We looked at the staff training matrix. Staff had been trained in topics such as safe moving and handling, food safety, safeguarding, first aid, fire safety, infection control, medicines administration and health and safety. The matrix informed managers when refresher training was due. Other training staff undertook included the Mental Capacity Act, DoL's, epilepsy awareness, safe intervention techniques and Autism. Most staff had achieved a recognised health and social care qualification. Staff we spoke with felt sufficiently well trained to perform their roles.

Staff received regular supervision and said the managers and team leaders were very supportive and encouraged their career progression. Staff could bring up topics of their own or any training needs to the meetings. Supervision covered all aspects of the service staff were required to be competent with and included spot checks by management to check on staff efficiency and talk over the services with people who used the service. The spot checks also included group activities to ensure staff were delivering what they were supposed to rather than socialising with each other. Staff told us, "The probation and supervision sessions are a two way process and I think we are very well supported. I am going to complete the training package as soon as I can. I love working here", "I get supported from managers and regular supervision. The management are definitely approachable. If they are not around there is an email system we can use to communicate effectively" and "There is a supportive and good staff team."

# Is the service caring?

## Our findings

People who used the service told us, “I have been swimming today. I did 40 lengths. The staff are great and they look after me. I enjoyed swimming. We are going to make some cakes today. I like cooking. The staff are kind” and “I like the service a lot and my main support worker very much. I like all the staff at Olive House and I have made some good friends at the activity hall.”

Family members told us, “You could not get a better service than Olive Tree. My sister is getting more confidence and is very happy with them. We are very happy with Olive tree and the support they give her. The staff member we have has always been great”, “I think it is an excellent service. She has had other support workers from somewhere else but this is much better, it’s excellent. Coming here is the best thing she has ever done. It has helped her confidence, social skills and life skills. All the staff are caring”, “I am very glad of all the support I get. Having a family member who is so dependent I believe everyone should have access to a service like this. It has been so good for our family. The staff member who looks after her is very good, fantastic. She is very reliable and goes above and beyond what she should do” and “I am happy with the service. The staff are brilliant. I want to adopt the staff. I recommend the service highly, it’s five star.”

The service assisted people who used the service to obtain a pass which allowed free entry to many local authority buildings and events. This gave people more choice in what they were able to afford to do.

We saw that a great deal of time and effort went into matching staff with people who used the service. The individual information people and family members gave staff was written into care plans so staff knew what people liked and disliked.

We observed group and individual support during both days of the inspection. We saw that staff had a good rapport with the people they supported. From our observations we could see staff knew the people they looked after well. One person who found it hard to concentrate for long periods was sympathetically diverted back to the group activity without any further problems that affected other people who used the service.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s health and social care and had been developed to help form the plans of care. We looked at three assessment records. The assessment process ensured agency staff could meet people’s needs and that people who used the service benefitted from the placement.

# Is the service responsive?

## Our findings

Professionals and social services replied to an email request for information and told us, “I have been the community nurse for several individuals who have been supported by Olive Tree. I have always found a good structure throughout that organisation; it appears to be well led and professional in its engagement with stakeholders. I have not had any cause for concern nor have I had any reason to raise a safeguarding alert in relation to the service provider”, “Contracts and quality currently have no concerns with Olive Tree and have a good working relationship with the registered manager and provider” and “During my last position within Learning Disability Services I have shared my knowledge around particular areas i.e. behaviour. Olive Tree staff were receptive to any recommendations and eagerly made staff available to engage in the delivery of training from ourselves, both in the daytime and evening hours. I have observed the company to be committed to the delivery of care even in the most challenging of times, often to which was over and above their role/duties. I have observed individual plans that enhance a person centred approach”. All the professionals who replied thought the service responded to people’s needs.

A family member told us, “They have some good facilities, it is brilliant. It is good for us as well as her. She has lots of things to do here. Her week is full. We cannot praise them enough”. One person who used the service said, “I go to different places such as bowling but they take me where I want to go. I asked for my support worker to take me shopping and she did. They give me the choice of what I want to do.”

Part of people's care package included support to attend activities. The service had invested in an activity hall which was provided on non-profit making attendance. The provider stressed it was not a day care centre. People who used the service could call in socially to meet friends or attend activities. The hall contained facilities which included toilets, a kitchen, dining area, a table and chairs for people to attend activities or just have a drink and socialise, a music system, a television, DVD player, electronic games machine and a pool table. On both days we saw this was well utilised although people also attended activities in the community. On day one of the inspection there was a pets handling session with snakes,

other reptiles and a rabbit. On day two there was a baking session and social afternoon. We saw that all the facilities were used with people playing pool or watching a film. Part of the baking activity included people cleaning up after themselves. We observed people interacting with each other enjoying the afternoon and it was a social occasion as well as learning life skills.

Other activities people attended included archery, cycling, gardening, indoor games, swimming, going for a walk, dancing, attending a gym, football, table tennis, cooking, baking, going out for meals and to places of interest and arts and crafts projects. We were told people were also supported to attend work based or college activities. People were also assisted to go on holiday. The activity hall had lots of people’s work on display and photographs of activities. (People who used the service or family members signed their agreement for the photographs).

We saw that meetings were held with professionals when necessary to ensure people’s care was transparent and up to date.

Family members told us, “They would listen to me if I had a concern. They are there if I need them”, “I have in the past had one worry with something that went on but the staff sorted things out and the provider came to see me. They listen to you and help me with what I need as well as my daughter. They would listen to me if I had any concerns”, “If we had any concerns they would listen to us. We did have concerns over the finance department of the local authority and the provider put us in touch with an advocate and it was sorted. They were very helpful with the problem” and “They listen to us if we have anything to say. There was a complaints procedure located as a brochure in the entrance hall. The procedure told people how to complain, who to complain to and the timescales the service would respond in. People were supplied with the contact details of the provider, the local authority and the CQC to take a complaint further if they wished. There was a simplified version with pictures to help people with a learning disability understand it. We had not received any complaints since the last inspection.

The registered manager showed us the procedure for handling any concerns or compliments which were analysed to help improve the service.

## Is the service responsive?

The registered manager and provider met with people who used the service, family members and other organisations involved in people's care to gain their views and work in partnership to provide people with the service they wanted.

Staff recorded what support they had provided at each visit. Family members told us they read the documents and agreed they were accurate with staff. A family member told us staff always reported anything out of the normal.

The service gave each person and their families a document called a welcome pack when they started to use

the service. This gave people information about the office including how to find it, what the service provided, what's included in a care package such as working with support networks, identify strengths and arranging activities. There was a list of the activities people could attend. There were further details which committed the service to helping people attend appointments and was supported with pictures. The service told people they would help provide new care staff or a different company if they wished. People who used the service signed the document to say they had read it or a staff member had read it to them.

# Is the service well-led?

## Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Family members told us, "I think it is an excellent service", "We can approach them for anything. They don't just support my child, they help me as well" and "I feel we get more for our money with this service. I am delighted with Olive Tree and very grateful that it is working out."

There was a recognised management system which staff understood and meant there was always someone senior to take charge. The staff we spoke to were aware that there was always someone they could rely upon. People who used the service and family members also thought they could approach management to talk over care or support issues.

The service had achieved the 'preferred quality assured' provider status with Blackburn with Darwen local authority. This meant the local authority provided the agency with people to care for and monitored the service. The service had also achieved two further awards around their business model.

There were regular staff meetings for all grades of staff. The service held two meetings for staff for the same agenda at different times to enable more staff to attend. We saw the records of the meetings which included agenda items around care, the management of the service, improving staff behaviours and completion of paperwork. Staff also

had a discussion around the duty of candour and what it meant to them. Staff were given opportunities to bring up topics and were also asked if they thought the meetings were useful.

The service sent out quality assurance questionnaires to staff and people who used the service/family members. The registered manager provided us with a summary which showed people who used the service and family members were happy with the service and answered questions around their health, staff attitude, trustworthiness, support and safety.

The staff summary results were also positive and staff said communication was excellent, as was supervision, team meetings and the new tools they were using. Both the staff members we spoke with said they would recommend a family member to the service.

The registered manager conducted audits which included care plans, medicines records and staff competency, incidents, group and individual activities. For the homes with supported living tenants audits also included the environment, the communication book, daily reports, finance, diet and intake, a financial check for any money spent, freezer logs, fridge log and the cleaning schedule. Staff completed all the checks on a weekly basis and passed them to the manager once a month. There was a weekly audit on safety in the office. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

There were policies and procedures which the registered manager updated on a regular or as needed basis. We looked at many policies and procedures including medication, health and safety, whistle blowing, safeguarding and infection control. Staff had to sign to say they had read the policies which were also provided in the staff handbook.