

Michael Rgis' Care Ltd

Olympus House

Inspection report

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Date of inspection visit:
19 November 2020
24 November 2020
26 November 2020

Date of publication:
27 January 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Olympus House is a domiciliary care agency providing personal care to 3 people aged 65 and over at the time of the inspection.

People's experience of using this service and what we found

The provider had not informed the CQC as required of two safeguarding incidents. Also, the service had safeguarding policies and procedures that did not reflect local practices. People told us they felt safe and trusted the staff who came into their home. People told us that care visits were never missed and that appropriate measures had been taken to ensure that the spread of Covid-19 was minimised. Recruitment checks were in place to ensure that vulnerable people were supported by suitable staff. People were protected by risk assessments relating to their support and assessed hazards in their home environment.

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. People told us staff were knowledgeable and skilled to support their relations. Staff were up-to-date with training and a training programme was in place. People had their health and social care needs assessed ahead of being supported by the service. The service liaised with health professionals when needed.

People told us that staff support was dignified, promoted privacy and was provided in a respectful manner. Measures were in place to ensure that people's sensitive personal information was kept secure. Any sensory limitations service users had been recorded in care plans so that staff could take these into account.

Care plans were person centred and accessible to those who used the service and their relatives. Policies and procedures could be adapted to the communication needs of people if required. Relatives told us that they had not had to make a complaint and were unsure of how to do this. We raised this with the registered manager who stated that they would reinforce the procedure to service users and their families.

The registered provider had not informed us of two safeguarding incidents as required by law. As a result, we could not assess the service as being fully transparent. In addition to this, only one person (the registered manager) was providing support to people. We were not assured that contingency plans were in place to ensure that any sickness or other absence of the registered manager would not leave service users without support. People were very happy with the service. They considered it to be person-centred, reliable and attentive. Systems were in place for effective auditing of the quality of support provided and the registered manager liaised with other agencies.

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

Rating at last inspection (and update)

This service was registered with us on 29/06/2020 and this is the first inspection.

Why we inspected

This was a planned inspection to give the service its first rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance and notifications at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider for us to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Olympus House

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. CQC only inspects where people receive personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 19 November 2020 and ended on 26 November 2020. We visited the office location on 19 November 2020.

What we did before inspection

We reviewed information we had received about the service since it was registered with us on 29 June 2020. We sought feedback from the local authority and clinical commissioning team who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke to the registered manager who was the sole member of staff providing support to people at present. We reviewed a range of records. This included all three people's care records and staff recruitment records.

After the inspection

We requested the registered manager provide evidence to us so we could review this remotely and in light of the Covid-19 pandemic. We continued to seek clarification from the registered manager to validate evidence found. We looked at records relating to the support provided and spoke with two relatives who were able to speak on behalf of their relations who were not able to talk to us by telephone.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were not fully protected from the risk of abuse.
- Initially, safeguarding policies and procedures did not include local authority safeguarding practices. The same applied to whistleblowing procedures. Subsequent information from the registered manager confirmed that this had been addressed.
- The service had been the subject of two safeguarding investigations which were still ongoing at the time of this report. The registered provider had failed to notify us of these incidents as required by law despite being advised by the local adult safeguarding teams to do this. The inspector on the day of our visit and on subsequent occasions also advised the provider to notify the CQC.
- Relatives told us their family members felt safe and happy with the support they received. They felt reassured their relations were being supported in a safe and appropriate manner.

Staffing and recruitment

- At the time of our visit; two staff (including the registered provider) were providing support to people. The second member of staff was about to go on temporary leave. This meant the registered provider was the sole provider of support to people from late November 2020.
- Rotas for November showed all support was to be carried out by the registered provider themselves with little scope for breaks and no firm contingency plans if the provider was unable to attend care visits through sickness, for example.
- People told us the member of staff always arrived on time and that care visits were never missed.
- Recruitment files for one staff member evidenced that all necessary checks had been done prior to employment.

Assessing risk, safety monitoring and management

- Lone risk assessments were in place for staff. Given the registered provider was the sole member of staff; this meant that in the event of an emergency; the assessment was not effective as no other members of staff were available. This meant people who used the service were at risk of not receiving essential support.
- We discussed our concerns with the registered manager who demonstrated a commitment to recruit more staff and establish contact with an agency in the event of an emergency.
- People's care planning documents detailed potential risks to people and how these could be mitigated.
- Identified risks for people were monitored, for example, assessing any deterioration in any health needs or

wellbeing.

- Regular checks and monitoring took place to maintain a safe environment for people to live.

Using medicines safely

- No-one using the service required support with medication during our visit. This was confirmed by relatives.
- Training in medicines awareness had been provided where people required assistance in the past.
- Staff had their competency to support people with medication assessed.
- Details of medicines prescribed were included in care plans along with a list of potential allergies that people had.

Preventing and controlling infection

- Staff had undertaken training in Covid-19 awareness, respiratory protective equipment and social distancing.
- People told us staff wore appropriate personal protective equipment (PPE) such as facemasks, disposable aprons and gloves to prevent the spread of infection.
- Relatives said support was always carried out hygienically and staff had regard for the cleanliness of people's homes.
- We received regular information from the provider about stocks of PPE available to them as well as details of any other Covid-19 related information which may have impacted on service delivery.

Learning lessons when things go wrong

- Systems for recording accidents were in place.
- Systems to reflect on practice were available to minimise re-occurrence of any adverse incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The social and health needs of people had been assessed prior to them receiving a service from Olympus House.
- Support plans reflected the assessed needs of people and were reviewed on a regular basis.

Staff support: induction, training, skills and experience

- Relatives told us "They [staff] know what they are doing" and "They are able to meet [name] needs very well; they know him".
- A structured induction process was available for new staff. This covered all the essential values and skills needed to support vulnerable people.
- Appropriate training had been received by staff to meet people's specific and general needs.
- Training in infection control and Covid 19 had been completed just after our visit. We discussed this with the registered provider to ensure that safe practices and appropriate information had been available to staff prior to this.
- Records of when specific training needed to be refreshed were in place.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us "They [staff] always make sure that [name] has a choice of breakfast" and "They [staff] are keen on ensuring that [name] always keeps hydrated".
- Information on any dietary needs of people were included in care plans.
- Care plans included an account of people's likes, dislikes and potential food allergies.
- People were supported to choose what they wanted for breakfast and people said that this was always appropriately done.
- Daily records evidenced how much fluid people had taken during the day with staff encouraging people to maintain their hydration throughout the day.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that the service always liaised with health professionals if they had noticed a change in people's health. They told us referrals or concerns were always made promptly. One person said "Any issues and they are straight on the phone to speak with a community nurse or a doctors' surgery."
- Evidence from health professionals echoed this view that the service always contacted them.

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 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager was aware of any Court of Protection or power of attorney arrangements for people supported.
- Capacity assessments had been undertaken on each person to enable staff to understand the process for gaining consent from each person for the support they received.
- Training had been provided in respect of awareness of the MCA.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Support plans recorded whether people had any protected characteristics or specific needs relating to equality or diversity. This included support needs relating to a person's religion, gender or disability.
- People were consistently complimentary of the support they received. They told us "They [staff] are very good. They always turn up and never miss a call" and "They [staff] are very caring and go the extra mile".

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

- Communication assessments were in place relating to how people express themselves and how staff could best communicate with them. These included reference to any sensory impairments.
- Individual preferences were recorded in support plans and in most cases; people stated they would refer to their family members for advice with more significant decisions

Respecting and promoting people's privacy, dignity and independence

- People told us "They [staff] are very good at treating [name] with respect", "They [staff] respect the fact that they are visitors in [name's] home" and "They [staff] always make sure that [name's] has their dignity".
- People's sensitive information was kept confidential on a computerised system that was password-protected.
- Care plans outlined those tasks that people could do for themselves and those where support was required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Relatives told us that they were happy with the support provided and had not had the need to raise any concerns to date.
- Relatives were not fully aware of the process to raise concerns but would contact the registered manager if required. They told us that they had not seen the complaints procedure but would contact the registered manager if any arose.
- Complaints leaflets were provided but these related to contact details for another agency run by the registered provider and as a result were not relevant to people. We asked the registered manager to address this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their families were fully involved in the development of support plans.
- Care plans were regularly reviewed enabling people and their relatives to be involved in the support provided.
- Support plans were person-centred enabling the service to provide support in a way which was unique to the person's needs and wishes.
- Support plans were accompanied by daily records. These provided information on the timeliness of support provided.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Most information was relayed verbally to people who used the service in line with their communication needs.
- The registered manager told us that alternative formats could be introduced if required given that key information was currently presented in written form.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had recorded people's social history and interests within care plans. This enabled a point of interest to be discussed when staff visited each person.

- The service did not regularly support people directly in activities as part of their support packages; however, the registered manager did provide examples of how people had been encouraged to spend time in their gardens with support in order to promote wellbeing.

End of life care and support

- No-one being supported during our visit was in receipt of end of life care.
- The future wishes of people had been recorded in support plans.
- People had the opportunity to express a preference on whether they wanted a Do Not Attempt Resuscitation order to be in place.

Is the service well-led?

Our findings

This is the first inspection for this newly registered service. This key question has been rated as Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service was the subject of two safeguarding investigations which were still being investigated at the time of this report.
- No statutory notifications for either event were submitted to us by the registered provider as required by law. CQC and a local safeguarding team had discussed this on several occasions with the registered provider, yet these notifications have yet to be received.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate that the registered provider had notified us of significant events in line with legal requirements. This was a breach of regulation 18 (notifications) of the Care Quality Commission (Registration) Regulations 2009

We discussed this with the registered manager who was aware of their duty to inform the Care Quality Commission of these incidents, however, no notifications have been received at the time of writing this report.

- For the latter part of November; the registered manager was the sole member of staff supporting two people. There were no clear contingency plan in place in the event of the registered manager becoming unwell and consequently not being able to support service users.

We found no evidence that people had been harmed however, systems were either not robust enough to demonstrate that the registered provider had contingency plans in place to provide continuity of support in the event of an emergency. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the registered manager who demonstrated a commitment to explore this through the recruitment of more staff and using agency staff if required.

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 goes wrong

- During the inspection process the registered manager was co-operative.
- The registered manager provided evidence to us in a timely manner prior to the site visit.
- The registered provider had systems in place to enable people who use the service to raise concerns.

During our visit, information provided was not relevant to this location and people told us that they were unsure of how to raise concerns if they needed to. Subsequently we received information to confirm that this information had been updated and complaint procedures reinforced to service users.

- Initially, information on the registered providers website related to its other location in Essex and did not include up to date information regarding this location for people to refer to. We received subsequent evidence that this information had been extended to cover this location

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

- People were happy with the way the service was run and the positive outcomes they believed their relatives received.
- People told us "The service is organised, they [staff] always turn up and are reliable" and "Yes they always include [name] in decisions and meet [names'] needs".
- Support plans were person-centred and covered all aspects of people's needs.

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

- People had the opportunity to feedback on the support they were provided with through care plan reviews and ongoing support visits.
- No staff other than the registered manager were employed by the service to comment on the support they received.
- Records were in place evidencing past meetings with staff when more staff had been employed at the service.

Continuous learning and improving care

- Quality assurance systems were available to the registered manager.
- Staff supervisions, appraisals and spot-checks had been carried out when there were other staff employed by the service. The effectiveness of these however were now limited given only the registered manager was providing direct support.

Working in partnership with others

- People told us that when health needs of their relations changed; the registered manager always contacted relevant health professionals to promote and assist in people's wellbeing.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered provider had failed to notify the Care Quality Commission of significant incidents as required by law.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to develop a clear contingency plan in the event of them, as sole person providing support, being unable to visit due to health reasons, for instance.