

OLIVE TREE (KIRKLEES ) LTD

# Olive Tree (Kirklees) Limited

## Inspection report

21 High Street  
Heckmondwike  
WF16 0JA

Tel: 01924650610

Date of inspection visit:  
11 February 2021  
18 March 2021

Date of publication:  
31 March 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Olive Tree (Kirklees) Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to three people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received their medicines safely and they were administered by trained staff. Staff knew how to keep people safe and understood their safeguarding responsibilities. People were satisfied with the service they received. A relative told us, "I feel [person] is safe when the care staff are there." Care and support needs were documented. People were protected from the risk of infection.

Staff we spoke with had a clear understanding of their roles. A number of audits were undertaken of the quality and safety of the service. These were analysed and any patterns or trends addressed where necessary. People were supported by staff who were motivated, enjoyed their job and felt well supported. Staff received regular supervision, assessments of their competency and training. The provider had a clear vision about the quality of care they wanted to provide.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 31 December 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

### Why we inspected

We received concerns in relation to peoples care needs, staff recruitment, training practices and PPE. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Olive Tree (Kirklees) Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Olive Tree (Kirklees) Limited

## 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

This inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager who was also the provider registered with the Care Quality Commission. This means they 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 we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 11 February 2021 and ended on 18 March 2021. We visited the office location on 11 February 2021. We spoke with people and relatives on 22 February 2021 and staff on 18 March 2021.

#### What we did before the inspection

We reviewed information we received about the service since the last inspection. 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. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the provider. We reviewed a range of documents relating to how the service was managed including; two people's care plans, staff training records, staff supervision records and policies and procedures. We looked at records related to protecting people from harm as well as systems used to monitor quality of care.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one person who received this service, two relatives and two members of care staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection we found the provider had failed to ensure the management of medicine was safe. This was a breach of regulation 12(2)(f) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

### Using medicines safely

- Medicines were safely managed. Staff responsible for administering medication had received training and had their medicine competency checked to ensure their practices were safe.
- People and relatives were happy with the support they received with their medicines. One relative told us, "Staff do give the medication correctly."
- People had individual medication administration records (MARs). We saw MARs were returned to the office and audited to ensure people received their medicine as prescribed.

At our last inspection we found the provider had failed to ensure fit and proper persons employed as relevant background checks were not completed prior to staff commencing their employment. This was a breach of regulation 19 (2) Fit and proper persons employed of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

### Staffing and recruitment

- Staff were recruited safely. No new staff were still employed at the service from the last inspection date. Appropriate ongoing checks were carried out to protect people from the employment of unsuitable staff.
- People and their relatives told us they were happy with the support received. Comments included, "It is a good service" and "The staff seem to understand the needs of [person]."
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.
- People and their relatives told us staff arrived on time and calls were not routinely missed.

### Preventing and controlling infection

- People who used the service were protected from the risk and spread of infection. A person told us, "Staff wash their hands and wear gloves and aprons."
- Personal protective equipment (PPE) was available for staff from the office. We saw there were plentiful supplies of all PPE including masks, gloves and aprons, however, these were stored in an ad hoc manner. We raised concerns regarding storage and stock rotation with the provider. They later told us an audit had been introduced to monitor PPE and address our concerns.

- The provider's infection prevention and control policy was up to date.

#### Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were assessed. Care records included information about the measures in place to manage risks. However, we found two risks assessments were not dated. We fed back our concern to the provider who gave their assurance to review.
- Staff had good understanding of when people required support to reduce the risk of avoidable harm.
- An environmental risk assessment was undertaken of people's homes before staff started to support the person.
- Staff knew how to report changes to people's needs and could contact the office for additional support at any time.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "I feel safe because the staff are nice to me" and "I see how [person] is cared for."
- People were protected from the risk of abuse. Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare.
- The provider understood their safeguarding responsibilities.

#### Learning lessons when things go wrong

- Staff were aware they needed to report any incidents or accidents to the office.
- Records showed the provider monitored and analysed any health or safety incidents involving people. This was used to check for any trends or patterns which may help to inform or improve people's care when needed.



# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we found the provider governance systems had failed to demonstrate effective oversight of the service. This was a breach of Regulation 17(2)(a) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as systems used to demonstrate oversight of the service were not effective. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

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

- The registered manager was also the registered provider and also provided care to people who used the service.
- An electronic visit monitoring system enabled the provider to see reports detailing visit times and durations and care provided in real time. The provider took appropriate preventive action if required.
- The provider had oversight of the service and how it was operating. This included audits which took place to help ensure that the quality of care was maintained.
- Staff were clear about their roles and responsibilities. They said communication was good and staff we spoke with were clear about their tasks.

At our last inspection we found formal staff support was not evident. This was a breach of 18(2)(a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People and their relatives told us they felt staff had the necessary skills to meet their care needs.
- Records evidenced staff received supervision and spot checks. This ensured their practice was supported and monitored.

At our last inspection we found the provider had failed to comply with the requirements of the Mental Capacity Act (2005). This was a breach of Regulation 11(1)(2)(3)(4) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the requirements of the MCA were not correctly understood or applied. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- We found the service was working within the principles of the MCA.
- People's capacity to make decisions was assumed unless there was evidence to suggest otherwise.

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

- People and their relatives told us they were satisfied with the service they received from Olive Tree (Kirklees) Ltd and spoke positively regarding the staff who provided care. Comments included, "There are no concerns and [person] is very pleased with the care provided", "I am happy with the service, I would not change anything" and "I see the [provider] of the service on a regular basis, they are very approachable and caring."
- The provider had a thorough understanding of the people they were supporting, their needs and requirements.
- Staff were positive about the provider. They said, "I am happy working for [provider]. They are approachable" and "I would recommend the company to work for. I am very happy."
- The provider had an 'open door' management approach which meant they were easily available to people, relatives and staff.

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

- The provider understood the regulatory requirements and their responsibility in ensuring they were complied with.

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

- People were involved in creating their care plans and confirmed they were also included in the reviews of their care. One relative told us, "I supported [person] with their care plan."
- Surveys were given to people who used the service and their family members. The results of these surveys were reviewed by the provider. We saw the survey results were positive.
- Staff survey had recently been posted out and the provider was waiting these to be returned.

Working in partnership with others

- The provider received support from a network of domiciliary care providers who continued to provide support and guidance following the previous inspection rating.