Mr Tariq Khan

Olive Care

Inspection report

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Date of inspection visit:
17 May 2016

Date of publication:
06 July 2016

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

Summary of findings

Overall summary

This announced inspection was carried out on 17 May 2016. Olive Care provides support and personal care in Nottinghamshire. On the day of the inspection there were 49 people using the service who received personal care.

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

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by a regular individual or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

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.

People felt safe using the service because staff understood their individual responsibilities to prevent, identify and report abuse.

People received their visits as planned because there were sufficient staff employed, and there were contingency arrangements in place if needed.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support which they could change if they wanted.

People's personal preferences, lifestyle and choices were

respected by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Good

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency. People views and experiences in using the service were used to identify and make improvements to the quality of the service they received.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

Olive Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 May 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with five people who used the service and four relatives. We also spoke with five care workers, a care coordinator, quality assurance officer and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for five people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and were treated well by the staff who visited them. One person who used the service told us, "I definitely feel safe with them." Another person told us, "I feel safe with the help I get." A relative said, "I can pop to the shops (when the care workers are here) knowing [relation] is safe."

Staff were able to describe the different types of abuse and harm people could face, and how these could occur. One staff member said they ensured people were safe by, "Making sure everyone is okay and sort out any problems." Staff told us they would raise any concerns about people's safety with the registered manager or the senior on call. Staff said they received training on safeguarding and followed the procedures when working. The registered manager and quality assurance manager told us they had followed up on a possible concern a member of staff had raised. They told us they had established there was not a safeguarding concern so no further action was required.

The provider had written on the PIR, "All staff are aware of the MASH team and how to access their services." Staff we spoke with were aware of when and how to report a safeguarding concern to MASH." (MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.)

People received their care and support in a way that had been assessed for them to receive this safely. They also told us staff who visited them knew how to use any equipment safely. A person who used the service told us, "I have got a chair to get me into the bath, they know how to use it." Another person described how they felt safe when staff supported them to use their stair lift.

Staff told us any risks to people were identified and assessed. A staff member told us, "I wouldn't do anything if it wasn't risk assessed first, that would be a risk to us and to the client." We saw there were details about equipment people used and how to support them with this safely included their care records. For example one person's file stated to ensure the person had their personal alarm with them and how they liked to wear this. A staff member told us this meant the person could be independently mobile but would be able to call for assistance if they should get into any difficulty.

People told us there had been an assessment carried out at their home to ensure they could be provided with the care they needed in safety. A person who used the service told us, "They did an assessment and checked that my home as okay." The provider had written on the PIR, "Risk assessments are carried out and updated regularly for all service users and their homes." We saw copies of environment risk assessments in people's care files. Safety checks and tests were carried out on equipment used to ensure it was safe and operating correctly. This included checking people's personal alarms, to call for support in an emergency, were in working order. A staff member told us, "We check these are working correctly." Staff knew how to arrange for any repairs or maintenance of equipment that may be needed.

There were sufficient staff employed to provide people with consistent care and support which met their

needs and was provided at the time it was planned for. People told us there had been improvements made to the consistency of their service, and they now had regular care workers carry out their calls. A person who used the service told us, "They seem to be better with staff then they were in the past." A relative told us, "At the beginning it was chop and change but they get regular ones now."

Staff said there were enough staff employed for them to complete the calls allocated on each round and that there were sufficient staff employed so they could visit the same group of people. They told us they had sufficient travelling time allowed between visits and if they were late this was due to unforeseen circumstances, such as waiting with someone for medical assistance to arrive or traffic problems.

The registered manager told us they had recently appointed a number of new staff and were still recruiting more. They told us they had some flexibility in hours with the number of staff employed so they could cover any unexpected absence from work as well as having capacity to take on additional people to use the service. The quality assurance manager told us they would target the recruitment of new staff geographically to ensure they maintained the level of service where it was needed. The quality assurance manager also told us they had recently recruited a staff member to work specifically with one person who used the service who required a specific type of support.

People were supported by staff who had been through the required recruitment checks to preclude anyone who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the needed recruitment checks had been carried out.

People received the support they needed to ensure they took their medicines when required. A person who used the service told us, "They do all the (arranging) prescriptions and go and fetch them, they do it all well."

Staff were clear about what support people needed with their medicines and described safe practices that they followed in the storage and administration of these. The provider had written on the PIR, "..medication training support is given before they begin work, during their shadowing, and monitoring is conducted after they begin working on a solo basis." Staff told us they had received training on how to support people with their medicines safely and staff training records showed staff had either completed this training or were in the process of doing so. The registered manager told us part of the role of the care coordinators will include carrying out staff competency assessments in managing and administering people's medicines. The registered manager also told us there had not been any errors made when supporting people with their medicines.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People told us that staff understood their needs and provided them with competent support. A person who used the service told us, "Nothing is left to guesswork, they know what to do." A relative said, "As far as we know they are well trained." People also felt new staff were provided with the training they required prior to carrying out visits independently. A person said, "The training seems to be thorough before they are let loose on their own."

A care coordinator told us new staff began with an induction and then undertook 'shadow' shifts where they observed an experienced member of staff. Each new starter was assessed to determine when they were, and when they felt themselves to be, competent to carry out visits independently. This included considering feedback from people that they had visited during their period of shadowing. The provider had recorded on the PIR that new staff, "accompany a senior member of staff for a prolonged period of shadowing, they complete a 'What I have learned about this person' sheet, and the senior member of staff completes a shadowing feedback report with regards to the visits undertaken." We saw this to be the case during our inspection.

The quality assurance manager showed us the induction folder given to all new staff which contained copies of polices and procedures and other useful guidance. A staff member told us they had found their induction informative and had prepared them for their role.

After the induction all staff were required to undertake the care certificate. The care certificate is a national qualification for staff working in health and social care to equip them with the knowledge and skills to provide safe, compassionate care and support. A member of staff had an allocation of hours to lead the care certificate training and carry out the required observations to assess staff competency. The staff training matrix showed all staff had either completed the care certificate or were in the process of doing so.

Staff told us they had opportunities to discuss their work individually with a senior staff member who was assigned to be their supervisor. A care coordinator told us these sessions occurred more frequently for newer staff and that all staff had an annual appraisal. We saw records of these discussions were held on staff files.

People had the opportunity to give their consent and make decisions for themselves. A person who used the service told us they had agreed to their care plan and had signed to confirm this. A relative told us, "They comply with [relation]'s wishes." A staff member said they, "Always asked and never assumed." Another staff member said they always sought people's consent prior to carrying out any observations of staff competency as part of their training role.

Staff said that although some people had support from relatives they found people were able to make their own decisions. The registered manager told us they involved people in the whole assessment and care planning process which ensured they were in agreement with their plan of care and consented to this. They

also told us people agreed with who would be involved in reviewing their care.

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. The registered manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves.

Staff told us they had attended training on the MCA and always worked on the presumption that people had the capacity to make decisions for themselves. The staff training records showed all staff, with the exception of some new staff who had this training planned, had undergone MCA training. The provider had written on the PIR, "All staff are fully trained and supported with regards to the guidance on consent. This is initially covered during the induction, and is monitored through documentation, quality checks and the monthly audits."

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. A person who used the service told us, "I leave out what I want for breakfast and they get it for me." Another relative said, "They do all of [relation]'s shopping then prepare their meal."

The provider had written on the PIR, "Food and nutritional support is also an important aspect of how we provide an effective service. All choices, preferences, allergies, needs and requirements are documented in detail in the support plan and followed to ensure that each person is receiving appropriate support." Staff followed prepared plans to ensure people had the nutritional support they required. These included details of what people liked to eat, and any other preference, such as the size of portion they prefer. It was noted in one person's care file that they, "Preferred smaller portions and were put off (eating well) by large meals." The provider had written on the PIR, "Food and fluid charts are completed at every call." There were monitoring forms completed to show what people had been supported to eat and drink during their personal care visit.

The quality assurance manager showed us a file containing information about promoting people's nutritional intake and details of various types of support people may require due to health conditions. The quality assurance manager explained a new role they had introduced where a staff member had a lead role as a food and nutrition advocate who would provide support and leadership with any nutritional issues.

People's healthcare needs were known and supported. A person who used the service told us, "They give me as much help psychologically as they do physically." A relative told us their relation received support to complete some exercises to help with their mobility. They said, "They aid them to do their walking exercises every day." Relatives told us about the different types of support staff provided to enable people's healthcare needs to be met. This included making appointments, and accompanying people to routine health checks.

Staff liaised with healthcare professionals when required to pass on information or to seek advice. Staff told us they were provided with training about any specific health need or condition when they needed it. The staff training matrix showed specific training had been provided in a number of health related areas to ensure staff were able to provide the health related support people required.

Good

Is the service caring?

Our findings

People spoke positively about the staff, describing them as friendly, sensitive and caring. Comments included, "They are there and I can talk to them. They are very thoughtful and very kind", "They have been a big help to me" and "I'm quite happy with them and my family are." People also told us about enjoying conversations they had with staff and having fun and laughter. Relatives told us they felt their relations were treated well. People felt respected by staff who understood their needs and preferences. One person told us they felt staff were understanding about their restricted mobility and limited senses.

Staff told us they found their work rewarding and enjoyed helping people. One staff member told us, "It is very rewarding to make someone happy. Clients say they like it when we come in with a smile on out faces." Another staff member told us one person had been upset when they had visited that morning, "I was so happy to see I had made them happy (by the end of the call) I wouldn't do this job if I wasn't a caring person, you've got to put your heart into it." Staff spoke of engaging people in general conversations as a way of building up trust and relationships.

The registered manager told us recruiting the right staff was key to providing a caring service. They said applicants wanting to work at the service had to demonstrate they had caring values and would be able to put these into practice when visiting people. The provider had written on the PIR, "We regularly go above and beyond the call of duty for both our service users and their families, and the company towards the staff as a collective. This is recorded using various methods, including compliment forms and feedback forms."

People told us they were involved in planning their care and support and making decisions about this. A person who used the service told us, "They will do anything I ask them to, they say just ask me." Another person said, "I've told them what I want, I try to do as much as I can myself."

Staff told us they felt it was important that people were provided with choices about their care and day to day routines. A staff member told us they were flexible depending on how the person was feeling that day. They said sometimes a person may feel like doing something but on another day they did not. The staff member said they let the person do things when they wanted to but would do it for them if they did not. The registered manager told us they visited anyone wanting to use the service wherever they may be, for example in hospital, to involve them in planning their service.

The quality assurance manager told us that no one who used the service at present had the support of an advocate, however they had a policy which described the support they would facilitate is needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service said they felt they were treated with respect. People told us staff were polite and respectful. They gave examples of how staff spoke with them and leaving everywhere tidy when they had finished what they were doing. One person who used the service told us, "I dress myself as much as I can, it does me good and gives me privacy."

Staff described the practices they followed to enable to people have privacy and dignity when they supported them. They also told us of ways they showed respect when in people's homes. These included taking of their shoes or using shoe covers and clearing up after they had completed the person's care. They also spoke of being professional and courteous in how they conducted themselves.

The provider had written on the PIR, "All staff and service users are acknowledged on a regular basis at times such as birthdays, religious holidays, bereavements, births, marriages, events etc. This shows acknowledgement and appreciation for all staff and service users to let them know that we are thinking about them at times that are special and important to them as an individual." The registered manager also told us they attend the funeral of people they have supported, subject to agreement from the family.

Good

Is the service responsive?

Our findings

People had their needs assessed so plans could be made to ensure staff provided them with the care and support they needed. A person who used the service told us, "We have risk assessments and support plans. They review the paperwork every few months, last time there weren't many changes." Staff described the care plans as clear and informative. One staff member told us, "These are really detailed compared to ones I've used previously (at another company) they detail what needs doing during the calls." Another staff member said, "I think they give very good information about the person." Staff told us the information about routines was easy to find which was helpful and told them what they needed to do.

People told us their care was flexible and responsive to their needs. A person told us how some extra visits had been added, "To keep on top of things" when their needs were not being fully met. A relative said, "They will adapt [name]'s care depending on our requirements." Another relative told us staff were, "Able to meet [relation]'s needs, who can be challenging." Staff told us they kept people's care under review so they could ensure they were meeting people's needs.

People received their care and support at the time it was planned for. People told us staff usually arrived on time and they were contacted if there was any delay. A person who used the service told us staff were, "Very good with their timekeeping." Another person said, "I get a call if they are going to be late. That doesn't happen very often." The registered manager told us they had a list of all the telephone numbers they needed so they could contact people to let them know if there was going to be a delay to their visit. The quality assurance officer told us some care workers provided people with some extra help such as hairdressing and gardening in addition to their planned care and support. .

People's care was kept under review. We saw people's care files had details of when people's care had last been reviewed and who had been involved in this. There were details of who had been involved in any assessment and review of people's care. There was also a date when people's care was due to be reviewed, although the quality assurance manager told us this could be sooner if people's needs changed. There was a brief personal history to help staff know about the person and their likes and interests.

People were given opportunities to raise any concerns and they were told how they could make a complaint. People told us they had been provided with a copy of the complaints procedure when they were given their care plan documentation. A person who used the service told us, "We can talk about things and get anything sorted." A relative said, "[Relation] would complain if it wasn't right."

Staff told us people who used the service would normally contact one of the office staff directly if they wanted to discuss anything or had a complaint. The registered manager showed us a complaint tracker system they followed to monitor any complaints. There had been one recent complaint that had been resolved. Appropriate action had been taken and a letter of apology had been sent to the person who had raised the complaint.

Another person had indicated they wanted to make a complaint and the registered manager had completed

a complaint tracker form for this. They told us they were waiting on the person to provide the details of their complaint so they could investigate this. The registered manager spoke passionately about wanting to hear of any complaints people had so they could investigate these and take any action needed to resolve them and prevent any reoccurrence.

Good

Is the service well-led?

Our findings

People felt the service was well run and addressed issues when needed. They described the service as flexible and spoke of having good communication with office staff. A person who used the service told us, "They are really nice and happy to be flexible, they don't leave me feeling guilty (if I request any changes)." Another person said, "The general office are really good, I can email at any time if I need anything doing and they will arrange it." A third person told us, "I am happy with them they let me know any issues." We saw people were provided with information about the service they would be receiving, for example they were sent a copy of their rota each week showing the times of their calls and who would be attending these.

Staff spoke positively about the service and felt able to make comments and suggestions. One staff member said, "Problems get resolved." Staff said they were able to discuss issues in monthly team meetings and individual supervision sessions. The registered manager told us they looked for feedback from staff in these sessions. The quality assurance manager described a system of 'lead advocates' they were introducing for key areas of the service. These included safeguarding, food and nutrition, diabetes and first aid. The quality assurance manager told us each advocate was responsible for monitoring and developing their area of the service through training, observations of practice and providing advice and guidance.

Staff had the practical support they needed to enable them to carry out their work. Staff told us they were given their rotas for each week in good time so they knew what was expected of them the following week. They said these included enough travelling time between calls so they could arrive on time. Staff also told us resources they needed were always available, such as personal protective equipment (PPE) and forms, charts and other paperwork.

People were confident in the way the service was managed and had confidence in the registered manager. One person who used the service told us, "I love [registered manager], she comes out to see me and ask how my care is." Another person told us, "They are very pleasant people who run it."

Staff told us they felt there was an open culture in the service and that they were provided clear leadership. A staff member told us the registered manager was, "Amazing, just a great manager, she gets problems resolved." The registered manager was also described as, "Being on top of things." We saw there was a carer of the month award to recognise staff who had made a significant contribution to people's care.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the registered manager said there had not been any recent event they needed to notify us of.

There were systems in pace to identify where improvements could be made to the service. People who used the service were asked to comment on the service they received. A person who used the service told us, "We occasionally get a questionnaire to ask if we are satisfied." The registered manager told us they had now

started to ask people for feedback face to face as well.

The quality assurance manager showed us the systems they had introduced to monitor and develop the quality of the service provided. These involved a set of files which contained information about the five key questions we ask, whether the service is safe, effective, caring, responsive and well led.

We looked at systems followed to audit different areas of the service. There was a monthly management report which listed what had been achieved over the previous month and the aims for the next month. We discussed the aims for the previous month with the quality assurance manager who showed us how these had all been met.

The registered manager told us records completed in people's homes, including daily records and MAR sheets, were brought into the office on a regular basis. They were checked to ensure these had been correctly completed and were reviewed for any information that needed to be acted upon. The registered manager said these were then scanned and electronically sealed in case they were needed to refer to at a later date.