

Olympus Care Services Limited

START South

Inspection report

Olympus Care Services
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Tel: 01604362003

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 31 January 2017. The START South (Short Term Assessment and Reablement Team) service provides care and support for people who need immediate support to live independently in their own home; this may be as a result of a crisis or illness, or following a discharge from hospital. They provide short term support for people to regain independence or identify if people require a permanent care provider to meet their longer term care needs. In addition, this service also supports the HICT (Holistic Intermediate Care Team) service which supports people with dementia, and require an input from a team of professionals including Occupational Therapists and Admiral Nurses (specialist dementia nurses). At the time of the inspection the service was supporting 55 people.

There was a registered manager in post. 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.

Improvements were required to ensure that all staff had refresher training on a regular and consistent basis. We found that not all staff had received recent training in safeguarding and first aid awareness however the registered manager had made plans to ensure staff completed their outstanding training needs.

People felt safe having support from the agency in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff ensured people provided consent to the care and support they received.

People received care from staff that were caring and kind. Staff encouraged and supported people in a personalised manner and respected people's decisions. People were treated with dignity and respect and

confidentiality was maintained.

People had care plans in place that ensured people received the care they required. Care was flexible to meet people's changing needs and staff encouraged people to be as independent as possible. Complaints were responded to effectively.

The service had a supportive and approachable management system. Staff had access to senior staff at all times and suggestions for change were considered and acted upon. The culture within the agency focussed on the same goals to empower people. The provider had policies and procedures in place which were suitable for the needs of the service.

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 with staff providing care in their own homes.

Staff were clear on their roles and responsibilities to safeguard people from harm.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were required to ensure staff's knowledge and skills were regularly updated with refresher training.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Staff received regular support and supervision which supported them in their roles.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive and caring interactions between people and the staff.

Staff promoted people's independence in a supportive and collaborative way.

Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments were carried out to ensure the service could fully meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post and staff felt the management team were approachable and supportive.

People who used the service and the staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the standard of the service and the care that people received.

START South

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 31 January 2017 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with six people, one relative, ten members of the care staff team, four members of the office team, the registered manager and the provider.

We looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People were protected against the risks associated with the appointment of new staff because there were appropriate recruitment checks in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who used the service.

There was enough staff to meet people's needs and provide their care at the times they required it. One person told us, "The carers come about the same time each day; they always come, they never forget me." We spoke with the carers that provide care to people and to the office staff that arrange and schedule people's care. Staff confirmed that the service was flexible and responsive to meet people's needs. One member of staff said, "We try our best to make sure people have their care when they want it and we can move things around if we need to; for example, if someone's got a hospital appointment or something and need their care earlier or later." Another member of staff said, "If the carers get delayed with traffic or one person needs extra help and everything takes longer than expected, we have the option to send a trained member of staff from the office to ensure everybody receives their care in a timely way." We found that the scheduling of people's care was completed with a thoughtful and attentive approach to try to prevent people from being rushed. The focus of the service was to enable and empower people to become as independent as possible and the scheduling of care reflected this.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People told us that the staff treated them gently and kindly. Staff were aware of safeguarding procedures to keep people safe, and were able to identify signs that people may be at risk of harm. Staff knew about the need to report any concerns promptly internally and externally to the local authority and Care Quality Commission. We reviewed the providers safeguarding incidents and found that they had been actioned and investigated promptly, and appropriate action had been taken.

People's needs were regularly reviewed by staff so that risks to people were identified and acted upon. For example, where it was appropriate, risk assessments were in place to support people making hot drinks for themselves with minimal support, or for those at risk of falls. Risk assessments were flexible to respond to people's changing needs and the support they required as their health improved or deteriorated. Staff understood that due to the nature of the service, people's risks could change and they were flexible to meet those varying risks. Risk assessments were kept up to date and were current with people's needs.

Accidents and incidents were recorded by staff and appropriate action was taken to prevent them, if possible. Staff had good communication amongst each other and made other staff aware of incidents if necessary. Staff were proactive at identifying ideas and solutions to ensure other incidents did not occur. For example, there had been an injury to a member of staff following an incident with one person's back door being stiff. Staff ensured this was fixed so nobody else was harmed.

There were appropriate arrangements in place for the management of medicines. One person said, "They

always make sure I take my pills." Staff told us that there had recently been a big training programme for all staff focussing on supporting people to receive their medicines safely. This had been largely successful with a reduction in the number of medication errors. We observed that people received their medication from staff in a professional and encouraging way, and staff were knowledgeable about how people liked to take them. For example, one person liked their medicines in a specific little cup with a drink and the staff made sure they found their cup. The provider completed regular checks and audits to ensure that people's medications were stored and administered safely and if any errors were identified they were investigated thoroughly and appropriate action was taken.

Is the service effective?

Our findings

People received support from staff that had received a comprehensive induction programme however there were gaps in ensuring that staff training was regularly refreshed, particularly in key areas such as first aid and safeguarding awareness. One member of staff said, "I have to say the training here is really really good. It covers everything and is much better than what I got at my old job." Another member of staff told us they felt they learnt a lot from their training and it was focussed to meet the needs of the people they were supporting. One member of staff said, "If we come across somebody with a condition or illness we don't know about, we get training about it." Staff initially received training in all the key topics, which included safeguarding and first aid awareness. The staff we spoke with had sufficient experience and knowledge in the topics where training was lacking for example first aid and safeguarding awareness. Staff understood how they could keep people safe in these areas. We spoke with the registered manager about refresher training and they confirmed that plans were underway to ensure the staff received the training they required, however the gaps were significant and this training had not been organised in a timely way. This lack of oversight required improvement.

Staff had the guidance and support when they needed it. Staff were extremely confident in the manager and were satisfied with the level of support and supervision they received. One member of staff told us, "I love it here. There is so much support for us, and so we can give so much support to our customers." Staff told us they found their supervisions and appraisals as beneficial and they were able to provide honest feedback about their development, which was listened to. The registered manager had an open door policy however staff told us they had regular supervision meetings so there were no delays or barriers to getting support when they needed it, on a short term or long term basis.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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 management team and the staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. The registered manager confirmed that if the staff identified that people's mental capacity was in question they obtained support from healthcare professionals to complete the appropriate assessments. At the time of the inspection, nobody receiving care required formal support to aid their mental capacity. Staff were aware that they had a responsibility to understand the principles of the MCA and how they could keep people safe. For example, staff gave consideration to people's mental and physical ability to handle their own medicines and took action to support people if they required it.

People were supported to eat well and to eat the foods they enjoyed. One person told us "They help me make something to eat. Usually we do it together or if I'm feeling not right they [the staff] do it for me. They encourage me to do what I can." People were encouraged to eat regularly, particularly when they could not remember when they had last eaten. Staff ensured people's records reflected their nutritional needs so that where necessary, staff could monitor and support people's nutritional needs.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person said, "We [me and my partner] can call for a doctor if we need one, but I'm sure the staff would do it if we needed help. I've got a lifeline so in an emergency I can press that and can get an ambulance or some help." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs, for example as people's health improved; the support they required was adjusted to encourage people's independence.

Is the service caring?

Our findings

People appeared to be pleased to see the staff and were relaxed and comfortable in their company. One person said, "Most of them are very nice; they all treat me well." Another person said, "They're kind, very kind; they're very patient and caring. They're very good." People and staff laughed and joked together and staff had a keen interest in their wellbeing. Staff spoke with people about their friends and family, and about aspects of life that brought them joy such as their other family members. Staff spoke fondly about the people they supported and we saw that staff had developed meaningful relationships with people.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. For example, one person frequently changed their clothing and staff supported them and encouraged them in a friendly way to try and keep the same clothes on.

People told us that staff supported them at their own pace and they were not rushed. One person said, "They [the staff] encourage me to do what I can. They help me get dressed. I can do most of it, but I just can't lift my arm yet so they help with cardigans and things. They're very patient." Staff understood that their role was to encourage and support people to be as independent as possible and staff had a patient and calm nature which focussed on empowering people to do as much for themselves as possible.

People were encouraged to express their views and to make their own choices about the care they received. One person told us, "They always ask me what I want. About everything. Food. Clothes..." Staff told us they asked people about the support they required and tried not to make assumptions. We saw that staff asked people about what they wanted, and how they wanted it, and responded well to people's choices and decisions.

People told us that staff respected their privacy and dignity. One person explained that the staff kept them covered up whilst supporting them with their personal care. They said, "They make sure that curtains and doors are closed whilst I get dressed." Staff we spoke with were aware of the need to maintain people's dignity and were able to provide examples of how they supported people in a dignified manner.

People who were distressed or confused were supported by staff that had an understanding of their needs and what helped them to be relaxed and reassured. One member of staff told us, "It doesn't always happen but we do try to ensure people see the same staff so it's not a different one each time. We understand how confusing that can be, especially for somebody with dementia." We saw that people's care plans had information about matters that people can be confused or distressed about and had guidance for staff about how to support people with this. This helped people to receive consistent care that met their emotional needs.

The registered manager had a good understanding of advocacy services and understood when there could be a need for people to receive support from an advocate. For example, if they had little family involvement or required support with making financial decisions. The registered manager understood how advocacy

support could be requested, and members of the care staff were knowledgeable about when people may require the support of an advocate. Staff explained that there had been occasions they had supported people to access outside agencies including Age UK or Community Law when people would benefit from further advice and guidance.

Is the service responsive?

Our findings

People's care and support needs were fully assessed before the service determined if they could offer people the support they required. People often required the support of the START team or HICT team after a crisis, or unexpected event, such as a fall or sudden illness and therefore the service needed to be prompt in responding to requests and to understand people's needs quickly. The service was designed to be a quick response short term care option for people that could be supported back to their own independence over a short period of time, or as a short term care provider whilst people found a long term care provider to meet their ongoing care needs. The service considered people's capabilities and medication needs, the amount of support people required, their home location and the availability of staff to ensure people's needs could be met before they were accepted into the service. This ensured that each person could receive the time and support they required.

Once people were accepted into the service, two experienced members of staff would complete a full assessment with the person and their relatives to understand how the service could assist them. We saw that the initial assessments considered all aspects of care and people's views were listened to. One relative told us, "They [the staff] came to the house and asked us lots of questions and told us all about what would happen." The initial assessments were used to help create a care plan which was based on people's needs and preferences.

People's care was met in a flexible and adaptable manner as people's needs and their health changed. One person said, "They [the staff] only come in the morning now as I've got better. I just can't quite do it all yet [getting dressed]." Staff also told us that their approach to care was very flexible, for example, if somebody asked for support to wash their hair and this wasn't on their care plan the staff met people's needs and other staff could support other people if their care would be delayed.

People's preferences and personal requests were respected. For example, if people requested that only one gender supported them with their personal care needs this was respected. Staff showed us that the system they used allowed them to block certain members of staff from providing care to ensure people's wishes were respected. This ensured that mistakes were not made, and people's requirements were fully met.

People's care plan's reflected their current needs. Each person had their own care plan that was stored within their homes. We saw that care plans were regularly updated and amended as people's care changed. For example if people's care had changed so they were now able to wash themselves but just needed support with harder to reach areas, this was recorded. Staff also updated people's daily notes with detailed information. For example, where relevant, staff recorded in the notes what people had been wearing or what they had eaten and what they were doing. This helped staff to provide consistent and continuous care and helped to assess if people were regaining their independence, or needed additional or increased support.

People were encouraged to provide their feedback about the service and a complaints procedure was in place to support this. The complaints procedure explained what people or their relatives could do if they were unhappy about any aspect of the service. Staff were responsive and aware of their responsibility to

identify if people were unhappy with anything about the service and understood how they could support people to make a complaint. One member of staff said, "There is a leaflet everyone gets which explains about how people can make a complaint, but if they were unhappy about something we would help them make a complaint if that's what they wanted. We would ask them." We saw that complaints that had been raised were responded to appropriately and in a timely manner, and if appropriate further action had been taken to prevent future incidents.

Is the service well-led?

Our findings

People were happy with the care they received and understood the nature of the service. People and their relatives told us they received good care, and would be sad when the service ended. One person said, "They're [the staff] only coming for a little while. I'll be sad when they finish, they're all very nice." Staff told us they felt the service was well led and that they could approach the management team for advice and guidance whenever they needed it. Staff told us the management listened to their ideas and sought their feedback.

The service had an open and transparent culture, with everybody working as a team to ensure people's care needs were met in a timely and supportive manner. One member of staff said, "I really feel like we can be honest here and we're listened to. There's no blame. It's all about making life better for the people we support." Staff communicated well together to ensure people's needs were met. Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that people were supported to regain their independence wherever possible.

The agency worked well with other agencies. The provider had built relationships with a number of agencies and partners that referred people into the service. The registered manager and provider worked together to understand when they were at full capacity and were unable to take on any new clients.

Systems were in place for people and staff to provide their feedback about the service and the quality of care people received. People received a feedback form with a stamped addressed envelope for them to complete with as little inconvenience as possible. Comments from these feedback forms included lots of praise and gratitude with one person stating, "The carers were beyond amazing." A relative said, "What a huge difference. My [name] could not have coped without the help of the carers."

We also found that the registered manager had regular staff meetings and held them at three different times to capture as many different staff views as possible. The minutes of the meeting showed that staff had opportunities to raise ideas and give their feedback. The registered manager gave praise and thanked staff when they had worked well. We saw that the registered manager listened to staff suggestions and acted on them. For example, staff raised concerns about the new electronic monitoring system which organised and managed people's care as it did not allocate a consistent group of staff members to each person. The registered manager agreed that this element of the monitoring system would be turned off and completed by office staff to try and ensure a consistency of care.

Quality monitoring systems were in place which reviewed the standard of the service people received. The team leader completed monthly audits which reviewed people's care. In addition, medication audits were completed which checked to see if staff were following the provider's medication policy. In circumstances where improvements were required to medication administration, appropriate action was given to rectifying this. The monthly audits usually identified where improvements could be made and we saw that the registered manager had already taken action to improve refreshing staff training. The provider also completed regular audits which assessed the standard of care and whether the regulations were being met.

The provider had not identified any areas for improvement and found that all aspects of the service was good.

Staff and the management team were committed to sharing best practice and learning from others. For example, following the review and improvements that had been seen to medication administration, the service had agreed to share their best practice ideas to help other services under the provider improve their practices.

The provider had policies and procedures in place which covered all aspects relevant to operating the service which included safeguarding and medication procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns.