Olympus Care Services Limited

Crisis Response Team

Inspection report

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Tel: 03007770002

Date of inspection visit:
13 June 2016

Date of publication:
07 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 unannounced inspection took place on 13 June 2016. This domiciliary care agency supports people with their personal care within their homes for a maximum of two weeks. The service focuses on supporting people who have had a fall or have an urgent social care need to prevent unnecessary hospital or care home admissions, or unnecessary delays of discharge from hospital. At the time of our inspection the team were supporting 41 people in their own homes.

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.

People received safe care and support. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of people that used the service and recruitment procedures protected people from receiving unsafe care from staff unsuited to the job.

Care records contained risk assessments to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff of the measures to take to minimise any risks.

People received care from staff that were supported in their roles by senior staff. They received support and guidance at regular intervals to ensure they were providing high quality care. Staff received training in key areas of care, which enabled them to understand the care needs of each person.

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. In addition, people were supported to identify and respond to their changing healthcare needs, and if necessary staff provided assistance with this.

People received care from staff that were kind and friendly. Staff understood people's needs and ensured people were given choices about how they wished to receive their care. People received care at their own pace and had their privacy and dignity maintained when receiving assistance with their personal care.

People's care needs were assessed to ensure the service could meet people's expectations before they began using the service. Care plans were written in a person centred manner and gave guidance about the care people required. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People received the care they needed and a suitable complaints procedure was in operation to resolve any concerns people raised.

People received a service that was well-led. The culture within the service focused upon supporting people's health and well-being, and enabling people to receive care at home in urgent or unexpected circumstances. Systems were in place to identify where improvements were required and for people and staff to provide feedback about 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 and comfortable around staff and staff were clear on their roles and responsibilities to safeguard them.

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

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

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).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

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 interactions between people and the staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by

staff.

Is the service responsive?

Good

The service was responsive.

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

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

There was a transparent complaints system in place if people wished to complain.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they were approachable and flexible to ensure people's needs were met.

Management completed regular audits and a quality assurance system was in place to review the quality of the service.

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

Crisis Response Team

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 13 June 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report.

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 seven people who used the service, one relative, four members of staff, the registered manager and the provider.

We looked at care plan documentation relating to four people, and four 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.

Good

Is the service safe?

Our findings

People were protected against the risks associated with the appointment of new staff. There were appropriate recruitment procedures in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions. The registered manager confirmed that new staff did not provide care for people independently until their results had come back and these were satisfactory.

There was enough staff to keep people safe and to meet their needs. One person told us, "They always turned up when they said they would. Sometimes they're not on time – but that's the nature of the service and they explained that at the beginning." Another person said, "I felt very vulnerable before I knew about this team. Talking to me in A & E gave me the confidence that from the beginning that there would be someone there [at home] to help. It was really reassuring." People were given an approximate time that staff would visit them, and this was within a two hour time period. One member of staff explained, "We do try to visit people at the same time each day but sometimes things get changed – we get new people every day and sometimes some visits take longer than expected, but we explain this to people when we first start and they're quite understanding." Wherever possible staff supported people who lived within close proximity to each other to try and reduce unnecessary travel time.

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 and their relatives told us they were treated well by staff and felt safe when they were around. Staff received training to enable them to identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff said, "We've had safeguarding training and if I had any concerns I would report it to the office and they would send a safeguarding record." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and comprehensive investigations had been completed when concerns were identified. The registered manager was innovative and when a concern had been raised which potentially involved two different bodies, the registered manager had completed a joint investigation with the other party to provide a full response.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. Staff completed detailed records to document the support people had required so other staff could see if they were making progress. When staff identified that people's needs had changed, appropriate measures were put in place to provide them with the support they required.

There were appropriate arrangements in place for the management of medicines. The people we spoke with told us they were able to take their medicines without the need for support from staff. One relative said, "I help [name] to get their medicines when they need them but the staff told me about blister packs and how this might help. Now the chemist puts all the pills in a blister pack so it's much easier to know what to take and when." Staff were knowledgeable about how to support people with their medicines if required and were mindful that people were able to receive them when they required. For example, one person had asked

their relative to collect their medicines from the pharmacy. Staff confirmed that if people did not have relatives available to help then staff would able to support people to get the medicines they needed. Staff understood they had a responsibility to record if they had helped people take their medicines and MAR (Medication Administration Records) were in place for this purpose.

Good

Is the service effective?

Our findings

People received support from staff that had undergone training which enabled them to understand the needs of the people they were supporting. One member of staff said, "We have really good training to help us know what to do and we can identify if we need any extra training and that's arranged."

New staff were given an induction which incorporated the Care Certificate and enabled them to learn the required skills to provide care. They were also required to shadow an experienced member of staff to understand how to deliver care to people in a caring and compassionate way. Senior members of staff observed new staff to ensure they were competent in their roles, before it was agreed together when they would provide care independently. In addition, existing and experienced members of staff were supported to gain additional qualifications and career development.

People were supported by staff that received regular support and guidance. Staff had regular supervision from senior members of staff in face to face meetings, and from senior staff completing unannounced spot checks whilst staff provided care. Staff gave very positive feedback about the management and were satisfied with the level of support and supervision they received. One member of staff told us, "I feel really well supported. There's always a supervisor or member of management available if we need them." Supervisions and appraisals were used to discuss performance issues and training requirements. Staff were regularly praised about the support they provided to people and their skills and competence was celebrated and shared with staff.

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 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 training about the MCA 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. Mental capacity assessments had been completed to document the support people required with their medication, or to document their consent for staff to assist them. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and supported them with this.

People were supported to eat regularly and in accordance with their dietary needs. People were able to choose what foods they wanted to eat. One person explained they only needed some short term support following a fall. They said, "They came in the morning and made sure I had some breakfast. They asked me what I wanted and were very nice." Staff arranged support to ensure that people were supported at regular

intervals to have their meals. During visits staff encouraged people to eat regularly but if people decided they were not hungry when staff visited them, staff prepared them something they could eat later on. Staff also left people with additional drinks that they could have later on.

People's healthcare needs were monitored by staff. Staff had a good knowledge of whether people's healthcare needs meant they were safe to be at home. When staff were concerned about this and people were being considered for discharge from hospital, staff liaised with the hospital to ensure they were not discharged too early, and the team had the right support in place for when they left. The Crisis Response Team also liaised with the Intermediate Care Team which consisted of clinicians to ensure people's ongoing healthcare needs were supported whilst people were at home, for example with physiotherapists. Staff encouraged people to be independent and manage their own healthcare needs where they were able but supported people if they were unable to do this for themselves.

Good

Is the service caring?

Our findings

People were cared for by staff that enjoyed their jobs and treated people with kindness and empowerment. People and their relatives were very positive about the caring approach that was shown to them and their relatives. One person said, "The staff were absolutely fabulous." Another person said, "They treated me so well. And they were so helpful." People were happy with the care they received and complimented the staff on their characteristics and support.

People received their care and support from staff that were empathetic to their situation. Staff recognised that receiving care for the first time could be sensitive and difficult for some people and wherever possible the same staff were organised to provide people's care. One member of staff said, "We support people at a time of crisis so we try to help them relax and make it all as easy as possible." People were able to explain to staff their preferences about how they liked their care to be provided and this was accommodated by the staff. For example, if people identified that they wished to only have one specific gender of staff there was a system in place to ensure that only appropriate staff were scheduled to offer their support.

People were encouraged to express their views and to make their own choices wherever they were able. One person told us, "They always asked me what help I needed. They never tried to take over – they gave me choices in everything really. Like what help I want, what I want to eat or drink." Another person told us that they chose whether they wanted to have a shower or strip wash and the staff didn't make them feel like anything was too much trouble. People's preferences were respected and supported.

People were treated with dignity and respect. One person explained, "They [the staff] were very dignified in how they helped me have a wash, and kept me covered up wherever possible." Staff were aware that the care they provided may be people's first experience of needing help with their personal care and this was supported in a respectful way. Staff were compassionate and sensitive about the care they provided to people. We saw one person had given feedback about the staff. They said, "[Name of staff] made me comfortable when I had to have a strip wash which at first I felt ashamed that I couldn't do it myself but [name] made it so matter of fact that I wasn't embarrassed at all, they are so good."

People were supported by staff to maintain their independence. Each person was listened to and encouraged to do as much as they could and their care was adjusted to reflect their current needs. For example, if people were particularly tired or were having a bad day staff provided additional support to ensure they did not strain or hurt themselves. As people's health and mobility progressed, staff encouraged people to do what they could to keep their independence.

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.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before using the service to determine if staff were able to meet their needs. People were introduced to the service in a number of ways and this dictated how an assessment was made. For example, some assessments were completed whilst people were still in hospital whilst other assessments were made once people were back home. Throughout the assessment process staff gathered as much information from people themselves, their relatives and if appropriate other professionals or advocates. One person told us they had met a member of staff whilst they were in hospital and they discussed the care and support they would need when they were discharged. The person said, "They talked everything through whilst I was at the hospital and when I came home it was all set up for the carers to arrive – and they did."
Care plans contained assessments of people's needs with explanations of the support they required from staff.

People's care and treatment was planned and delivered in a person centred manner. For example, information about people's medical background, religious beliefs and family and friends network featured in the care plans. Staff used this information to guide them when providing person centred care, and they used this information to have meaningful conversations with people. For example, we heard staff talking to one person about their family.

People received care and support which facilitated their changing needs. One person told us that they understood that the service was only a short term measure and they were very grateful for the support they received. Another person explained that as their strength and independence had grown and got better, staff responded flexibly to this. For example as people's mobility got better, where appropriate, people were given equipment which aided their recovery and enabled them to do more for themselves. This included equipment to make furniture higher so it was easier for people to sit down or stand up, a commode so people could use the toilet without staff support and walking equipment to enable people to walk independently.

People could rely on staff to visit them regularly as required. One person said, "I had them [the staff] come to my house for about a fortnight straight after I came out of hospital. They came every day and were always very cheerful." Senior members of staff ensured the rota was flexible and met people's needs. We saw that the rota could be adjusted people's needs as issues arrived. For example, when one person's medicines were not ready for discharge from hospital the staff liaised with the hospital staff to ensure they would be available at the appropriate time.

People's care plans were regularly updated and reviewed. People told us that when staff visited they always wrote in their care plan folder at the home. The records staff completed were in depth and recorded the actions that the person had required support with or had completed independently. This enabled staff to adjust people's care as their needs changed.

Staff recognised when people would need ongoing care. As the agency was designed to provide short term

care for up to 14 days, staff made referrals to other short term care agencies if it was felt people would need support. Staff did this in a timely manner and worked with other providers to ensure there was a smooth transition of care for people that required it.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of their care. Staff understood what to do if people wanted to make a complaint. We reviewed the complaints that had been received and saw that detailed investigations had been completed. This helped to identify learning and prevent future incidents from occurring again.

Good

Is the service well-led?

Our findings

People received care from a service that was well-led. The registered manager showed a strong presence within the service and provided regular support and guidance to staff. One member of staff said, "I feel very well supported by [name of the registered manager]. They are always available and he's very approachable." Staff had confidence in the registered manager and they had a good knowledge of the issues that impacted on the effectiveness of the service.

The registered manager had a number of quality assurance systems in place to review if people were receiving good quality care. This included internal audits and audits by managers of other services. The provider completed regular audits and if improvements were identified these were recorded and rectified in a timely way. Staff were regularly given feedback about their performance, and much of this was positive and encouraging.

The culture within the service focused upon supporting people's health and well-being, and enabling people to receive care at home in urgent or unexpected circumstances. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for people that used the service and staff worked well as a team to ensure that each person's needs were met on a changing basis. Staff clearly enjoyed their work and told us that they received regular support from the management. The registered manager was passionate about supporting people's independence and providing people with good quality care in their own homes.

Systems were in place to encourage people to provide feedback about the service. In each person's care plan in their home they were given a survey with a stamped addressed envelope to complete. Responses were very positive and people were happy with the care they received. Comments included "Having the CRT has been a brilliant peace of mind for my safety.", "All information was clearly explained to me… It has been a pleasant experience – all the carers [have been] really kind and accommodating to my needs and always had a smile when coming into my home."

The management held regular meetings with staff to ensure they were aware of developments within the service. Meetings were held in two different locations to maximise the opportunities for staff to attend. Staff told us they felt able to contribute and their opinions were valued. For example, one member of staff told us they had discussed having new folders for care plans to be stored at people's homes so they looked professional. This had been actioned in a timely way.

The registered manager worked closely with other agencies involved in delivering care. This included hospital services, community teams such as the stroke team, the ambulance service and the Intermediate Care Team. This helped to identify trends and wherever possible prevent recurrent issues.

The service had policies and procedures in place which covered all aspects relevant to operating a care agency, for example safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff were expected to understand them as part of their role and we saw

that polices such as safeguarding and confidentiality were underpinned the way in which staff provided their care. The registered manager understood their requirement to submit appropriate notifications to the CQC and did so when necessary.