

# Olive Healthcare Solutions Limited

# Cambridgeshire

## Inspection report

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### 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

### About the service

Cambridgeshire is a domiciliary care agency that is registered to support people with personal care in their own homes and within supported living settings. At the time of this inspection no one was being supported in a supported living setting and 13 people were being supported in their own homes.

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.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Cambridgeshire and Peterborough. To understand the experience of social care Providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

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

Staff knew the people they supported well. People and their relatives told us staff were kind, polite and respectful. There were enough knowledgeable and trained staff to help assist people's care and support requirements. The registered manager would also cover care call visits to ensure no calls were missed. People and their relatives told us that staff were punctual to their care call visits. They also told us there had not been any missed visits.

Staff were trained and were able to develop their skills and career through further training and taking on additional responsibilities within their role. Trained staff had medicines administration spot checks undertaken to look at their competency. Staff were encouraged to discuss and review their performance with their registered manager through supervision and appraisals. Potential new staff to the service had checks carried out on them. This helped ensure they were suitable to work with the people they supported. New staff also had to complete an induction. This included shadowing a more experienced staff member on care call visits.

People and their relatives told us the support from staff made them and their family member feel safe. Staff demonstrated their understanding of how to keep people safe from poor care or harm. Staff knew they should report any concerns they may have had to their registered manager or to external organisations such as the local authority or the CQC.

Not everyone wanted to discuss their end of life wishes. Where they did, staff had access to information on people's end of life wishes to guide them. This would help the person have as dignified a death as possible. Staff had access to information in peoples' care plans and risk assessments that helped guide them to care and support people effectively. Staff had plenty of single use personal protective equipment, such as gloves, aprons and face masks. Infection control practices were in place to reduce the risk of cross contamination.

Lessons were learnt and shared with staff when things went wrong or there was a risk of this.

Most people did not require the support of staff with their food and drink. Where staff did support with this there were no concerns and choices were given and respected by staff. Staff helped promote and maintain people's privacy and dignity. Staff also encouraged people and their relatives to be involved in discussions around their family members support and care needs. People felt listened to, respected and their choices valued by staff.

The registered manager and staff, would work with external health and social care professionals. This would help people to receive joined up care and support. Where complaints about the service had been received, they were investigated, and actions taken as a result of learning to try to reduce the risk of recurrence. People and their relatives said communication was good.

People, and their relatives and staff were asked to feedback on the service. Information was available in different formats to help enable the persons understanding.

The registered manager sent staff any guidance and legislation updates. This helped staff to work with the most up to date guidance. Audits were undertaken to monitor the quality of the service provided and drive forward any improvements needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

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

This service was registered with us on 16 June 2020 and this is the first inspection.

Why we inspected

This is the first inspection since the service registered with the CQC on 16 June 2020.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and phone calls to engage with people using the service as part of this performance review and assessment.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Cambridgeshire

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and phone calls to engage with people using the service and staff.

We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

#### 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, flats and specialist housing.

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

#### Notice of inspection

We gave the service five days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 21 January 2022 and ended on 15 February 2022.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as telephone calls to engage with people using the service and staff, video calls to enable us to speak to the registered manager, and electronic file sharing to enable us to review documentation.

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, and four care workers.

We reviewed a range of records. This included four people's care records and one person's medication records. We looked at records in relation to recruitment, staff training and staff supervision. We also looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the staff that supported them, or their family member made them feel safe. A person confirmed, "I do feel very safe with all the [care staff] who I have got to know very well." Another person told us, "I do feel safe with my carers who come."
- Staff had training in safeguarding people and children from harm or poor care. Staff explained to us how they would report any concerns in line with their training. A staff member said, "If I was concerned regarding a safeguarding, I would document it and tell the manager. I would raise it (concern) outside of the organisation if needed." They then confirmed they would also whistle-blow (report concerns) if needed, "As clients safety comes first."

Assessing risk, safety monitoring and management

- Staff had guidance on how to support people safely with their individualised risks within people's risk assessment and care plans. This enabled staff to monitor people's known risks such as poor food and fluid intake or moving and handling requirements. These records guided staff and helped reduce the risk of known harm occurring.
- The registered manager told us people's monitoring charts for risk and medication administration records were reviewed to ensure that any concerns were escalated.
- Staff had access to people's personal emergency evacuation plans in the event of an emergency such as a fire. These guided staff on the support a person would need in such an emergency.
- People had equipment to help support them with their safety and independence. This included equipment to aid with walking safely and staff when attending a person would help them move position safely.

Staffing and recruitment

- There were enough suitably qualified staff to meet people's support and care needs. There were continuity plans in place to cover should staff become ill, take leave or must self-isolate due to COVID-19.
- People and their relatives told us they were happy with the support and that their family members, care call visit was 'generally' on time. Some reported that just before Christmas there appeared to be high staff turnover, but no one reported any concerns with staff's timekeeping or missed care call visits.
- One person told us, "They're always on time and stay for the full session each time," another person told us "Their arrival times can vary by half an hour which is acceptable."
- Staff talked through the series of recruitment checks they completed to help ensure they were safe to work with the people they supported. A staff member confirmed, "I had a recruitment interview, I had to do shadow shifts (shadowing a more experienced staff member). My references and Disclosure and Barring

Service check (criminal records check) were in place before starting shift."

#### Using medicines safely

- When supported with medicine administration, people had no concerns. A person told us, "[Staff] do all my medication and each time they record in my record book together with a list of the things they have done."
- Staff were trained to administer people's prescribed medicines safely and had their competency to do so checked by the registered manager.
- Audits were undertaken of people's medicine administration records. Actions were taken to make the necessary improvements to reduce the risk of recurrence. This included the staff member being spoken with when the number of tablets being administered were not documented and handwritten alterations not being signed and dated.

#### Preventing and controlling infection

- Staff told us they had plenty of personal protective equipment (PPE) to help keep themselves and the people they supported safe. This was confirmed to us by people and their relatives. One person told us, "[Staff] always wear their full PPE," and a relative told us, "[Staff] wear their PPE before they enter the house."
- Staff had training in infection control. This included the putting on and taking off safely of their PPE and how to wash their hands to prevent cross contamination. A staff member told us, "The registered manager sends out reminders (to staff) re infection control and PPE."
- Staff told us they had weekly COVID-19 swab tests to check they were ok to work, and in addition to this staff also completed rapid COVID-19 swab tests.

#### Learning lessons when things go wrong

- Staff told us how the registered manager communicated learning from incidents and audits undertaken. This was to reduce the risk of recurrence.
- A private social media chat group had been set up to communicate to staff. This was particularly useful during the restrictions of COVID-19. Staff told us that this tool was used to prompt staff regarding improvements needed. A recent example was a reminder to staff of the importance of accurately completing people's medicine administration records. Another was to remind staff to check food expiry dates.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed people's care and support needs before the care package was accepted. This helped make sure staff were suitably skilled and confident to meet the persons care and support requirements in line with current guidance and legislation.
- The registered manager told us they kept updated with and triaged new guidance and legislation to support staff. Information was received via different sources such as the local authority, and government websites.
- The registered manager shared updated information with staff through different mediums. These included using the social media group forum and the registered manager would have oversight on who had read the updates.
- Staff had training in equality and diversity. People's care records contained individual information to guide staff about people's diverse requirements and preferences. A staff member confirmed personalised care was about a person's individual needs including religious or cultural needs.

Staff support: induction, training, skills and experience

- New staff to the service had to complete an induction that included training, reading the organisations policies and procedures and shadowing a more experienced staff member on their care call visits.
- Staff were trained to care for and support people safely and effectively. People and their relatives were satisfied with the training staff received to support them. One person told us, "I do think my carers know what they are doing and have been well trained for the job."
- Staff had appraisals, supervisions and competency spot checks to review and discuss their performance. Staff told us they could discuss their performance and any suggestions or concerns they may have during these. A staff member confirmed, "Spot checks are completed, so are supervisions and I have had an appraisal. All a two-way conversation."
- The registered manager supported staff who wished to develop skills and knowledge to take on additional roles such as being the infection control officer and or undertake further qualifications in health and social care.

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

- Staff supported people with their food and drinks where needed. Where this support was given by staff, people and relatives told us they had no concerns.
- One person told us, "[Staff] prepare all my meals for me and make sure I always get a choice." A relative told us, "[Staff] prepares my relatives meals and [relative] is able to select what they want."
- Staff monitored people's food and fluid intake when they were at risk of malnutrition or dehydration.

These records would help raise any concerns of poor fluid and food intake.

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

- People and their relatives told us they or their family member supported them to make and attend external health appointments. One person told us, "If I need to see the doctor or nurse then they will arrange it for me if I am not able to."
- Staff, when needed supported people with emergency health appointments. A person confirmed, "In the past when I needed an ambulance the carer waited with me until the ambulance came which was very good of them."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff promoted and maintained people's right to make choices. This included what to wear and what to eat. A staff member talked through how they supported a person to make day to day choices. They said, "I talk through the choices, and give visual prompts."
- People confirmed that staff sought their decisions and respected their choices. People confirmed, "[Staff] ask my consent when they are doing things for me, particularly when it is personal care," and "They ask me if I'm happy with what they are going to do which I appreciate."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives gave positive feedback on the individualised care and support staff provided to them, their family member. People said, "The care I get is very good and I can't fault it," and "They still have time to chat with me which I appreciate as I am housebound."
- One relative told us, "Nothing is too much trouble for them," and "[Staff] have an excellent relationship with my [family member] and the [staff] always engage in conversations which they appreciate."
- People and their relatives told us how caring the staff were. People said, "I think the care I get is very good," and "These are the best carers I have ever had."

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

- The registered manager and staff gave people and their families opportunities to discuss their care and support needs. This would help make sure people's preferences would be acted on without discrimination.
- People's care plans also detailed relatives or other representatives the person authorised to be involved and take decisions about their care.
- People and their relatives confirmed that they, their family member, were involved in discussions about their, their family members care, and support needs and that communication was good. A relative said, "My relative is housebound and I have noticed that their needs are changing which I am now starting to plan with Social Care and the [registered] manager."
- A person confirmed to us, "I organised my own care...which has worked out well for me."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff treated them, their family member courteously and with respect.
- People told us, "[Staff] treat me with respect which I appreciate," and, "[Staff] are all very respectful."
- Staff understood what people needed support with and what people could do for themselves. This helped promote people's independence.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People and their relatives told us how they were involved in the discussions and planning of their, their family members care and support requirements. A relative confirmed, "The care was planned after the post hospital care finished. It works well for us."
- Staff understood people's individual needs and wishes on how they wanted to be supported. A person said, "Yes they do know how I like things done. They now understand my routine," and a relative told us, "They do know how my relative likes things done and they always take account of that when they are doing things for [family member]."
- People's care records were updated regularly during reviews and any updates were documented under the review notes. As the care plan was not updated, this increased the risk of people misunderstanding the care plan. The registered manager told us they would look at improving this to make it clearer to all.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager demonstrated to us information that was available to people in different formats such as pictorial or large print. Information included a list of agreed daily tasks for staff to carry out at each care call visit. This would help aid people's understanding where needed.

Improving care quality in response to complaints or concerns

- The majority of people and their relatives told us they had no complaints about the service provided. One person confirmed, "I have no complaints as everything is working for me."
- One person and a relative told us the only concern they had was the turnover of staff at the end of last year. The registered manager talked about the staff turnover during this time and the actions they had taken to resolve the issue including staff recruitment.

End of life care and support

- People who wanted to discuss their end of life wishes had these wishes recorded in their care records to guide staff.
- Staff would work with and liaise with health professionals to try to make sure people would have as dignified and pain free death as possible.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives gave us positive feedback about the registered manager and staff. They spoke about staff being 'very flexible' and the registered manager 'rolling up their sleeves and covering care call visits when short staffed.'
- A relative said, "We are happy with the service and we think it is well managed." Another relative told us, "The carers do understand how my [family member] likes things done and they always try to make sure that is what happens."
- Staff told us how as a team, they learnt from incidents that had occurred and reminded each other the actions to take to reduce the risk of recurrence.
- Staff also confirmed how positive feedback was fed back to them to help boost their confidence and morale. A staff member said, "I have had nice compliments about my care. The [registered] manager makes sure they pass these on to me."

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

- As the service had not yet been rated, there was no current requirement for them to display any ratings.
- There was one incident that the registered manager had informed the local authority safeguarding team about but had not notified the CQC. This was discussed and the registered manager understood that this should have been notified to the CQC. They have confirmed they will make this improvement with immediate effect.
- Staff understood their roles and responsibilities towards the people they supported. A person told us, "The office [staff] are helpful if I have any problems."
- Audits were carried out to monitor the quality of the service provided. Accidents and incidents were also reviewed as part of this process. Improvements required were turned into actions to improve the service and reduce the risk of recurrence.

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

- People and their relatives told us communication was good and they felt engaged with the registered manager and staff from the service. A relative said, "I am happy with the service and the office. I think it is

well managed overall and the [registered] manager will ring with updates."

- Staff and people were asked for their feedback on the service via a survey. Improvements noted were to improve communication and engagement.

Working in partnership with others

- The registered manager worked with external health and social care professionals to help people receive joined up care and support. This included social workers, speech and language therapists and district nurses.