

Olympus Care Services Limited

Specialist Home Care

Service for Older People

South

Inspection report

Drayton Day Centre
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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

This inspection took place on 6 and 7 September and was announced. 'Specialist Home Care Service for Older People South' provides a domiciliary support service to enable people to continue living at home. The service predominantly supports older people with dementia care needs in Northampton and surrounding area. The number of people that received a service varied but approximately 32 people were supported when we inspected.

The manager in post had applied to register with the Care Quality Commission (CQC) to manage the service. A registered manager is a person who has registered with the CQC 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 in their own home by staff that were able to meet their needs safely. Their needs were assessed prior to taking up the service and their agreed care plans reflected people's needs and preferences in relation to the care provided. Staff had the skills and knowledge they needed to provide people's care. There were sufficient numbers of staff available in the team to work in the community and meet people's needs in a timely way.

People benefitted from receiving personal care and support from trained staff that were caring, friendly, and responsive to their changing needs. They were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People's rights were protected.

People received a service from a staff team that knew their job. There were risk assessments in place to reduce and manage the risks to people's health and welfare. Staff understood their role in caring for people that lacked capacity to make specific decisions under the Mental Capacity Act 2005. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff ensured that people that required support to manage their medicines received their medicines as prescribed.

People were protected from the risks associated with the recruitment of staff by robust recruitment systems and the provision of appropriate training to all new recruits.

People benefitted from a service that was appropriately managed so that they received their service in a timely and reliable way. Staff were supported by a manager that was receptive to ideas for improvement and the staff team were committed to providing consistently good standards of care.

People knew how to raise concerns and complaints and the provider had appropriate policies and procedures in place to manage such eventualities. There were also systems in place to assess and monitor the on-going quality of the service. People's views about the quality of their service were sought and acted

upon.

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 said they felt safely cared for in their home. Staff understood and acted upon their responsibilities to ensure people were kept safe.

People received staff support from competent staff that had been appropriately recruited and trained.

People were protected from unsafe support and care. Staff acted upon risk assessments associated with providing the safe level of support that was needed for each individual.

Is the service effective?

Good 

The service was effective.

People received a reliable service. There were contingency arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

People were provided with the support they needed and this was regularly reviewed to ensure their needs continued to be met.

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

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 was protected and promoted.

People were cared for by staff that were committed and passionate about providing good care and support.

People benefited from receiving support from staff that

respected their individuality.

Is the service responsive?

Good ●

People's care needs were assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

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 were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Good ●

The service was well-led.

People benefited from receiving a service that was well organised on a day-to-day basis as well as long term.

People were supported by staff that had the day-to-day managerial support they needed to do their job.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

Specialist Home Care Service for Older People 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 announced inspection was undertaken by one inspector on 6 and 7 September 2017. The provider was given notice of our inspection visit because the location provides a domiciliary care service and we needed to be sure staff would be available at the location office in Northampton. An 'expert-by-experience' was also involved in speaking with people who had agreed to be telephoned to ask them about their experience of using the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also took into account other information the provider had sent us about their service.

During this inspection we visited the provider's office located in Northampton. We looked at the care and support records of four people using the service and four records in relation to staff recruitment and training. We met and spoke with the manager about the day-to-day management of the service. We also met and spoke with three of the care staff team individually about their role and the training and support they received to enable them to do their job. We arranged to speak with four people on the telephone and with their prior agreement we also visited four people at home to ask them about their experience of using the

service.

Is the service safe?

Our findings

People's needs were safely met. The manager ensured that staffing levels were consistently maintained to meet the assessed needs of each person that received a service. People said they felt safe receiving their service. One relative said, "We feel my [relative] is very safe. The level of support [relative] receives is excellent."

People said that staff arrived on time and did not rush them. One person said, "Sometimes I get a bit anxious but they [staff] never let me down. They always come and that makes me feel that we are in good hands." People were contacted if staff were 'running late'. One person said, "It doesn't happen very often but if [name of staff member] is a 'bit behind' because the roads are busy they let me know so I don't worry."

People had appropriate care plans kept at their home, with copies kept up-to-date at the agency office. Care plans provided staff with the guidance and information they needed to provide people with safe care. One person said, "They always look at it [care plan] when they get here just to make sure nothing has changed since they were last here."

People's care plans were reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly or as changes occurred. Care plans contained an appropriate assessment of the person's individual needs, including details of any associated risks to their safety that their assessment had highlighted. A range of risks were assessed to minimise the likelihood of people receiving unsafe care. There were policies and procedures in place with regard to the safe administration of medicines in people's homes, for example with regard to prompting people to take their prescribed medicines. Where appropriate, for example, a medicine administration record chart (MAR) was completed in the person's home and kept up to date. Staff had received training and their competency was assessed prior to them taking on the responsibility of supporting people to manage their medicines at home.

People were protected from harm arising from poor practice or ill treatment. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. Staff knew about 'whistleblowing'. They understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties. Newly recruited staff 'shadowed' an experienced care worker before they were scheduled to work alone with people receiving a service. Staff had the appropriate checks and references in place in the records kept at the location office including, for example, confirmation that a satisfactory Disclosure and Barring Service (DBS) check had been obtained. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with vulnerable adults, to help employers make safer recruitment decisions.

Is the service effective?

Our findings

People received care and support from staff that had the skills, knowledge and experience, as well as the training they needed to carry out their roles and responsibilities effectively.

People's needs that were met by newly recruited staff were assured that their care worker had received a thorough induction that prepared them for doing their job. Staff said their induction provided them with the essential knowledge and practical guidance they needed before they took up their role. The training incorporated the standards covered by the Care Certificate; this is based on 15 standards that aim to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff did not work with people on their own until they had completed all of the provider's mandatory training and had completed sufficient 'shadow shifts' with an experienced staff member to ensure that they felt confident to undertake the role.

People benefited from receiving their service from staff that had a good understanding of their individual needs. They received a service from staff that had been provided with the appropriate managerial guidance to do their job. People said that they were confident in the staff and felt they "knew their job" and did it well.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. People were involved in decisions about the way their support was delivered and staff asked people for their consent when supporting them. Staff had received the training and guidance they needed in supporting people that may lack capacity to make some decisions. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA 2005). 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.

People's needs with regards to support with eating and drinking were assessed and appropriate plans of care were in place to mitigate identified risks when this support was provided.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. People's support was discreetly managed by staff so that people were treated in a dignified way. People said staff were familiar with and acted upon their daily routines and preferences for the way they liked to have their care and support provided. Staff were able to discuss how they facilitated people's choices in all aspects of their day-to-day support. One relative said, "They [staff] always ask how [relative's name] likes things. [Relative's name] can't really explain so they [staff] always double check with me."

People were supported to do things at their own pace and the people we visited at home and spoke with on the telephone were pleased to be enabled to continue to live in their own home. Their individuality was respected by staff. One person said staff "cheered them up". People said their manner was always respectful, friendly and good humoured. Another person said, "A smile always brightens up my day. They're [staff] all so friendly."

People received the information they needed about their agreed service and what to expect from staff. This information was provided verbally and in writing. It included appropriate agency office contact numbers for people to telephone if they had any queries or were worried about anything.

People said they trusted their care workers discretion. Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people that did not need to know. One person said, "They [staff] don't gossip about anyone else they go to. They respect other people's privacy."

People said that staff always asked if they needed anything else doing and before they left. One person said, "They don't just rush in and out again. I know they are busy but they genuinely care about me and how I'm getting on. Makes me feel a bit better." Another person said, "They [staff] are always polite and kind."

Is the service responsive?

Our findings

People's abilities to do things for themselves had been thoroughly assessed prior to being offered a service in their own home. People's personal care needs, their family support, as well as how they managed on a day-to-day basis were taken into consideration when their care plan was agreed with them or, if appropriate, a relative acting in the person's best interest or living with the person receiving the support.

People consistently received the level of support they needed. This was in accordance with their individual needs assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed or fluctuated over time.

People's care plans contained information about their likes and dislikes as well as their personal care needs and provided support staff with the guidance they needed to adapt to changing circumstances. Care plans were regularly reviewed and updated and if people needed to make changes to when they received their care and support this was accommodated where practicable.

People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support. There was accurate and up-to-date information in people's care plans about what they were capable of doing for themselves and the support they needed to be able to put this into practice.

People were provided with the verbal and written information they needed about what to do, and who they could speak with, if they had a complaint. One person said, "I've never had to complain but I'd tell them [staff] if I wasn't happy about anything. They've [staff] always said that unless they know about what's bothering me they can't sort it so you can't say fairer than that." One person did say they had complained in the past and that they were entirely satisfied with what was done about it. They said there listened to and prompt action had been taken.

The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible. There were options available to people if they were still dissatisfied with the service and information was available relating to the role of the Care Quality Commission (CQC) as well as the Local Authority and Ombudsman with regard to complaints.

Is the service well-led?

Our findings

People were assured of receiving support in their own home that was competently managed on a daily and longer term basis. The manager had the necessary knowledge and acquired experience to motivate the staff team to do a good job. People benefited from receiving care from a team of staff that were committed to providing them with good care. One staff member said, "We [staff] all get on and there's a good 'spirit'. We all put the hours in so they [people] get the help they need." Another staff member said, "You can't fault the support we get from [manager]." Staff said they felt listened to and were in regular contact with the manager and other senior staff.

People's care records were fit for purpose and the formats for recording information and setting out guidance was regularly reviewed by the manager and other senior staff. Care records accurately reflected the daily as well as long term care and the day-to-day support people received. One relative said, "They [staff] always 'write up' in 'the book' [daily record] what they've done for [relative's name] so I know. That's reassuring and I can check if I'm not sure."

Records relating to staff recruitment and training were appropriately kept. They were kept up-to-date and reflected the training and supervision staff had received. Records were securely stored at the service office at the agency office in Northampton. Policies and procedures to guide staff in good practices were in place and had been routinely updated when required.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. People's suggestions for improvements to the service were listened to and acted upon as necessary. Feedback from people that used the service was regularly sought through surveys and 'spot checks' carried out by senior staff visiting people at home to find out how well staff were doing their job.

People benefited from receiving a service where there was a positive culture that encouraged and valued staff. The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible. Staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).