

Olney Care Services Limited

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Inspection report

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Date of inspection visit:
17 July 2019
19 July 2019
22 July 2019

Date of publication:
09 August 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Olney Care Services is a domiciliary care agency. The service provides personal care to people living in their own homes in the community. At the time of our inspection 69 people were receiving personal care.

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.

People's experience of using this service:

People valued their relationships with staff and felt they often went 'the extra mile' which made them feel valued. Staff treated people with extreme kindness, compassion and respect. People were supported to express their views and be involved in making decisions about their care. Staff were highly motivated and expressed determination to overcome any obstacles so that people could achieve exceptional outcomes. People were fully supported to express their views and be involved, in making decisions about how they wanted their care to be provided. Staff completely always maintained people's privacy and dignity and treated them with respect.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce the risks. Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

Where the provider took on the responsibility, people's medicines were safely managed. Systems were in place to control and prevent the spread of infection.

People's needs, and choices were assessed before they received a care package. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to maintain good nutrition and hydration. Staff supported people to live healthier lives and access healthcare services when required.

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; the policies and systems in the service supported this practice.

People and their families were fully involved in the care planning and reviews of their care. The provider had a complaints procedure which was accessible to people using the service. This was used effectively when complaints were received by the service.

The service had good governance systems in place to ensure all aspects of the service delivery were

continuously assessed and monitored. The service worked in partnership with outside agencies.

Rating at last inspection:

The last rating for this service was Good. The last report was published on 24 March 2017.

Why we inspected:

This was a planned inspection based on the previous rating.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring
Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good ●

Olney Care Services Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Olney Care Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We looked at statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service. We took this information into account when we inspected the service and used all the information to plan this inspection.

During the inspection:

We spoke with 10 people who used the service and three people's relative. We also spoke with six members of staff that included the registered provider/manager, the service manager and four care and support staff. We looked at various records, including care records for six people who were using the service. We also

examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. All the people we spoke with felt that staff supported them in a safe manner. One told us, "I feel safe very safe with my carers. They are good girls and help me to stay safe from harm. I haven't had a fall in a long time." A relative said, "I have no worries about [family member's] safety."
- Staff had been trained to recognise abuse and protect people from the risk of harm. They understood how to report any concerns if needed. We saw that information about how to raise a safeguarding alert was readily available. One member of staff told us, "I would go to one of the managers without hesitation. I have confidence they would deal with it in the correct way."
- The registered manager understood their responsibilities in relation to safeguarding and they had made appropriate referrals to agencies and CQC where there had been potential safeguarding concerns.

Assessing risk, safety monitoring and management

- People's risks had been assessed and risk management plans provided staff with the information they needed to manage any identified risks. For example, people at risk of falls or where people's behaviour may pose a risk to themselves.
- Risk assessments were up to date, accurate and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing and recruitment

- There were enough staff employed and deployed to meet people's assessed needs. People told us the staff usually arrived on time, and their care was provided consistently by the same carers. One said, "My carers are very reliable. If they are late it's usually because of traffic and they will call me to let me know."
- Safe staff recruitment procedures were carried out by the service. The staff files contained evidence of completed background checks. For example, proof of identification and right to work in the UK, a disclosure and barring service (DBS) check, professional and character references. These checks ensured only suitable staff were employed to work at the service.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines as prescribed. One person told us, "I get my tablets on time and when I need them."
- The provider was following safe protocols for the administration and recording of medicines. Staff had received training in safe handling of medicines and their competencies were tested regularly.
- Medicines administration practices were regularly checked, and audits were in place to ensure compliance. Any discrepancies identified in audits were followed up with staff to improve practice.

Preventing and controlling infection

- Staff received infection control training and there was an infection control policy that provided guidance for staff to follow.
- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when supporting people with personal care.
- People using the service confirmed staff followed infection control systems when providing personal care and when handling food. One person said, "My carers always wear gloves and always use hand gel."

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns in relation to health and safety and near misses.
- Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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

- Senior staff carried out thorough assessments of people's needs before they began to use the service and regularly reviewed them to ensure people's needs could be fully met.
- The assessment documentation showed that all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- People received support from staff that were competent and had the skills and knowledge to care for their individual needs. One relative said, "The carers are well trained. They know what to do and they get [family member's] care just right."
- Staff told us, and records confirmed they completed an induction and regular ongoing training that was relevant to their role. One staff member said, "In my opinion the training is very good. I was able to do some shadowing when I first started, and I had a very thorough induction."
- Staff told us, and records confirmed that staff received support through one to one supervision and staff had received spot checks of their practice to ensure they were providing care in line with people's needs.

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

- Where the provider took on the responsibility, staff supported people to eat and drink enough. People told us their meals were either prepared by themselves or with support from the staff. One person said, "My carers will cook me meals from scratch. It's not just microwave meals. I don't like them."
- Care plans documented people's preferences and any special requirements they had with food and drink. One staff member told us, "We support lots of people with meals. Some like their meals to be cooked fresh and some just like us to heat up a meal in the microwave. I did food hygiene training, so I know how to prepare food safely."

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

- The service worked in partnership with other agencies and health and social care professionals to maintain people's health. For example, other care providers, people's GP's and district nurses.
- People gave us many examples of how staff had supported them to attend health care appointments. For example, three people told us how staff had supported them to go to hospital appointments.
- People's care records contained information about people's medical history, their current needs, and the healthcare professionals to contact should relatives or staff have any concerns about people's deteriorating

health.

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

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.

- The registered manager confirmed no people using the service were currently subject to any restrictions under the Court of Protection.
- Staff understood the importance of supporting people to make choices and maintain their independence, and people we spoke with told us their consent was always gained from staff before carrying out any care.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff had developed meaningful and very caring relationships with people. One person told us, "Exceptional care. The carers are fantastic. I cannot fault them." Another said, "They treat me as an equal." A relative commented, "We struck lucky when we found this agency. They are our extended family. [Family member] gets such good care that we don't have to worry anymore."
- People valued their relationships with the staff team and felt that they often went 'the extra mile' for them which made them feel valued. For example, when one person needed to attend a very important hospital appointment. However, the appointment was very early, and the service was finding it difficult to facilitate. A staff member offered to take the person to their appointment on their morning off, returning to commence their afternoon calls.
- Another example of when staff went the extra mile was when one staff member attended a call to a person who had had a fall. Another staff member who was on a day off offered to help the attending staff member and drove 16 miles to support them. They then went on to assist the staff member with their other calls as they were running late and didn't want people to miss their care call.
- Staff made every effort to support people and help them in times of need. One person had been ill and confined to their bed for a number of weeks. Staff recommended that to reduce their boredom they purchase another television for their bedroom, so they could watch their favourite programmes. Staff supported them to buy a TV they could afford and arranged for a family member to install it. Unfortunately, they were not able to install the TV, so a staff member and their spouse spent a Saturday morning buying the necessary equipment and installing the TV for them.
- Staff were highly motivated and inspired to offer care that was selfless and considerate. For example, a person became ill while they were out shopping with a staff member. The member of staff drove them straight to the hospital as they felt it was quicker than taking them home and calling 999. The staff member stayed with the person at the hospital throughout the day and then drove them home when they were discharged late in the evening; settling them into bed safely; getting home just before midnight. They were then back at work the next morning.
- We saw compliments received from people and relatives who had used the service. One read, 'Please accept my grateful thanks for all the help and care you have given me over past few months. It has greatly been appreciated. You have a good group of carers and should I ever need help in the future I need look no further than Olney Care.' We saw another compliment from the ambulance crew who praised a staff member for their intervention after finding a person on the floor.
- Health and social care professionals we contacted during the inspection confirmed they found the service very caring and supportive of people's needs. One comment we received was, "The care people receive from

Olney Care Services is very caring and staff go out of their way to provide the support people need."

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

- People were fully supported to express their views and be involved, in making decisions about how they wanted their care to be provided. For example, the initial assessment and care plans were always completed with people and their families and took into account their wants and wishes.
- Consistent staff teams were very important to people and the management team ensured people were fully involved in making decisions about the staff who provided their care. For example, staff were introduced to people before they commenced providing their care and people were able to express their views about the staff and their satisfaction of their care.
- The service was dynamically responsive to any changes to a person's care needs. Staff asked people daily about their wellbeing, health concerns and any requests or changes they needed to their care package. Families were involved in the review process, so the management team could gauge their feedback and input to the care needs of their family member.
- People and their relatives or representatives were regularly asked for their views on their care plans and the delivery of their service. One person told us, "I am very impressed by this agency. The managers provide my care sometimes and they always ask me 'how is your care and do you need any changes?' They are easy to contact, and they are always quick to respond."
- The management team were actively involved in people's care and they ensured they visited people on a monthly basis. During these visits they asked for feedback directly in relation to compliments and complaints. This meant they were able to deal with people's feedback or requests straight away.
- Information was made available to people about using an independent advocate if this support was needed. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives. However, the people currently using the service were supported by close friends and relatives and did not require an independent advocacy service.
- The management team ensured staff respected people's diversity. Staff were supportive of people of all faiths. Where people expressed a faith, staff supported them to attend their chosen place of worship. The service had systems in place to ensure people were protected against discrimination.

Respecting and promoting people's privacy, dignity and independence

- Staff were excellent in enabling people to remain independent and people confirmed this. For example, staff encouraged people to do as much for themselves as possible. Spot checks carried out by senior staff involved observations of staff practice and whether they were encouraging people to be as independent as possible.
- Staff were excellent at ensuring people's privacy and dignity was fully maintained. People's feedback was overwhelmingly positive about this. One person said, "My carers are very respectful of my needs. I get very dignified care. I'm very happy and feel that the carers are my friends. I couldn't be happier." A relative commented, "They treat [family member] as an equal. They really do value [family member] and that makes this company special."
- All staff were aware about the importance of maintaining people's confidentiality. They confirmed they had read the confidentiality policy and would not share information with people unless it was necessary.
- Electronic care records were password protected and information about people's care was only shared with people's consent and on a need to know basis.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained 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's needs were assessed prior to them receiving a care package and information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People told us they received good quality care that met their needs. One person said, "My carers are excellent. I can only say ten out of ten for excellence." A relative commented, "[Family member] gets the best care. The carers have got it exactly right and I don't have any concerns. I have peace of mind and I feel more relaxed knowing that [family member] is so well looked after."
- We saw that care plans had been kept under review, to make sure they reflected people's current circumstances. The registered manager told us, "We review the care plans regularly or when there are any changes." This helped ensure staff provided up to date and appropriate support to people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.
- The service users guide contained information for people about how they could have information made available to them in a different format if it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Where the service was responsible, people were supported to follow their interests and take part in activities in the wider community to avoid social isolation. For example, staff supported two people to go shopping and out for lunch on a weekly basis. Some people were supported to attend weekly social clubs held local.
- When staff completed the initial assessment of people's needs staff recommend local social activity clubs that they may be interested in joining. Staff also supported family members with a sitting service to support people's carers.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which was accessible to people using the service and was easy to use.
- People said they felt comfortable to make a complaint if they needed to. One person told us, "I would talk with [name of registered manager] if I wanted to make a complaint, but I have nothing to complaint about."
- We saw that the service had received one complaint. The provider had responded and investigated the complaint in line with their complaint's procedure.

End of life care and support

- At the time of our inspection the service was not providing any end of life care to people.
- The service worked in partnership with the community nursing team and the specialist local palliative care hospice when a person needed support at the end of their life.
- The provider had sensitively explored people's preferences and choices in relation to end of life care where it was required. There were policies and procedures in place to meet people's wishes for end of life care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained 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

- The staff and management team had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- People and their relatives told us that the registered manager and the service manager knew people well and were available to them. One person said, "[Registered manager] and [service manager] do my care sometimes. They know me very well and give me good care. I can talk with them about anything."
- The management team worked closely with people and staff, leading by example, and ensuring people had a say in all aspects of their care.
- Staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "The managers are very good. They have an open-door policy and we [meaning staff] always pop in for a chat and a cup of tea."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, the provider used a secure social media platform to keep in communication with the staff. This ensured staff were kept up to date with work schedules and any sudden changes in people's needs. A member of staff said, "It works really well. We can get information about any changes in a few minutes."

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

- The management team ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and comprehensive training which ensured they provided the care and support at the standards required. One member of staff told us, "We get so much support from the managers. This is the best company I've worked for."
- The registered manager had a quality assurance system in place which ensured all aspects of the service

were audited and improvements made if necessary. For example, they undertook regular spot checks of staff providing care to ensure people were receiving good quality care.

- Policies and procedures were reviewed and updated regularly. The provider ensured staff understood these and discussed them in training and communications to keep staff up-to-date with any changes.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular contact with people and their relatives. One person told us, "We are very involved in [family members] care. We are asked for our views regularly."
- The most recent satisfaction surveys showed that people were, without exception, very happy with the care they received.
- Team meetings took place to communicate updates and enable an exchange of information and learning. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Continuous learning and improving care

- The provider had developed their training provision to ensure it fully met people's and staff needs. Staff spoke positively about the training they received. One member of staff said, "The training is very good. If we feel we need any different training, we only have to ask."
- The registered manager ensured that information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- Records showed the involvement of a variety of health and social care professionals were regularly involved in planning and reviewing people's care.

Working in partnership with others

- The service worked in partnership with other care providers to support care provision. For example, GP's, district nursing staff and dieticians.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.