

Olympus Care Services Limited

Specialist Support Services for Younger Adults with Disabilities South

Inspection report

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Tel: 01933275438

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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 31 August 2016 and was announced.

It was carried out by one inspector.

The Specialist Support Services for Younger Adults with Disabilities (South) is a domiciliary care service that provides personal care for younger adults from the age of 18 to 65 years who have a physical disability and / or learning disability and live independently in Northamptonshire. Some people who use the service live in a block of flats where the office is located, others live in their own flats or houses in the surrounding area. On the day of the inspection 26 people were receiving the regulated activity.

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 felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report any concerns. People had risk assessments in place to enable them to be as independent as they could be.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. People received their medicines safely when they needed them.

Staff received a comprehensive induction process and ongoing training. They were well supported by the registered manager and had regular one to one time for supervisions. Staff had attended a variety of training to ensure they were able to provide care and support based on current practice when supporting people.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people.

People were able to make choices about the food and drink they had, and staff gave support when required to enable people to prepare and cook their own meals. People were encouraged to eat a healthy balanced diet.

People were supported to access a variety of health professional when required, including dentist, opticians

and doctors.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service. People, and relatives where appropriate, were involved in the planning of their care and support.

People's privacy and dignity was maintained at all times.

People were supported to follow their interests, join in activities of their choice and encouraged to develop relationships with people.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and had been supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place. People were aware of this.

Is the service well-led?

Good 

The service was well led.

People and their relatives knew the unit manager and were able to see her when required.

People and their relatives were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Specialist Support Services for Younger Adults with Disabilities South

Detailed findings

Background to this inspection

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

This inspection took place on 31 August 2016 and was announced. We gave the service 24 hours' notice of the inspection as the registered manager supports two services and we needed to be sure they would be available.

The inspection was carried out 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. We checked the information we held about this service and the service provider. We also contacted the Local Authority.

During our inspection we observed how staff interacted with people who used the service.

Some people who used the service had limited verbal communication or did not wish to communicate with us. However we were able to observe their interactions with staff.

We spoke with five people who used the service. We also spoke with the registered manager, the manager, a senior home care supervisor, two home carers and the member of staff who scheduled care visits.

We reviewed four people's care records, four medication records, five staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

People were safe within the service. One person who used the service told us, "Yes, I am safe here." Another replied 'yes', when asked if they were safe. We saw that people were relaxed in the company of staff. The main entrance was kept locked and each person had their own keys to the block and their own flats.

Staff had a good understanding of the different types of abuse and how they would report it. One staff member said, "I would speak to the manager." Another said, "I would report it to my line manager, safeguarding or Care Quality commission (CQC)." Another explained what would make them think someone was being abused. They told us about the safeguarding training they had received and how they put it into practice. They were able to tell us what they would report and how they would do so. Staff were aware of the company's policies and procedures and felt that they would be supported to follow them. Safeguarding referrals had been made when required.

We found information displayed on the notice board giving information on how to raise a safeguarding concern with contact numbers for the provider, the local authority safeguarding team and the Care Quality Commission (CQC).

Staff also told us they were aware of the provider's whistleblowing policy and would feel confident in using it to report any concerns they had. One staff member said, "I have used it in the past." This showed staff were aware and felt able to use it if required.

Within people's support plans were risk assessments to promote and protect people's safety in a positive way. These included; accessing the community, living alone, cooking and preparing meals and receiving visitors. These had been developed with input from the individual, family and professionals where required, and explained what the risk was and what to do to protect the individual from harm. We saw they had been reviewed regularly and when circumstances had changed. There were also risk assessments for the service including; lone working and security to keep staff safe.

We reviewed a file which contained; emergency contacts, floor plans and fire risk assessments. People had their own Personal Emergency Evacuation Plans (PEEPS) within their own file. This was to aid staff and emergency services in the event of evacuation of the service.

Accidents and incidents were recorded and monitored. We saw records of these which had been completed correctly, in line with the provider's policies. The registered manager had reviewed all accidents and incidents to ensure they had been reported and managed appropriately.

The registered manager told us they had recently had a number of staff vacancies. These were being filled by staff from the provider's sister location to enable continuity for the people who used the service.

Staff told us there was always enough of them to support people. One staff member said, "We need this

amount of staff on duty for the number of people we support, we can't work short." On the day of our inspection there was enough staff to provide support for each person. We looked at the rota for the past week and following two weeks and found that it was based around the dependency needs and planned activities of people who used the service. Staffing levels were consistently under review to ensure the needs of people were met. The service employed a full time scheduler who ensured all calls were covered and people received the correct number of allocated hours.

We found safe recruitment practices had been followed. One staff member said, "I had to bring in passport and driving licence and could not start until my Disclosure and Barring Services check had been received." We looked at staff files and found that they contained relevant documentation. These included copies of application form, minimum of two references, and a Disclosure and Barring Services (DBS) check. New staff were not permitted to start to work at the service until they had completed the necessary checks and found to be suitable to work with people using the service. On the day of the inspection interviews for new care staff were being carried out.

The registered manager told us that following a number of medicines errors they had changed the way medicines were dispensed. All but three of the people who used the service now had their medicines from the same pharmacy and they were in a Monitored Dosage System (MDS) apart from medicines unsuitable for this system. Senior staff carried out regular audits and senior staff from the provider's sister service carried out additional monthly spot check audits of the medicines. Since these had been put into place the registered manager told us errors had now been reduced. We saw that when audits had found any discrepancy the staff member concerned had been met with and appropriate action carried out. This included additional training or following the disciplinary procedure. Documentation viewed showed this had happened and had been recorded.

People were encouraged to administer their own medicines if they were able. Staff told us people were given their medicines in their flats and time was taken to ensure it had been taken and they were fine following this. The staff member administering the medicines checked and completed the Medication Administration Record (MAR) at each stage. We observed this when people were receiving their medicines.

We checked four people's medication records. These contained information and a photograph of the person and of the medicines they had been prescribed. MAR sheets we looked at had been completed correctly. We found that medicines were stored correctly in a locked box in each person's flat.

Is the service effective?

Our findings

Staff told us they were supported by the registered manager. One staff member said, "I am just returning from maternity leave and am getting the support and time I need to get up to date with the changes that have happened while I have been off." Another said, "She is very good, always approachable." We were told that staff had regular one to one supervision and annual appraisals with the registered manager. One staff member said, "We have supervisions, but we can speak with [name of registered manager] any time." We saw completed supervision forms within staff files. Staff had also had competency checks and annual appraisals. These showed a variety of subjects were covered, including training and goals. Supervisions enabled staff to discuss their role with their supervisor and gave an opportunity to explore self-development.

The registered manager told us they had recently introduced the care certificate as part of the induction process for new staff. All new staff attended two weeks training at the provider's training department, then a service specific induction before shadowing more experienced staff. This gave them an opportunity to get to know the people they were supporting before working alone. Documentation we viewed showed this had taken place.

Staff told us they received a lot of training. One staff member said, "the training is very good." They went on to say that the provider had their own training department and most training was face to face. We reviewed the training matrix and found this showed training which included; safeguarding, infection control and manual handling.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 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. We checked whether the service was working within the principles of the MCA. We saw evidence within people's support plans that mental capacity assessments had been carried out, along with best interest meetings, when required.

Consent to care and support was gained at all times. People had signed consent forms in their support plans. Staff told us that even if people were unable to verbally communicate their agreement, they knew them well enough to understand if they did not agree. We observed staff gaining consent throughout our inspection, for example, staff knocking on people's doors and asking if they could enter people's flats, asking if they wanted to go out and speak with the inspector.

People told us staff helped them to prepare and cook their meals. Staff told us that each person had their own budget and some were able to plan and shop independently, others were supported by staff to plan,

shop and cook meals. Staff told us they encouraged people to maintain a healthy balanced diet, but respected their choices; they assisted some people to plan their weekly meals. Staff supported people to cook the food of their choice if they needed help. Staff told us that if anyone had a problem with nutrition they would seek advice and support from professionals. We observed staff assisting people with drinks and snacks throughout the day.

Staff told us that each person was supported to see or be seen by other healthcare professionals including their GP, optician, dentist or other health care professionals. Where able, people were supported to make and attend their own appointments. We saw evidence within people's support plans that they had attended various appointments to enable continuity of health care.

Is the service caring?

Our findings

When asked if the staff were nice and kind one person replied, "Yes they are, they are helpful." Another said, "They are all lovely." Others responded with nods and smiles.

We observed positive and meaningful interactions between staff and people who used the service, for example, when they were helping people or giving general support, staff were chatty and there was a nice and relaxed atmosphere.

Staff demonstrated that they knew people's needs and preferences very well. We observed staff chatting with people about things of interest to them. Staff were able to tell us about individuals and the contents of their care plan, and we observed this in practice.

Within people's care plans we saw that people had been involved in their development. They had signed to acknowledge their agreement. One person we spoke with told us they knew what was in their care plan. It was kept in their flat and could read it when they wanted.

We observed people being involved in their care and support and given choices in their routines. One person came to the office to ask about their finances, staff knew immediately what they should have and when. When the person told them it had not arrived staff knew exactly who to contact on the person's behalf.

The registered manager told us that there was access to an advocacy service if required. People were informed of this on admission, but staff would recommend it if they felt it was appropriate. At the time of our inspection one person was in the process of being introduced to the advocacy services.

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. They made sure doors were closed, spoke in a quiet discreet voice and made people feel comfortable. We observed staff offering support to one person who was unable to verbalise clearly. They made sure they were at the person's eye level and spoke using short clear phrases to enable the person to understand. Staff explained they knew by the person's facial expressions if they were happy or not. Support was provided in a kind and calm manner. People appeared relaxed and at ease with staff and there was a good atmosphere.

There was an area upstairs where people could sit and socialise with each other. We observed people doing this and including the staff in their chats. This showed that people did not have to take visitors or friends to their own flats if they did not want to and enabled a group of people to mix.

Is the service responsive?

Our findings

Staff confirmed that before admission to the service people had a thorough assessment. The registered manager told us that part of the assessment was to also check the person would fit in the service with the other people who already lived there. This was to ensure that the service was able to meet the person's needs at that time and in anticipation of expected future needs. This information would be used to start to write a support plan for when the person moved in. Support plans we looked at showed this had taken place.

People we spoke with told us they had been involved in the development of their care plans and with reviews. Care plans were written in a person centred way and were individual to people's specific needs. We saw that people had regular reviews which had been attended by the person themselves, care managers, staff and if appropriate family. Copies of these were in people's care plans.

Staff told us they knew the people in their care but used their written support plan to confirm there had been no changes. Staff told us that people were involved in any updates in their support plans, and it was discussed with them. Staff met with people on a regular basis to talk about their goals, and how they were progressing with any already set. We saw this had taken place as it was documented in support plans we viewed. Staff had a handover between shifts to pass on information to ensure continuity of care and support.

During our inspection we observed positive interactions between staff and people, who used the service, and that choices were offered and decisions respected. For example, staff and people chatting about their day, staff assisting people to decide where they were going and what they were going to do.

Some people who used the service had allocated social time with staff. They told us they decided what they wanted to do with that time, for example, going into town or the cinema. Two people told us they along with others were going away on holiday the following week. They told us staff had helped them to arrange it. One person told us they used to have a volunteer job but they left and did not want another one. Staff told us some people who used the service did have volunteer jobs and one person was looking at going to college. They told us they assisted people with looking for and applying for jobs.

There was a complaints policy and procedure in place. We saw documentation which showed complaints had been dealt with in the correct way and had been concluded in a way which was satisfactory to both parties.

The registered manager told us that an annual survey had been sent out to people and their relative's. The completed surveys went to the provider's quality team. The results were available for the 2015 survey. The results had been analysed and fed back to the registered manager. All responses had been positive.

Is the service well-led?

Our findings

Staff said that there was an open culture, they could speak with the registered manager about anything and they would be listened to. They also said there had been a lot of changes recently with regards to the staff team, but it was beginning to settle down. The registered manager told us they also managed the provider's sister service.

Staff told us that they received support from the registered manager and other senior staff. One staff member told us, "[name of registered manager] is very good; she is always here, there have been a lot of changes recently but I think they have been for the better."

The registered manager told us that the provider had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post who was supported by another manager, a staff team and a management team based at head office.

During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager and the staff was open and respectful. For example, staff approached the registered manager throughout the day and they took the time to respond, showing they knew both staff and people they were supporting.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

There were effective processes in place to monitor the quality of the service. The provider had a variety of quality monitoring processes including support plan audits, checks of the building, lifting equipment and medication. A senior manager of the provider carried out quality audits on a quarterly basis. Where actions had been required we saw they had been completed and signed off. The building was a serviced building and the property owners carried out checks on the building. On the day of the inspection contractors were checking the fire protection system.

The registered manager told us that all accidents and incidents were recorded and reviewed by them. This was to see if any patterns arose and what could have been done, if anything to have prevented it happening or to stop it happening in the future. Documentation we saw confirmed this.

There was a business continuity plan which included loss of property, loss of staff and loss of IT services. This ensured that the service could still operate and people would receive their support if there was a major breakdown.

Staff told us they attended staff meetings as they were useful to keep up to date with things. We saw minutes of all of these meetings which showed staff had been updated on any changes within the service. These had been held on a regular basis.

We discussed staff disciplinary with the registered manager. They told us of one which was in process and we saw correctly completed documentation for this.