Olive Tree Domiciliary Services Ltd

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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

Olive Tree Domiciliary Services Limited is a domiciliary care service which provides personal care and support to people with a learning disability or autistic spectrum disorder and older people. At the time of our inspection the service was providing support to 12 people.

At the last inspection the service was rated Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found that staff had been recruited safely. The staff we spoke with were aware of how to safeguard adults at risk. There were safe processes and practices in place for the management and administration of medicines.

People were usually supported by a small team of support workers. One person supported by the service told us they knew the staff who supported them and liked them. Relatives told us they were happy with the staff who supported their family members.

Staff received appropriate training. Relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating and drinking and their healthcare needs. Appropriate referrals were made to community health and social care professionals.

Staff respected people's privacy and dignity and encouraged them to be as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. Where people lacked the capacity to make decisions about their care, the service had taken appropriate action in line with the Mental Capacity Act 2005.

We saw evidence that people received care that reflected their needs, risks and preferences. Where appropriate, relatives had been consulted about people's care and were updated by staff regularly.

We received positive feedback from one person being supported and relatives about the activities available. We found that people were supported regularly to take part in a variety of activities in the provider's learning centre and the community.

Staff used a variety of methods to communicate effectively with people, including Makaton and providing information in a pictorial format.

The service had a registered manager in post. Relatives and staff told us they were happy with how the service was being managed.

The registered manager had sought regular feedback from the people supported, relatives and staff about the care and support provided. A high level of satisfaction had been expressed about most areas of the service. Where improvements had been suggested, we found evidence that action had been taken.

Audits of many aspects of the service had been completed regularly. We found the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the service.

Further information is in the detailed findings below.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 checked whether the provider was 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 was a comprehensive inspection.

This inspection took place on 31January and 1 February 2018 and was announced. We gave the service 48 hours' notice of the inspection, as this is a small service and we wanted to be sure that the registered manager would be available to participate in the inspection. The inspection was carried out by an adult social care 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. The expert by experience supporting this inspection had expertise in the support of people with a learning disability. The expert by experience contacted people who received support from the service or their relatives by telephone, to gain feedback about the care provided.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted five community health and social care professionals who were involved with the service for their comments, including social workers, community nurses and an advocate. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for feedback about the service.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person who received support from the service and nine relatives.

We were unable to speak with a number of people being supported by the service due to their complex needs. We also spoke with two support workers, two support co-ordinators and the registered manager. We reviewed the care records of three people who received support from the service. In addition, we looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments records, audits of quality and safety, fire safety and environmental health records.

Good

Is the service safe?

Our findings

One person being supported by the service told us they always felt safe with the staff. They commented, "I'm never scared or worried when I'm with them". Relatives told us their family members received safe care. Comments included, "I have no problem with safety. They've done all the relevant moving and handling which is specific to my [relative]", "I'm very happy with the safety. When [my relative] is out and about, they make sure he's safe" and "I feel very confident with [my relative's] staff. No worries about any safety issues".

The staff we spoke with understood how to protect adults at risk from abuse. A safeguarding policy was available which included the different types of abuse and staff responsibilities. The contact details for the local safeguarding authority were also available. Records showed that all staff had completed training in safeguarding adults at risk. We reviewed the records of safeguarding alerts and concerns raised by or about the service. We found evidence that the concerns had been investigated appropriately and lessons learned had been shared within the service at staff and management meetings.

The service had a whistle blowing (reporting poor practice) policy which staff were aware of and told us they would use if they had concerns about the conduct of another member of staff.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support adults at risk.

Detailed risk assessments were in place for each person supported by the service, including those relating to medicines, mental health, physical health, safety, the home environment and accessing the community. Risk assessments were detailed and provided information for staff about the nature and level of each risk and how best to support the person to reduce the risk. Risk assessments were reviewed regularly. One relative told us, "My [relative] has a risk document for when he is out and about, as he is unsteady on his feet. The support worker is aware of this and takes precautionary steps".

We looked at staffing arrangements at the service. No-one we spoke with had experienced any missed visits. One relative commented, "We get a rota through so we know who is coming and if there are any changes like sickness, we have an agreement that they will let me know as soon as possible so I can make different plans". One relative told us that when staff were sick, the service sometimes found it difficult to find cover. We discussed this with the registered manager who told us that when staff phoned in sick at short notice, cover was arranged as soon as possible and relatives were informed at the earliest opportunity.

Safe and effective processes were in place for the management of medicines. All staff had completed medication awareness training and had completed additional training where they supported people with specialist needs, such as emergency medicines for people with epilepsy. Staff competence to administer medicines safely was assessed regularly. Each person who received support with their medicines had a medication support plan in place, which provided guidance for staff about how to support the person effectively. One relative told us, "They give [my relative] his meds and sort out his medication and all his health needs and inform us if there are any problems".

A record was kept of accidents and incidents that had taken place. We saw evidence that staff had taken appropriate action, such as seeking medical attention. Staff told us they reported any concerns about the people they supported to the co-ordinators or the registered manager. Records showed that accidents and incidents were reviewed monthly to identify any trends or patterns and to ensure that appropriate action had been taken. The registered manager told us that the service had access to the provider's positive behaviour support facilitator. Positive behaviour support (PBS) is a person-centred approach to people who display or are at risk of displaying behaviours which challenge. We noted there was a PBS plan in place for one person supported by the service, which provided detailed guidance for staff about how to support the person effectively.

Information was available in people's care files about the support they would need from staff if they needed to be evacuated from their home in an emergency.

The registered manager told us that the service was introducing visual wheelchair safety checks and showed us the documentation that would be used. This would help to ensure that the equipment people used was safe.

We looked at how the service protected people from the risks associated with poor infection control. Records showed that all staff had completed infection control training. The staff we spoke with confirmed they had completed the training and told us they used appropriate infection control equipment, including gloves and aprons, when they supported people.

There was a business continuity and emergency plan in place. This provided guidance for staff in the event that the service experienced a fire, flood, staff shortage, loss of gas, water, electricity, transport, communication systems or an outbreak of illness. This helped to ensure that people continued to receive support if the service experienced difficulties.

Good

Is the service effective?

Our findings

One person being supported told us they liked the staff who supported them. They commented, "I like all the staff. I can talk to them anytime". Relatives were happy with the care their family members received. One relative told us, "It was a bumpy start and it took a while to get to know us and us them but they are really experienced and knowledgeable with [my relative's] care now. The staff seem to be able to access training as and when needed". Other relatives commented, "They did specific training for [my relative]. I'm very confident with all aspects of the training that have been put in place to specifically support [my relative]" and "We are very happy with the service and we like the staff who look after [our relative]".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. Staff felt well trained and told us they could request further training if they felt they needed it. They told us they completed any specialist training necessary to support people effectively, such as support for people with epilepsy, and we saw evidence of this in the records we looked at. Staff told us they received regular supervision and this was confirmed in the records we reviewed. We saw evidence that staff received feedback about their performance during supervision sessions and were able to raise any concerns.

An assessment of people's needs had been completed before the service began supporting them. Assessment documents included information about people's needs, risks and personal preferences. Local authority assessments were also available in people's care files for staff to refer to. This helped to ensure that the service was able to meet people's needs.

We reviewed three people's care files. We found they included information about people's needs and how they should be met, as well as their likes and dislikes. Each care file was personalised and contained information about what people were able to do for themselves, what support was needed and how this should be provided by staff.

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 make 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Where people lacked the capacity to make decisions about their care, mental capacity assessments had been completed and their relatives had been involved in best interests decisions in line with the MCA. Where people were subject to a Court of Protection order, information about the order was clearly documented in their care file. Staff told us they had completed MCA training. They told us they sought people's consent before providing care, for example when supporting people with personal care or administering their medicines.

We looked at how the service supported people with eating and drinking. Care plans and risk assessments included information about people's nutrition and hydration needs. Where there were concerns about people's diet or nutrition, appropriate referrals had been made to community healthcare professionals. Care files included information about people's dietary likes and dislikes, cultural requirements and intolerances. The staff we spoke with were aware of people's preferences and special dietary requirements. One person supported by the service told us, "I make drinks and help with making food". Relatives were happy with the support their family members received with eating and drinking.

Each person's care file included information about their medical history and any prescribed medicines. A health action plan was also in place, which included information about health professionals involved with the person, appointments and any actions to be taken by staff. We saw that people had been referred to, and supported by, a variety of healthcare professionals, including GPs, dentists and community nurses. This helped to ensure that people's healthcare needs were met.

The community professionals who provided feedback about the service did not have any concerns. One professional told us, "The staff team have been aware of the [person's] risks and have, as part of a larger multi agency approach, provided care plans to mitigate against any potential risks". Another professional commented, "I have found the team to be very approachable and have often observed their interactions with the people whom they support. My only real criticism would be that occasionally, I have had to visit to reiterate an aspect of the plan which either hasn't been implemented or not in the correct way. This said, when I have met with the staff face to face, any issues have been easily rectified and they are always happy to listen to professional advice".

Good

Is the service caring?

Our findings

One person being supported told us, "All the staff are nice to me, they're never horrible". Relatives told us that the staff who supported their family members were caring. One relative said, "They are brilliant. We can't find any fault with the support they give [our relative]". Other relatives commented, "[My relative] is really happy with his care and we feel he has a good relationship with his staff. They incorporate his hobbies within his care package, to make sure he gets the most out of his day" and "The people they send are really lovely people. They are very caring and they speak directly to [my relative]".

Staff told us they knew the people well that they supported regularly, in terms of their needs, risks and their preferences. They could give examples of how people liked to be supported and felt they had enough time during visits to meet people's individual needs in a caring way.

We found that people were usually supported by a small team of support workers. This helped to ensure that people got to know the staff who supported them and that staff became familiar with people's needs and how to support them effectively. One person being supported told us, "I know all the staff who support me". Relatives commented, "I think because they know [my relative] so well, he is much safer, as they monitor and manage moods and behaviour", "The two staff who look after [my relative] are really good" and "We are very realistic in the fact that we have to sometimes accept new staff but on the whole they do try to keep the same staff for [our relative]. He really likes the staff and gets on with them very well, which is really good".

We saw evidence that people were encouraged to be as independent as possible. Staff told us, "I encourage people to put their cup and plate away when they use it and if I'm out with people, I encourage them to do things like handle money and pay at the till, general life skills" and "I encourage people to try things. I demonstrate how to do it, give them what they need and then give them the space to do it". One person being supported told us, "The staff support me to learn new things". Relatives commented, "They do independence skills, which I feel really happy about, as they promote [my relative] doing as much for herself as she can" and "They have worked hard with [my relative] at opening up opportunities for independence skills. It's only small changes but they are pushing him to try and do things for himself. It all takes time but [support worker] is patient and waits for him to do the task".

Staff told us they respected and promoted people's rights to privacy and dignity. They gave examples of how they did this, such as being discreet when they were supporting people with personal care, offering people choices and respecting people's relationships. One relative told us, "Staff support [my relative] to take his girlfriend out for a meal every week, then they go on an evening activity when they can have a few drinks and a dance. The staff are really good at stepping back when they need to, to give them real life experiences. They don't over support them". Another relative told us, "They show the utmost respect and dignity. The quality of staff is really good. They're animated and enthusiastic".

The service used a variety of techniques to communicate effectively with people. These included Makaton (a language programme which uses symbols and signs, either as their main method of communication, or as a

way to support speech) and providing information in a pictorial format. This helped to ensure that people were supported to communicate effectively and that staff were able to meet their needs.

Relatives told us communication from the service was good and they were kept up to date about any changes in people's needs. One relative said, "They take [our relative] out every day and they noticed he was unwell. We had changed his meds. It was good they noticed. They are good like that". One community professional told us, "I have found that communications have been effective and the organisation provides good quality care in the community".

Good

Is the service responsive?

Our findings

Relatives told us their family members received care that reflected their needs and preferences. Comments included "They are really good staff and they know [my relative] really well and what she likes to do", "I requested a female support worker to take care of [my relative's] personal needs, which they have done", "They communicate with us and let us know if things need to be looked at. I think they make sure they go off what [my relative] wants" and "The service is good and they try and be as flexible as possible" .

One person supported by the service told us they were given lots of choice by staff. They commented, "I choose where we go when we're going out. They [staff] give us choices. I don't have to go anywhere or do anything I don't want to do". Staff told us they gave people choices and encouraged them to make everyday decisions when they could. One community professional who gave us feedback about the service told us, "I have found that the staff team have been mindful of focusing on the individual's wishes in a person centred manner".

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They included information about what people were able to do, what they required support with and how that support should be provided. Care documentation was reviewed and updated regularly. The staff we spoke with were able to tell us about people's risks and needs and described how they supported people in a way which kept them safe and met their needs but encouraged them to develop skills and become more independent.

Records showed that staff supported people to take part in a variety of activities in the community and at 'Reach', the learning centre provided by the service. One person being supported told us, "I play pool and darts and we take turns to go shopping [for the learning centre]". Relatives told us their family members were supported to take part in a variety of interests and activities. Comments included, "[My relative] enjoys baking, making things, doing art. They go to the library and go to McDonalds for a treat. She enjoys going to the town shopping", "[My relative] does loads of different things. He goes to the gym, mountain biking, archery and he loves doing art as well. They make sure they change things around, so they keep him focused" and "[Staff member] takes [my relative] out doing all kinds of activities, such as football, music and dance and motivational walking". One community professional told us, "They are always coming up with new ideas and activities for the service users. They have established strong links with the local community and regularly tap into the various groups and activities on offer".

The service used different types of technology to support people and staff, including contact by email and text. We noted that staff rotas and care documentation were created and updated electronically. One relative told us, "They have introduced assistive technology into [my relative's] house to keep him safe".

We looked at how the service supported people at the end of their life. The registered manager told us that no-one had required this type of support while she had been in post. However, she told us she had completed training in end of life care and provided us with a copy of the provider's end of life policy. She told us this would be followed in the event that a person required this type of support in the future.

A complaints policy was in place which included timescales for a response and the contact details for the Local Government Ombudsman. Records showed that four complaints had been received in the previous 12 months and had been managed in line with the policy. Some people we spoke with told us they had raised minor concerns which had been resolved quickly.

Good

Is the service well-led?

Our findings

Relatives told us they were happy with the way the service was being managed. Comments included, "I think it's well led.", "Up to now we've been happy with how they've managed [my relative's] care package. We have been quite satisfied with how they manage our worries" and "I feel it is a new company that is growing and on the whole they do a good job. We are very clear on our boundaries of what we expect them to deliver and they have respected the way we want things to run".

At the time of our inspection the service had 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.

The provider's mission was 'To provide services which maximise the independence of the individuals accessing them'. It's vision was to provide 'Person centred support aimed at promoting independence and achieving outcomes'. We saw evidence during our inspection that the provider's mission and vision were promoted by registered manager and staff at the service.

The registered manager told us that quality assurance surveys were used to gain feedback from people and their relatives about the care being provided. The results of the surveys issued in 2017 showed that a high level of satisfaction had been expressed about most aspects of the service, including staff being kind and treating people with dignity and respect, staff being well trained, people being supported to do things for themselves and staff being reliable. We noted that the lowest scoring areas related to people being informed about changes to visit times or support workers, and consistent staff. An action plan had been created following the survey and we saw evidence that the provider had taken action to address these issues .

The registered manager advised that surveys were also issued to staff each year to gain feedback from them about the service. We looked at the results of the surveys issued in 2017 and noted that 12 responses had been received. A high level of satisfaction had been expressed with many areas of the service, including feeling part of a team, understanding their job role and the needs of people being met. The lowest scoring areas related to sufficient numbers of staff and communication within the service. We saw evidence that the provider was addressing the issues raised, with improvements made to communication processes and the ongoing recruitment of staff.

The staff we spoke with were clear about their roles and responsibilities. When they started working at the service, they received a job description, staff handbook and code of conduct. Records showed that roles and responsibilities were also addressed during the first day of induction with the service and during team meetings.

Staff told us they were happy with the management of the service. They felt well supported by the support co-ordinators and the registered manager. They told us that staff meetings took place regularly and this was confirmed by the records we reviewed.

We saw evidence that the service worked in partnership with a variety of other agencies. These included social workers, community nurses, GPs, advocacy services and local education and activity providers. This helped to ensure that people had support from appropriate services and their needs were met.

Records showed that a variety of audits were completed regularly by the registered manager. These included audits of care files, daily records and Medicines Administration Records. We saw evidence that action had been taken where shortfalls had been identified and any issues around staff performance had been addressed. We found the audits completed had been effective in ensuring that appropriate levels of quality and safety were maintained at the service. The registered manager showed us more comprehensive audits that were in the process of being implemented by the provider. The registered manager submitted a monthly report to the provider, which included information about staffing, health and safety, audits, accidents and incidents, safeguarding and complaints. This helped to ensure the provider had oversight of the service and monitored the registered manager's performance.

Our records showed that the registered manager had submitted statutory notifications to CQC about people using the service, in line with the current regulations. A statutory notification is information about important events which the service is required to send us by law.

The registered manager told us that a number of improvements to the service were planned. These included more comprehensive staff medicines competence assessments, more detailed audits, staff DBS checks being renewed every two years rather than every three years, improved staff training, involving the people supported in staff recruitment and the introduction of service user forums to ensure that people were more involved in the development of the service.