

Olympus Care Services Limited

# Specialist Support Services for Younger Adults with Disabilities South

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

# Summary of findings

## Overall summary

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. At the time of our visit there were fifty two people using the service. Nineteen of these lived within the supported living scheme where the service was managed. Others lived in their own homes within the local community. In addition, there were five reablement flats on site where people received short term care for rehabilitation.

We carried out an unannounced comprehensive inspection of this service on 27 July 2015 and found that legal requirements had been breached. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 12 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Specialist Support Services for Younger Adults with Disabilities South on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

During this inspection on 6 January 2016, we found that improvements had been made.

The service had a registered manager. 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.

Systems had been improved to make sure people who used the service received their medicines safely.

Staff had received on-going training to ensure they were qualified, competent and skilled to deliver care or treatment to people who used the service.

Although we found that the service was no longer in breach of legal requirements, we have not changed the rating for the service on this occasion, because to do this this would require consistent good practice over a sustained period of time. We therefore plan to check this area again during our next planned comprehensive inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Improvements had been made to ensure the service was safe

Improvements had been made to the management of medicines to ensure that people received their medication safely and as prescribed.

We could not improve the rating from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

Improvements had been made to ensure the service was effective.

Improvements had been made to ensure staff received regular training so they were competent to undertake their roles and responsibilities.

We could not improve the rating from Requires Improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

**Requires Improvement** ●

# Specialist Support Services for Younger Adults with Disabilities South

## **Detailed findings**

### Background to this inspection

We undertook an announced focused inspection of Specialist Support Services for Younger Adults with Disabilities (South) on 06 January 2016. The provider was given 48 hours' notice because we needed to be sure that the registered manager would be in to meet with us. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 27 July 2016.

The team inspected the service against two of the five questions we ask about services: Is the service safe? Is the service effective? This is because the service was not previously meeting one of the legal requirements in each of these areas.

The inspection was undertaken by one inspector.

We visited two people in their home and talked with them about their medicines. We also spoke with two support workers and the registered manager. We looked at staff records in relation to training and were also provided with a staff training matrix to corroborate our findings, and to check that the required improvements had been made.

# Is the service safe?

## Our findings

Following our previous inspection on 27 July 2015 we found that improvements were required in this area. This is because systems for the management of medicines were not safe or effective and put people at risk of not receiving their medicines as prescribed. The provider submitted an action plan after the inspection which outlined the improvements they planned to make to address this area.

During this inspection we found that the provider had made a number of improvements.

We visited two people in their homes to discuss their medicines. One person said, "I have tablets for pain. Yes I always get them when I need them." The second person was aware of their medication and what they were for. They named one particular medicine for pain relief and said, "I always have [name of medicine] if I need it for pain."

Staff said they had received training in the safe administration of medicines. One staff member told us, "I found the medication training very helpful. I have also had refresher training about medicines."

The registered manager advised us that she had commenced competency assessments of staff in relation to the safe administration of medicines. This included how to use the Monitored Dosage System (MDS), record keeping, controlled drugs and observation of staff administering people's medicines. Staff were expected to complete a booklet which the registered graded and deemed the staff members competent. Records we looked at confirmed this.

We observed that medication was stored safely for the protection of people who used the service. There were lockable facilities in people's homes and the keys were kept secure.

We found that improvements had been made to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at the records for five people who used the service. These were fully completed with no gaps or omissions and we saw that codes had been used correctly. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. Care plans contained a detailed plan of care in relation to their medicines. This provided guidance for staff about how people preferred to take their medication. For example, in one file we saw that the person liked to receive a particular medicine 10- 15 minutes before they were moved with a hoist by staff, to help them to relax. It also detailed that they liked to take it with yoghurt.

We saw that risk assessments were in place for people who were prescribed medicines. Where people self-administered their own medicines it assessed how much the person could do for themselves and how much support they needed.

The registered manager told us that senior staff completed audits for people they were key worker for. These looked at the quality and accuracy of people's medication records. We saw that these had been completed

and where errors had been identified actions had been put in place to rectify the error. These audits were also checked during the area manager's monthly review of the service.

Records confirmed that staff had received training in the safe administration of medicines and refresher training was also booked for staff that needed to update their training.

This showed that systems were now in place to ensure people's medicines were managed in a safe way, because systems had been improved to minimise the risks to people using the service.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for effectiveness at the next comprehensive inspection.

# Is the service effective?

## Our findings

Following our previous inspection on 27 July 2015 we found that improvements were required in this area. This is because training for some staff had not been completed and where some training for staff had expired; refresher training had not been undertaken. The provider submitted an action plan after the inspection which outlined the improvements they planned to make to address this area.

During this inspection we found that the provider had made a number of improvements.

Staff told us they had completed an induction before they commenced work at the service. One staff member told us, "I already had a lot of experience so they tailored my induction to suit my needs. I shadowed experienced staff so I could get to know people."

The registered manager told us that staff completed an induction to the service before they commenced work. We looked at one induction programme for a new staff member and saw that this covered the common induction standards.

We were provided with a training matrix that demonstrated staff had either completed the essential mandatory training, or had received refresher training where their training was out of date. For some staff their training had expired, for example one staff member needed to complete refresher training in moving and handling, safeguarding and medication. We saw that dates had been booked for this training to be completed.

We saw that staff could apply for additional training courses that would be arranged by the provider. This meant there would be a wide range of skills and abilities within the staff team so the diverse needs of people could be fully met.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for effective at the next comprehensive inspection.