Mr Peter James Dalzell

Olive Branch Care Agency

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection was announced and took place on 16 and 21 July 2015.

Olive Branch Care Agency is a domiciliary care agency that provides personal care and support to people in their own homes in the South Devon area. People who receive a service include younger people with physical support needs, as well as older people, some of whom may be living with dementia. At the time of this inspection the agency was providing a care service to over 70 people, but also provided domestic support such as gardening and cleaning services to many others. We did not inspect those activities as they did not fall under the CQC regulation. Frequency of visits varied depending on people's individual needs, but the agency as a policy does not provide visits of less than half an hour.

At our last inspection of the service in August 2014 we had identified concerns over the staff recruitment process, training and support given to staff and the records kept by the agency. These had amounted to breaches of legislation. Following the inspection the provider had sent us a report telling us what they were going to do to put this right. On this inspection we saw that improvements had been made.

Summary of findings

Some concerns on this inspection were expressed by people over scheduling and staff arriving at times other than those agreed in their care plan. The registered manager was aware of these concerns and was working to address them. Robust recruitment procedures were in place to help ensure that people were cared for by staff who were suitable to be working with potentially vulnerable people.

The service had a registered manager, who had been registered with the Care Quality Commission the week prior to our first visit. Like registered providers, registered managers 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.

Risks to people's safety were assessed and reduced where possible. Risk assessments also covered risks to staff and risks presented by the environment in people's homes. Staff understood how to keep people safe and how to report concerns about people's welfare. They had received training in how to recognise safeguarding concerns and how to report them.

People received effective care from staff who had the appropriate skills and knowledge to meet their needs. Staff received support to carry out their role.

People were supported with their healthcare and dietary needs where this was a part of their care plan. Staff supported people in accordance with the Mental Capacity Act 2005, and people were asked for their consent to care before this was delivered.

People told us that staff respected their dignity and privacy, and were professional but caring in their relationships with them. People's independence was encouraged to ensure that their skills and self-esteem were maintained. People were supported to express their views and to be involved in making decisions about their care and support. People or their relatives told us they felt equal partners in decision making and were involved in daily choices over their care.

Changes to people's care needs were addressed by the service without delay. People told us the service responded to their wishes; staff were flexible, and made changes to the services being delivered, for example if they had an appointment.

People were actively encouraged to give their views and raise concerns or complaints. The service viewed concerns and complaints as a way of improving the service and any concerns were addressed promptly. People told us they were happy to raise concerns with the service's management.

The registered manager was newly in post but had managed to take action to improve both the quality of care and morale of the staff group. They had a clear vision of how they wanted to progress the organisation and ensured that other staff shared that sense of purpose and ethos. Internal and external quality assurance processes had been recently established and were working to support improvements in the quality of the service. People told us they found the manager approachable, and the service had improved recently since they had been in post.

Records were improved. Audits were being undertaken and where there were areas not yet completed, such as training updates for all staff there were robust plans in place to ensure they were actioned.

We have made a recommendation regarding monitoring the personal safety of staff while lone working.

Summary of findings

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 not always safe.

People told us there were some times when staff did not arrive on time, or there were delays as travelling time between people was not scheduled realistically.

Robust recruitment procedures were in place to help ensure that people were cared for by staff who were suitable to be working with potentially vulnerable people.

People were safe because the service had ensured staff understood how to recognise and report concerns about abuse. Risks to the health, safety or well-being of people who used the service were assessed and reduced where possible.

People's medicines were managed safely, and there were arrangements to manage emergencies.

Requires improvement

Is the service effective?
The service was effective.

People received effective care from staff who had the appropriate skills and knowledge to meet their needs. Staff received support to carry out their role.

People were supported with their health and dietary needs.

People were asked for their consent to care being delivered.

Good

Is the service caring?
The service was caring.

People told us that staff respected their dignity and privacy, and were professional but caring in their relationships with them.

People were involved in making choices about their care and their independence was encouraged.

People were given information about the service and usually told when any staff changes took place.

Good

Is the service responsive?
The service was responsive.

People told us the service responded to their wishes; staff were flexible, and made changes in accordance with their needs or requests on a daily basis.

Good

Summary of findings

People were actively encouraged to give their views and raise concerns or complaints. The service viewed concerns and complaints as a way of improving the service and any concerns were addressed promptly. People told us they were happy to raise concerns with the service's management.

Is the service well-led?

Good

The service was being well led.

The registered manager was newly in post but had managed to take action to improve both the quality of care and morale of the staff group. They had a clear vision of how they wanted to progress the organisation and were ensuring that other staff shared that sense of purpose and ethos.

Internal and external quality assurance processes had been established and were working to support improvements in the quality of the service.

Records were improved. Audits were being undertaken and where there were areas not yet completed, such as training updates for all staff there were robust plans in place to ensure they were actioned.

Olive Branch Care Agency

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 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 16 and 21 July 2015 and was announced. The manager was given 48 hours notice because the location provides a domiciliary care service, and we needed to ensure that the manager and other staff would be available to spend time with us. We also needed some information to be provided by the agency before we arrived. The inspection team consisted of one inspector and an expert by experience who had experience of caring for older people. 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 contacted people who used the agency by telephone to gather their views about the service they received.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We checked the information that we held about the service and the service provider. We spoke with an officer from the local quality monitoring team from the local authority to gather their views about the service.

We spoke with four people who received a service by telephone and one relative. We visited six people in their own homes with their permission, along with the care staff supporting them. We discussed with them the care that they received, saw how they were supported, and looked at the records that were kept in their homes. We spoke with seven members of staff about working for the agency, the care they gave people and the training and support they received.

We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for eight people held at the agency office, four care staff files and other records relating to the management of the agency including training records, policies and procedures, staff rotas, records of audits, quality assurance systems and action plans for the development of the service.

Requires improvement

Is the service safe?

Our findings

The service was not always safe. We identified concerns with staff arriving at other times than those agreed in people's care plans, meaning people's care needs were sometimes not met in a timely way.

At the last inspection of the service in August 2014 we had identified concerns over the staff recruitment systems. On this visit we found that recent improvements had been made and sustained under the new registered manager. Robust recruitment checks were being completed to ensure care workers were safe to support people. All staff files seen contained evidence to demonstrate a full recruitment process had been followed.

Individual staffing levels were adjusted according to the assessed needs of people using the service. For example when people's needs changed and they needed two staff to provide care due to complex moving and handling tasks we saw that changes had been made on the staff rotas and in the care plans to reflect the changes. However, concerns were identified to us by three staff and four people receiving care about the timings of care visits and the scheduling not allowing for sufficient travelling time between visits.

Most people told us that staff came to them 'within a 15 minute window' which they found acceptable, or that staff called them to let them know they were going to be late. One person for example told us that timing was critical due to their work commitments and that usually staff were on time. However, one person whose care was due to happen between 9-9:30 told us their carer had arrived that day at 10:30 and on another occasion at 7am. They said "You never know when they are coming". Another person told us "Carers will phone me if they are going to be late. Some of the carers say that they haven't enough time to get around from one place to another." "Once or twice a month they are more than 15 minutes late, not always on time. Timings are scatty, sometimes they are held up." A staff member told us they felt they were "forever pinching time from here and there" to try to keep to the scheduled roster and felt like they were always late.

When we looked at the times of staff arrival recorded in people's files we saw there were considerable differences.

We discussed the issue of scheduling with the registered manager. They told us they were aware of concerns and were making efforts to ensure the schedules were more realistic.

People told us they were experiencing more consistency with their care workers, which was positive for them. One person told us "I have got one main carer. I have had this carer for a year. Weekends they send someone different" and another said "As it stands at the moment I do tend to get one particular carer coming four times a week. Recently we haven't had many new ones coming".

Risk assessments were undertaken before a service was provided and were regularly updated. These included assessments of the person's home environment, such as stairs and any access problems. Assessments also were provided to cover care tasks being undertaken and any risks to staff. Staff told us they carried personal alarms, and the service had guidance for staff on personal safety and lone working; however there was no clear system for checking that staff had arrived or left locations safely. This meant that if for example staff were experiencing difficulties this might not be identified for some time. We discussed risks of lone working with one staff member who told us they supported a person who presented some risky behaviour at times. They felt they had sufficient support to do this and had good contact with the person's family, which with regularly updated risk assessments helped to reduce any risks.

People were encouraged to remain independent and to take reasonable risks if they wished. One person told us "I have a shower cubicle and the dodgy part is stepping over the step and getting ready to dry myself. (My Carer) is very good at that, (carer's name) sort of hovers around to make sure I am safe". Another person however told us "I don't want to take risks; I want to be helped as much as possible."

The service had a safeguarding policy and procedure in place. Staff understood what poor or abusive care was and told us they would report any concerns that they had. Concerns over safeguarding issues were reported to the local safeguarding team and actions taken to make changes to prevent re-occurrences where indicated. For example the systems for passing on information between on calls shifts had recently been strengthened due to a

Requires improvement

Is the service safe?

concern. Although not all staff training in safeguarding was up to date, dates had been set for updates to be completed and staff spoke confidently about what to do to protect people.

People told us they felt safe with the staff from the agency. They told us "Yes I do feel safe. The carers have been here with me while I was choking and calmed me and got my inhaler which I needed". Another person told us "The staff are really good at looking after me. I can't see why I wouldn't be safe with these ones – not now. They know me well, and I feel I could talk to them about anything." A relative told us that staff were confident in using equipment which helped to re-assure the person being cared for.

People received their medicines safely. We observed four people being supported to take medicines in their own homes. One person received inhaled medicines through a face mask. We discussed this with staff who could demonstrate that they understood how to use this equipment and keep it clean and safe for the person. Another person was observed by staff injecting their own medicines following a blood test. Staff understood the prescribing instructions recorded in the care files about people's medicines and how they were to be given to the person, and completed the records needed. People were asked if they needed additional 'as required' medicines, for example to manage pain, and were given time to take their medicines at their own pace. Staff told us they had been trained to deal with people's medicines, and were confident with supporting people to take them. Risk assessments were undertaken where people managed their own medication. One person told us "When the carers first started they checked I took my medication, but now they know I am good at taking it myself and there is no need to check me now. I have never missed taking them".

Staff wore glove and aprons while carrying out all tasks in people's homes, and told us there was no restriction on these from the agency. Staff washed their hands before dealing with food for people, and on leaving each person's house. Staff also carried anti-bacterial gel with them, which meant that they could disinfect their hands between tasks.

Emergency plans were in place, for example to inform staff of what to do if they could not gain entry to a person's home. Staff carried first aid kits and received training in fire prevention.

We recommend the agency take advice from a reputable organisation on safe systems for monitoring the personal safety of staff while lone working.

Good

Is the service effective?

Our findings

The service was effective.

At our last inspection we had identified concern over the training and support systems for staff. Following the inspection the provider had sent us an action plan to let us know what they were going to do to put this right. On this inspection we saw that action had been taken and was still being taken to ensure all staff had the training and updates they needed.

We saw that action plans were in place for all staff to receive the training and updates they needed, and although this was not yet completed we saw that timescales were being achieved, and this was due to be completed within 28 days following the inspection visit. The new registered manager had carried out an assessment of the organisational training needs and had identified that the previous DVD training systems were not always appropriate to meet individual staff needs. Staff were undertaking updates of basic care training such as moving and handling and first aid, and dates had been given for staff to complete this. New training sources were being explored and a senior person within the organisation was addressing individual staff training needs with face to face training, including bespoke training where identified to ensure staff competencies. A member of staff we spoke with told us "(Name of training lead) is all over it. She is absolutely on top of the training now". Another member of staff felt that training was sometimes difficult as they did not have a computer at home and found the office environment too noisy to encourage learning.

New staff were completing their Care Certificate qualifications, and another person we met who was previously an experienced care staff member told us they were also completing the qualification. A new staff member we spoke with confirmed they were working through the certificate and were working alongside an experienced worker for the time it took to complete the approximately 12 week course. They told us they met regularly with the training lead for support and discussions and to monitor their progress. Observations of their practice were included as a part of this certificate.

People told us they were supported by care workers who had the knowledge and skills required to meet their needs. Regular supervisions were carried out for staff, which included observation of practice and spot checks. These were unannounced, and were carried out observing staff at their work in people's homes. The registered manager was developing a performance development reviewing system for staff to replace the appraisal system in use. This would better reflect an ethos of motivating and encouraging staff development rather than just assessing their level of practice.

People were happy with the support they had to eat and drink. We observed staff supporting people to have meals of their choice. For example one person had been left a fish meal by their relative to heat for their lunch, but they told staff they wanted scrambled egg on toast which was prepared for them. The staff member knew that the person liked the crusts on their toast removed. Other people wanted sandwiches or other light meals prepared, which were done. Some people's food intake was monitored as they were at risk of poor nutrition or hydration. The care files in their homes contained information on food they had eaten and this was reviewed to ensure they had a balanced diet. Staff left people at the end of their visit with access to drinks or snacks if they wished.

People were supported to access healthcare needs by carers if needed. We did not see this happening on our visits but staff told us they could be used to support a person to attend hospital appointments, or to liaise with other agencies involved with the person's care if needed.

Staff asked people for their consent to care before tasks were carried out. The registered manager told us that one person regularly refused to have care. The person had capacity to make the decision that they did not want care at that time. Staff were asked to leave the person and return later on to support them. If still they were still unwilling to receive care then the staff would report back to the office for additional guidance. People told us that staff asked them what they wanted them to do for them while they were at their home.

The registered manager told us that the agency did not provide support and care to people who could not give their consent to care. We discussed this with a staff member on a visit to a person's home. The person had some memory loss but the staff member was clear that the person had the capacity to understand the medication they were taking and what it was for. The staff member gave the

Good

Is the service effective?

person their tablets and told them what they were for. The person confirmed that they were happy to take the tablets and did so. Staff had received or were undertaking training in the Mental Capacity Act 2005.

Good

Is the service caring?

Our findings

The service was caring.

We saw evidence of positive relationships between people and care staff. One staff member told us how important it was for them to be friendly and cheerful with people. A person who was receiving support told us "They are all so very good. I feel like they are family to me and it is nice to see a friendly face each day". Some people told us that the current staff were 'much better' than previous staff who had been employed. One relative told us "A couple of carers we have had before did leave: they left a bit to be desired" and another person said "My carers are ok. I think the skill level has gone up generally. The care I get is just what I want; sometimes I have to prompt a bit if they haven't been too often".

People told us that the staff were professional and respected people's privacy and confidentiality. They said "Carers don't talk about other clients. My carer is a professional carer" and "Yes we are treated with dignity. There are never any names of other clients mentioned; there is never any tittle tattle." In their homes people felt their dignity was upheld. For example, one person told us "I am washed in the bedroom and the carers cover me with towels to keep me feeling private. They close the curtains because the buses go by. Carers are very good….it's a professional organisation."

Staff understood the importance of promoting independence and this was reinforced in peoples care plans. One person's relative told us "They will ask (person's name) if she wants to wash herself and will give her her mirror and a brush to do her hair. (Person's name) eats independently. The carers ask (person's name) what she wants on the telly. They also asked me as a relative about a male or female carer."

Two out of the four people we spoke to on the telephone told us they had a booklet about the agency to refer to if they needed to. In the homes we visited we saw people had information available to help them contact the agency and information about their contract.

People were supported to express their views and to be involved in making decisions about their care and support. People told us they felt equal partners in decision making and were involved in daily choices over their care. They told us "My carer is excellent – just what I want" and "We get on very well. (My carer) is very good. I am happy with the carers".

Good

Is the service responsive?

Our findings

The service was responsive.

People told us that the service met their needs and was helping them stay in their homes. One person told us "If it wasn't for these carers I would have to go into a home and I don't want that. They have saved me from having to go into hospital before. I really don't know what I would do without them".

People's care and support needs were assessed at the point of delivering a service. Where services were commissioned from the local authority people's care needs had been assessed prior to the agencies involvement. However the service still carried out their own assessments, including risk assessments to ensure they understood how the person wanted their care to be delivered. Support needs covered areas as social isolation and emotional support as well as physical care needs.

Care plans that we saw both in the office and in people's homes reflected people's wishes in how they liked their care to be delivered. For example we saw one person's care plan included details as specific as that they liked their toast to cool before being buttered and how they liked their hot drinks presented. Newer plans were more detailed than some older plans and the new manager was reviewing older plans to ensure they fully reflected people's changing needs and wishes. Some of the plans had been written with help from relatives who left notes for staff with updates in care in the plans, for example to let staff know about changes in prescribed medicines. Plans that we saw had been reviewed regularly, but some people we spoke with felt their plans had not been reviewed so regularly in the past. One told us "The care plan was reviewed by one of the seniors not very long ago. It happens probably once a year."

Care plans identified where people had increased needs for continuity of staff to maintain their well-being, for example if the person had dementia. Staff rotas were then organised to keep the number of staff visiting the person to a minimum, and ensure that the staff who did visit had the required level of skill and experience. Files contained entry protocols for where staff were unable to gain access to a person's home and also details of other people who held keys to their property. Information on keysafes was held confidentially at the office.

In people's home we saw that staff checked the care plans when they arrived to make sure there had not been any changes. Where needed body maps were included in people's care plans to record any concerns over poor skin or potential pressure ulcer damage. A pink alert sheet at the front of the person's care file was used to alert staff to any changes in the person's care needs, and to reduce the risks of any poor communication between workers.

People told us the service could be flexible to meet their changing needs. For example one person told us "I get sent a rota to print off on the Friday night and that is for the whole week. Most of the time it is stuck to. If I have any sort of problem I just phone them up. They do try and accommodate us if we want to change our plans or get more care in. They provide for us if I give them notice." Another person told us "I might change my mind about how I want things done so I just ask and they do it. If we go out anywhere or have an appointment they will change things around to help suit us. We are very pleased with how well it all works".

Text alerts could be sent to alert staff to any changes to routines or people's condition, or staff could be contacted by phone to alter arrangements. We saw this happening on the day of the office visit. The agency liaised with other agencies as needed to support people with their care needs. For example we saw in one person's file that they had contacted the district nursing service to raise concern over deterioration in the skin on their leg.

People were actively encouraged to give their views and raise concerns or complaints about the service. We looked at the way the agency had resolved or addressed issues of concern to people. With the arrival of the new registered manager there had been a more open and responsive approach to resolving concerns. Swift action had been taken to address concerns including disciplinary actions for staff or re-training and support where needed. Learning took place as a result of complaints, and this was used to improve practice.

Most people we spoke with told us they would be happy to raise any concerns with the agency. One person told us "I did complain and it was dealt with. Not in any way, shape or form did I feel intimidated". Another person said "I as the relative deal with the agency, and they do listen to me and (person's name) and respect what we say". However one person did say that on the day of the phone contact a new

Good

Is the service responsive?

carer had not wanted to carry out a part of their care plan. They had not raised a complaint as they "didn't want any hassle". We raised the incident anonymously with the registered manager for their information.

There was a complaints procedure available and this was given to people in their 'welcome pack' when they first started receiving a service.

Good

Is the service well-led?

Our findings

The service was well led.

On our last inspection of the service in August 2014 we had identified concerns over the records being maintained at the service. At that time staff records, policies and procedures had not been updated or reviewed and were not always an accurate reflection of the practice at the service. Following the inspection the provider told us what action they had done to put things right. We found that there had been a significant improvement in the records being maintained by the service.

The new registered manager was enthusiastic about the service and the improvements they were making. They felt they had an open door policy and that they were developing a strong management team with clear standards and ethos for the quality of the service. Staff had been given copies of the service's mission statement and staff codes of conduct, and were involved in making improvements. For example we heard that a suggestion from staff about temporary care plans had been adopted as an outcome from the regular team leader meetings. Another member of staff had told us how pleased they were to be working for a company that allowed them to put into place the philosophy and standards of care they had wanted to deliver but had felt unable to in previous workplaces.

The registered manager was clear that he would not accept anything other than good standards of care and a service where people were "more than just a number". He told us he was working towards the organisation being a place where people received the very best quality of care and staff were treated well and rewarded fairly. He had an action plan which he was working through with the provider to make the organisation more customer focussed, as well as developing the service's standards.

People expressed trust in the registered manager to resolve issues and improve the agency. People said "The new manager - he came about 3 months ago. Much better organised, on top of things. Generally more efficient in every area……..I talk to him quite a lot and find him very approachable". Staff also said they had confidence in him. One staff member said "He used to be a carer himself so he understands the pressures on us" and another said "It has got much better since Kyri has been here. He is very supportive and approachable –it's much better now."

The agency obtained the views of people in the form of questionnaires. The latest questionnaires had been sent to people just prior to our inspection, so had not in the main been returned or collated. Audits of the service were being carried out by the registered manager or team leaders, such as for the safe administration of medicines and care planning.

In addition the service's activities were monitored through an external Quality Assurance panel. This was set up to give an external professional oversight of the service. The panel comprised people with a background in nursing, police and education in healthcare who met quarterly. The registered manager told us that any changes to the service were seen and approved by this panel, which had last met on the 14 April 2015.

The registered manager was keen to identify new resources to share good practice. This included assessing training resources to identify their value to domiciliary care support before their implementation.

The service was complying with the requirements of their registration. For example the registered manager notified us of events at the service that they were required to do by law.