

Olam Care Services Ltd

Olam Care Services Ltd

Inspection report

Stephenson Court
Skippers Lane
Middlesbrough
TS6 6UT

Tel: 07956412780

Website: www.olamcareservices.co.uk

Date of inspection visit:

20 October 2021

22 October 2021

Date of publication:

12 November 2021

Ratings

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

Summary of findings

Overall summary

About the service

Olam Care Services is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was providing personal care support to seven people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe with the service and that they received care that met their needs. However, some care records were not always reflective of this. We have made a recommendation the provider undertakes a review of all people's care records to ensure they are reflective of the care people need.

Risks to people's health had not consistently been assessed. Where there were changes, risk assessments had not been reviewed which could lead to people being exposed to avoidable harm. We have made a recommendation the provider undertakes a review of the risks to people's health and ensure records clearly evidence this.

Quality assurance systems required strengthening to ensure they monitored and reviewed that where people's needs or level of risk had changed, care records were reflective of this to provide staff with clear guidance on how manage those needs. We have made a recommendation the provider reviews their quality monitoring systems.

Staffing levels were sufficient to meet the current level of people's needs. Staff were aware of their responsibilities to safeguard people. Recruitment processes were in place to ensure only appropriate staff were employed to work with vulnerable people. Staff had received training for their role and had ongoing support and supervision. People were supported by staff who could communicate effectively with them.

People were supported with their medicines in a safe way and told us they received them as prescribed. People were supported by staff to eat and drink enough to maintain a healthy lifestyle. Where necessary staff referred people to their GP, and other medical professionals to make sure people were supported to remain well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their families told us they were involved in the decisions made about the care they received.

People were involved in their care planning as far as possible. People and their relatives were encouraged to

provide feedback about the service which was used to monitor quality and drive improvements.

Staff supported people in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude. People were encouraged to be as independent as possible. People received care which was centred around not only their needs, but also their wishes and choices. People told us their staff were allocated to meet their preferences and requirements.

The management team were committed to providing good quality, person centred care. Where things went wrong, they were passionate about learning lessons to make the necessary improvements to the service people received and to prevent re-occurrences.

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

Rating at last inspection

This service was registered with us on 08/09/2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Olam Care Services Ltd

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 October 2021 and ended on 22 October 2021. We visited the registered office on 20 October 2021. We undertook telephone interviews with people and their relatives on 22 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with the provider and the registered manager. We received feedback from three members of staff about their experiences of working for the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who worked with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's health were not consistently assessed to allow for actions to be taken to protect people from avoidable harm.
- Prior to the service commencing, risks to people's health, safety and well-being were assessed and recorded. However, these had not always been reviewed when there had been a change in people's health needs.
- Care records required further detail to ensure they accurately reflected people's current individual health and care needs and level of risk. This would provide staff with clear guidance on how to keep people safe.

We recommend the provider undertakes a review of people's care and support needs to ensure risks are accurately identified, care records updated and provide staff with clear guidance.

- The management team responded immediately to undertake reviews of people's health and potential risk assessments in order to ensure care records were reflective of their people's needs.
- People and their relatives told us they felt safe. One relative said, "[Person] can be quite stubborn in their ways but I'm more than sure [person] is safe with staff. I don't doubt that at all."
- Systems and processes were in place to investigate and act on any incidents or accidents and used to make improvements to the care people received and prevent reoccurrences.
- Staff told us they were able to report concerns to the management team immediately so that action could be taken quickly to keep people safe.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People and their relatives told us they received their care from a consistent staff team who arrived on time and never rushed. One person said, "I only get two people which is what I like, I don't want loads of strangers coming into my house."
- Staff knew how to identify the different signs of abuse and felt confident their concerns would be acted on by the management team. Staff had completed safeguarding training.
- Safeguarding systems were in place. The management team were aware of their responsibilities to inform external agencies such as the local authority safeguarding team and the CQC of all relevant incidents.
- Safe recruitment of staff was in place.

Using medicines safely; Preventing and controlling infection

- Medicines were managed safely. People told us they received their medicines when they needed them. One person said, "Staff come in to keep me company, give me my medicines and makes sure I'm ok and safe,

they are there for me whatever I need really."

- People received the support they needed with their medicines. Care records contained guidance for staff around the level of support people required with their medicines.
- Staff who administered medicines had been trained to do so. Competency assessments were carried out to ensure staff remained competent and followed policies and procedures.
- People were protected from the risk of infection by staff had who had received training and followed safe practices. Staff had access to personal protective equipment such as disposable face masks, gloves, and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health and social care needs were assessed prior to the service beginning to ensure the support they received reflected best practice, national guidance and achieved the best possible outcomes. However, where there had been a change in a person's needs, some care records had not been reviewed and therefore were not always reflective of the care people required.
- Nationally recognised tools had not always been implemented to support in the identification of the person's health need and level of risk to allow for monitoring of people's health conditions. For example, the use of the Water Low assessment for identifying people's level of risk for developing pressure damage to their skin.

We recommend the provider undertakes a review of all people's care and support records to ensure they are reflective of people's current level of need.

- The management team acted quickly to review people's care and support records and, implement nationally recognised risk monitoring tools.

Staff support: induction, training, skills, and experience

- Staff received training in line with the provider's training policy and requirements.
- People told us they were supported by staff who had received training to effectively support their needs. One person said, "I feel confident that [staff name] is well trained and will know exactly what to do when I need them to."
- Staff told us they completed an induction programme prior to beginning work and had opportunities to shadow more experienced staff.
- Plans were in place to provide all staff with the opportunity for support, supervision, and appraisal.

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

- People were supported with eating and drinking effectively, including where any specialist diets were needed. One person said, "Staff help me to make sure I eat properly. [Staff name] comes to take me shopping. On a Thursday I now have fish and chips, homemade, not bought. Staff get fresh fish from the fish man, its lovely and just falls to bits. No Fish Friday for me it's Fish Thursday."
- The management team and staff work closely with other health professionals to make sure people received food and drinks according to their needs.
- Care plans showed where there were concerns with people's eating, drinking or their weight; staff

monitored people's health and reported any concerns. Care plans evidenced assessments by Speech And Language Therapy [SALT] and dieticians.

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

- Staff and the management team knew people well and could identify when people's needs changed allowing them to seek further advice.
- The management team worked in partnership with other organisations to ensure they delivered joined-up care and support for people. Records showed staff contacted GP's, district nurses, occupational therapists and other healthcare professionals when required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People's care was provided in line with law and guidance. People received their care in the least restrictive way.
- People told us staff always asked their consent before providing any care. One person said, "Nothing gets done to me without them asking me first or telling me what is happening. I need support to stand and they are always clear about how and when they are going to support me."
- People's care records contained information about whether people could consent to their care or if their relatives had the legal representation to act on their behalf.
- Staff had a good understanding of people's communication needs and supported people to make day to day decisions and choices.
- Records showed staff had received training in the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff knew them exceptionally well and were respectful and treated them with kindness. One person said, "[Staff name] is a little ray of sunshine, they come in on a morning saying, 'Today is going to be a good and happy day [person's name]'. They make me laugh, they are absolutely brilliant, such a breath of fresh air, they sing 'Morning has broken' to me and know exactly how to cheer me up."
- The management team recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.
- Staff understood people's personal choices and cultural preferences, which were detailed in their care records.
- The management team monitored staff practices to ensure they delivered kind, caring, compassionate and respectful support to people.

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

- People felt involved with decisions about their care. One person said, "[Manager's name] sat with me to plan what care and support I needed, how my health presents and what actions are needed in an emergency. [Manager's name] worked with me, I'm wasn't just told what was going to happen."
- Care records showed people and their relatives had been involved in decisions about their care. Where reviews had taken place, these had involved people and their relatives where appropriate. One relative said, "We were both involved and continue to be involved in all decisions about [person's name] care. Anything needs tweaking because [person's name] wants or needs a change, it's done straight away."
- Staff used appropriate communication methods to support people to make decisions and be involved in their care.
- Information about advocacy was provided for people. Advocates can offer independent guidance and support for people who were unable to make decisions for themselves. Advocates can act on behalf of people who may not have a family member to act on their behalf.

Respecting and promoting people's privacy, dignity, and independence

- Staff respected people's rights to have their privacy and dignity promoted. One staff member told us, "I always make sure people have their own choices and ensure I close things such as the door, blinds or curtains to keep their dignity."
- People and their relatives told us they received care and support from a consistent staff team. One relative said, "The one thing I really like about this service is that the same staff come all the time, they stay well over their time if [person's name] is upset or needs anything, there is no rushing in and out."
- Staff helped people to develop their independence. Most care records reflected the steps staff should take

to encourage people.

- Confidential information was stored securely and in line with the UK General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. People told us their care records were stored securely in their own homes.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received support from staff in the way they preferred, which considered their choices, wishes, and personal preferences. One relative said, "[Staff names] come into support [person], he likes to only have the men and it's good that the service support this."
- People told us they were aware of the content of their care plan and had been involved in all aspects of planning their care including their preference for male or female staff.

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

- People were supported to maintain contact with family and friends. Where it was part of their care plan, people were supported to access the local community to prevent social isolation.
- During the COVID-19 pandemic staff had looked for alternative ways to support people to remain in contact with their family and the local community, for example, through on-line church services. One person told us how staff had downloaded hymns for them to listen to.

Meeting people's communication needs

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

- The provider was meeting the AIS. People's communication needs were identified within the care plans.
- Staff knew people well and understood how people communicated. They understood how people expressed themselves, so recognised if people were in pain or how they communicated their choices.
- Information was available in different formats for people if required for example pictures and other languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. Records showed complaints had been investigated and responded to in line with this complaints policy.
- Information about how to make a complaint was provided to people when the service commenced.
- People told us they would feel comfortable raising a concern or complaint with the management team and were reassured it would be dealt with.

End of life care and support

- The service was not providing any end of life support at the time of our inspection. The management team informed us that when required they would work closely with people, their relatives and other professionals to develop end of life care plans to ensure people received joined up, dignified care at this important time of their life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality monitoring of the service required strengthening to identify the issues found during this inspection regarding identifying where people's needs had changed. This would ensure action was taken in a timely manner to review the person's level of care and support needed whilst also identifying any potential risks and then updating care records to provide staff with clear guidance.

We recommend the provider undertakes a full review of their quality monitoring and assurance systems.

- We received positive reviews from all people, relatives, staff, and professionals about how the service was managed. People said, "I cannot fault them. In fact I would go as far as to say I don't think you would get anything but positive feedback from anyone using them" and "They are streets ahead of my last service, I now know who is coming and when."
- All appropriate reporting had been conducted to notify the CQC and local authorities when incidents occurred.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Policies, procedures, and best practice guidance were in place.
- The management team were clear on their understanding of responsibilities regarding their duty of candour should something be identified to have gone wrong.
- The management team responded immediately both during and after the inspection to ensure reviews were undertaken in all areas of concern found during the inspection to ensure people's needs were being met safely and the service improved.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team demonstrated a commitment throughout this inspection to provide a high quality and person-centred service that met people's continued and changing needs.
- Staff praised the support they received from the management team and how this had improved.
- Staff were complimentary about the continued support they received from the management team since they commenced their employment with the service. Staff meetings were held to give staff the opportunity

to express their views and opinions on the running and development of the service

- People's told us their views were sought from when the service began and through their reviews of their care and support.
- The management team used feedback from people and staff to develop and improve the service.

Working in partnership with others

- Evidence in care records demonstrated the management team and staff worked in partnership with the wider stakeholders to meet people's needs. One professional working with the service told us, "I was impressed with their positive approach to joint working and ethos of getting it right for people. [Manager's name] completed a pre-assessment, care plan and medical assessment before the package started. Everything has been fine since."