

Olympus Care Services Limited

START North

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 April 2017 and was announced.

This was the first comprehensive inspection carried out at Short Term, Assessment and Rehabilitation Services (START), Northampton.

The service provides re-ablement packages which is a short and intensive service, delivered in people's homes for those who are frail or recovering from an illness or injury. The purpose of re-ablement is to help people who have experienced deterioration in their health and/or have increased support needs to re-learn the skills required to keep them safe and independent at home. In addition, where specialist dementia re-ablement is identified, the START service is supported by specially trained staff to provide support for people living with dementia and their families living in their own homes. At the time of our inspection there were 57 people using the service.

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 and associated Regulations about how the service is run.

An exceptional service was provided to people and their families who had re-ablement needs and dementia specialist needs. Due to the outstanding care and support people received, admittance to long term residential care had been avoided for many people. People were overwhelmingly positive about the service they received and told us that using this service had meant they had been enabled to stay in their own homes independently and felt that every opportunity had been provided to safely maximise their independence.

Staff supported people to achieve their goals and optimum independence through individualised re-ablement programmes. There was a genuine focus from all staff on enabling people to remain independent. and the team were proactive in exploring assistive technologies to enable people to have as much control as possible in managing their re-ablement.

Through continuous review any changes in people's needs were quickly identified and their care package amended accordingly. We found the service was very flexible and could change the length of the visits as required to enable people to reach their full level of independence. This meant that changes in people's care and support was identified and changes made swiftly to ensure they received an optimum service.

The service actively involved people in their assessment which enabled them to make choices about the support they needed to help them back to independence. Care plans contained agreed goals that people wished to achieve and were reviewed and updated as support progressed.

People felt safe. Staff had been provided with safeguarding training to enable them to recognise signs and symptoms of abuse and how to report them. There were risk management plans in place to protect and promote people's safety. Staffing numbers were appropriate to keep people safe. There were safe recruitment practices in place and these were being followed to ensure staff employed were suitable for their role. People's medicines were managed safely and in line with best practice guidelines.

Staff received regular training that provided them with the knowledge and skills to meet people's needs. They were well supported by the registered manager and had regular one to one supervision and annual appraisals.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation. Where the service was responsible people were supported by staff to access food and drink of their choice to promote healthy eating. If required, staff supported people to access healthcare services.

People were treated with kindness and compassion by staff; and had established positive and caring relationships with them. People were able to express their views and to be involved in making decisions in relation to their care and support needs. Staff ensured people's privacy and dignity was promoted.

The service had a complaints procedure to enable people to raise a complaint if the need arose.

The registered manager demonstrated an excellent understanding of the importance of effective governance processes. There was a quality monitoring system to enable checks of the service provided to people and to ensure they were able to express their views so improvements could be made. People expressed a high level of satisfaction with the service. There was strong leadership which put people first and set high expectations for staff. There was an open culture and clear vision and values, which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff were aware of the different types of abuse and how to report it.

There were risk managements plans in place to protect and promote people's safety.

There were sufficient numbers of suitable staff employed to meet people's needs and staff were recruited safely.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good ●

The service was effective

People were looked after by staff that were trained to carry out their roles and responsibilities.

People's consent to care and support was sought in line with the principles of Mental Capacity Act 2005.

If required, staff supported people to eat and drink and to maintain a balanced diet.

Staff supported people to access healthcare services if needed.

Is the service caring?

Good ●

The service was caring

People and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Staff ensured people's privacy and dignity was promoted.

Is the service responsive?

Outstanding 

The service was very responsive

People received a quality re-ablement service that improved their wellbeing and independence, prolonged their ability to live in their own homes and reduced admissions to long term residential care.

People's care was based around their individual needs, aspirations and was planned proactively in partnership with them. Staff supported people to achieve their goals and optimum independence through individualised re-ablement programmes.

Staff responded to people's re-ablement needs, going above and beyond their agreed hours of support and care, if they felt this was required during a visit.

People could be confident that complaints and concerns were taken seriously and dealt with appropriately to promote improvement at the service

Is the service well-led?

Good 

The service was well-led

The leadership, management and governance of the organisation assured the delivery of high-quality, person-centred care that met peoples re-ablement needs.

There was a culture of fairness, support and transparency. The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There was a focus on continuous improvement through regular assessment and monitoring of the quality of service provided.

START North

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.'

The inspection of START North took place on 27 April 2017. We gave the service 48 hours' notice of the inspection because we needed to ensure the registered manager would be available.

The inspection was undertaken by one inspector. .

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was received in a timely way and was completed fully. We looked at notifications sent in to us by the registered provider, which gave us information about how incidents and accidents were managed. We also contacted the local authority safeguarding team about their views of the service and they did not have any concerns.

During our inspection we undertook telephone calls to eight people who used the service and three relatives. In addition we spoke with the registered manager, representatives from dementia UK, two Admiral nurses and seven care staff. We also spoke with the scheduler who was responsible for organising the staff rotas.

We looked at the care records for six people who used the service and two medication records. We also examined other records relating to the management and running of the service. These included six staff recruitment files, induction and training records, supervisions and appraisals, the employee handbook, quality assurance audits and complaints records.

Is the service safe?

Our findings

People using the service were protected from abuse and avoidable harm. People told us they felt safe when staff were in their home. One person said, "Yes the carers are lovely and I feel safe with them." A second person told us, "I do feel safe, yes I do. They watch me when I'm walking all the time to make sure I'm safe." Relatives we spoke with also told us they felt their family members were safe with staff. One relative commented, "I want the best for [name of relative] and I know she gets the safest care. They would do anything to make sure she is safe."

Staff told us they had been provided with safeguarding training. One staff member said, "Yes I have had safeguarding training and I would definitely raise any concerns I had, no matter who they were about." We saw evidence that staff had been provided with safeguarding training. We observed a copy of the service's safeguarding policy along with a copy of the local authority adult safeguarding policy. The registered manager submitted safeguarding alerts to the local safeguarding team to be investigated as required.

Risk management plans were in place to promote people's safety and to maintain their independence. One person told us, "They let me take small risks so I can improve. They keep a close eye on me. I'm so much better now than when I came out of hospital."

We saw that people had individual risk assessments in place to assess the level of risk to them. The assessments were clear and had been reviewed on a regular basis; to ensure the care being provided was still appropriate for each person. A member of staff described one person's risk assessment and told us why it was in place. They said, "[Name of person] is at risk of falls. We make sure we follow her falls risk assessment and as they improve we continually review their risk assessment."

There were arrangements in place to ensure safe recruitment practices were followed. One staff member said, "I had to wait quite a while before I could start. I was told this was because they had to wait for all my checks to come through." The registered manager told us that all staff employed by the service underwent a robust recruitment process before they started work.

Records confirmed that appropriate checks were undertaken before staff began work at the service. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, character references and job descriptions in staff files to show that staff were suitable to work with vulnerable people.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. One person said, "I've never had a problem. I get the staff I need to help me." Relatives also confirmed there was sufficient staff and that their family members always received the care they needed. One commented, "I don't feel I have to worry that they won't turn up. They are very punctual and always there when they say they will be."

Staff confirmed that the staffing numbers were adequate; and enabled them to support people safely. One staff member said, "I think the staffing is okay here. We do have time to do our jobs. Sometimes traffic can cause a problem but overall it's not too bad." Staff told us that they were supported to extend the duration of calls if people required additional support or time to ensure they weren't rushed or placed at risk. The registered manager told us, "If people's needs change I can make sure additional staffing is provided to ensure people are kept safe and their needs are met."

We looked at the staff duty rota for the current month. The recorded staffing levels were consistent with those as described by the registered manager and the staff we spoke with. At the time of our inspection we judged staffing levels across the service to be sufficient to meet people's needs.

Systems were in place to manage people's medicines safely. People told us that they received their medicines when they expected them. One person told us, "I get my medicines like clockwork."

Staff told us they had received training in the safe handling and administration of medicines; and their competencies were regularly assessed. One said, "I had the medication training which was very good. I feel competent to give people their medicines." We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines and in line with the service's policy and procedure. We saw evidence that regular auditing of medicines were carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Is the service effective?

Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities. One person said, "The staff are very good, they have helped me to get my confidence back." Another person told us, "Brilliant. The staff just know what to do to get you better." A relative commented that their family member had numerous re-ablement needs and said, "I have been very impressed with the staff and feel confident that [name of relative] is in good hands. They have helped her improve in so many areas."

Staff told us they were well supported when they first started working at the service and had completed an induction. They told us they worked alongside an experienced staff member until they were assessed as competent to work unsupervised. One staff member said, "The induction was very good but it doesn't stop there. We get lots of regular training as well. It's on-going all the time."

We looked at the training records and found that all staff had received induction and regular on-going training that was appropriate to their roles and the people they were supporting. We saw evidence that staff new to care as well as existing staff members were working towards achieving the care certificate. (The care certificate is the new minimum standards that should be covered as part of the induction training for new care workers).

Staff told us they received regular supervision, spot checks and an annual appraisal of their performance. One staff member commented, "We get lots of support and in-between the supervision we can always ask for help and advice at any time. You never feel scared or stupid to ask." The registered manager confirmed that each staff member received regular supervision, appraisal and spot checks. We saw evidence in the staff's files we examined to confirm this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act requires that as far as possible people make their own decision 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. The application procedure for domiciliary care services is called the Court of Protection. We checked that the service was working within the principles of the MCA 2005. At the time of our inspection there was no one being deprived of their liberty.

People told us that, where necessary, staff supported them to prepare meals and drinks as part of their re-ablement support. One person said, "I have had the help I need to prepare my meals. I lost my confidence but I feel much more sure of myself now." A relative told us, "They have been great with [name of relative] He gets the help he needs and I don't have to worry that he goes hungry or thirsty."

Staff explained that they provided people with the food they had chosen and involved them as much as

possible in its preparation as part of their re-ablement support. A staff member told us, "As part of our role we do help some people to make their own drinks and prepare their own meals. Sometimes it's just a lack of confidence."

Care plans included information about the support people needed and how much they were able to do independently. Staff we spoke with confirmed that before they left their visit they made sure people were comfortable and had access to food and drink.

People were supported to access health services in the community. We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support them if needed and staff would liaise with health and social care professionals involved in their care if their health or re-ablement needs changed.

Records confirmed that people's health needs were frequently monitored and discussed with them. They showed that people had attended appointments with health professionals such as their GP, dentist, optician and dietician.

Is the service caring?

Our findings

There were positive relationships between people using the service and members of staff. People told us that staff treated them with kindness and compassion and made them feel that they mattered and were important. One person told us, "They [meaning staff] are very kind and would do anything for me I'm sure." Relatives told us that staff treated their family members with compassion and had developed caring relationships with both themselves and their family members. One relative commented, "It's always a pleasure to see them. They make [name of relative] laugh and she is going to really miss them when her care package ends."

Staff were positive about the service and the relationships they had developed with people. One staff member told us, "I love my job. I love the people I work with. I could just sit and chat with them all day. You do build up caring relationships with the people you work with."

Staff told us they knew people really well and were able to spend time getting to know their likes, dislikes and personal histories. One staff member commented, "Different people like things done in a certain way and you have to be respectful of their wishes. You have to take some time to get to know what they like and don't like."

The registered manager informed us about some of the caring actions of staff members. They informed us about one member of staff who, when they visited a person they found them to be in pain and distress. The staff member called their relative and also the paramedics immediately. The staff member stayed with the person and their relative until a decision to send the person to hospital was made so they could provide support and comfort to both the person receiving the service but their relative as well who was also distressed. On another occasion a person was found on the floor of their home. The staff member stayed with them for over three hours to provide comfort and reassurance until the paramedics arrived.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person told us, "I have been asked how I want things to be done. They care that I'm happy with the help I get." A relative said, "It's been fantastic. They came to the house and involved all of us. We all had a say."

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "It's not always about what we think people need to improve because they often have their own goals and aspirations."

Staff understood how to support people with dignity and they respected them. Without exception people told us that staff respected their privacy and their right to make their own decisions and lifestyle choices. One person informed us, "They [meaning staff] are very respectful towards me. I wouldn't have it any other way." A relative told us they were confident that the staff promoted their relative's dignity and privacy. They said, "I have to say ten out of ten for how they treat [name of relative]. They are very respectful and she feels totally at ease in their company. There is no embarrassment or anything like that."

Staff were able to demonstrate how they ensured people's privacy and dignity was preserved. One staff member said, "We make sure we do everything possible so that people don't feel self-consciousness. We close curtains and doors and always talk to people respectfully."

The manager confirmed that staff's care practices were regularly observed to ensure that they were upholding people's privacy and dignity. This was done through on task supervision where staff were observed providing care to people. This is only undertaken with the full consent of the person receiving the care.

People felt assured that information about them was treated confidentially and respected by staff. Staff told us that the service had a confidentiality policy which was discussed with them at their induction and they had signed an agreement to adhere to it. One staff member said, "We all know about confidentiality and what can be discussed with who." We saw evidence that the service shared information about people on a need to know basis and with their agreement. We found that records relating to people's care and support were stored securely in filing cabinets. Computers were password protected to promote confidentiality.

Is the service responsive?

Our findings

People mattered and consistently told us that they received exceptional care to meet their re-ablement needs. One person told us, "If it wasn't for the carers I don't know where I would be now. Thanks to them I have been able to stay in my own home which is the most important thing to me." A relative commented, "I was really worried that [name of relative] just wouldn't cope when she came out of hospital. I didn't need to worry. They have worked miracles and her calls have reduced from four a day to two a day as she doesn't need as much help now. It's all been down to the staff. The best service we could have hoped for."

There were numerous, creative and supportive approaches to enabling and empowering people to meet their needs. Staff told us that instead of doing things for people, such as helping them get up and dressed, they supported people to re-learn new skill and encouraged them to do as much as possible for themselves. One member of staff told us, "Sometimes it's just about standing back and giving encouragement, or showing someone a new way of doing something because they have lost that skill."

The START team were supported by staff who had been specially trained to provide care and support to people with dementia care needs, including two specialist dementia nurses. One of the nurses told us, "We focus on the needs of both the person living with dementia and their family. We can support them with couples therapy, relationship therapy and a lot of emotional support. We can also offer practical care, education around dementia and improve communication." Everyone we spoke with were passionate about supporting people living with dementia and were committed to proving a high quality standard of care in this area.

We saw that the service had commenced an analysis about the effectiveness of the provision of care provided by the service. We saw numerous examples of the impact this service had on people's lives. One relative who had been caring for their family member living with dementia was struggling to cope. They had become distressed and withdrawn and would regularly call the emergency services. A holistic assessment had been completed for both family members by the service and interventions included regular visits and phone calls. Cognitive behavioural therapy was introduced and the family were provided with education around dementia and how to support and empathise with the family member who was living with dementia. The outcome of these interventions resulted in the avoidance of a probable long term admission to residential care, phone calls to the emergency services had stopped, the relative felt more able to cope and their anxiety levels had reduced significantly.

We saw another example where a family had to lock their doors because their family member would wander out alone and this was causing high levels of anxiety because they were unsafe. The service provided support to the family in relation to adaptations for a dementia friendly environment, the use of assistive technology and the family were shown how to use positive communication strategies so they could better understand their family member's needs. The impact of this meant that a probable admission to a residential care home had been avoided and the person was supported to live in their own home with their family who had a better understanding of their needs.

There was a genuine focus from all staff on enabling people to remain independent and the team were proactive in exploring assistive technologies to enable people to have as much control as possible in managing their needs. This had led to people feeling empowered and in control of their support. The assistive technology department was sited in the same building so staff could access equipment swiftly. We received feed back from a healthcare professional who said, "I think it is an excellent service which vulnerable members of the community need to assist them to stay at home."

The registered manager told us that care packages were usually provided to people following a crisis and usually lasted up to a maximum of eight weeks. If a person was assessed as needing further care after the eight week period the service would support them to access other care services. People told us they were involved in regular updates of their care plans as they made progress and as their re-ablement needs changed. A relative commented, "It's been a god send. You can see the difference in [name of relative] and each time we have a review you can literally measure her progress. It's been quite remarkable really. I thought she would have to go into care and I just didn't want that. Thanks to this brilliant service we have been able to keep her at home as she wishes."

Staff told us that people's plans of care were easy to follow and constantly updated so were reflective of people's needs. If staff had any views or concerns regarding somebody, they shared that information with other members of the staff team so that a review could be arranged accordingly. One staff member told us, "We come into the office every day. You can sometimes get good ideas from other staff who have tried something that has worked well and this is shared with the team." This meant important information about people's well-being and changes in their needs was effectively communicated to all staff.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I don't have anything to complain about but I would feel very comfortable talking to someone if I wasn't happy." People told us they knew they could telephone the office if they had any concerns and that they would be dealt with quickly and effectively.

The complaints records showed that concerns had been dealt with appropriately because the manager had fully investigated the issues, taken action and informed the complainant of the outcome.

People were asked to provide feedback about their experiences using the service when their care package finished. We looked at these and found all feedback was positive. For example, One person said, "[Name of staff member] was an outstanding carer. His help and concern on the day [name of relative] took ill was outstanding." Another person commented, "I am most satisfied with everything the carer did for [name of relative]"

The registered manager confirmed that feedback on the quality of the care provided was analysed and any areas identified as requiring attention were addressed in an action plan and kept under review to ensure improvements were made.

Is the service well-led?

Our findings

People were very positive about the care they received. One said, "Me and my family agree it's the best care you could get. All care services should be like this one." Another person commented, "Top notch. You couldn't get better." A relative told us, "The impact it's had on us as a family has been enormous. We have had peace of mind and [name of relative] has their freedom."

People told us they felt that they were included and valued and they received the re-ablement support they needed to help them live as independently as possible. One person said, "I wasn't too good when I came out of hospital. Now I'm like a different person." Another person commented, "I think the service is second to none. It's well managed; all my care has been very well organised." There was a clear relationship between people and the staff that cared for them, as well as with the registered manager and people told us the staff were kind caring and compassionate.

Staff told us the management team ensured that the culture at the service was open and transparent and they were positive about the management and leadership of the service. They also told us that the registered manager was approachable and supportive and acted on suggestions made. We saw the organisations key values displayed on a notice board which were compassion, respect, honesty, teamwork, trustworthiness and efficiency. We saw that these were centre to the care the service provided to people and all staff we spoke with recognised and shared the same values. One said, "As a team we all think the same things are important. I think that's why we work well together and provide a good service."

Staff felt that when they had issues they could raise them and felt they would be listened to. One staff member told us, "The manager is very open and always around if you want to talk with her. She encourages us to be open and talk about things." All staff without exception told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the service. The registered manager told us they operated a "completely open door policy and had developed a no blame culture but let's learn from it policy." The registered manager ran a monthly drop in session where any member of staff was welcome to drop in alone or together. This meant that staff were supported and encouraged to share concerns, ideas and information.

The staff were a relatively new team which previously been two teams but had joined together. A member of staff told us, "We were two teams that have been brought together. It's only down to the manager that this has been done successfully." The registered manager told us, "In August 2016 I have brought two teams together who had varying skill sets and who had just moved into a new base. I have recently been informed by our internal auditors that when they walk into the building now they feel that the team is one team, working well and like they have always been one team."

Staff told us that they felt valued and respected by the management team. One staff member said, "They (meaning the management team) treat us with respect and listen to what we have to say." We saw that regular staff meetings were held and staff were able to exchange information and share best practice ideas.

This was to make them aware of any new initiatives or changes that were taking place in the service.

The registered manager had improved some areas of staff training such as organising extra training in relation to initial assessments and care planning because it had been raised as an issue at staff meeting. As a result a new, more effective process had been implemented. In addition guest speakers had been invited to the senior team meetings to extend the knowledge and skills of the seniors staff members. These had included local Collaborative Care Team and the Well Being Team. They also informed us that they were negotiating for the local district nurses to provide up to date training in catheter and stoma care knowledge which is over and above the training that staff attend through the organisations training department.

The registered manager informed us that she introduced her knowledge of Silver Line, the Soldiers, Sailors, Airmen and Families Association (SSAFA) and Independent Age which are all advice and helplines for people. She made staff aware of the free leaflets, support and emails that can be obtained from these outside agencies which the team now use regularly as they support each person with their individual rehabilitation needs.

The registered manager told us that she was aware of her responsibility to submit notifications to the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law in a timely way.

We found there were systems in place to check the quality of the care provided. We saw evidence that people were regularly asked to comment on the quality of the care and audits relating to medication recording sheets, accidents and incidents and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.