

## Olympus Care Services Limited

# Corby/ Kettering START

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 26 April 2016. The Corby/Kettering START (Short Term Assessment and Reablement Team) service provides care and support for people who need immediate support to live independently in their own home; this may be as a result of a crisis or illness, or following a discharge from hospital. They provide short term support for people to regain independence or identify if people require a permanent care provider to meet their longer term care needs. At the time of the inspection the service was supporting 35 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe having support from the agency in their own home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff ensured people provided consent to the care and support they received.

People received care from staff that were caring and kind. Staff encouraged and supported people in a personalised manner and respected people's decisions. People were treated with dignity and respect and confidentiality was maintained.

People had care plans in place that ensured people received the care they required. Care was flexible to

meet people's changing needs and staff encouraged people to be as independent as possible. Complaints were responded to effectively.

The service had a supportive and approachable management system. Staff had access to senior staff at all times and suggestions for change were considered and acted upon. The culture within the agency focussed on the same goals to empower people. The provider had policies and procedures in place which were suitable for the needs of the service.

## 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.

People felt safe with staff providing care in their own homes.

Staff were clear on their roles and responsibilities to safeguard people from harm.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review and people were supported to obtain assistance from health care professionals when necessary.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the agency and staff. People were happy with the support they received from the staff.

Staff promoted peoples independence in a supportive and collaborative way.

### Is the service responsive?

Good ●

The service was responsive.

Pre admission assessments were carried out to ensure the agency could meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People using the service had access to information about how to raise a concern or make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post and they were active and visible in the service.

Quality assurance systems were in place to review the effectiveness of the service.

People were given opportunities to provide feedback about the service.

# Corby/ Kettering START

## **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 was planned to check 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 26 April 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with four people who used the service, three relatives, four members of care staff, one member of staff who supported the organisation of visits and the registered manager.

We looked at care plan documentation relating to four people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people. One member of staff confirmed that they had to wait for their checks to come back before they were able to provide care to people.

There was enough staff to keep people safe and to meet their needs. One person said, "They've [the staff] never let me down, they always turn up." People told us that there was a member of staff available when they needed them. Staff told us that there was enough staff available to meet people's needs and to ensure people received the support they required. Staff also confirmed that senior members of the team were trained to provide care if staffing levels were low on any particular day. We reviewed the staffing levels and saw that the levels of staffing allowed each person to receive attentive support from staff.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff were able to describe the signs of possible harm, and they understood how they could report their concerns. One member of staff said, "I would report any concerns about people straight to the office." Staff received training to support them to identify signs of abuse and they understood the importance of reporting concerns quickly. The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. The registered manager had taken prompt action following a safeguarding concern and ensured that measures were in place to support people and review their safety.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. Staff understood the varying risks for each person, and took appropriate action. For example, it had been identified that one person was at risk of falls. We saw that plans had been put in place to support the person move safely around their home and to have access to an emergency support system in case they fell and needed help. Staff understood people's risk assessments and ensured people's care was in accordance with them. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed, staff raised their concerns and action was taken to meet people's needs and keep people safe.

There were appropriate arrangements in place for the management of medicines. One person told us, "They [the staff] checked I could manage my medicines myself and I can. I don't need them for that." All the people we spoke with managed their own medicines however staff were able to describe the procedures they followed to ensure people received their medicines safely. Staff explained that they checked that people's prescriptions matched their medication administration records (MAR) before they gave people their medicine. Staff recorded on people's MAR if people had taken their medication, and staff recognised that it was people's choice if they took them. Staff completed an assessment with people about how medicines were obtained, administered, stored and disposed of. People were fully involved in deciding the support

they required and this was respected by staff. We saw that when there had been a concern over the storage of one person's medicines they had supported the person to find a safe place to store them.



## Is the service effective?

### Our findings

People received their care from staff that had received suitable training and support which enabled them to understand the needs of the people they were supporting. New staff were required to complete an induction programme which incorporated basic training and units from the Care Certificate. New staff also shadowed experienced members of staff and senior staff reviewed their competencies before they were deemed suitable to provide care independently without another staff member. One member of staff said, "We have loads of training. The assessor training was amazing." Another member of staff commented, "There's lots of different training – first aid, safeguarding, mental capacity... and it's refreshed quite regularly." Staff also had additional training specifically relevant to the people that they supported. For example, staff received training in dementia care to meet the needs of people that had these conditions. Senior staff monitored the training staff received and there was a targeted approach to ensure all staff refreshed their training at required intervals.

Staff had the guidance and support when they needed it. Staff were confident in the manager and were satisfied with the level of support and supervision they received. One member of staff told us, "We have regular supervision meetings, and we have spot checks too." We reviewed staff files and saw that staff regularly met with senior staff to discuss their performance issues, training requirements and to support staff in their role.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. 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.

The management team and staff were aware of their responsibilities under the MCA. We found that staff received relevant training and when staff had identified that people's mental capacity may be limited, staff understood they had a responsibility to request further support for people. Staff understood the requirements of working within people's consent and they could not provide support beyond this. We saw that procedures were in place for people to provide their consent to the care they received, for example, for staff to support them with their medicines.

People were supported to maintain a balanced diet and eat well. One person told us "They used to come and make my dinners but now I'm stronger I can do this. They have shown me how to use the microwave so I can have hot dinners if I want them." People told us staff gave them choices about what they wanted to eat, and if they did not want to eat at the times the staff arrived, the staff would prepare something they could have later on. One member of staff said, "We can't do much to make sure they eat healthy but we encourage them, and some people don't have big appetites so we encourage them to eat as much as they can as regularly as possible." Staff were aware of their responsibilities to encourage and support people to

eat and did so in a compassionate manner.

People's healthcare needs were monitored and people were supported to access additional healthcare support when it was required. People we spoke with told they had not needed staff support to contact a GP or nurse; staff were able to explain how they monitored people's health, and shared information between the team to ensure other staff could monitor this to ensure people were adequately supported. Staff explained the signs they looked out for with common conditions, for example with skin pressure damage, and understood they could work with the office staff to request additional healthcare support for people. We saw evidence that staff had identified that one person required additional support from the nursing team to dress a wound for one person that could be infected. Staff were vigilant to people's changing health needs and acted on them promptly if they were concerned.

# Is the service caring?

## Our findings

People were relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "The girls [the staff] have all been very nice. There's not one that's been horrible." Another person told us that the staff had been very kind and helpful and another person told us they would be sad not to see the staff anymore when the service came to an end as they had gained their independence back.

Staff were very passionate about the job they did and the role they played in people's lives. One member of staff said, "It makes you feel proud when people get their confidence back and can do things for themselves." We visited one person in their home and observed that staff spoke to them in a friendly manner. The member of staff took a person centred approach and focussed on the person's interests and background to enable the person to relax and talk about matters they enjoyed. The member of staff listened and shared jokes with the person.

Staff went the extra mile to support people and a number of staff were finalists at regional and provider care awards in recognition of the commitment staff provided to people who used the service. Categories included the Lifetime Achievement award and Rising Star award. The registered manager spoke proudly of the staffing team and the efforts that made to support people as best they could.

People were encouraged to express their views and to make their own choices. People confirmed that staff gave them choices in everything they did, for example what they wanted to wear if they were unable to get their clothes themselves, the food they ate and what support they received with their personal care. Staff responded to people's requests and ensured people were happy with the support they were offered.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Staff attended a daily handover with their colleagues to ensure all relevant information was shared between the staffing team however this was conducted in private.

People received their care in a dignified and respectful manner. One person told us, "It could be a bit funny having care from a young girl when I'm this old but they treat me with dignity and respect and I've never felt discomfort when they're here. When I'm using the bathroom they ask me if I want them to leave. They're very respectful". Staff gave further examples of how they supported people with their personal care in a dignified manner, encouraging people to wash the areas they could manage themselves, and ensuring curtains and doors were closed when necessary.

People were encouraged and supported to regain their confidence and independence. One person reflected on the progress they had made since they had been supported by the START team. They told us, "I couldn't do anything at first; they [the staff] had to help me with everything. Washing, dressing, making my dinner, helping me get ready for bed... But now I can do it all myself. I shall be sad to see them go." Staff understood the purpose of their role was to support people to regain skills they may have lost, or lost their confidence

with. Staff worked with people to regain these skills at an appropriate pace to meet each person's needs.

The registered manager and staffing team had a good knowledge of advocacy services and when they may be needed. For example, if people did not have a next of kin or somebody involved in supporting them to make key decisions. Staff explained that they spent time with people explaining what was happening, but if an advocate was required they would feel comfortable requesting this. The registered manager confirmed that they had not needed the use of advocacy services for some time but was aware of how to request these if needed.

## Is the service responsive?

### Our findings

People were referred to the service by healthcare professionals or the local authority. This was usually following an illness or crisis which meant they required immediate care so they could be supported to live in their own homes. The service was designed to meet people's needs on an interim basis – to support people to overcome their crisis or illness, or to support people whilst an on going care provider was identified. There was a robust telephone screening and assessment procedure to ensure the agency would be able to meet people's needs before they were accepted by Corby/Kettering START. This included questioning of people's current capabilities and medication needs. Staff were able to demonstrate their understanding of people's potential needs and how they had worked with the referring service to attain current information. The registered manager confirmed that this was effective in ensuring that they only accepted people whose needs could be met. Most staff agreed this was robust and explained that people only returned to hospital if their health unexpectedly declined.

People and their relatives were involved in deciding on the support they required. Staff met with people at hospital, or in their homes and completed an assessment of their needs. Staff worked with people to consider the depth and frequency of the support they needed. People told us that the staff provided the care that had been agreed they would receive. Staff took into account people's goals and worked with them to provide a package of care that met those needs.

People received flexible and responsive care that changed as people's care needs changed. People told us that as their health had improved the number of visits staff made had reduced, and the amount of support they required had also declined. Staff confirmed that they adapted the level of support they provided to people as they recovered and became more independent. For example, when people initially began to use the service staff provided a high level of support but as they became more independent their role gradually reduced to observe and only provide support if it was requested. One member of staff said, "The care changes. We're very involved at the beginning, but as people get stronger we are there as a safety net until they become independent; sometimes they don't get stronger and we encourage people to do what they can, and then we offer information about finding another long term care provider."

Staff reviewed the care people received to understand if people were making progress towards their own independence. Following each visit, staff recorded the level of support they had provided. This was reviewed by staff at each visit to ensure people were given opportunities to progress, and staff facilitated and encouraged people's development. The service completed a formal review which included people and their relatives to make a decision if they required long term care. People told us they had been involved in these assessments and felt listened to. The staff were effective in supporting people that were able to gain their independence back.

People were happy with the service they received and provided positive feedback. People told us that if they were unhappy and wanted to make a complaint, they had the contact details to do this and be able to do this themselves or have a relative do this on their behalf. Staff understood the requirement to ensure complaints were recorded and care staff confirmed they would ensure the office staff were aware of any

complaints people made. We saw that the registered manager had responded promptly and efficiently to complaints that had been received, and took appropriate action to resolve them to people's satisfaction.

## Is the service well-led?

### Our findings

People were satisfied with how their care was provided and clearly understood the purpose and aim of the service: to provide care on a short term basis, usually up to six weeks, to re-enable people to gain their independence back or to identify a long term care provider. Staff were committed to this purpose and did what they could to encourage people to be as independent as possible. The registered manager confirmed that the service was successful in achieving short term care for people and supporting them to utilise other agencies if necessary.

The service had an open and transparent culture, with everybody working as a team to ensure people's care needs were met in a timely and supportive manner. Staff communicated well together to ensure people's needs were met. Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that people were supported to regain their independence wherever possible. We saw that the registered manager listened to staff suggestions and acted on them. For example, some staff had requested that two members of staff completed the first home visit with people to ensure there was a full and holistic approach to capture all of people's care needs, and that all the paperwork could be completed in a timely and detailed manner. This had been agreed, we saw examples of this happening following this suggestion.

Quality assurance systems were in place which reviewed the effectiveness of the service. The registered manager completed their own audit and the provider also completed an additional audit on a monthly basis. Areas for improvement were recorded and the registered manager was responsible for ensuring timely progress of actions. Whilst the audits could be more robust in reviewing if people received the care they expected, the audits were an effective insight into assessing if appropriate systems were in place to provide a quality service.

The provider delivered on-going support to the registered manager; they commented that they felt well supported and they could contact the provider if they needed assistance. We saw that the registered manager and the Area Manager had been finalists in recent care awards, nominated for the Care Innovator award and Unsung Hero award. Staff were happy that they were led by a supportive and approachable management team. The management team also sought opportunities to share best practice and to learn from incidents or reviews of other similar services wherever possible.

People were provided with opportunities to provide feedback about the care they received via a questionnaire. We reviewed the responses that had been received and saw that these were very positive. They included a high percentage of people would recommend the service to others and comments which said "excellent all round" and "the help with personal care has enabled me to stay at home". The service had also received a number of compliments cards and letters. Comments within these included, "...very happy with the support received", "'wonderful, helpful, always willing" and a gift of chocolates and flowers with a thank you for the kindness and help shown by staff.

The provider had policies and procedures in place which covered all aspects of operating an agency such as this. This included safeguarding, medication and recruitment procedures. The policies and procedures were

detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns.