Mrs Valerie Brennan

Olive Stone Support

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 inspection took place on 26 April and 1 May 2018 and was announced. This was to ensure someone would be available to speak with and show us records.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection there were seven people using the service.

The service was not required to have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. Like 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.

Olive Stone Support had not previously been inspected by CQC under its current registration.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. The provider and staff understood their responsibilities with regard to safeguarding and had been appropriately trained in the protection of vulnerable adults.

Appropriate health and safety checks had been carried out and people lived in a safe environment.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People who used the service and family members were complimentary about the standard of care provided by Olive Stone Support. Staff treated people with dignity and respect and helped to maintain people's

independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred is about ensuring the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests, and to help meet their social needs. The service had good links with the local community.

People who used the service and family members were aware of how to make a complaint. The provider had an effective quality assurance process in place. People who used the service, family members, visiting professionals and staff were regularly consulted about the quality 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.

Staffing levels were appropriate to meet the needs of people who used the service and the provider had an effective recruitment and selection procedure in place.

Accidents and incidents were appropriately recorded and investigated, risk assessments were in place and staff had been trained in how to protect vulnerable adults.

People were protected against the risks associated with the unsafe use and management of medicines.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and received regular supervisions and an annual appraisal.

People's needs were assessed before they began using the service and were supported with their dietary needs.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

People were well presented and staff talked with people in a polite and respectful manner.

People were involved in their care and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

Care records were up to date, regularly reviewed and person-centred.

People were supported to take part in activities, education and employment opportunities.

The provider had a complaints policy and procedure in place. People who used the service and family members did not have any complaints about the service.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

The service had good links with the local community.

Olive Stone Support

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 and 1 May 2018 and was announced. One adult social care inspector carried out this inspection.

Inspection site visit activity started on 26 April and ended on 1 May 2018. It included visits on both these dates to the two houses where personal care was carried out to speak with the provider, acting manager and staff; and to review care records and policies and procedures.

Some of the people who used the service had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service. We spoke with two people who used the service, carried out observations and spoke with three of their family members. We looked at the care records of three people who used the service and the personnel files for three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, including statutory notifications. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We received feedback from four health and social care professionals.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe using the service. Family members told us, "Safe? Absolutely" and "[Name] has got a good security net around them." Health and social care professionals told us, "[Provider] and her team prioritise the safety of the residents and they fully appreciate that they are working with a vulnerable group of people" and "The house is always clean and tidy and safe. Things are stored appropriately and correctly, and measures are taken to ensure that other service users are safe from potential risks/harm."

Appropriate checks were carried out before staff began working for the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports and driving licences. Application forms were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

Staffing levels were sufficient to provide people with the care and support they required, including when accessing the community. Staff told us they were flexible and covered any absences among themselves. Staff confirmed no agency staff were used at the service. One staff member told us, "Everyone helps each other out." Family members did not raise any concerns over staffing levels at the service.

Monthly health and safety audits were carried out to ensure people lived in a safe and clean environment. These included maintenance, cleaning, lighting, hot water temperatures, risks from obstructions, trips and sharp implements, and waste. Fire safety checks were carried out weekly.

Accidents and incidents were appropriately recorded and described the action taken and outcome. Lessons learned from any incidents were considered and fed back via staff supervisions and meetings. Risks to people's safety had been identified. Positive behaviour support plans described people's individual needs and the strategies in place to reduce the risk of an incident, and action for staff to take in the event of an incident. Individual records were in place for any incident that took place.

Risk assessments were in place for people who used the service and described potential risks, actions required to reduce the risk, the benefits of taking the risk and the losses from not taking the risk. These included attending college, crossing the road, bathing and activities. This meant the provider had taken seriously any risks to people and put in place measures to reduce the risk.

The provider had a safeguarding policy and procedure in place and a guide for staff. This described what abuse is, the different types of abuse and what to do if they were concerned about abuse. Safeguarding related incidents were appropriately recorded and CQC was notified of any relevant incidents. The provider understood their responsibilities with regard to safeguarding and staff received training in the protection of

vulnerable adults.

The service had implemented the use of the 'Herbert Protocol'. The Herbert Protocol is a national scheme which encourages care staff to compile useful information that can be used in the event of a vulnerable person going missing.

We looked at the management of medicines and saw people had individual medicines profiles. These included information on each medicine the person was prescribed, including what it was used for, how it was to be administered, dosage, known side effects, date commenced and date to be discontinued.

Medicines were securely stored in locked cabinets. Medicine administration records (MARs) were accurate and up to date. A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Regular medicines audits were carried out and staff had been appropriately trained in the administration of medicines. This meant appropriate arrangements were in place for the safe administration and storage of medicines.

Good

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A person who used the service told us staff were "very nice" and "they all listen." Family members told us, "This really is the place for [name]", "It really is a home from home" and "I can't fault them [staff] at all, they've turned her around." Health and social care professionals told us, "Staff are approachable, friendly and effective at providing updates or highlighting any concerns" and "The service ensures I am updated when there are any concerns or issues in order to ensure we work collaboratively to support the service user."

Each member of staff had a training and development plan in place and records showed that the majority of staff mandatory training was up to date. Where there were any gaps, the training was planned. Mandatory training is training that the provider deems necessary to support people safely. This included food hygiene, first aid, moving and handling, safe handling of medicines, safeguarding, infection control, nutrition, positive behaviour support, fire safety, equality and diversity, and mental capacity. Staff told us, "We can ask for any training and she [provider] will try and accommodate us" and "Whenever we ask for training, [provider] always makes sure it happens."

Although one family member told us they thought staff professional development could be improved, the feedback we received from family members was very positive about the knowledge and skills of staff. A health and social care professional told us, "The staff are extremely supportive of my service user and understanding of his needs. They ensure they have the appropriate training and knowledge around my service user's condition and take on board professional recommendations to ensure that they can best meet the service user's needs.

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans.

People were supported with their dietary needs and where necessary, guidance had been sought from dietitians. For example, one person had been identified as being at risk of weight loss. Their support plan described how staff were to support them to maintain a healthy and varied diet. Guidance from the dietitian was included in their support plan and they were weighed monthly.

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. The procedures for this for the people who use domiciliary care services are carried out through the court of protection. We checked whether the service was working within the principles of the MCA. No applications to the court of protection had been required. Health and social care professionals we spoke with confirmed this. However, mental capacity assessments had been carried out where necessary and decisions in the person's best interests had been taken and recorded, including finances and health needs.

People were asked to sign their care records to show they agreed with the content and the discussions that had taken place. We saw two care records had not been signed at the last review. The provider actioned this immediately following the inspection.

People had health action plans in place that described the level of support they required with their healthcare needs. Hospital passports were in place for people. These provided important information should the person be admitted to hospital.

People had access to health and social care services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including social workers, GPs, dietitians, SALT, occupational therapists, dermatologists and pharmacists. A health and social care professional told us, "The staff team have always been willing to co-work with other professionals to ensure the best possible outcomes for the individuals."

Good

Is the service caring?

Our findings

Family members were complimentary about the standard of care at Olive Stone Support. They told us, "I think they are excellent. It's like an extended family. [Name]'s keyworker is like a big sister", "They give fantastic care", "They are extremely caring" and "It does feel like [name] is living with extended family." A health and social care professional told us, "The staff team work incredibly hard to create a caring, loving environment for the people in their care" and "[Provider] has developed a caring and motivated staff group."

An example of the caring nature of staff was documented in recent staff meeting minutes when a person had requested to go out for Sunday lunch occasionally. All staff had agreed they would be prepared to stay late or start work early to enable this to happen.

People we saw were well presented and looked comfortable in the presence of staff. We saw staff speaking with people in a polite and respectful manner and staff interacted with people at every opportunity. We observed one member of staff helping a person prepare to go out by doing their hair.

All the staff on duty that we spoke with were able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, staff could describe what people could do for themselves and what they required support with.

Staff supported people to be as independent as possible. Some of the people who used the service could access the community independently and others required staff to assist or prompt them. People's individual needs and abilities were documented in their care records. For example, "[Name] requires supervision and prompting with personal care on a daily basis", "[Name] continues to manage his personal care needs independently" and "[Name] can travel independently on familiar bus routes." A health and social care professional told us, "Staff have ensured that my service user is still as independent as possible to progress their independent living skills to potentially move out independently in the future." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

We asked family members whether staff respected the privacy and dignity of people who used the service. They told us, "[Name] can have a shower in privacy" and "It's [privacy and dignity] is very good." Care records described how people's privacy and dignity was to be respected and maintained. For example, "[Name] requires support to ensure that their dignity is maintained at all times and that they are appropriately clothed." A health and social care professional told us, "Service users are treated with respect, they have a fabulous quality of life." Our observations confirmed staff treated people with dignity and respect and care records demonstrated the provider promoted dignified and respectful care practices to staff.

Communication profiles described how people could communicate, what they understood and how they should be supported with their communication needs. For example, "If [name] is given any instructions, they need to be simple and given in short sentences." Communication assessments had been carried out by speech and language therapists (SALT) where required.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Good

Is the service responsive?

Our findings

Care records we looked at were regularly reviewed and evaluated, and up to date. Records were person-centred, which means the person is at the centre of any care or support plans and their individual wishes, needs and choices are taken into account. Each record included a personal history of the person, including family history, education, diagnosis and prescribed medicines. We saw these had been written in consultation with the person who used the service and their family members. A health and social care professional told us, "I have found the service to be very person-centred, with staff supporting individuals to be involved in their own care planning and activity planning."

Support plans described the support people required with individual outcomes such as managing personal hygiene, toilet needs, being appropriately clothed and being able to make use of the home safely. Each one described the interventions required to achieve the outcomes. For example, one person needed staff to support them to and from the toilet due to mobility needs. Where required, appropriate risk assessments were in place. For example, this person had a risk assessment in place in case of falls during the night. This had been regularly reviewed and it was noted that no falls had occurred since appropriate interventions had been put in place.

People did not have end of life support plans in place however some people did have arrangements in place for their funeral. We discussed this with the provider who told us as some of the people who used the service were getting older, knowledge about end of life was becoming more relevant and staff had been booked on specific training to improve their knowledge of this subject.

We found the provider protected people from social isolation. Rotas were in place for housework and people assisted staff with shopping, cooking and cleaning. People had activities programmes in place. These described what activities people took part in during the day and evening.

People attended college, local community and day centres and enjoyed a variety of activities such as bike rides, horse riding, trips out with shopmobility and local clubs. People were supported to go on holiday, including trips to Spain and Italy, and one person was being supported to take part in the Great North Run. People were supported with voluntary employment opportunities. One person worked part time in a clothes shop and another worked in a local garage.

The provider had a 'Complaints, suggestions and compliments policy' in place. An easy to read copy of the complaints procedure was included in each person's service user guide and described how to make a complaint, who to contact and how long it would take for the complaint to be acknowledged and finalised. There had not been any complaints recorded at the service. People and family members we spoke with were aware of how to make a complaint but did not have any to make. Family members told us, "Complaints? None whatsoever" and "No complaints."

Good

Is the service well-led?

Our findings

The service was not required to have a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. However, the acting manager was in the process of applying to CQC to become the registered manager. We spoke with the provider about what was good about their service and any improvements they intended to make in the next 12 months. The provider told us they provided a "good service" and planned to improve engagement via key worker monthly meetings and commence house meetings.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had good links with the local community. The service organised coffee mornings at a local community centre where people who used the service baked cakes and helped out at the events. People took part in local charity events, were well known in the local community and were members of several clubs and shopmobility. Local community police officers were regular visitors to the service, providing advice and guidance, and some of the people who used the service had taken part in a local speed awareness campaign. A family member told us, "They've got great links with the community. They're not institutionalised at all."

The service had a positive culture that was person centred, open and inclusive. A person who used the service told us, "She's [provider] lovely." Family members told us, "[Provider] has been great, you can't fault them", "I can't fault [deputy manager]" and "We've got a really good relationship with [provider]." Health and social care professionals told us, "[Provider] is an extremely hands on leader and leads by example", "I can honestly say that I would be happy for a member of my family to reside in this service", "Staff go the extra mile, especially [provider and staff member], and have built up an excellent trusting relationship with my service user" and "All members of staff are fantastic and I would not hesitate to recommend this service to anyone."

Staff we spoke with felt supported by the provider and told us they were comfortable raising any concerns. They told us, "You can get in touch with [provider] anytime", "She's [provider] always here. She's very hands on", "I can't fault the support", "I'm happy with everything they [provider and deputy manager] provide. If I have a problem, it gets sorted", "This is my best job ever. It's rewarding" and "When people say they enjoy going to work, I do. The lads, the staff, the manager, everyone is really friendly." The provider told us, "They [staff] are a really good team. I can't praise them enough for the dedication to the [people who used the service]."

Staff were regularly consulted and kept up to date with information about the service. Staff meetings took place monthly and included discussions about staffing and rotas, communication, activities and holidays.

We looked at what the provider did to check the quality of the service, and to seek people's views about it.

Regular audits were carried out and included health and safety, medicines and care records. Care records were audited every two months and checked to make sure personal information was accurate and up to date, risk assessments were in place, daily notes were up to date, social activities and outings had been recorded and support plans had been reviewed.

Annual surveys were carried out to obtain feedback from people who used the service, family members, health and social care professionals, and staff. Surveys asked people and family members whether they were happy with the quality of the service and the quality of the support they received, whether people were treated well and had their privacy respected, whether people were safe, and whether they were satisfied with the food and activities. The provider had responded individually to each person or family member who had completed the survey. No issues had been raised. This demonstrated that the provider gathered information about the quality of their service from a variety of sources.