Olive Home Care & Support Limited

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Inspection report

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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

The inspection took place on the 1 August 2017 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Olive Homecare and Support provides domiciliary care and support for people in their own home. The service provides personal care, help, and support to people with a variety of needs in Burgess Hill and surrounding areas. At the time of our inspection 37 people were receiving a care service with an age range between 34 - 97 years old. This included older people, people living with dementia and people with a physical disability.

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 2008 and associated Regulations about how the service is run.

Most staff were able to identify the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. However some staff demonstrated an unclear understanding of the types of abuse that could occur.

We identified rota issues with the provision of care and support particularly with the travelling time for staff between calls, which was also confirmed by relatives and people. One person told us "They never arrive on time. 10am to 11am is our slot but sometimes they arrive at 9.30am and once they arrived at 11.30am and never phoned but mostly they do let us know if they're going to be late".

Not all care staff had received full training on the requirements of the Mental Capacity Act 2005 (MCA) although the registered manager had ensured policies and procedures relating to the MCA 2005 were in place and readily available to staff. This meant that staff would not be aware of the correct procedure to follow should there be concerns relating to someone's mental capacity.

People and relatives commented that on occasions they found it hard to talk to and understand staff when English was not their first language. One person told us "Carers are very good but language is a problem. They don't all speak fluent English".

Care staff received essential training to equip them with the skills and confidence in providing effective care. However when examining the training plan staff had undertaken many online training courses on the same day. For example one member of staff had completed six courses in one day on the computer. This could impact on the member of staff's ability to retain all the information they had learned and to provide effective care to people.

The registered manager monitored the quality of the service by the use of checks and internal quality audits. We found audits to be inconsistent in quality and not always recorded when they had been carried out. The absence of detailed auditing also meant that the registered manager could not be assured of the quality of the service delivered.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. We found that care plans enabled staff to provide the individual care people needed. People told us they were involved in the care plans and were consulted about their care to ensure wishes and preferences were met. Staff worked with other healthcare professionals to obtain specialist advice about people's care and treatment.

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access health care services when required.

People and relatives thought that staff were kind and caring. One person told us "Lovely staff, all of them. Yes they are caring". Another person said "The care staff are nice and caring". People's privacy and dignity were respected and their independence was promoted.

There was a system in place to manage complaints and comments. People felt if needed they were able to raise a complaint and felt that complaints would be listened to and acted on. One person told us "I can call [registered managers name] anytime and she will sort it out for me".

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures. However some staff demonstrated an unclear understanding of the types of abuse that could occur.

We identified rota issues with the provision of care and support particularly with the travelling time for staff between calls. This had an impact on some people receiving their calls on time.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Not all staff had received full training on the requirements of the Mental Capacity Act 2005 (MCA).

People and relatives commented that on occasions they found it hard to communicate and understand some of the staff.

Staff had knowledge to meet people's needs. Staff received an induction and training to ensure they were equipped to undertake their roles and responsibilities. However some staff had undertaken many online courses in one day which could impact on their ability to retain all the information they had learned.

Is the service caring?

Good

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive.

Assessments were undertaken and person centred care plans were developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt if needed they were able to raise a complaint and felt that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were formal systems in place to monitor the quality of the service but these were not always consistent and information was not consistently recorded.

Staff were supported by the registered manager. There was open communication within the team and staff felt comfortable discussing any concerns with their manager. However people and relatives told us communication and organisation from the office could be improved.

People and relatives we spoke with felt the registered manager was approachable and helpful.

Olive Home Care & Support Limited

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.

The inspection took place on the 1 August 2017 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us. Prior to the inspection we contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The provider had 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. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with four people and eight relatives on the telephone, five care staff, the registered manager and the provider. We also observed the manager working in the office dealing with issues and speaking with people over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the

care records for eight people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

This was the first inspection of the service since the provider took over Olive Homecare & Support on 16 September 2016.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us they felt safe using the service. One person told us "Yes, I fell safe with Olive Homecare". Relatives comments included "I feel my relative is very safe with them" and "They are very safe with them. They're very trustworthy both with our property and my relative". However, we found areas of practice in need of improvement.

We spoke with staff about safeguarding adults and examined the provider's safeguarding and whistleblowing policies. Most staff were able to identify the correct safeguarding and whistleblowing procedures should they suspect abuse had taken place, in line with the provider's policy. However, some staff demonstrated an unclear understanding of the types of abuse that could occur, yet did confirm they knew what they would do if they thought someone was at risk of abuse. One member of staff told us "There are different types of abuse, some are easier to spot than others. I've never had to deal with anything like that yet but if I did see anything, or suspect anything, I'd alert my line manager straight away." Staff training records confirmed that staff had completed online and classroom training on safeguarding adults from abuse. We raised this with the registered manager who told us "All staff have had the training and we discuss it in regular team meetings. I will ensure they are all clear on their understanding of safeguarding and discuss further in our meetings". The provider needs to ensure all staff are knowledgeable in safeguarding policies and procedures and confident in recognising all types of abuse. This is an area in need of improvement.

We saw there were sufficient numbers of staff employed to keep people safe and meet their needs. Staffing levels were determined by the number of people using the service. The registered manager told us "We have had issues with staffing and are now finally getting the right amount of staff. I am now ensuring staff are in place before taking on any new clients and make sure we can cover the calls". However we identified rota issues with the provision of care and support particularly with the travelling time for staff between calls, and this was also confirmed by relatives and people. One person told us "They never arrive on time. 10am to 11am is our slot but sometimes they arrive at 9.30am and once they arrived at 11.30am and never phoned but mostly they do let us know if they're going to be late". Another person said "It's very good care but the times are erratic. The times vary a lot especially at night for instance it's supposed to be 4.30pm and they turn up later sometimes. They do always turn up though and in the mornings, they always let me know if they're going to be late". A relative told us "They never arrive at a specific time. Some come at 6am and some come at 6.30am". Staff gave a mixed response if they had enough travelling time between calls. One member of staff said "Most of the time I have enough travelling time but not always I would say". Another staff member said "I can be late sometimes as I don't drive and walk". We discussed this with the registered manager who told us that they were currently looking to employ a new member of staff to co-ordinate the rotas however in the interim period were undertaking this task themselves. They said "I currently do the rotas and what is on the system is not up to date with the times and travel. This is an area that I am working on and agree this needs improvement". Although the registered manager was aware of the issues and was taking steps to ensure the rotas were up to date, this is still an area we identified as needing improvement.

Staff told us that they felt they had enough time to support people with the time that was allowed for each

call. If they felt there was not enough time they would raise this concern to the registered manager. Staff were committed to arriving on time and told us that they always aimed to notify people or the office if they were going to be late. One member of staff told us "We aim to be on time but sometimes we could be running late from a previous call or get stuck in traffic".

We spoke to the registered manager around the concerns raised and they told us "This is something that is improving. Staff know they need to call their next client if they are running late". This is an area we identified that needs improvement. We also recommend that the provider seeks guidance from the NICE guidelines on delivering personal care and practical support to older people living in their own homes.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Staff told us that the correct equipment such as a hoist had to be in place to support some people. One member of staff told us when using a hoist they were aware of their responsibility to check equipment before use. Staff had undertaken training in moving and handling and the safe use of moving and handling equipment.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. However we found the details recorded and any follow up action to prevent a reoccurrence of the incident was not always clear and detailed enough. Although the registered manager told us there had been only one reported accident since they had started at the service, auditing on a regular basis would ensure that all incidents and accidents were recorded correctly and that the appropriate actions had been taken to minimise risk. This is an area we have identified that needs improvement.

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the registered manager had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff to ensure they were safe to work with vulnerable adults.

People were supported to receive their medicines safely. The majority of people we spoke with received support from their relatives or took their own medicines and did not need assistance. One relative told us "They give my relatives her medication in the morning and get the night-time one ready for her". We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff we spoke with were able to describe how they completed the medication administration records (MAR) in people's homes and the process they would undertake. One member of staff told us "I check the medicines against the MAR chart. If there is any doubt, I will call the office up and seek advice". The registered manager told us any errors would be investigated and the member of staff then spoken with to discuss the error in a meeting and if required then invited to attend medication refresher training.

Requires Improvement

Is the service effective?

Our findings

The majority of people and their relatives felt confident in the skills of the care workers. One person said "They definitely know what they're doing and they keep our folder up-to-date every day". Another person said "Oh yes, they are skilled and know what they need to do". However we found areas of practice in need of improvement.

Training schedules showed that not all care staff had received full training on the Mental Capacity Act (2005) MCA. 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. Staff demonstrated a good understanding of the importance of gaining consent but acknowledged they would like more training on capacity. One member of staff told us "We did cover some of this in induction training but more training would be good". Another member of staff told us how they always gained consent from the person before delivering care and understands that the person had the right to refuse. In the absence of training for some staff, we identified the registered manager had failed to ensure all staff had completed their training on the MCA. This meant that staff would not be aware of the correct procedure to follow should there be concerns relating to someone's mental capacity. The registered manager acknowledged that not all staff had completed their training and had plans to ensure this was completed over the next two weeks. We have therefore identified this as an area of practice that needs improvement.

People and relatives commented that on occasions they found it hard to talk to and understand staff when English was not their first language. The provider had invited staff to undertake an English test as part of their recruitment process to ascertain their ability to provide clear communication for their role. However, one member of staff we spoke with could not speak fluent English and did not always fully understand all of the questions we were asking. Although communicating well in a non-verbal way with some people who were living with dementia was effective, people sometimes had difficulty understanding what was being said to them. One person told us "The Carers are very pleasant but their English is a problem. To be honest, we're very easy-going and it doesn't faze us, we get through". Another person said "Carers are very good but language is a problem. They don't all speak fluent English". A relative told us "They're very kind and provide good care. The big problem is that they don't all speak English as their first language. However, they're very respectful". We recommend the provider improves the barriers between people and staff when English is not their first language.

Care staff received essential training to equip them with the skills and confidence in providing effective care. Staff records showed the majority of staff were up to date with their essential training in topics such as safeguarding, medication and moving and handling. The training plan documented when training had been completed and when it would expire. On speaking with staff we found them to be knowledgeable in their role. One member of staff told us how they shadowed an experienced member of staff before they started working with people and told us "I did lots of training on the computer and with a trainer. I asked for more

shadow time so I was confident in going out on my own". However when examining the training plan staff had undertaken many online training courses on the same day. For example one member of staff had completed six courses in one day on the computer. Although competency assessments took place after the training, this could impact on the member of staff's ability to retain all the information they had learned and to provide effective care to people. We discussed this with the registered manager and provider and they agreed that it was too much for a member of staff to complete in one day and told us they would reduce the amount of courses that are completed in one day. We have therefore identified this as an area of practice that needs improvement.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals were accessible to people. Staff were aware of the importance of ensuring people had access to adequate food and fluids and had received training in food safety and were aware of safe food handling practices. People's nutritional preferences were detailed in their care plans. For example in one care plan it detailed how a person preferred to have their drinks and at what times.

Staff had regular team meetings with the registered manager and supervisions. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs they required. Recent meeting minutes detailed discussions around training and updates on people. Comments from staff included "I really like the meetings as you get a chance to discuss the clients and learn from other people", "The team meetings are really good as you get to meet colleagues and put a face to the name, it's also useful to see how people address different issues with clients". Staff had regular contact with the registered manager in the office or via a phone call to receive support and guidance about their work and to discuss any development needs. Staff we spoke with all told us the registered manager was always available to provide guidance and support to help them provide care to people.

We were told by people and their relatives that most of their health care appointments were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed and they liaised with health and social care professionals involved in people's care when required. Staff were clear about actions they would take if they noticed deterioration in people's wellbeing and this included contacting the office, the person's relatives and GP if necessary.

Good

Is the service caring?

Our findings

People and relatives we spoke with told us that staff were kind and caring. One person told us "Lovely staff, all of them. Yes they are caring". Another person said "The care staff are nice and caring". Relatives Comments included "The Carers are really nice and chatty. They always wear their uniform and look very clean and smart", "The Carers are all very smart, smiling and happy. They're very kind and respectful" and "The Carers are very sweet, they're lovely and they're very respectful. Olive Homecare are probably the best that we've had from that aspect".

Staff were knowledgeable of people's needs. One member of staff told us "I know my clients well. I know if there is any problem and will always make sure they are ok. I know how they like things done and have their own ways of doings things, just like all of us". We observed the registered manager in the office dealing with phone calls from people and staff. The registered manager showed a caring attitude and made sure they dealt with any problem that a person might have. On one occasion we observed the registered manager speaking with a person and it was apparent they knew the person well and assisted them with their enquiry in a kind and caring manner.

People were encouraged to be as independent as possible. Care plans showed that people were asked what they needed support with and that they were able to continue to be as independent as possible, to enable them to retain their skills and abilities. One care plan detailed that staff supported a person with personal care. This included a member of staff supporting a person into the bathroom and assisting them but also giving the person some privacy and assisting when required or asked. Staff were able to provide us with examples of when they promoted independence for people they supported. They gave us examples of encouraging people to dress themselves, wash themselves and eat independently. One member of staff told us "I just give them a flannel and say, have a go. I can always finish off. It's about letting them do what they can". This showed us that staff understood the importance of allowing a person to continue to do things for themselves and promote independence.

Peoples' privacy and dignity was respected. People confirmed that staff respected this. One person told us "They help me with washing and will support me with places I can't reach but also leave me alone when I want some private time". Another person said "They help me with showering and washing and they're definitely very respectful. I never feel rushed". A relative told us "They come to do personal care because my relative is too forgetful and also there for support. They're always very respectful with her". A member of staff told us "If I support people to the toilet or bathroom. I help when needed but also ask when they are ready for me to leave and ensure the door is closed but I am close by if they call out and need me again". Another member of staff told us they would close the curtains and ensure the person was covered up as much as possible when receiving personal care.

People and relatives were able to express their needs and wishes and were involved in people's care. Records showed that meetings with the person, their relative and health care professional, if appropriate, took place and provided an opportunity for people to comment on the care they received and suggest areas that they wanted changed. People were also able to express their views via feedback surveys and the

reviews which gave them an opportunity to express their opinions and ideas regarding the service. One person told us "I've been asked for feedback over the telephone just informally really and I've completed a feedback questionnaire".

Information was kept confidentially and there were policies and procedures to protect people's personal information. Records were stored in locked cupboards and offices. There was a confidentiality policy which was accessible to all care staff and was also included in the employee handbook. One member of staff said "I only talk about clients to my manager and other staff who visit the same person. We are not to talk about anything to do with anyone outside of work".

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs. One person told us "They know what I like and how I have things done, it works well to me". Another person said "My regular carer knows me well, and we always talk about programmes on the TV and what is in the news".

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. One person told us "Yes, we had an initial assessment with the Manager". The care plans were clear and gave descriptions of people's needs and the care, staff should give to meet these. Staff completed daily records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. In one care plan it detailed the equipment needed to safely move a person. This included using a hoist to safely move a person and how staff should encourage the person to aid their mobility. Care plans were person centred and details included a family history, personal preferences and activities they liked to participate in. There were two copies of a care plan, one in the office and one in the person's home. Care plans were detailed enough for a member of staff to understand fully how to deliver care. This meant people were supported and encouraged to remain independent to enable them to remain in their own homes for as long as possible.

Each care plan had a detailed and descriptive account of a person's average day and how they liked to live their life. This included the times they liked to be assisted to get up in the morning, their preferences for breakfast and what assistance they required throughout the day and at what times. Staff told us they found these useful to understand people fully and the way they lived their lives. One member of staff told us "Yes I think the care plans are detailed enough and give key details of what you need to know. It obviously comes in time when you build up rapport and visit someone regularly. We saw that reviews of people's needs were undertaken particularly where there was a change in people's needs such as after a fall. Staff told us that if a person's needs had changed whilst in hospital a reassessment of their needs took place to ensure that the support provided from the service was appropriate and reflected the current care needs of the person.

The care plans were supported by risk assessments, these showed the extent of the risk, when the risk might occur, and how to minimise the risk. The risk assessments provided guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise the risk. These covered a range of possible risks such as nutrition, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place to ensure risks were minimalised. In one care plan it described the risk of a person using the shower alone. It detailed for staff to ensure the person was given support in and out of the shower and for the person to use the shower seat. In another care plan it detailed that a person used a walking aid and for staff to ensure this was near to the person and for staff to assist and remind them to use their aid.

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. Staff were confident how to respond

in a medical emergency. One member of staff told us that if one of their clients had a fall they would not attempt to lift them and call the emergency services and contact the manager straight away. Staff knew how to obtain help or advice if they needed it and one member of staff told us "I always report any concerns around a person's health and if needed would call the doctor".

People and relatives we spoke with were aware of how to make a complaint and all felt they would have no problem raising any issues if needed with the registered manager. The complaints procedure and policy were accessible for people and the registered manager had a system in place to record and investigate any complaints received. One person told us "I can call [registered managers name] anytime and she will sort it out for me". Another person told "No concerns at all now. If I have mentioned anything, they've done something about it immediately". A relative told us "We've never made a serious complaint".

Requires Improvement

Is the service well-led?

Our findings

People and relatives all told us that they were satisfied with the service provided and the way it was managed and found the registered manager approachable. One person told us "The manager's been out with the carers to see how things are going and we've talked about my concerns with the timings. She's a very approachable lady". Relative's comments included "The Manager is excellent, very good indeed. She's a can do type of person. It's a lot better since she arrived" and "The Manager's fantastic. She's inherited difficulties and she's addressing everything now".

One health professional told us "We find them to be a friendly and professional service to talk to over the phone. The staff are polite and always helpful and will do their best to arrange care for someone. We sometimes receive feedback from our clients which has generally been good and they are happy with the service provided". However despite their comments we found an area of practice in relation to auditing the service that was in need of improvement.

The registered manager monitored the quality of the service by the use of visits to people's home and internal quality audits. The audit records covered areas such as training, staff files and care records. The registered manager also carried out visits on staff to review the quality of the service provided in people's homes which highlighted areas needed for improvement. We found audits to be inconsistent in quality and it had not always been recorded when they had been carried out. Although the latest feedback survey sent to people was positive, we were told by the registered manager they gained feedback on the service at visits or phone calls to people regularly. The absence of detailed and recorded auditing meant the registered manager could not be assured of the quality of service delivered. The registered manager told us this was an area they knew they needed to improve on and showed us examples of some systems they had created to address this, however these still needed to be completed fully and embedded into practice. Although the registered manager was aware of the issues and was taking steps to manage getting the audits up to date, this is still an area that we have identified that need of improvement.

People told us communication and organisation from the office could be improved. Comments from people included "I don't always know if I am getting a different carer", "If the staff are running late, sometimes I don't know about it", "The only thing is they don't have an answer phone at the office and you can't always get someone even on the mobile. We tend to email now but that's only useful if it's not urgent" and "We don't get a rota and we never know who's coming in advance". This is an area we identified that needs improvement.

Staff felt they had good communication with the registered manager through regular meetings that had been held, phone calls and coming into the office regularly. This also gave them an opportunity to come up with ideas as to how best to manage issues or to share best practice with one another. Staff told us they felt part of the team and were able to go into the office whenever they wanted to. One member of staff told us "I come in most days and catch up with everything and we have meetings most weeks. That is nice as we get together and discuss things".

Staff told us that the registered manager was approachable and accessible. We saw that the registered manager was based in the office but still delivered personal care on occasions, telling us "I Still enjoy going out and visiting and supporting people". Staff told us they were comfortable in approaching the registered manager depending on what the issue was. Staff told us management were fair, supportive and always available. One staff member told us, "The registered manager is very flexible. One of the best managers I've worked with". They went on to tell us that the manager was hands on. Staff told us they were motivated and worked well as a team. They had confidence in their colleagues and described a culture where they were valued and they in turn went the extra mile to support people.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.