

Olympus Care Services Limited

# Specialist Dementia Service – North

## Inspection report

96 Saunders Close  
Kettering  
Northamptonshire  
NN16 0AP

Tel: 01536415240

Date of inspection visit:  
07 June 2016

Date of publication:  
08 July 2016

## 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 7 June 2016. This domiciliary care agency specialises in supporting people with dementia to receive personal care in their own homes. The service provides support to people in the North and South of Northamptonshire and at the time of the inspection there were 89 people receiving support with their personal care.

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 received safe care and support. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. There were sufficient staff to meet the needs of people that used the service and recruitment procedures protected people from receiving unsafe care from staff unsuited to the job.

Care records contained risk assessments to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff of the measures to take to minimise any risks.

People received care from staff that were supported in their roles by senior staff. They received support and guidance at regular intervals to ensure they were providing high quality care. Staff received training in key areas of care, which enabled them to understand the care needs of each person.

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. In addition, people were supported to identify and respond to their changing healthcare needs, for example by identifying the early onset of an infection and receiving prompt treatment.

People received care from staff that were kind and friendly. Staff understood people's needs and ensured people were given choices about how they wished to receive their care. People received care at their own pace and had their privacy and dignity maintained when receiving assistance with their personal care.

People's care needs were assessed to ensure the service could meet people's expectations before they began using the service. Care plans were written in a person centred manner and gave guidance about the care people required. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People received the care they needed and a suitable complaints procedure was in operation to resolve any concerns people raised.

People who used the service, relatives and staff had positive relationships with the registered manager and the culture within the service focussed upon supporting people's health and well-being which enabled

people to stay in their own homes as long as possible. Systems were in place to identify where improvements were required and for people and staff to provide feedback about 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 and comfortable around staff and staff were clear on their roles and responsibilities to safeguard them.

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

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. 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.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

### 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 and the staff. People and their relatives were happy with the support they received from the staff.

Staff had a good understanding of people's needs and

preferences and these were respected and accommodated by staff.

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

There was a transparent complaints system in place if people or their relatives wished to complain.

### Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post and they were approachable and flexible to ensure people's needs were met.

Management completed regular audits and a quality assurance system was in place to review the quality of the service.

People who used the service, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

# Specialist Dementia Service – North

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 7 June 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 one person who used the service, five relatives, six members of care staff, two members of office staff including a supervisor and scheduler 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, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were protected against the risks associated with the appointment of new staff because the required checks were completed before staff started providing care to people. One member of staff told us "I wasn't allowed to go out and start providing care until all my checks had come back. I started training but definitely no care." 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 working with people who used the service.

There was enough staff to keep people safe and to meet their needs. One person told us, "They always come, they don't leave me." Relatives confirmed that staff did not miss visits and that staff always turned up to provide care. One relative said, "They [the carers] always turn up. They've never missed a visit." Another relative told us, "The carers stay for the length of time they should do, they don't try and leave early. I'm very happy with what they do." People were able to choose if they wanted to receive a rota so they would know who to expect. People's visits were scheduled at the same time each day at the times people preferred and staff kept to the agreed times. Staff told us they were given enough travel time between visits to provide the care at the allocated times. They were allocated a group of people in the same area to try and reduce unnecessary travel time. If staff were running late, people were kept informed and an apology was given. Staff then confirmed when they would be there, or if another member of staff would be sent to provide the care required.

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. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff received training to enable them to identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff said, "We record everything and if there are any concerns we contact the office and they will report it." 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 the registered manager ensured that measures were in place to support people and ensure their safety.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. Staff regularly supported the same people so they understood if risk factors had changed. For example, staff had identified that one person was at risk of using some electrical equipment in a potentially dangerous way so staff supported the person to keep these electrical items unplugged. Risk assessments were regularly reviewed and if any changes were made these were highlighted to staff at the front of people's care plans. Staff were knowledgeable about the risks to each person and the measures that were in place to help protect them.

There were appropriate arrangements in place for the management of medicines. One person said, "They

always give me my tablets." People were given their medicines in the way they liked them and staff ensured they had enough fluids to swallow tablets. Staff supported people in a professional and encouraging way. Staff were knowledgeable about what people's medicines were for, and were able to recognise when doctors had given incorrect prescriptions. One member of staff explained said, "It's important we check the medicines and get them right as they [the person] might not realise if they're wrong." Staff took on responsibilities to ensure that people's medicines were ordered, stored, administered and disposed of correctly. Staff checked that people were given the correct medication and used MAR (Medication Administration Records) to record when people had taken their medicines. We saw that medications were stored securely in each person's home, in accordance with people's needs. For example, some people had their medicines stored in a locked safe in their home, whilst other people were able to store their medicines themselves in safe areas of their home.



## Is the service effective?

### Our findings

People received support from staff that had undergone training which enabled them to understand the needs of the people they were supporting. One member of staff said, "The training is really good. They [the management] don't just throw you in at the deep end. There was lots of learning and shadowing and they [the management] make sure you are comfortable [before you start to provide care]." New staff were given an induction which incorporated the Care Certificate and enabled them to learn the required skills to in provide care. They were also required to shadow an experienced staff to understand how to deliver care to people in a caring and compassionate way. Senior members of staff observed new staff to ensure they were competent in their roles, before it was agreed together when they would provide care independently.

People were supported by staff that received regular support and guidance. Staff had regular supervision from senior members of staff in face to face meetings, and from senior staff completing unannounced spot checks whilst staff provided care. Staff gave very positive feedback about the management and were satisfied with the level of support and supervision they received. One member of staff told us, "We have a supervision every month but there is always someone available if we need help. They're [the management] pretty good." Supervisions and appraisals were used to discuss performance issues and training requirements. We also saw that they were an opportunities for staff to develop for their roles through additional support from the management team.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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 and of the requirements to obtain people's consent for the care they received. We found that staff received training about the MCA 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. Mental capacity assessments had been completed to document the support people required with their medication, or to document their consent for staff to assist them. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and where they were unable to, decisions were made in their best interests.

People were supported to eat regularly and in accordance with their dietary needs. People were able to choose their meals and when staff identified that people did not have adequate food provisions in place, staff made arrangements to ensure food was available for them. One relative commented that staff were very supportive and encouraging to ensure their relative ate well and at their own pace. They said, "The staff sit with [relative] and help them to eat." Staff told us "We support people to eat their meals and if they don't want to eat when we come we make sure there is something ready for later. Staff identified when people

were at risk of not having their nutritional needs met, they devised care plans to help staff support people with this. For example, one person's appetite had declined and they had begun to lose weight to an unhealthy level. This person's care was amended so that staff sat with the person and assisted them to eat; the person's weight showed improvement and prevented the need for any medical interventions.

People's healthcare needs were closely monitored. Some staff were trained to provide additional healthcare monitoring for people who were prone to infections, particularly urine infections and chest infections. People who had given their consent allowed staff to routinely test their urine and check their vital signs such as their temperature and pulse in order to give an early indication of when people may have an infection. Staff explained they had seen great results as they identified infections at its early stages before people had developed significant symptoms. One member of staff said, "It's not very nice when people get infections. They're behaviour can change and they can really suffer. With [name] we do our checks every four days or so. Last time [name] had an infection, they had antibiotics within two hours of us identifying it without the stress and upset of them having to go to the doctor's surgery, which they don't like. It's a great system." Due to the success of the training, all staff were being trained how to use the system.

Staff were knowledgeable about people's health needs and knew people well enough to recognise when people were not feeling themselves. We saw that staff contacted doctors, nurses or out of hours medical services when people were unable to do so themselves to ensure people's healthcare needs were assessed. One member of staff told us, "If people are poorly we will phone the doctors or 111 if we need to. And we know what to look for with things like pressure sores so can get nurses to come and visit people."

## Is the service caring?

### Our findings

People were cared for by staff that were kind and passionate about providing good care. People and their relatives were very positive about the caring approach that was shown to them and their relatives. One relative said, "We're really pleased with the carers, they go out of their way to help [name]. They're very kind and treat [name] well." All the staff spoke with enthusiasm and compassion about their roles. One member of staff explained, "After my own relative fell ill, it changed my perspective on care. I absolutely love this. It's my dream job and I wouldn't change it." We observed that people were eager to see the staff arrive and were relaxed and comfortable in their company.

People were cared for by staff that knew them well. Staff recognised the importance of having a consistent staff team and supported the same people on a regular basis. Staff were able to describe people's preferences, for example, one member of staff was able to describe how one person liked staff to wake them up gently so they were not startled. Another member of staff explained how one person preferred to take their medicines. Staff quickly recognised when people were showing signs of agitation or distress and understood what to do to help calm each individual's anxiety levels. Staff knew people well enough to recognise when their behaviours had changed and when this would need the additional support from a healthcare professional. People had developed positive relationships with staff and they were comfortable sharing personal information about themselves and their families. One relative said, "Most of the staff are really jolly and can have a laugh, and can even make [name] laugh!. There's not one that I wouldn't trust".

People were encouraged to express their views and to make their own choices wherever they were able. One relative told us that staff tailored the options that were given to people according to their own needs. For example, where one person was able to comprehend information and communicate their needs, they were encouraged to make their choices independently from a variety of options. Another person who was living with dementia required additional support to make choices. Staff demonstrated their method of showing people their options and then supporting them to make their choice. One member of staff said, "We always give people choices – What they want to eat, what they want to wear, what they want to do first. It's all up to them."

Staff understood the need to treat people with dignity and respect. Staff respected people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People had access to their own care plans and were encouraged to store them safely. Staff respected people's privacy and ensured that all personal care was supported discreetly. One person told us "They treat me well." One member of staff explained, "If I'm supporting someone with their personal care, before I start I make sure the curtains are closed. While they're having a wash or getting dressed, I keep the rest of their body covered up with a towel. I do what I can to maintain people's dignity." Staff were compassionate about the care they provided to people.

People were supported by staff to maintain their independence. One relative told us, "Since this agency has taken over, we have seen such a huge improvement with [name]. They encourage [name] to do things themselves, and sometimes if they think they've had a wash but they haven't, the carers notice and

encourage them. They're very good. It's a big relief, I can now sit and enjoy my time with [name] and not worry." Staff empowered people to maintain their independence. One member of staff told us "We try to encourage people to keep their independence for as long as possible. It's so important. We don't take over; we encourage people to do what they can." Staff were encouraging and vigilant to promoting people with their care needs.

Staff went the extra mile to support people at festive periods. For example, on Christmas Day the registered manager arranged a Christmas meal at a nearby day centre to ensure that people who wanted to celebrate Christmas Day with other people were able to. The registered manager told us, "It's so worth it. Seeing people's faces, especially if they haven't got any family. We all really enjoyed doing it." Staff supported people with travel arrangements and were given a choice about whether they wished to attend. One person changed their mind on the day and decided they did not want to attend. Staff saved the person a Christmas dinner and delivered it to them at their home instead.

The registered manager had a good understanding of advocacy services and understood when there could be a need for people to receive support from an advocate. For example, if they had little family involvement or required support with making financial decisions.

## Is the service responsive?

### Our findings

People's care and support needs were assessed before using the service to determine if staff were able to meet their needs. One relative said, "[Name] was hospitalised after a fall and after a failed care package with another provider the Specialist Dementia Service came and took over. They came and met [name] and all of us that knew about her needs. They wrote the care plan, gave us the date they would be taking over and it's been brilliant ever since." Care plans contained assessments of people's needs with explanations of the support they required from staff. Care plans were derived from the information provided by people wanting to use the service and their relatives and were clearly documented in the care plans.

People's care and treatment was planned and delivered in line with people's individual choices. For example, information about people's past history, where they had previously lived and what interested them featured in the care plans. Staff used this information to guide them when providing person centred care, and they used this information to have meaningful conversations with people. For example, we heard staff talking to one person about their interest in birds and observed that they reacted well to this. Care plans also contained information about people's preferences, for example, one person preferred to have female members of staff support them with their personal care and this was accommodated by the agency. One relative told us, "[Name] doesn't really like having men help her get washed and dressed." We checked with the registered manager and the staff rota, they confirmed that only female members of staff were sent to provide personal care for this person.

People received the care and support they expected and required. One person's relative told us, "They're [the staff] absolutely brilliant. They come on time, do everything they're supposed to do and do the extra little things for her too. They're really really good." Staff completed records for each visit which documented the care and support people received. One relative said, "They [the staff] always write down what they've done. It's helpful for us to see how they've been getting on each day." We examined people's records that staff had completed and found they correlated with the care people had received and people had received all the care and support they required.

People's care plans were regularly updated and reviewed. One relative told us, "We're quite involved in the care our relatives receive. We get invited to all the reviews." Another relative told us that they had been invited to the regular reviews and felt their voice had been heard and appropriate changes had been made. They also told us that as they lived far away the staff contacted them if there were any changes in between the reviews. They said, "[Name] is not always hospitable [to the staff] but they are coping with her very well. They are the best company by far". One relative told us that the care plan had been amended after an Occupational Therapist had visited their relative. Care plans were reviewed and updated on a regular basis, or as people's needs changed.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of their care. Staff understood what to do if people or their relatives made a complaint; they told us they would support them to contact the manager. One member of staff told us, "If someone wanted to make a complaint I would inform them it was their right to do so and that they could do

this in confidence." No complaints had been made about the support people received but a number of compliments had been received. People were complimentary of the care they or their loved ones received. One thank you letter said, "I'm really pleased with the service you provide for [name]... Even though you can't see it, she really needs the care you provide."

## Is the service well-led?

### Our findings

People received care from a service that was well-led. People's relatives knew who the registered manager was, and spoke highly of the management team. Relatives told us that the manager was approachable and listened to what they had to say. One relative told us, "The manager is my main point of contact and I can contact her if I need to. She's very approachable and very nice." Staff also told us they had confidence in the registered manager and felt well supported. One member of staff said, "The manager is very good. She listens to our ideas and gives them a go if she thinks they will make things better. I love working here." The registered manager had a good knowledge of the people that used the service and how staff were best able to meet their needs.

The manager had a number of quality assurance systems in place to review if people were receiving good quality care. Senior staff completed unannounced spot checks and observed staff supporting people with their care. Action was taken or feedback was given to staff to drive improvements if necessary. The manager and provider also completed regular quality assurance audits of the service. This included reviews of people's care plans and notes. When issues had been identified action plans were devised to make the improvements that were required and the actions were completed in a timely way.

There were systems in place to ensure every person received their care. Staff were required to log on at the beginning of their shift; this ensured that every person's visits were covered. This was monitored by a member of staff and had been effective in ensuring that people's visits were always covered by staff and people always received their care.

The culture within the service focused upon supporting people's health and well-being, and enabling people to stay at home for as long as possible. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the outcomes for people that used the service and staff worked well as a team to ensure that each person's needs were met. Staff clearly enjoyed their work and told us that they received regular support from the management. The registered manager was passionate about supporting people's independence and providing people with good quality care in their own homes.

Systems were in place for people and their relatives to provide feedback about the service. People were asked to complete satisfaction questionnaires at regular intervals and also provided feedback at their quarterly reviews. Most responses were very positive and people and their relatives told managers they were happy with the care they received. The registered manager had met with people who had raised any issues to discuss any improvements that could be made.

Staff received regular newsletters to keep them informed about what was happening within the service. One member of staff told us, "There is a newsletter which tells us what's going on, and gives us reminders about training we have had and what we should be doing." Staff had regular meetings where they were kept aware of any changes to people they supported. This also gave staff opportunities to discuss new ideas and changes to the service.

The service had policies and procedures in place which covered all aspects relevant to operating a care agency, for example safeguarding 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 understood their requirement to submit appropriate notifications to the CQC and did so when necessary.