CT Creative Solutions Ltd

Olive Tree Services

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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

We inspected Olive Tree on 13 November 2015. Olive Tree Services is a small family run domiciliary care service based in Witney, Oxfordshire. This was an announced inspection. This was the first time this service has been inspected at this location.

There was a registered manager in post at the service. 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. At the time of our inspection, the service was applying for a shared registration with another senior member of the team.

The home was run by a manager whose vision for the service was to run high quality care for people in their own homes. The manager had a desire to motivate staff and train them to fulfil their potential and support the service in achieving this vision. There was a day to day

Summary of findings

monitoring of quality due to the level of involvement from the manager with their senior staff. There was also formal monitoring through discussion with people that use the service and the monitoring of care files.

People were protected from the risk of harm and abuse by staff that understood their responsibilities in relation to safeguarding. Staffing levels were sufficient to meet people's needs. People's needs were assessed and risks associated with their needs were managed through clear guidance and staff that understood and followed that guidance. People who required support with medicines received their medicines when required.

People benefited from a culture that valued choice and had a clear policy of choice and decision making. There was also a good understanding within the service with regard to the Mental Capacity Act (MCA) 2005. MCA is the legal framework that protects people's right to make their own decisions. We have recommended the service familiarise themselves with the MCA Code of Practise.

Staff felt supported and had access to regular supervision and appraisal. There was also adequate training for staff and opportunities to develop professionally. People had access to appropriate health professionals which was clearly planned and people also received a varied and healthy diet if providing food was part of their planned care.

Staff were described as caring by people and their relatives who thought they were outstanding. The services commitment to high quality care meant they would go above and beyond. Peoples independence was supported and their privacy and dignity were respected. People who were at end of life were supported by staff who were passionate about ensuring people and their families at that stage in their life recived the best possible care and support.

People benefited from a service that had a person centred culture where their needs were assessed and reviewed. When people's needs changed the service responded. People views were seen as important and feedback was used to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People had risk assessments in place to ensure their needs could be met safely.

There were adequate numbers of staff to ensure people's needs could be met and their well-being could be maintained.

Staff had a good understanding of safeguarding and what to do in the event they suspected abuse.

Good

Is the service effective?
The service was effective.

Staff we spoke with felt supported and had access to regular supervision and appraisal.

People's choice was respected and the service were following the key principles of MCA.

Staff had access to training and their professional development was seen as important to the registered manager.

People had access to appropriate health professionals as and when required.

Good

Is the service caring?
The service was caring.

Care was described as outstanding by people and their relatives.

The service went above and beyond to ensure people received the care they wanted and the service knew what was important to them.

People's independence was encouraged and staff we spoke with clearly valued the need for people to maintain as much independence as possible.

People at end of life were treated with respect and dignity by staff that were passionate about supporting people and their families at this stage in their lives.

Outstanding

Is the service responsive?
The service was responsive.

People's needs were assessed and reviewed when they entered the service and as and when their needs changed.

People and their relatives knew how to raise a complaint but had not felt they needed to. Issues were dealt with in a manner that avoided complaints.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There was a clear vision that prioritised quality and reliable care for people using the service.

The service was described as well led by staff people and their relatives..

There was an ongoing monitoring of the quality and safety within the service by a management team who remained in touch with day to day practise and performance.

Olive Tree Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 the 13 November 2015 and it was announced. We gave the service 48 hrs notice because we wanted to ensure there was a senior member of staff available in the office. The inspection team consisted of one inspector and an expert by experience (ExE). An ExE is somebody who has experience of using this type of service.

At the time of the inspection there were 27 people being supported by the service. We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law.

We spoke with 11 people who were using the service and three people's relatives. We spoke with eight care staff, two care coordinators and the registered manager. We reviewed four peoples care files, records relating to staff supervision, training, and the general management of the home.

Good

Is the service safe?

Our findings

People we spoke with felt safe. Comments included, 'completely safe', 'very safe, friendly and very good', 'I get the same set of carers I feel very safe.' And 'I feel safe, the carers are excellent. People's relatives also felt the service provided was safe. One relative told us, "I feel ever so comfortable when they are around I know he is safe because they are look after him – all the time just let them get on with it". Staff had knowledge of types of abuse and signs of possible abuse. Staff we spoke with could tell us what action they would take if they suspected abuse. Most staff also knew arrangements for alerting external agencies such as the local authority safeguarding team and the Care Quality Commission. We raised the manager's awareness that some staff did not always know where they would alert external to the service. The manager took immediate action to ensure the training and information in place was fully understood by all staff.

People had support plans in place which clearly detailed their support needs and risks associated with these needs. For example, people who required support with their mobility had assessments in place to ensure staff could keep them safe when providing the support required. Where people had more complex needs, such as needs relating to end of life, assessments were in place to ensure staff knew what action they should take. When people were directly referred to Olive Tree from hospital, known a 'fast track', there was a lack of detail in two peoples risk assessments. We spoke with the manager who were very receptive to this feedback and took immediate action to ensure that all plans had the relevant detail. People and staff benefited from environmental risk assessments that identified environmental hazards. There were also emergency plans in place in the event of incidents that may impact on the service's ability to deliver people's planned care. Staff we spoke with were aware of these plans.

People received care from adequate numbers of care staff. People told us they never had a missed visit and that staff were generally on time and would let them know if they wouldn't be. Comments included, "I always get my visits when I expect, sometimes the time can vary but that's to be expected with traffic and things", "There seem to be enough staff, I always get the same few carers" and "I know they are always looking for new staff, but there seems to be enough". Staff themselves also felt that staff was adequate to meet people's needs. Comments included, "There are plenty of us, visits are planned to allow for travel, it can be tight at times, but that general traffic and local roads" and "We have enough staff, all visits get covered without any problems, we never need agency".

People's support plans clearly indicated if they needed medicines. The majority of people we spoke with were responsible for their own medicines. One relative described how medication was given to their relative, 'They record everything in the care record.' Another person told us, 'They [staff] give me my tablets and record it in my book".

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK. Staff we spoke with confirmed they underwent the necessary checks as part of their recruitment.

Good

Is the service effective?

Our findings

People we spoke with felt that staff understood their needs. Comments included, “Staff understand me, they’re nice” and “yes I am supported well”. Relatives also told us that staff were knowledgeable and well skilled. Comments included, “Staff know my [relative] really well, some have known her many years and are well skilled, couldn’t be happier” and “Staff stay for a long time, this means they know my relative inside out and always look like they know what they are doing” and “Excellent - brilliant-the carers they polite and competent reliable”.

All staff we spoke with told us they felt supported. Comments included. “Very supported, you can ask anything you need to” and “Support is excellent and on-going”. All staff we spoke with told us they had formal supervision meetings to discuss and reflect on their practise. This was supported in staff files we reviewed. We saw that staff development was a key priority for the manager. Supervision was regular, comprehensive and was used to improve practise. New staff received a comprehensive induction and were allowed to shadow until they felt comfortable to work alone. Newer staff we spoke with told us, “The support from the start has been very thorough, I was new to this specific area and it’s been great”

People within the service benefitted from a culture that valued people’s right to make their own decisions. We did note that there was not always evidence that people’s capacity was assessed when decisions might need to be made in their best interests. We discussed this with the manager who showed a detailed understanding of the Act. We were also shown a measure that had been put in place to ensure that staff also had a good understanding. We also observed an issue on the day of our inspection where staff had called the office for advice due to an issue where a person was potentially having a decision made for them. The manager felt that as the process of assessing capacity was such a changeable and time specific issue, it was difficult to make sure records reflected this. Staff we spoke with showed a good understanding of capacity. We did not that one member of staff felt they needed more training. The manager took immediate action to ensure their practise was in line with the MCA Code of Practise.

We also saw that the manager designed the recruitment process around assessing staff skill and experience. We saw that people were asked a wide range of job specific question so the manger could identify support needs from the start. The manager told us, “This stage is crucial to supporting people and protecting the main aim of the service which is to provide quality, if I can see staff care; we can train them the rest”.

Most people we spoke with did not require any food to be prepared. People who did had clear information in place. One person told us, “I cook my own meals, but if I am not well enough the girls will do it for me, they encourage me to eat well” Another person told us, “The carers prepare the meals and take time to encourage me to eat enough food”.

Everyone we spoke with had access to other health professionals. People also benefited from a service that was nurse led and ensured nursing staff were employed within the team.

One person told us, “I get all the help I need the staff sort it out for me, they are very good, I don’t have relatives that can do it you see”. We saw that one person was referred to the service with mental health needs. The service worked with a number of professionals to support this person and provided a consistent staff team. We saw that this support had improved this persons quality of life, their mental health and stabilised and were beginning to do more for themselves.

Outstanding ☆

Is the service caring?

Our findings

Every person we spoke with and all people's relatives described the staff within the service as caring. Comments included, "They are always respectful and treat my husband with dignity that he deserves". Some people and their relatives described the care as outstanding. Comments included, "The care is excellent, really wonderful" and "Outstanding, no other words for it, all the carers have been tremendous".

These comments also reflected the caring approach we heard from staff. Comments included, "if people are smiling when you leave their house you have done your job" and "It's more than a job, I take great pleasure spending time with these people, privileged to know them". Staff explained that kindness, respect, compassion and dignity in care were key principles they were encouraged to display.

This commitment to quality care was reflected though the managers commitment to going above and beyond. For example we spoke with one person who the service had been providing additional care to ensure they could receive a cooked meal. The commissioned care did not make time for staff to do this. Another person had asked for their care visit to be moved due to a charity run their relative was doing. The registered manager wrote back to this person and offered them an additional visit free of charge so their commitment to a charitable cause did not lead to them losing their planned care.

People benefited from a culture that saw the relationship between people and their carer workers as important. The service had a policy in place to ensure all staff did not shorten or rush their calls. The manager told us, "It is all about staff not rushing and having the time to care, communicate well and take account of safety and quality at each person's home". There was also a process that was important to the service referred to as 'never open the door to a stranger'. The registered manager told us, "All staff are introduced face to face before presenting to the person to do the care itself and the company bears the cost of this because we believe it is the right thing to do". People we spoke with all confirmed that every person that come to their home they had already met and had a conversation with. One person told us, "I think it's a lovely thing to do and really makes me feel more comfortable".

The registered manager had also planned a creative solution to meeting families who may be in need of care at some point in the future to engage with them before the need was critical. The service had moved location which included a shop at the front of the location. The registered manager told us, "It's a lovely way for people who are trying to prepare to come and have a chat and we offer all the advice we can". One staff member told us, "It's such a good idea, it's definitely not a profit making thing, it's for people and relatives to come and talk about things before agreeing to anything in a very informal way". We heard how people using the service and people in the community would drop into the shop and speak with staff. We heard how for one person it was their regular weekly routine to drop in for a coffee and chat to the staff. We also heard that the shop had supported people to understand what additional support may be available to them in terms of assistive equipment. One member of staff told us, "Anything we can do to take the worry and stress off is important to us".

Each person we spoke with told us how staff encourage independence. Comments included, "I appreciate how they [staff] don't just do things for me, they wait and see what I want to do for myself", "Staff encourage me to do as much for myself as possible, taking the time to do that has helped me see I can do more than I think I can, makes you feel good" and "It would be easier sometimes for them just to do things, I'm not as fast as I was, but they are very patient, never seem rushed".

People were involved in their care planning; each person told us how they and their relatives when requested had a meeting with the manager to discuss their care. One relative told us, "nothing is too much trouble for the staff, they bend over backwards". Another person's relative told us, "People are in complete control of their lives, it's all planned and can change whenever we want or need it to". We saw people's personal preferences detailed in their files. For example one person had a clear preference for specific tasks they wanted before care was provided, staff respected this preference.

When people were nearing the end of their life they received compassionate and supportive care. People and their relatives contributed to their care plan so that staff knew their wishes and made sure people had dignity, comfort and respect at the end of their life. Staff we spoke with had a clear passion for end of life care. Comments

Outstanding ☆

Is the service caring?

included, “I know when the end comes we have done a fantastic job and people have had the best possible care right up until the end”. Relative’s feedback we reviewed also reflected this approach with a number of relatives referring to “Fantastic support” and “Huge appreciation”. One staff member was also training in bereavement counselling and planned to use this to support people’s relatives at these times. Another staff member told us, “We go above and beyond for people and their families; it’s harder for people who are left behind”.

Good

Is the service responsive?

Our findings

People we spoke with felt the service was responsive. Comments included, “They care for me well, they can tell when something is not right and give me the support I need” and “I have assessments when I need them, they [staff] are very good like that, they let the office know”. One relative told us, “They are constantly on top of things, speaking with us, reviewing, listening, it really is excellent, they let me know and keep me up to date”.

People’s needs were assessed when they entered the service. These assessments were used to develop care plans and to ensure appropriate levels of care. These support plans were regularly reviewed and updates as and when people’s needs changed.

When people’s needs changed the service responded. We saw that people’s daily records were detailed and gave clear and accurate information that enabled staff to identify changes in people’s health day to day. This meant that when people’s needs changed it was documented and passed on for the office team to take appropriate action. For example, we saw in one person’s daily notes that staff had identified concerns regarding one person’s skin. The service being nurse led meant this need as well as all general health needs could be responded to quickly and by individuals with the right level of skills and experience.

We found the service did as much as they could to design people’s care around their own wishes and preferences. For example, people who requested specific changes to visit times, had that changed by the service. Staff we spoke with told us, “We try and be very flexible to what people want day to day, but of course we need a certain amount of notice”. We did note that some people had requested their own copy of a rota. Some people we spoke with told us that this had happened on occasion others had not yet received a copy. We raised this with the manager when we Identified it through people’s feedback. The manager told us that as the care can change quite often it is not always a good idea to send out rotas. However it was agreed that if the request was a person’s preference then action should be taken in each case to ensure people were listened to.

People and their relatives told us they felt able to make complaints and would know how to raise them. All relatives we spoke with told us they had not had to raise complaints but issues raised were responded to. For example one person had raised an issue of having regular carers. The registered manager acted immediately to show understanding for the request and arranged a compromise that suited the person but also meant they would be supported by staff that knew them in the event of sickness or absence.

Good

Is the service well-led?

Our findings

People and their relatives described the service as well led. Comments included, “it’s clearly well led you can tell the manager wants high standards”, “leadership is great, so important, the quality of care I see is reflective of that” and “excellent, the quality comes from top all the way to the care staff”. Staff also spoke highly of the leadership. Comments included, “The manager is very good, very clear and communicates well” and “the manager works very hard, very good manager, comes from a very person centred place”.

There was a clear vision within the service regarding excellence, dependability and professionalism. There was also an approach from the manager that focused on quality and their staff. The manager told us, “It is my firm belief, proven through experience in my working life that if money and quality are competing for management attention there will be compromise on quality. So we are on a firm foundation in this respect. I think this really helps release me to focus on quality and taking an individual interest in each of the staff and building the team through regular contact with them as a group”. Staff we spoke with shared this vision and also confirmed it was working in practise. Comments included, “I feel very valued and thought about, the manager has gone out of their way to support me” and “It’s not about money, only about people, that’s why it’s the best place I have worked. You are encouraged to do what you need to, if I need to stay a bit longer at a visit, I do, the manager supports that”.

Team meetings were used to discuss both the people supported by the service and also the staff and their well-being. Team meetings were also used on occasions to offer refresher training around any areas that may have arisen. For example, following a recent incident following a person being unconscious staff were trained in, how to identify people who were not in a conscious state. Staff we spoke with also made specific comment on the support they had received to regain their passion for care. This was supported by the manager who told us, “I enjoy and get a great sense of reward in supporting and developing people who have almost given up and seeing them blossom under hopefully a kinder, more generous, employment model”.

People were asked their views on the service they received. We saw a number of people’s feedback was largely positive. However, where constructive feedback was given it was not always clear what action was taken. The manager told that they were assured regarding much of the feedback due to their own knowledge of the service and the staff team. However, we raised with the manager whether that assurance was always reflecting what people’s individual experience. The manager agreed to take immediate action to ensure that their own assurance was also supported by systems in place to ensure feedback was responded to specifically. People we spoke with felt their views were appreciated but were not always clear what happened. One person told us, “I get a form to feedback; it’s good that they do that, but I’m not sure where it goes”.

The culture in the service was protected by clear leadership and clear expectations of staff. Staff we spoke with appreciated this culture, “It’s just a nice place to work, the team are on the same side. The manager won’t have any gossiping she wants people to be open. I work better in places like that”. Another staff member told us, “The manager won’t have any disrespect for people or staff, she’s very fair but makes it clear we are here for the people we support and gossip goes against that”.

The service had an ongoing system to review the quality and safety within the service. Staff were all tasked to review support plans at each visit with the senior staff going out for formal reviews monthly. Staff also had unannounced spot checks to observe the quality and safety of peoples practise. We saw that there was a weekly report to capture any changes to support plans or any incidents referred to as specific client events. Incidents and accidents were recorded to ensure that learning could be taken and used to prevent further incident and injury.

The manager worked to ensure links to the caring community. We were told the service had a partnership arrangement with the registered manager another of domiciliary care company who they met regularly to discuss best practise. We also found that the registered manager worked within the adult social care sector to assess competency of other nurses and identify best practise that could be shared with their own team.