

OLIVE TREE (KIRKLEES ) LTD

# Olive Tree (Kirklees) Limited

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Olive Tree (Kirklees) Limited is a domiciliary care agency providing care to people in their own houses and flats.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 10 people were receiving this service and nine of these people received a regulated care service.

### People's experience of using this service and what we found

At our last inspection, we found training records did not demonstrate staff received training in mandatory areas. At this inspection, gaps were seen in training, supervision and appraisal records.

Medication was not managed safely. Staff were trained in medication management, but did not have their competency checked. One staff member signed to say they administered medicines at calls which we found they had not attended.

Risks to people were not adequately assessed. Key risk assessments were missing or did not adequately cover individual risks to people.

Recruitment practices were not found to be safe. Two office staff members did not have DBS checks and two care workers were found to have DBS check results received after their start date.

Care plans were difficult to use. Moving and handling sections contained general information about how to assist people to move, which meant this was not person specific.

Systems of governance were not effective as insufficient numbers of documents were sampled and audits did not identify concerns we found when looking at the same records.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

People and relatives provided consistently positive feedback about the service they received. People said they were involved in the setting up and reviewing of their care needs.

Spot checks were taking place to observe staff practice. Feedback was requested through satisfaction surveys, although results were not communicated back to people.

Feedback regarding the registered manager was positive as people, relatives and staff said they were approachable and supportive. The registered manager worked with other services to meet people's health and care needs.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 23 October 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made as the provider was still in breach of this regulation. Four new breaches of regulation were found at this inspection. The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At this inspection, we have identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to person-centred care, consent to care, safe care and treatment, good governance and recruitment of staff.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Olive Tree (Kirklees) Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience who contacted people receiving this service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was carried out over three days and was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

#### What we did before the inspection:

Before the inspection we reviewed the information we received from the service including notifications about incidents in the service the registered manager is required to submit. We used the information the provider sent us in the Provider Information Return. This is information providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority, safeguarding teams and other professionals, including Healthwatch who have contact with the service for any information they could share. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any information of concern.

During the inspection we spoke with the registered manager, apprentice administrator and four other members of staff, three people who received this service and four relatives. We looked at five people's care plans in detail as well as other records including those connected with recruitment and training, medicines administration and quality monitoring.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management

- Risks to people were not assessed, meaning staff did not have enough information to reduce the risk of harm to individuals.
- One person was at risk because they chose to smoke in bed, although they did not have a fire risk assessment for this. We noted the registered manager had been in contact with the fire service and obtained fire resistant linen for them.
- A person who displayed behaviour which may challenge others did not have a risk assessment for this. Two people were at risk of choking, although there was no risk assessment to demonstrate this was followed up to ensure staff supported them appropriately.
- A record of accidents and incidents was created, although a record of an incident whereby a person recently slipped off their bed had not been completed.

This was a breach of regulation 12(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment as steps had not been taken to ensure risks to people were understood along with steps to reduce the risk of harm.

Using medicines safely

- Where people needed assistance with administering their medicines, people and relatives said this was given. However, systems to ensure people received their medication safely were not adequate.
- One staff member was found to be incorrectly signing for medicines they had not administered. The registered manager dealt with this issue following our inspection.
- Gaps were seen in the recording on some medication administration records (MARs). The registered manager said this was because relatives occasionally administered medicines, but where the provider's responsibility in administering medicines started and ended was not clearly defined and recorded.
- Medication audits were not found to be effective as MARs had been signed off as being without error. However, our checks of the same records found concerns which were not identified. No medication audit took place in July 2019.
- Protocols for as and when required medicines were not in place. There was no list of medicines in people's care plans. During the inspection, this was created for all people, but this list did not show which medicines staff were responsible for.
- Most staff received medication training, although observations of staff administering medicines to people were not carried out to demonstrate competence.

This was a breach of regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014, Safe care and treatment as systems were not effective in ensuring people received their medicines as prescribed.

#### Staffing and recruitment

- Safe recruitment procedures were not being followed. Two members of office staff were working without DBS checks. The registered manager said they would apply for DBS checks for the office staff following our inspection. Three staff files were checked. Two care workers had DBS checks which were received after their employment commenced. During this period, these staff members were lone working. One staff member had a reference which was not received until over three months after they started work. Another staff member had a five year gap in employment history which was not explored.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed as relevant background checks were not completed prior to staff commencing their employment.

- People and relatives told us staff recorded accurately in call logs, although records looked at showed staff, including the registered manager were recording contracted call times in daily logs, rather than actual arrival and departure times. This meant it was not possible to verify whether staff arrived on time and stayed for the duration of the call.
- People told us there was some consistency with staff who provided their care. One relative told us, "My relative is so happy. We have consistency." An electronic rota and scheduling system was effective.

#### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe receiving this service. One person said, "I do feel safe and comfortable with the care workers."
- Recent safeguarding incidents had been investigated. However, investigation records relating to a serious safeguarding concern from early 2019 were not evident.
- Staff received safeguarding training and were able to describe the signs of abuse they would look for and they knew to report this.

#### Learning lessons when things go wrong

- Some examples of lessons learned were evident during the inspection. Before they registered as manager, the registered manager employed other senior staff to be in day-to-day control of the service. However, since a safeguarding incident earlier in the year, they had taken on this responsibility themselves and had registered with us. There was evidence of learning through making referrals to other professionals when needed.

#### Preventing and controlling infection

- Systems were in place to support good infection control. One relative told us, "They [staff] keep our house clean." There was a sufficient supply of personal protective equipment at the offices which staff said they used as and when needed.
- The registered manager took additional steps to protect staff from the risk of cross contamination where there was an increased risk in supporting one person.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection the provider was unable to demonstrate they provided formal support for staff through training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of this regulation.

Staff support: induction, training, skills and experience

- People told us staff had the necessary skills to meet their care needs. However, records of formal staff support showed gaps in this provision.
- Examples of supervision taking place were seen. However, gaps of five to nine months were seen in supervision records for four out of seven staff members. Two out of seven appraisals were completed. The registered manager told us, "There has been a few [supervisions] that have gone over."
- Initially, the training matrix only showed three subjects as completed by staff. We asked for an updated version of the training matrix which showed additional training, although some gaps were seen, including those for a senior staff member. Staff were completing the Care Certificate at the time of our inspection.

This was a continued breach of regulation 18(2)(a) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as formal staff support was still not evident at this inspection.

- Staff files contained a record of staff completing an induction before they commenced visiting people in their own homes. A staff member told us, "It was quite a thorough induction."

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff were crushing one person's medicines due to a swallowing risk. This person did not have capacity around medication. Although the GP was consulted, this was not recorded and there was no pharmacy involvement. During our inspection, the registered manager arranged a best interest meeting with relevant professionals' involvement.
- Mental capacity assessments were completed for all people receiving a service, including where people were assessed as having 'full capacity'. The Mental Capacity Act (2005) states that people should be assumed to have mental capacity.
- One person's mental capacity assessment dated October 2019 recorded against 'decision requiring test of mental capacity', 'Can make some decisions. Has 50% mental capacity'. This demonstrated a lack of understanding of the Mental Capacity Act (2005).

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the requirements of the MCA were not correctly understood or applied.

- People told us they were given choices by staff and their decisions were respected. One person said, "The care workers are good. They always respect what I want." Staff gave us examples of offering people choice around food and clothing.

Supporting people to eat and drink enough to maintain a balanced diet

- People and relatives said they were supported by staff with meals and drinks where needed. One person told us, "They microwave the food I need as my food is ready made. They offer tea and water when they come."
- One person's care plan stated they needed their food diced up and should be observed whilst eating. The registered manager told us this was for reference only and noted staff did not support this person with meals. The same person was prescribed a supplement which staff were giving to them.
- In one person's care plan, the guidance for lunch calls stated, 'I would then like the [staff member] to make me lunch in the kitchen and monitor me whilst I am eating'. However, it was not stated what staff should be looking for. The registered manager said they would update this record.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager demonstrated with clear examples how they supported people to access other services when this was needed.
- Throughout our inspection, examples were seen where the registered manager contacted the local authority safeguarding adults team, Yorkshire Ambulance Service, the fire service and occupational health teams where people needed equipment to meet their mobility needs.
- The registered manager was aware of the Care Quality Commission's 'Smiling Matters' report on the state of oral care in England. They purchased oral health care packs which were to be given to people who needed support in this area of personal care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager completed an assessment of needs before the service started to ensure they were able to meet these requirements.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and relatives about the quality of care staff provided was positive. Some people reflected on improvements in the service over the last few months. One person said, "Now the [staff] are good. They are up to my standards. [Registered manager] made sure he listened to us. We are very happy with the standard provided by the care workers now."
- Other people's comments included, "The care workers are caring, they do respect me. I tell them what I want, and they listen", "We have a great relationship [with staff]. They support my interests and [staff member] is very kind to me" and "They are very kind and caring. All of the staff are good with me."
- Relatives told us, "The care workers are wonderfully caring and compassionate. I feel I am very lucky. I hope I have this company forever" and "They [staff] are great. My relative cannot see, so the consistency of voice recognition is so important for them. The kindness through their voice is wonderful. We could not ask for anything more."
- People confirmed staff worked at a pace which suited their own abilities. They told us they never felt rushed.
- The registered manager personally arranged for a food parcel out of their own funds for one person who had budgeting difficulties. They contacted the person's social worker to obtain assistance for them.
- The registered manager and other care workers supported people to maintain their religious beliefs. One person who did not receive a regulated care service was supported to attend a place of worship. Religious beliefs were recorded in care plans.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in setting up and reviewing their care needs. Reviews of care were taking place. One relative said, "Management came about two months ago. We went through the review. Everything is going very well."
- A newsletter started the month before our inspection. The registered manager said they would use this to feedback regarding the satisfaction survey.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "We have an excellent relationship with the care workers. We have respect and dignity given at all times by the care workers to my relative."
- Staff told us they encouraged people to retain independence by not taking over elements of tasks people were able to do for themselves, such as washing themselves or buttoning a shirt.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The structure of care plans meant it was not easy to locate relevant information. Some sections within care plans duplicated information found in other areas. The registered manager said they would review this with their consultant following our inspection.
- Moving and handling care plans for every person contained generic instructions for all types of transfers. Staff did not have specific instructions relevant to the kind of assistance each person needed. The number of staff needed to meet people's needs was not recorded.
- One person was recorded as having a specific health condition which had not been explored to establish how this affected them.
- Elements of person-centred care were seen as people's life history and care preferences were recorded.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were asked about their communication needs at the point of starting to use the service. Examples were seen where the AIS was being met.
- Guidance from Mid-Yorkshire hospitals on supporting communication needs for one person had been printed. The registered manager was obtaining communication cards for the same person.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a concern or complaint if they were dissatisfied. People commented, "If I am not happy they will know. I can speak to the [registered manager] anytime" and "I have a copy of the procedure, but I've never needed to use it."
- Complaints were managed satisfactorily. The complaints file showed evidence of concerns and complaints being recorded and responded to. However, none of the complaints contained a formal written response. We discussed this with the registered manager who said they would address this.

End of life care and support

- Although a recent compliment had been received regarding a person who was supported through their end of life phase, there were no records regarding end of life care needs and wishes. The registered manager said they would address this.
- A recent compliment stated, 'I can say you provided something special, the highest level of care I could

have desired for [name of person]. I had complete faith that my [relative] would be treated with respect and consideration'.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Records relating to supervision, training and complaints were not easy to follow as information was missing or record keeping was disorderly.
- Audits did not cover a sufficient sample size. Every month, the registered manager audited four different charts. For example, a single page of daily notes, or a single bowel chart. These records were looked at during our inspection and we found concerns which had not been identified, including a staff member consistently completing a medication administration record for calls they had not attended. The registered manager told us, "I'm going to have to audit these more thoroughly."
- Call arrival and departure times were not being effectively monitored as staff recorded the contracted call times rather than actual times. The registered manager said they also did this, not recognising the importance of recording correct arrival and departure times. This made their audits of these documents less effective.
- Although the electronic care planning system was able to produce reports showing when staff logged in, because staff logged in using two different methods, a report of call times could not be produced. The registered manager said they would follow this up.

This was a breach of Regulation 17(2)(a) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as systems used to demonstrate oversight of the service were not effective.

- Staff spot checks were seen to be taking place which meant there was some monitoring of staff performance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- One relative said, "We fill in questionnaires. [Registered manager] does ask us face to face [if we are satisfied]. He also monitors the care workers and attends some calls as well."
- Satisfaction surveys were returned in December 2018. Some analysis of responses was evident, although people were asked to score their care from one to five and these numbers were not used as a performance indicator. Feedback to people had not been provided. The registered manager said they would share results with people and relatives following the next satisfaction survey.

- Staff meeting minutes recorded topics for discussion, although they did not show the details of these conversations and who attended.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture and made themselves available.
- Outcomes for people were positive. One person told us, "I am comfortable and happy with the service provided. Management are good. They are approachable." Relatives said, "[Registered manager] is brilliant. He sorts out any changes we need to make for my relative. We can contact [registered manager] anytime. This gives us great comfort" and "The management and care workers are very good people. They respect us. We are extremely happy with the service."
- Staff told us, [Registered manager] is very good. He's down to earth and helpful. He's there for us and is very flexible" and "When it counts, he's there for you."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was candid throughout the inspection and was open and honest with people they supported. They told us they learned from a safeguarding incident in early 2019 and had taken a more hands on approach to ensure this did not happen again.
- The registered manager recognised their own training and development needs. They employed the services of a consultant to provide their own supervision, training for all staff and general guidance.

Continuous learning and improving care

- The registered manager was keen to improve the service people and relatives received. The registered manager's vision for the service was explained to us, "To provide a service as though it was for your loved ones."
- The registered manager's consultant was skilling them to become a 'train the trainer' which would help improve the quality of care people received.

Working in partnership with others

- Evidence of partnership working with other services was evident during the inspection. The registered manager contacted the local authority safeguarding unit, social workers and the Yorkshire Ambulance Service to help meet people's needs.
- The registered manager was committed to improving the service and developing their own knowledge. They attended the Kirklees registered manager's network which is a forum for sharing good practice.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  Records showed the Mental Capacity Act was not understood and applied correctly.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Management oversight was not evident over key aspects of the service. This demonstrated that systems to assess, monitor and improve the service were not sufficiently robust.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment practices were not followed as background checks had not been completed prior to staff starting their employment.
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Formal staff support was not consistent through training, supervision and appraisal.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Steps had not been taken to ensure risks to people were understood along with steps to reduce the risk of harm.</p> <p>Systems were not effective in ensuring people received their medicines as prescribed.</p>

### **The enforcement action we took:**

Warning notice