

Olympus Care Services Limited

Specialist Support Services for Younger Adults with Disabilities North

Inspection report

Patrick Road Resource Centre
Patrick Road
Corby
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Tel: 07793840375

Date of inspection visit:
30 March 2016

Date of publication:
03 May 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 29 March 2016. This domiciliary care agency supports adults with disabilities aged 18-65. At the time of our inspection there were 48 people using the service.

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 abuse 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 agency and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet 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 as required.

People received care from staff that were kind and friendly. People had meaningful and fun interactions with staff and looked forward to seeing the staff. 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 were treated with dignity and respect.

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 focussed on empowering people to receive the care they 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 and staff reacted positively to the registered manager and the culture within the service focussed upon supporting people's health and well-being which enabled people to be as independent 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 received safe care and support. Staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

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

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) and Deprivation of Liberty Safeguards (DoLS).

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 they were treated with dignity and respect.

There were positive interactions between people and staff. People 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 service could meet people's needs.

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

There was a transparent complaints system in place and staff understood how they could support people to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

A registered manager was in post and they were active and visible in the service.

Systems were in place to monitor the quality and safety of the support people received.

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

Specialist Support Services for Younger Adults with Disabilities 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 29 March 2016 and was unannounced. The inspection was completed by two inspectors.

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.

During our inspection we spoke with five people, three members of care staff and the registered manager.

We looked at care plan documentation relating to five 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, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

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. One person said, "I feel extremely comfortable with the carers. They keep me safe." Another person had commented in a recent survey that they felt safe. They recorded, "The care enables me to remain living independently, safely and securely." Staff were able to tell us about signs they looked out for which may suggest somebody was at risk of harm. One member of staff said, "If I had any concerns about anybody I would report it to the office. Straight away." Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff said, "All safeguarding concerns go through the manager but we understand the procedure and know that the local authority and CQC need to know about any allegations or concerns."

Appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. People using the service were kept involved and were informed of the outcome at the conclusion of the investigation. The registered manager took swift action to make improvements when concerns were raised and ensured that new measures were in place to give the person choices to keep themselves safe.

People's needs were reviewed by staff so that risks were identified and acted upon. Staff understood the varying risks for each person and took appropriate action. For example, one person required assistance to get out of bed. Staff understood how they could safely support the person and the equipment that was needed to do this. Staff put plans in place to care for the person as safely as possible and requested additional equipment to support the person in the long term. Staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed. We saw evidence of staff raising their concerns with the office staff who requested further professional assistance when necessary.

There were appropriate arrangements in place for the management of medicines. One person told us, "The girls [staff] realised that the pharmacy hadn't given me enough pills so the office chased it up and made sure I got them." Another person told us, "I self-medicate, I don't want to lose my independence and that's fine with the staff." Staff were confident with the administration of medicines. One member of staff told us, "We check everything before we administer it, to make sure people get the right medicines." We have training so we know what to do with medication." We saw that staff completed medication administration records in people's homes if they had supported people to take their medicines. Procedures were in place to ensure medicines were ordered, collected and distributed appropriately to people.

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 work and provide care to people. This meant that people were safeguarded against the risk of being cared for by unsuitable staff.

There was enough staff to keep people safe and to meet their needs. One person said, "They [the staff] come in the morning and they're usually on time. They never let me down." Another person told us they had a

consistent group of staff that they enjoyed seeing. They said, "There is a team of staff that come to my house to support me. I enjoy seeing different faces – different interests and we have different conversations." Staff told us that there was enough staff available to meet people's needs and to ensure people received good support throughout the day. One member of staff told us, "Staffing is good. We get enough time to support people, and get allocated travel time so we're not late for our next visit." We found that where appropriate, two staff were allocated to support one person to ensure they could be supported to move safely. Staffing rotas were reviewed weekly to ensure people could receive the support they required, for example, with hospital appointments, and there was enough staff to meet people's needs.

Is the service effective?

Our findings

People received care and support from staff that had the knowledge and skills needed to carry out their roles and responsibilities effectively. One person told us, "The staff know what they're doing. They're excellent." Staff told us that they had received a suitable induction and training which enabled them to understand the needs of the people they were supporting. One member of staff said, "Each new member of staff receives an induction and they shadow experienced staff until senior staff sign them off as competent." New staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards. Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "The training is regularly refreshed so we keep up to date with any changes, and it's a good reminder of what we should be doing." Staff also had additional training specifically relevant to the people that used the agency. This included training to support people with epilepsy, who used PEG (percutaneous endoscopic gastrostomy) feeds for people who could not manage to eat food, and people that had experienced a stroke. The registered manager had developed a system to ensure that training was maintained and provided to all staff that needed it.

People received a service from staff that were provided with the support they needed to do their job effectively. Staff told us they felt well supported in their roles. They told us that they regularly had supervision meetings and spot checks on their visits which involved a senior member of staff observing them provide care for people. One member of staff said, "We get feedback about how we're doing and if there is anything we can do to improve." We also saw that staff had annual appraisals which reviewed staff's performance and identified areas for further training or personal development.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA and we saw that they were. 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.

The management team and staff were aware of their responsibilities under the MCA. We found that staff received relevant training 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. One member of staff told us that that senior members of staff had received training to complete mental capacity assessments, but they often were supported by appropriate professionals to ensure the correct support was provided. We saw that detailed capacity assessments had been completed with detailed guidance for staff to support people to make choices where they were able to. 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 with their meals and drinks when necessary. One person told us that the staff

encouraged them to eat well and gave them choices about what they wanted to eat: "At breakfast they [the staff] always ask me what I fancy, and they listen to what I say." We saw that people's care plans recorded if people required support with their meals and staff supported people to eat the food and drink they enjoyed. Staff were vigilant in identifying if people had difficulties swallowing and made appropriate referrals to appropriate healthcare professionals for full assessments to take place.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. For example staff ensured that one person that required support with the movement of a limb had input from the orthotics professionals, and updated the care plan accordingly. Staff were knowledgeable about people's health needs and understood when people were feeling unwell. We also saw that staff were vigilant to people's changing health needs and sought guidance from relevant healthcare professionals, for example when it was identified that one person had developed pressure damage to their skin, the staff worked with the district nurse to provide appropriate care and support to the person. Staff recognised when people were capable of making their own decisions, even if this went against professional advice and explained that they provided encouragement and explanations so people understood the risks.

Is the service caring?

Our findings

People were cared for by staff that were kind and passionate about providing good care. People spoke extremely positively about the attitudes and characteristics of the staff that supported them. One person said, "All the staff are lovely. They're brilliant." Another person had responded positively in a recent survey. They said, "All the carers are cheerful and positive – this is a pleasure." We saw that staff spoke fondly and passionately about the people they supported. We also observed that when staff spoke with people who used a wheelchair they ensured that they were face to face with them which helped to build rapport.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. Staff had built rapport with people and developed positive relationships with them. One person told us that when their partner went away they used to move into residential respite care however since using this agency they had built up a good relationship with the staff and trusted them to provide the additional care they required in the absence of their partner. The person told us, "The staff are great and it worked out very well." The person told us they were thrilled that they had not needed to move out of their home and they were well treated by the staff. People told us they felt that staff listened to them and their wishes.

People were supported at their own pace and they were not rushed. One person said, "I want to be as independent as possible and they help me to do that." We saw that staff respected people's independence and did not take over from people by pushing their wheelchair if they wished to do this themselves. Staff made every effort to make people feel relaxed and comfortable by talking with them and having banter together. Staff explained what was happening and allowed people the time they needed to respond to their questions. We saw that care plans recorded what people required help with and what they wished to do for themselves.

People were encouraged to express their views and to make their own choices about the care they received. One person told us, "I feel in total control of my care. The carers give me choices about everything. They know what needs doing and in what order. I like the routine, they're brilliant." Staff told us that wherever possible they gave people choices in how they wanted their care. Two members of staff described giving people choices in every aspect of their care, for example, what they wanted to wear, what kind of wash they wanted and what time they got out of bed. We saw that care plans reflected this and were person centred to give people choices and empowerment to take ownership of their own care.

People had their privacy and dignity maintained and promoted by staff. One person explained that the staff kept them covered up whilst supporting them with their personal care and felt they were treated with dignity and respect throughout all staff interactions. A member of staff told us they always ensured they knocked on people's doors and made people aware if they were entering their home. One member of staff said, "The biggest thing for me to respect someone is making sure I communicate with people effectively and listen to what they say." Another member of staff said, "I ask for people's permission for everything. It's their home and I completely respect that. I ask them if I can open their cupboards to get what they need. It's all about

respect." The staff we spoke with were aware of the need to maintain people's dignity and were able to provide examples of how they supported people in a dignified manner.

People were supported to maintain relationships with their friends and family. One person recorded in a recent survey, "...I have support to go and visit my brother every Saturday." We also saw that staff had an understanding of who people liked to spend time with when they attended a day centre and encouraged people to spend time where they wished.

The registered manager had a good understanding of advocacy services and understood when there was 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. The registered manager had the names of advocacy services that could help if people needed them but at the time of our inspection they had not been used.

Is the service responsive?

Our findings

People's care and support needs were assessed before they were accepted by the agency. This ensured staff could meet people's needs and understand their expectations. One person explained that they had met with the staff to explain what help they needed and when they needed it to be. They felt this meeting had been comprehensive and provided a good tool for staff to understand how they liked to receive their care and support from the beginning. The staff gathered information about people and their care needs from people and professionals that were involved in supporting people. The registered manager confirmed that two members of experienced staff completed an assessment of people's needs before they were accepted into the service and the manager and staff team decided together if they could meet each person's needs. Staff were fully involved in the process and provided an insight into how staff could support the person how they wished. This ensured as smooth a transition as possible to receiving the care people wished to receive.

People were involved in deciding on the level of care they wished to receive, and how they wished to receive it. One person recorded in a recent survey, "I have been consulted throughout the planning of my care and have what I have asked for – I'm very pleased with this." Another person was pleased they had been involved with organising a holiday, and was supported by staff to go. They said, "I couldn't go on holiday without the support [of staff] which I like to do." Staff were extremely proud of some of the holidays and activities they had supported people to participate with. This included holidays abroad, sightseeing holidays and adventure holidays where people had been paragliding.

People's care plans were detailed and provided specific guidance for staff to understand people's preferences and how they liked to receive their care. For example care plans explained people's communication techniques so staff could communicate effectively with them and support them to make their own choices. They included detailed information about how people preferred to move or transfer safely to their bed, wheelchair, or walking aid. They also included information about supporting people to manage and improve their mental wellbeing, and where appropriate recorded difficult times of year, or issues that might unsettle people and recorded what could be done to support people with this. Staff were knowledgeable about this, and reacted positively when people became frustrated or upset, showing empathy and offering reassurance when people needed it.

People were kept informed if there had been a problem and staff were running late. Staff told us they called the office to keep them updated if there were any problems and the office could arrange for other staff to cover the next visit or would update the person to let them know the member of staff was running late. This was confirmed by people who used the agency.

People's care plans contained information about people's past history and their support networks. For example, one person's care plan detailed the person's family support and the people that were important to them. We saw that staff were knowledgeable about people's backgrounds and personal lives and used this to help engage people in meaningful conversations.

People received the care and support they expected and required. Everybody we spoke with was very happy

with the support they received and spoke highly of the service. One person told us, "They're lovely. They do what they have to do to help me." Staff completed records for each visit which documented the care and support people received and we saw that this was in accordance with their care plan.

People's care plans were updated as required. We saw that care plans were updated at regular intervals and people were involved in a meeting to review if they were happy with the care and support they were receiving. The agency worked in corroboration with other services, for example, day centres, to provide a holistic review and ensure all agencies were working together to support each person in the way they wanted. One person told us, "I like that we have a joint meeting with the day centre so I don't have to have lots of meetings." The registered manager confirmed that people were given a choice if they wanted to have joint reviews with other agencies but many people had reported that they preferred this approach.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the care they received. One person said, "If I did want to make a complaint I would talk to the manager or [name of a senior member of staff] but I don't need to." Staff were responsive and aware of their responsibility to identify if people were unhappy with any aspect of the service. Staff understood how they could support people to make a complaint. We saw that no complaints had been received within the last 12 months, but there had been many compliments.

Is the service well-led?

Our findings

People received care from a service that was well-led. Due to the nature of the service with people receiving care in their own homes, not everybody knew who the registered manager was, however they felt the service was managed well as they were satisfied with the care they received. One person said, "I know who the manager is, she comes to see us at the day centre sometimes." Another person explained that they would talk to the manager if they were concerned about something and felt positive that any issues they raised would be sorted out. Staff also told us they had confidence in the registered manager and felt well supported. One member of staff said, "I love working here. We try our best to give people the best care." We saw that the registered manager had a good knowledge of people's care needs and supported staff to ensure people's needs were met at the times they needed them. The registered manager was also nominated and made it to the final of a regional care award in the Home Care Manager category.

The culture within the agency focused upon supporting people's health and well-being, and enabled people to lead independent and fulfilling lives. One member of staff told us how they had supported one person to try a new way of socialising and when they provided feedback they hadn't enjoyed it, staff responded promptly and praised the person for trying something new. 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 the 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 team. The registered manager was committed to supporting people's independence and to receive good quality care in their own homes.

Quality assurance systems were embedded into the service to review whether the agency was providing a good service to people who used it. The registered manager completed a monthly audit and made changes where improvements had been identified. For example, the staff rostering system was changed to ensure people could be supported to attend medical appointments as they arose. In addition to the registered manager audit, the provider also completed a separate audit and reviewed the service on a monthly basis. All actions for improvement following the audits were recorded with timeframes for completion. We reviewed this and saw that timely action was taken to make any identified changes.

The service used spot checks and observations to ensure people received good quality care. Staff told us that a member of the management team went out on unannounced visits with them every other month to ensure they were providing the care that people required, and to a good standard. We saw that when it had been identified that the staff could make improvements these were dealt with appropriately.

Systems were in place for people to provide feedback about the service. The registered manager sent out regular surveys to people to identify if they were satisfied with their care. We reviewed the most results of the most recent survey and saw that all the results were positive with no specific requests for improvements. The registered manager told us that if they received any areas for improvement they offered to meet with the person to understand their concerns and work to resolve them.

The agency had policies and procedures in place which covered all aspects relevant to operating a care home which included 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 was aware of how they could do this.