

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

Summary of findings

Overall summary

We undertook an announced inspection of Olive Tree Services on 12 September 2018.

Olive Tree Services is registered as a domiciliary care agency and as such provides personal care and support to people living in their own houses and flats in the community. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

At the time of our inspection, 15 people were supported with their personal care needs by the service. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff training records evidenced a range of training courses and specialist training was arranged when necessary. Staff felt they had an adequate induction before working alone and felt supported in their roles and responsibilities by their managers. The service worked with social and healthcare professionals to support people maintain their health. However, communication with these professionals did not always evidence an appropriate timely response.

We have made a recommendation to the provider to consider reviewing their protocols around effective communication with external agencies to ensure people receive timely support.

People and their relatives were involved in all decisions about how they wanted their care and support needs met. People spoke positively about the relationships they had with staff. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were supported to have sufficient to eat and drink.

Staff had received training to ensure people's safety was maximised and they knew how to report concerns.

People's risks were assessed and reviewed regularly to ensure care remained appropriate to meet their needs. There were sufficient numbers of trained staff who had the appropriate recruitment checks to ensure they were suitable for their role. People received their medicines as prescribed.

People and their relatives spoke positively about the care they received and referred to staff being kind, caring and friendly. People were placed at the centre of their care and people told us they felt listened to and valued by staff by the staff who supported them. People told us staff always respected their privacy and dignity when providing care and where supported to develop their independence.

Staff understood what was important to people and delivered care in the way they wished. Care records reflected people's care needs and were personalised and regularly reviewed. There was systems in place to record and investigate complaints and concerns and issues were dealt with appropriately.

The management of the service was well-led. People were supported by caring committed staff. Staff said they felt supported and listened to by management. Staff were confident in their roles and were aware of their responsibilities and said they had access to support and training they needed.

Effective quality audit checks were in place and completed regularly to monitor the quality of the service provided. People provided feedback on an ongoing basis and a yearly survey took place. People and their relatives had confidence in the way the service was run.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service is now rated as Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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 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 12 September 2018 and was announced. We gave the service 48 hours' notice of the inspection site visit because we needed to be sure the registered manager would be in the office to assist the inspection. The inspection team consisted of one inspector and an Expert by Experience who made telephone calls to people 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.

Before the inspection we reviewed information we held about the service, including notifications of any accidents or incidents. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. The provider had sent a Provider Information Return (PIR) before the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we met with the provider (who is also the registered manager), and spoke with two care staff and the training manager. The Expert by Experience spoke with three people and seven relatives on the telephone to seek their views. We also visited two people at their home to review records where the care was delivered. We spent time looking at records, which included four people's support plans. We looked at four staff recruitment and supervision records and reviewed the training schedule. We examined information relating to the management of the service, such as quality assurance audits and reports. We also looked at policies and procedures relating to the governance of the service.

Following the inspection, we contacted staff from the service and had feedback from six staff. We asked health and social care professionals if they had any information to share with us about the services provided at the home. We heard back from two external professionals and used this information in our judgement.

Is the service safe?

Our findings

The service continued to provide safe care. Everyone we spoke with told us they and their relatives felt safe with the staff that supported them. A relative said, "She's certainly never told me that she doesn't feel safe and I think I would be able to tell from the look on her face if she did have any concerns, in which case I would be straight on to the office to talk to [registered manager or assistant manager]". Care staff knew how to recognise and report concerns about potential abuse and had received safeguarding training and updates.

Identified risks to people including their living environments were assessed and managed to enable people to live in their own homes safely. A relative told us, "When we started having care for [person] from the agency, they did a very thorough risk assessment because of her history of falls. Unlike any other agencies we had used, the [registered manager] pointed out some really useful tips about clearing out some of the furniture in her rooms and getting rid of loose rugs and other trip hazards. I must admit, I should've thought about them before, but sometimes it's a simple idea that make the most difference." Staff told us they telephoned the registered manager and updated information in the daily notes to inform staff of a person's change in need. This meant people's risks were continually monitored and guidance updated as needed to keep people safe from harm. We saw that in the event of an emergency the service had adequate measures in place to ensure people were kept safe. For example, a four-wheel drive vehicle that could cope with severe weather conditions meant people were supported at all times.

People and their relatives felt there were sufficient numbers of staff to support their needs. No-one we spoke with had experienced any missed calls. A relative told us, "The rota tells me who is coming. They always wear their uniform and ID badge every time. When a new carer starts, they come round with an experienced carer to be introduced and be shown what needs doing. They probably come at least twice with someone before coming on their own". Staff told us there were enough staff to safely support people. One said, "I think we have a high turnover of staff, but we have always got enough staff to support our clients".

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised. These included employment references and Disclosure and Barring Service checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

People and their relatives told us that, when needed, care staff assisted them with their prescribed medicines. A person told us, "They give me my tablets every morning. Depending what I fancy for breakfast, I'll either have them before or after. They always ask me, then hand me the tablets and a glass and when they've gone it gets written up in my notes". Staff told us and records confirmed they had received training in safe management of medicines and their competencies in administering medicines were checked on regular basis. One commented, "I had medication training when I first joined Olive Tree, and was then monitored giving medication and signed off. I have only been with Olive Tree for a year, so I can't tell you if this is checked yearly".

Any incidents or near misses were recorded. Although no recent concerns had been reported, the provider said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided and reduce the likelihood of them happening again.

Is the service effective?

Our findings

The service continued to provide effective care. People underwent an assessment prior to using the service. People were asked what outcomes they wanted from their care and support and these had been recorded. A relative commented, "Compared with other agencies more 'light touch' meetings, this was very thorough. I don't think there was any area of her care that wasn't covered including a thorough risk assessment". The provider had an office in the centre of Witney and weekly afternoon tea sessions were held which meant people could drop in and find out about service without the pressure of having a home visit. This also provided a social outlet for people.

Where needed, staff ensured people received appropriate health support by liaising with health care professionals such as GPs, nurses, and other health professionals. Staff identified any concerns about people's health to the provider who would then take the necessary action. However, we did receive feedback from a health professional about the time that management took to respond to email communications in respect of people's care. This could impact on people's care and support when this needed input from external professionals. A professional commented, "Their communication is very poor it can take weeks, sometimes months, to get an answer to an email, trying to organise dates for training to be completed".

We recommend that the registered manager review their communication protocols to ensure that people receive timely, coordinated, person-centred care and support when other external health services are involved.

People and their relatives felt care staff were well trained to carry out their roles. A new training manager was in post who was reviewing the training and evaluating any changes necessary to meet legislation. A relative commented, "From what I've observed of them, I think their training is adequate for [relative's] needs certainly". We looked at the training records which showed staff had completed a range of training courses which included food hygiene and moving and handling. Additional training was provided where necessary. For example, training on administering emergency epilepsy medicines. Staff felt they had adequate training to prepare them for their roles. A member of staff said, "I had moving and handling and hoist theory training in the office, this was with a trainer from the NHS. I also had practical hoist training". Staff also confirmed they had undergone a suitable induction process. One said, "When I started I shadowed a member of staff for at least 2 weeks, I think it's fair the way Olive Tree does it because if you feel you need longer to get to no or feel confident with a client they will give extra time. If we have a client with specific needs we are taken into the client and given training".

Care staff were supported by management with ongoing communication on a daily basis and some structured supervision meetings. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). 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. Care staff had completed training and people and relatives we spoke with felt consent was always sought and respected. This meant people's choices and their rights weren't withheld. A member of staff said, "Majority of the clients are elderly and vulnerable as they may have some symptoms of dementia in which the condition can deteriorate over time, I learned that it is important to be mindful of their mental capacity, remembering the five principles of the MCA. Assume the client has capacity until proven otherwise and working with them in their best interest; if I have any concern about the client's capacity to make decisions, I report it to my manager as soon as possible. I will then receive appropriate advice or information from manager". Staff had been issued with MCA guidance cards to refer to if needed.

Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. A person told us, "My carer makes me breakfast, lunch and dinner. They never mind what it is I fancy and they always make sure the kitchen is tidied when they are done".

Is the service caring?

Our findings

At the last inspection, we received feedback that supported an outstanding rating. At this inspection, we received feedback that met the characteristics of a Good rating. A person commented, "I could honestly say, that I am very happy to have any of them come and look after me." Another said, "I look forward to seeing my carers every day because it's usually the only opportunity I have to have an ordinary conversation with someone other than the television or the radio! Nowadays, it just feels like talking with old friends and it's lovely to hear about things that are going on outside these four walls".

People felt supported and that staff cared about them. A person commented, "For me, it's the fact that whilst they are here, they just concentrate on me and seem to be genuinely wanting to make me feel well supported". Comments from relatives included, "[Person] does enjoy a nice warm shower, so I know they will usually warm the water up while they are helping her to undress and then they make sure she's got a nice warm towel ready for when she gets out. It's little bits like this, that I have found the difference between this particular agency, and others we've used in the past. They have done this without being prompted".

Staff ensured that people received compassionate support. A relative commented, "[Person] had a stroke recently which has sadly left her unable to talk. Her carers know that she loves to be hugged to make up for not speaking, and they make sure they hug her first thing when they go in and again before they leave". The service made sure that staff had the time they needed to provide care and support in a compassionate and person-centred way. Another relative commented, "For some reason, this agency seems to be more realistic about the time it takes to do everything, particularly for somebody who has dementia and from what I've seen, no one has ever rushed her and there is always ample opportunity to sit down and fill in the records before they leave for the next client".

People told us that staff respected their dignity and privacy. People were always introduced to a member of staff who would be delivering their care prior to any visits. A relative commented, "I can usually hear my wife's carer when they get up to her room, because they usually knock on the door and say her name, and wait for my wife to say it's alright for them to go in. Before they close it, I can usually just hear them asking how she is and then they close the door to give her some privacy and get on with helping her up and washed and dressed". Another relative said, "[Person] has to be hoisted both in and out of bed and on and off the commode and it's not the nicest thing in the world. The carers are very good though and they always talk everything through with her, explaining what they are doing and making sure that she is happy and feels well supported before they lift her up. When they put her down, they make sure she's sitting in a comfortable position".

Procedures were in place to ensure that personal information and records relating to people using the service and staff were stored appropriately. Lockable filing cabinets were available for the safe storage of paper records.

Is the service responsive?

Our findings

The service continued to be responsive. People, and where necessary their families were involved in developing care and support plans. People and their relatives told us they had been involved in discussions about their individual needs and wishes and had contributed to the development and review of their care plans. A person commented, "I know when we had a meeting with [assistant manager], my daughter was with me, so I'm sure she will have made sure that everything was included. There's a copy here for the carers to look at, if they need it". A relative commented, "I think her care plan is a very accurate reflection of her, her present condition and what she needs help with. It's signed and in the folder in her lounge".

Care plans contained relevant and current information about everything that was important to people so that staff could provide personalised care and meet people's individual needs. People and their relatives described the service as person centred and individual. Comments included, "I moved [person's] care to this agency specifically because with the previous agency, it felt like the care was being organised around what was best for the agency itself. This experience has been very different, from the outset, we were asked what times we would like the visit and on what days certain jobs need to be done and in relation to eating, how it was best to arrange this. This is exactly as I have always hoped the care would be organised. Since being with this agency, they have only delivered what we wanted and I've been very impressed". The registered manager and staff we spoke with all knew people well, including their personal life histories and what was important to them. A member of staff said, "I always treat our clients as individuals. Each and everyone have their own history, preferences, religions and needs and I always keep this forefront in my dealings with them".

People's care needs were regularly reviewed. A relative commented, "It's only been a few weeks since [assistant manager] came to do a review of [person's] care plan. In fact, we had her social worker and her district nurse here as well, so it was a thorough going through and everything to do with her care was discussed. We really felt that everyone was given an opportunity to add anything that they thought was important and the care plan should now be fit for the next few months at least".

We asked the provider to provide evidence of how the service ensured it worked within Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The provider was not aware of this requirement, however, we found measures were in place to address this. We saw that communication needs such as sensory loss or communication difficulties were detailed in care plans. A relative told us, "[Relative] was left unable to speak following a stroke, but she has developed a system with her carers' whereby they understand what it is she is trying to communicate to them. Importantly, they reply to her in the normal manner". Another relative said, "I usually ask for most of the paperwork together with the rota to be sent to me. I have to say, in my experience they have tried really hard to make all of the literature and the writing itself easy to read as far as I'm concerned there aren't any problems with that".

A complaints procedure was in place. Following the inspection, the registered manager provided

information about how a complaint had been dealt with and this was in line with policy. People spoken with told us that they knew who to make a complaint to if needed and felt that it would be appropriately managed. A member of staff said, "People should know who to go to, to make a complaint. We are told when we first start and reminded at every meeting. I feel complaints are handled very well and with confidentiality by our management team".

Is the service well-led?

Our findings

The service continued to be well led. There was a registered manager in place. 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.

The registered manager continued to oversee the service provided to people. The management structure had undergone changes since the last inspection and there was another registered manager in place and plans to have a locality manager in place for care staff to report to. Staff spoke positively about the support they received from the registered manager and senior member of care staff. They told us that they were supportive, caring and always available to offer advice. Comments from staff included, "Well supported and yes, can discuss any aspect of the job with the manager"; "I certainly feel supported, and I would feel able to discuss either good or poor practices in the company with them" and "Certainly, management is approachable. They have had their problems in the past, but now we feel settled and working well".

People using the service were familiar with the registered manager. Their comments included "[Name] is the overall manager as far as I'm aware. I have her mobile number and we met her before mum's care started. She has always been very approachable" and "[Name] is the manager that we know. She's very professional and caring".

People's views had been sought about the service in July 2017. This reflected positive feedback individually but the responses had not been evaluated and distributed to those involved. People told us their views were gathered both during visits and during reviews of the care.

Staff meetings took place. A member of staff commented, "Staff meetings have been held regularly, every fortnight, but these have slackened off lately due to assistant managers changing. I am sure they'll resume shortly. I think these meetings are of paramount importance. They help to make the team cohesive and provide a space for sharing and learning".

There were systems in place to identify and manage risks to the quality of the service. The registered manager had recently implemented a weekly audit on medicines in recognition of needing to monitor these more frequently. This information had been used to drive improvement within the service. For example, improvements to records being signed by staff to document medicines administered. Following each visit to people, staff recorded what care and support had been delivered at that time. These records were also evaluated to ensure the care plans were being adhered to by staff.

Policies and procedures were in place to support practice including a whistleblowing policy in place, and staff told us they would follow this, as necessary. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

Legal requirements, including about conditions of registration and managers, were understood and met.