

# Olympus Care Services Limited

## Eleanor Lodge

### Inspection report

25 Camborne Close  
Delapre  
Northampton  
NN4 8PH  
Tel: 01604 764583

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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** 

### Overall summary

Eleanor Lodge provides a variety of services for people with a learning disability. The services include respite care, and short term accommodation and support to increase people's level of independence. Up to a maximum of 20 people can be accommodated at the service.

This unannounced inspection took place on 27 October 2015 and at the time of the inspection there were 13 people using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 felt safe living at Eleanor Lodge and people were protected from avoidable harm because staff were knowledgeable about their safeguarding responsibilities. Risks to individuals had been identified and staff understood how to balance supporting people's freedom with managing risks to their welfare. We found that staffing arrangements were sufficient to keep people safe and the provider had a rigorous recruitment and

# Summary of findings

selection procedure in place which ensured that they employed staff with the right skills and experience. People's medicines were handled safely and were administered when people required them.

People were provided with effective care from staff that had the required knowledge and skills to support them. Staff were supported by the management and had regular supervision sessions. Supervisors and the registered manager were readily available for support and advice and staff had an awareness of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff received appropriate training and people using the service were supported to eat and drink well. People were supported to maintain good health and had access to healthcare services when they needed it.

People were treated with kindness and compassion and people told us that the staff treated them well. People were relaxed and comfortable in the presence of staff and staff listened to what was important to people. Staff recognised when people became distressed or anxious and offered appropriate support. People's privacy and

dignity was maintained and people were encouraged to express their views and make their own choices. Staff were aware of people's cultural and religious needs and were able to explain how these were respected whilst people used the service.

People had been involved in planning and reviewing their care and received care that was personalised, flexible and met their individual needs. People were supported to maintain relationships that were important to them. Complaints and concerns were listened to, and appropriate action was taken to resolve them.

The registered manager promoted an open and empowering culture that enabled people to make their own choices. Staff felt supported and told us the atmosphere and culture at Eleanor Lodge was good. Staff were involved in making changes to the service and were asked for their own ideas that could make improvements to the service. The service was well managed and quality assurance processes were embedded into practice. We saw that policies and procedures to give guidance to staff were in place and they reflected current practice.

# 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 received their care and support from staff that understood how to protect people from avoidable harm.

Risks to people had been identified and action was taken to balance people's freedom against those risks.

Staffing arrangements were sufficient to keep people safe and suitable recruitment procedures were in place to ensure people were supported by staff that were of good character.

People's medicines were appropriately managed and safely stored.

Good



### Is the service effective?

The service was effective.

Staff had the right skills and knowledge to support people needs.

People were supported by staff who had good supervision arrangements in place.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

Staff had the training and acquired skills they needed to support people and enable them to be as independent as possible.

People's healthcare needs were met.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and understanding.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make their own choices about the support they received.

Staff respected people's preferences and their lifestyle choices.

Good



### Is the service responsive?

The service was responsive.

People had been involved in planning and reviewing their care.

People received care that was individualised.

People were supported to maintain relationships with people that were important to them.

People's comments and complaints were responded to appropriately.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

The registered manager promoted an open and empowering culture that enabled people to make their own choices.

Staff were involved in making changes and improvements to the service.

There were effective and efficient systems in place to monitor the quality the service provided.

Good



# Eleanor Lodge

## 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 unannounced inspection was carried out by one inspector and took place on 27 October 2015. Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to

send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We undertook general observations in the communal areas of the home, including interactions between staff and people. We viewed one person's private accommodation by agreement with them.

During this inspection we spoke with nine people who used the service and one person's relative. We spoke with the registered manager, and four care staff. We looked at three people's care records and four staff files. We also looked at records related to quality monitoring of the service by the provider and registered manager.

# Is the service safe?

## Our findings

People told us they felt safe staying at Eleanor Lodge. One person told us, “I feel safe here. The staff check on me and make sure I’m OK.” Another person told us they felt safe because the staff help them understand if something isn’t safe. We observed staff explaining the dangers of flammable objects and how people needed to keep themselves safe during the Halloween period.

People were protected from avoidable harm because staff were knowledgeable about their safeguarding responsibilities. Staff were able to tell us how they kept people safe, knew how to identify different signs of abuse and understood how they could report any concerns of abuse. One senior member of staff told us the registered manager usually sent any reports of concern to the local authority but told us they had previously completed them and knew what to do if the registered manager wasn’t available. We saw a direct link to the local authority’s safeguarding information and contact details were available to all staff on the service’s intranet. The registered manager understood their responsibility to report any concerns to the local authority to ensure people’s safety and welfare were protected. We found that relevant safeguarding notifications had been made to the local authority and Care Quality Commission and the manager had investigated incidents of concern when required.

Risks to individuals had been identified and staff understood how to balance supporting people’s freedom with managing risks to their welfare. One member of staff told us that risks were managed so that people could try new opportunities. Another member of staff said, “People are supported to give things a try and we make sure that nothing is dangerous for each person.” People’s needs were regularly reviewed so that risks were acted upon as their requirements changed. This contained action for minimising potential risks such as risk associated with the

kitchen, taking medication and spending time in other people’s living areas. Accidents and incidents were recorded, and where necessary further action to prevent future incidents were taken.

People’s medicines were handled safely and were administered when people required them. One person told us, “The staff bring me my medicines whenever I need them.” Another person told us, “I’m trying to be more independent taking my medicine but I keep forgetting so staff are helping me.” Staff provided appropriate support to assist people to take their medicines. People’s medicine’s documentation was checked before people were offered their medicines and staff accurately completed this once people had taken their medicines. Storage facilities of medicines were secure and could not be accessed inappropriately by people who used the service.

The provider had a rigorous recruitment and selection procedure in place which ensured that they employed staff with the right skills and experience to meet the needs of people living at the home. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check to establish staff were of good character before they started working at the service.

Staffing arrangements were sufficient to keep people safe. One person told us, “The staff are there whenever I need them.” Another person said, “The staff always help me get up in the morning if I forget or can’t be bothered.” We saw that there were sufficient numbers of staff around to ensure people’s needs were met and people’s welfare was maintained. One senior member of staff explained that staffing levels were adjusted to meet people’s needs. For example, if one person was unsettled, distressed or required extra support, staffing was amended to support that person. The registered manager also explained that the rota was compiled by understanding the fluctuating numbers of people using the service and their needs, and agency staff were used to supplement the current staff if required.

# Is the service effective?

## Our findings

People were provided with effective care from staff that had the required knowledge and skills to support them. People we spoke with told us that their care promoted their independence and they enjoyed living at the home. They told us that the staff understood what they needed and offered help when they needed it. One person told us, “I get plenty of support when I need it. I think the staff here are good.”

Staff had a good level of knowledge and skills to look after people. New staff received a suitable induction shadowing experienced members of staff for approximately four weeks. One member of staff told us they felt they were given sufficient time to understand how the service worked and how they should support people. Staff told us that because the people using the service frequently changed time was spent during handover making sure staff were aware of who would be at the service and how their needs should be met. Staff told us they felt they had good training. One member of staff told us, “I’ve had training in loads of different things – safeguarding, manual handling, using a hoist, first aid...” We looked at training records for three members of staff and saw that when people required their training updating this had been requested.

Staff had regular supervision sessions and supervisors and the registered manager was readily available for support and advice. Staff told us they felt well supported. One member of staff said, “We regularly meet up as a team and staff have monthly supervision meetings.” Staff also had their work performance reviewed and appraised at frequent intervals and staff were supported to obtain qualifications relevant to their role. One member of staff told us they were looking forward to working towards obtaining the Care Certificate once they had completed their probation period, and believed this was available for all staff. Records showed that staff had supervision meetings, team meetings and appraisals and that feedback about their performance was provided, with action plans to ensure people using the service were supported by effective staff.

The registered manager had an awareness of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and staff received training in these areas of care. Staff were able to explain that people had a right to make potentially unsafe choices as long as they had the mental

capacity to understand and weigh up the possible consequences of their actions. People that lacked capacity to take their own medicines unsupported had been involved in a mental capacity assessment and the staff support they required had been recorded. Most people using the service had a great level of independence and therefore were able to vocalise their needs and the support they required. We saw staff act in accordance with people’s wishes and ensure their consent was obtained prior to receiving support.

People were supported to eat and drink well. People that used the service for respite care told us they enjoyed the food, and staff commented that the food provided for people was appetising and well balanced. People that used the service in the transition to becoming more independent explained that they were supported to make their own meals. One person told us “I didn’t understand shopping and cooking before I came here but staff have supported me to do this all myself now.” Another person explained that staff helped them to do a weekly shop and they could decide what they wanted to eat each day. We saw that fruit was available for people to eat whenever they wanted to and mealtimes were flexible to meet people’s needs. Staff were aware of people’s preferences to meet their cultural and religious dietary requirements and staff supported people with this. The registered manager explained that the chef had access to information about people’s nutritional needs and meals were planned in advance around this.

People were supported to maintain good health and had access to healthcare services when they needed it. One person said, “I don’t have any problems with my health.” People using the service on a respite basis were supported to use their own doctor’s surgery if they required immediate healthcare assistance and people that used the service during the transition process were encouraged to use the local doctor’s surgery. Staff were able to explain that when people’s health required further support this was requested in a timely manner, and this was followed up. For example, one person with hearing difficulties attended a hearing appointment at the hospital however when improvements had not been made staff made further requests to support the person. Staff also took further action to identify timely support when people required support from psychiatry services and this could not be provided in a timely manner.

# Is the service caring?

## Our findings

People were treated with kindness and compassion and people told us that the staff treated them well. One person said, “The staff are really helpful. They’re there if I need any help.” Another person said, “The staff treat us with respect and are there if I need them” and one relative said, “Staff are always kind and polite.” We read compliments cards and letters and the comments stated, “I felt protected and feel like I have a family” and “Thank you... I will miss you.”

People were relaxed and comfortable in the presence of staff and people told us they felt staff listened to them. One person said, “The staff treat us with respect” and another person said “The staff are really fair.” People’s individuality was respected by staff and we saw them take an interest in what people were saying about their day and what was important to them. Staff talked with empathy and pride when explaining the progress people had made whilst they used the service and explained how they promoted people to be independent. During the inspection people were getting ready to attend a fancy dress party. Staff enthusiastically praised people on the efforts they had made and ensured people could attend the party safely.

Staff recognised when people became distressed or anxious and offered appropriate support. One person became frustrated that their day had not gone to plan and staff spent time resolving and discussing the issues with

the person. Another person became distressed during a meal time. Staff gave the person time to relax and monitored them from a distance to prevent any further agitation as required by the person but staff were available if they were needed.

People’s privacy and dignity was maintained. People told us that staff did not enter their bedroom’s unless they gave them their permission and people that required assistance with their personal care were supported with this in a dignified manner. For example, one person who required assistance to have a shower was supported to get changed in the bathroom so they did not have to travel through the communal areas in an undignified way.

People were encouraged to express their views and make their own choices. People were able to decide on the staff support they required, and people explained this changed depending on their needs. For example, one person wanted to try to remember to take their own medicines without staff support. Staff were supportive of this and encouraged them to give it a try as this would be a positive move towards further independence.

Staff were aware of people’s cultural and religious needs and were able to explain how these were respected whilst people used the service. One person told us they liked to practice their religion with their own relatives and did not want staff support whilst they stayed at Eleanor Lodge, and this was respected by staff.



# Is the service responsive?

## Our findings

People had been involved in planning and reviewing their care. One person told us that staff had involved them in deciding what care they wanted whilst they stayed at the service. They said, “The staff asked me lots of questions about my daily routine and dietary requirements.” The person felt this helped the staff to understand the care they required, and what aspects of care they could do themselves. People’s care and support needs were accurately recorded and their views of how they wished to be cared for were known by staff.

People received care that was personalised and met their individual needs. Staff were able to tell us about people’s interests and their backgrounds and this information enabled them to understand and support people with diverse needs. People’s care plans had been created to meet people’s individual needs and detailed their goals and targets they wished to achieve whilst they used the service. One person said “Staff have been helping me with budgeting and they make suggestions about how I can be more independent.” People were encouraged to identify their own interests and were supported to maintain them. For example people using the service as they transitioned to becoming more independent were able to identify if they wished to attend college, work or volunteering opportunities. Staff supported people to maintain these interests but allowed people the freedom to make their own choices about their future and how they spent their time.

People received a service that was flexible. Staff were knowledgeable about people’s support requirements and how these could be adapted on a daily basis as people’s needs, aspirations or expectations changed. One person told us “I go out and do most things on my own but sometimes I need a bit of help.” We saw staff offer reassurance and support to people as they required it and were available to discuss any concerns people raised.

People were able to review the care they received. One person told us they met with a member of staff and they were asked for their feedback about the service. This had been accurately recorded and the person was reassured that they had been listened to, and they would be supported to complete activities they enjoyed.

People were supported to maintain relationships that were important to them. Visitors were welcome at the home at any time and one relative told us they were always made to feel welcome. We saw that relatives were able to support their family member with their meals and staff encouraged and respected this. Staff told us if people wanted to talk to their visitors in private there was a room available for them to use.

Complaints and concerns were listened to, and appropriate action was taken to resolve them. Most people told us they were happy with the service and if they had any concerns they would talk to the registered manager. One person explained they had previously made some complaints about the service. We reviewed these and saw that appropriate action had been taken to resolve the issues and the person told us that the registered manager “gets things done.”

# Is the service well-led?

## Our findings

The service was well led by the registered manager who showed visible leadership. People using the service commented that the registered manager was approachable. One person said, “[The registered manager] is a nice lady – she’s amazing and she understands me.” Staff told us there was a good management structure and that a member of the management team were always available. Staff were well motivated and enjoyed working at the service. Staff were observed providing support to people and given feedback about their performance. One member of staff told us they were praised when they provided good support and were given advice during supervision meetings if they needed to make improvements to their own performance.

The registered manager promoted an open and empowering culture that enabled people to make their own choices. People were invited to monthly meetings about the service and were involved in making decisions about how the service was run. For example, people using the service were able to help decide on acceptable smoking areas and boundaries, and were asked for ideas of group activities they would like to participate in. People told us they felt listened to and understood how the service worked. Staff felt supported and told us the atmosphere at Eleanor Lodge was good. One member of staff said, “The staff are always smiling and happy and we always try to be professional.” We observed a friendly and relaxed atmosphere during the inspection throughout all areas of the home and an environment that people and staff were able to speak openly.

Staff were involved in making changes to the service and were asked for their own ideas that could make improvements to the service. For example, one senior member of staff was asked for their feedback about how

improvements could be made to the domestic support the service received and these were taken on board. Staff had regular meetings and all staff were encouraged to attend so they were aware of changes to the service. Staff told us they were able to contribute to the meeting and were asked for their ideas. Staff told us they had also recently been asked to participate in a staff survey to give their feedback about the service so further improvements could be made. At the time of the inspection this survey was underway and the deadline for responses had not yet passed.

Quality assurance processes were embedded into practice at the service. The registered manager ensured a number of reviews and audits were conducted on a regular basis. We saw people’s care plans had been audited and when improvements had been identified these had been rectified. Medication audits identified very few medication errors but action was taken to ensure staff continued to handle medicines correctly. The registered manager also completed an internal monthly quality audit to review if the service was providing a good quality service. Areas that the registered manager identified as requiring improvement were recorded and plans were in place to drive improvement. This included improving staffing and supporting more people to go out and complete activities they enjoyed. The registered manager had an improvement plan that was updated on a monthly basis and was monitored by the provider. The registered manager was on track to achieve the actions for improvement in a timely way, for example, making the rota easier for staff to understand.

Policies and procedures to give guidance to staff were in place and reflected current practice. Staff were able to demonstrate a good understanding of the policies which underpinned their job role such as safeguarding people, health and safety and confidentiality. Staff practice reflected the policies that were in place.