

Oak House Homecare Ltd

Olivemedes

Inspection report

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Ratings

Is the service effective?

Good



Overall summary

We undertook an unannounced focused inspection of Olivemedes on 26 August 2015. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of 29 January 2015 had been made.

The focused inspection was undertaken to check that the management of the home had systems in place to ensure that people were only provided with care they agreed to or where this was in their best interests.

We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting legal requirements in relation to this question.

This unannounced focused inspection was undertaken by one inspector.

Before the inspection we looked at all of the information that we hold about the home. This included information

from the provider's action report, which we received on 20 February 2015, and information from notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we spoke with two people and two relatives. We also spoke with the provider, the registered manager and the deputy manager.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at three people's care records and 11 applications to lawfully deprive people of their liberty. We looked at the staff training matrix for the completion of training and guidance documents related to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

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 effective?

We found that action had been taken to ensure the service was effective.

The provider had put measures and processes in place to ensure people's capacity to consent to their care was lawfully obtained.

The registered manager and staff had a good understanding of the principles of the MCA and DoLS and how to apply these into practice. This was so that people were supported in making decisions about their care.

Staff had been provided with guidance and support on their understanding of the application of the MCA.

This meant that the provider was now meeting legal requirements.

Good



Olivemedes

Detailed findings

Background to this inspection

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Is the service effective?

Our findings

At our comprehensive inspection of Olivemedes 29 January 2015 we found that people were not always protected against the risks of being provided with care that was not in their best interests.

This was a breach of Regulation 18 (1) (a) (b) 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This corresponds to Regulation 13 (1) (4) (b) of the health and social care act 2008 (regulated activities) regulations 2014.

During our focussed inspection of 26 August 2015 we found that the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of the Regulations 18 and 13 described above.

People could be confident that the care they received was provided in their best interests and was based in line with the MCA. We saw and staff told us that the registered manager spent time walking around the home and ensuring that people were supported in a lawful way. We saw that staff supported people who lacked capacity to remember when it was, for example, lunchtime. This was with their decision making to ensure they were safely supported with the care needs. A relative told us, "My [family member] can't remember much anymore but when I visit I see they are supported with their (decision making) to be dressed well."

Senior care staff told us that since the inspection in January 2015 they had been provided with guidance and support from the provider in understanding the application of the MCA and DoLS. This was in an easily understandable format to assist care staff in their understanding of the five key principles of the MCA. The registered manager showed us the local authority's guidance they now used in

assessing people's capacity for the decisions they could, or could not, make. The deputy manager also said, "We now have an additional senior care worker in post and this had proved invaluable in recognising those people whose capacity may have changed."

The registered manager showed us the applications they had made to the local authority (Supervisory body). The local authority had acknowledged these and had advised the registered manager to continue to care for people in the person's best interests. This was pending the decisions made by the local authority in relation to the applications. People's care plans and our observations showed us that this was the case.

The registered manager explained and showed us how any new admissions to the home now included an assessment of the person's mental capacity. This was to help ensure that the level of people's capacity was determined.

Care plans provided staff with the guidance in how to support people in making decisions about their care.' People's assessments of care had determined where people lacked capacity to make specific decisions and also what these were for. A relative told us, "My [family member] now eats well with staff support as they ensure [family member] receives care that is (in their best interests)." This had been as a result of the person's lack of capacity in understanding when they had a need to eat.

Referrals had also been made to a community psychiatric nurse on behalf of people who lacked capacity. This was to help ensure that people's healthcare was in their best interests. This showed us that where people lacked mental capacity they were provided with care and support that was in their best interests'. Our observations of people's care confirmed this.