

# Olympus Care Services Limited

## Evelyn Wright House

### 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



### Overall summary

This inspection took place on 30 September 2015 and was unannounced.

The service is registered to provide accommodation and personal care for up to 35 older people. At the time of our inspection the service was at full capacity and 35 people were 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.

There were insufficient numbers of staff available to provide care in line with people's needs, choices and preferences. Recruitment procedures also needed to be tightened in order to ensure that staff were suitable for their role in the home.

# Summary of findings

Staff were knowledgeable about safeguarding procedures and understood the need to report any concerns or suspicions of abuse. There was a need to improve the risk assessment processes and in some instances the lack of risk assessment prevented people from being as independent as they would have liked. Medicines were administered to people with a person-centred approach however there were gaps in medication records.

Staff supervision needed to be improved to ensure that staff received regular feedback about their performance. Staff had the appropriate knowledge to provide good care and people consented to the care they received. People had sufficient nutritional support and were supported to maintain good health.

People felt well cared for and people described staff as kind. Staff showed compassion and understood how to comfort people when they became distressed. People were encouraged to express their views and had access to an independent advocacy service. People's privacy and dignity were supported and respected by staff.

People's care needs were not always met in accordance with people's preferences. People were enabled to be involved in reviews of their care however requests for changes were not always acted on. Although there were a variety of activities available some people were unaware of these and relied on staff to come and tell them when they were available.

There were inconsistencies in the leadership seen within the home and staff felt that teamwork could be improved. Systems were in place to monitor the quality of the service however they did not always highlight areas that required improvement.

**We identified a breach of a Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see at the end of this report the action we have asked them to take.**

# 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 not always safe.

There were not sufficient numbers of staff to ensure people received safe care.

Recruitment procedures were not robust to ensure people were cared for by suitable staff.

People's medication administration records were not always completed.

Staff understood how to protect people from harm by following safeguarding procedures.

**Requires improvement**



### Is the service effective?

The service was not always effective.

Staff did not receive regular supervision to ensure they were enabled to continually improve.

People provided their consent to care and staff were knowledgeable about the Mental Capacity Act 2005 (MCA 2005) in relation to Deprivation of Liberty Safeguards (DoLS).

People's nutritional and healthcare needs were met.

**Requires improvement**



### Is the service caring?

The service was caring.

People felt well cared for and described staff as kind.

People's privacy and dignity was respected.

People were supported to make choices about their care and staff respected people's preferences and their lifestyle choices.

**Good**



### Is the service responsive?

The service was not always responsive.

People did not always receive their care in a way they preferred or that met their needs.

People and their relatives were invited to review the care they received but requests for change were not always acted upon promptly.

People's interests were recorded however some people were reliant on staff to support them to maintain their interests.

**Requires improvement**



### Is the service well-led?

The service was not always well-led.

**Requires improvement**



# Summary of findings

Leadership in the home was variable and inconsistent and staff did not always receive the managerial guidance they required to do their job.

There were systems in place to monitor the quality and safety of the service but these were not always effective in identifying where improvements needed to be made or in driving the required improvements.

# Evelyn Wright House

## 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 an inspector and took place on 30 September 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 also viewed people's private accommodation by agreement with them.

During this inspection we spoke with 14 people who used the service and four relatives. We looked at the care records of three people. The registered manager was on leave during our inspection but we subsequently spoke to them by telephone and email. We spoke to five members of staff and looked at four staff files. We looked at training records and records relating to the quality monitoring of the service by the provider and registered manager.

# Is the service safe?

## Our findings

There were not sufficient numbers of competent staff to meet people's care needs. Although some people told us they felt there was enough staff, other people, their relatives and staff all felt that there were not enough staff to safely care for people.

One person told us "When I came here we agreed I would be able to have a shower once a week but staff shortages mean I don't have one. I think my last shower was about two or three weeks ago." They felt there had not been enough staff for more than two months and they were unable to safely have a shower without staff support. People told us that their basic care needs were met but not always in the manner they wanted and if they needed further assistance they were often left waiting. Two relatives told us that they visited at the same time each day and staffing levels varied. We also saw two people become distressed whilst they were in their bedroom. One person was unable to press their call bell and there were no staff nearby to hear the person calling out for help. Another person told us they felt lonely but did not want to bother staff so did not press their call bell. One relative told us, "We rarely see any staff checking on people in their bedrooms".

Staff told us that people often had to wait for staff assistance when people rang their call bells as there was not enough staff to respond or to provide the support that everyone required. One member of staff told us they had witnessed staff moving people alone, when the person required the assistance of two members of staff. They said, "There have been occasions when staff didn't adhere to two staff lifting people". Staff thought this was because of a lack of staff availability and felt that this was potentially dangerous for the person being moved.

Staff told us they often had to work long shifts, or split shifts meaning they worked in the morning and again later in the day. We also noted that one member of staff was pregnant and other staff were unclear what duties they were able to assist with. One member of staff told us, "I'm not sure what [name] is allowed to do but I try not to let her do any lifting so that can be hard for the rest of us. It's not her fault." We also observed on the day of our inspection there was only one senior member of staff on duty and they had spent a long time attempting to find additional staff to cover staff

sickness. This meant people's medication had been delayed and that the senior spent the majority of their day unable to fulfil the tasks they had planned to complete, which included updating people's care plan.

On the day of our inspection there was a new college student. The student did not receive a health and safety induction for several hours after they had started and was often seen alone and unsure what to do. The student explained they were unsure what support each person needed and when one person needed to use the bathroom the student was unclear if the person could do this independently or if they required staff support. There were no other staff nearby to ask for guidance and the person was left to use the bathroom alone.

**This was a breach of Regulation 18 Staffing. Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff told us they were unable to start work until the service had received the results of their Disclosure and Barring Service (DBS) check and references. Staff files contained at least one reference and a criminal background check however we noted there was not a risk assessment in place for one person that had a criminal conviction recorded on their background checks.

People had no concerns about receiving their medicines. One person said, "I get my pills every day. Sometimes they get the pills out of my cupboard [in my bedroom] and sometimes they bring them to me on a trolley." People's medicines were usually stored and administered from people's bedrooms however on the day of our inspection they had been removed from people's bedrooms and people received them from a trolley wherever they were sitting. We noted that there were no facilities to lock the medicines on the trolley whilst staff supported people to take their medicine, or in the event of an emergency. This meant there was a risk that medicines could be misplaced if they were left unattended. We examined five people's Medicine Administration Records (MAR) and found that there were gaps on each person's MAR. It was not clear if people had been given their medicine, or whether it had been refused. We found one unidentified loose pill in one person's bedroom that they did not know what it was for or how long it had been there. Staff disposed of this correctly

## Is the service safe?

but it was not clear how or why this medicine was unaccounted for. We observed staff provide a person with a controlled drug. We saw that the storage and procedures that were in place to administer this safely were sufficient.

Most risks to individuals were managed effectively so their freedom was supported and respected. People had access to a call bell in their bedroom, to enable them to spend time alone. One person said, "Oh yes I know how to use it. I'm not very steady on my feet so if I want a drink I just press it." Another person told us "I know how it works but I only press the button if there is an emergency." Some risk assessments were in place to support people's independence however there were some instances where risk assessments had not yet been completed to enable people to carry out tasks they wanted to. For example, one person had told staff that they wanted to be able to make their own cup of tea. Staff told us that no risk assessment had been completed for this person and as a result staff continued to make the person their cups of tea.

Staff administered people their medicines in a manner that was personalised to the needs of each person. For example, staff asked people how they wanted to take their medicine and one person was asked if they wanted to take their pill as a whole or in two halves. Staff were knowledgeable about people's medicines and were able to

explain what they were for. The service used the bio-dose medication system which ensured that people's medicines were clearly labelled with the person's name, the name and strength of the medicine and the time of day they were required to take them. Although medication audits had identified the need to ensure all medication administration records were accurately completed at our inspection we continued to note gaps in recording.

People told us they felt safe living at Evelyn Wright House. One person said, "I wasn't safe to live at home on my own but I do feel safe living here." Another person told us that the staff treated them well and they felt safe. Procedures were in place to ensure people at risk of harm were protected. Staff were knowledgeable about safeguarding procedures and of their responsibility to ensure people were safe and report any suspicions of abuse. One member of staff said, "If I have any concerns that people could be at risk of abuse I report it straightaway." We looked at the safeguarding procedure and saw that it was easy to understand and gave staff clear direction about what to do, and it listed the contact numbers of who to contact. Staff understood they could confidentially report other staff under whistleblowing procedures if they were concerned, and staff knew where they could find the details about this.

# Is the service effective?

## Our findings

People were happy with the support they received from staff, however staff themselves did not receive regular supervision or opportunities to discuss their development with their line managers. Staff told us they did not have regular supervision with their manager. Two new members of staff told us that they had not received any supervision since they began three and five months ago. One member of staff said, “I haven’t had a supervision meeting with my manager since I started [in June] but other members of the team have supported me and shown me what to do.” A senior member of staff told us that staff should have supervision meetings every two months and new staff should receive them on a monthly basis. We looked at four staff files and this confirmed that two of them did not contain any supervisions. Staff had received an annual appraisal which focussed on overall goals and learning. Staff confirmed that the level of support they received from management was inconsistent as some senior members of staff spent almost all of their time in the office whilst others assisted staff in providing care for people and staff felt able to learn from them.

People felt staff had the appropriate skills to provide the care they required. One person said, “I definitely feel they’ve got the right skills.” Two relatives told us, “We don’t have any concerns about the skills the staff have.” Staff told us their induction covered all aspects of their job and they felt confident in performing their role. Staff were not allowed to fulfil all their duties as a carer until they had completed their induction. For example, one member of staff told us that they were unable to work alone, or on the night shift whilst they were in their six month induction period. Another member of staff also said, “I wasn’t allowed to use the hoist to help people who could not move until I had completed my training on this. If people needed to use the hoist I found another member of staff to support them.” Staff felt the training they received equipped them well for their role. Some refresher training was outstanding. Several staff told us they completed extra training or research in their own time to maintain their skills. The registered manager confirmed that additional training had been requested for staff that required it and all the staff we spoke with were knowledgeable about the procedures that were in place to ensure people received good care. Staff also told us that they had received specialised training specific to their role. This had included training which allowed staff

to experience how it felt to live with dementia, and training aimed at senior staff to support them with the additional responsibilities they had. The staff provided positive feedback about the specialised training they had received and said it had been very beneficial.

People were given choices over their care and provided consent to the care they received. One person told us, “I do what I want” and went on to tell us that the staff encouraged them to get out of bed each day but did not force them to if they did not want to. We saw staff provide choices throughout our inspection, which included asking people discretely if they wished to use the bathroom or if they would like to have a drink. Staff were knowledgeable about the Mental Capacity Act (MCA) 2005 and the requirement to apply for a Deprivation of Liberty Safeguards (DoLS) where necessary. One member of staff explained, “I understand that people might have different capacity for different things, for example they might have the capacity to choose what clothes they want to wear but might not have the capacity to understand how to handle their finances.” The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves and DoLS provides a process by which a provider must seek authorisation to restrict a person’s freedoms for the purposes of care and treatment. One senior member of staff told us that they did not believe anybody living at Evelyn Wright House required a DoLS application and we did not see any evidence to contradict this. Records showed that a mental capacity assessment had been completed for one person that lacked capacity about their medicines.

People were supported to have their nutritional needs met in the way they required. People told us they enjoyed the food and drink they were offered and one person said, “The food and drink is nice. I’m very picky, I don’t like to eat very much but they do nice food and I like it. I know I need to try and eat more and the staff encourage me but I’ve never eaten much through my whole life.” People were given choices of what they could eat and drink and they told us there were sufficient quantities to keep them satisfied. Two relatives said, “The food and drink is good. [Name] did have problems chewing so they arranged for them to go to the hospital to see a Speech and Language Therapist (SALT). Now [name] has all their food cut up and they seem to be getting on fine.” Staff were familiar with the support each person required with their meal and were able to explain



## Is the service effective?

who required their food to be cut up for them, and who required physical assistance to eat their meals. We observed a meal time and found that some people had to sit and wait for their dinner for 25 minutes whilst staff assisted each person to the dining area. People appeared bored and restless whilst they were waiting for their meals. During the mealtime staff were supportive and offered encouragement to people to eat their meals, and offered physical assistance to people that required it. Staff were observant and noticed when people had not eaten their meal and a choice of other food was offered. People had nutritional assessments in their care plan which reviewed their dietary needs and medical issues and senior staff told us that the kitchen held nutritional profiles for each person to ensure meals met people's needs.

People were supported to maintain good health and had access to healthcare services. One person said, "They get

the doctor to visit you if you're poorly but I haven't been poorly for a long time." Another person told us "I get to see the opticians. I'm just waiting for my new glasses to arrive." Two relatives also told us, "The access to healthcare is good. [Name] sees the doctor, nurse or chiropodist whenever they need to." Staff told us people were supported to access healthcare services when they required them and this was done without delay. People's changing needs were reviewed and met, for example we found that staff had requested a medication review for one person who continuously refused one of their medicines and the doctor had changed their prescription. The service had a good working relationship with the pharmacy and the pharmacist ensured that when people returned from hospital their medicines were changed on the same day.

# Is the service caring?

## Our findings

People said that staff treated them with kindness and consideration, and they had good relationships with staff. One person said, “The staff are magnificent. I can’t fault them.” and another person said, “The staff treat us very well. They’re very kind, and we have some laughs! They always ask if there is anything they can do to help.”

Relatives also gave positive feedback about the staff and said, “The staff take good care of [name]. They’re all very nice.” Staff interacted with people in a friendly and positive manner and supported people in a patient and kind manner. For example, whilst people were walking around the home staff walked with them at the pace set by the person and people were not rushed by staff.

Staff showed compassion and we heard staff offering encouragement and praise when people attempted to complete tasks independently. We also heard staff express concern when they asked how people were feeling after they had been unwell. Staff and people were often laughing together in the communal areas and staff were keen to ensure people’s needs were met. We found that one person was distressed about feeling lonely and a member of staff spent some time sitting with the person and offering reassurance. Another person expressed distress from the pain they had in their back. Staff ensured the person had received their medication and offered reassurance that the pain would ease once the medication started to work. Staff spoke with the person about other topics to distract the person from their pain.

People were encouraged to express their views and choose their own preferences about the care and support they received. This ranged from where they wanted to spend their time, what they wanted to eat or drink or what time of day they got up. One person told us, “They always ask me what I want to do, or where I want to be.” Another person

told us, “The staff help me to get out of bed when I want to, and they help me get dressed. They ask me what I would like to wear, or I tell them.” Staff were respectful of the difficulties some people faced to walk around and offered encouragement. One member of staff said, “Not far to go now. Where would you like to sit?” Throughout the inspection staff were heard offering people choices about the care and support they received.

Details of an independent advocacy group were on display throughout the home to support people make their own choices and express their views. The people we spoke with told us they did not require these services and felt confident to express their own views as they knew the staff listened to them.

People were encouraged to make Evelyn Wright House feel like their own home. People were able to bring items from their own homes that were important to them. One person said, “I like having my photos here.” Each bedroom was personalised and accommodated each person’s preferences.

People’s privacy and dignity was respected. One person said, “They [the staff] respect my privacy and they always cover my modesty whilst they help me with having a wash.” Another person told us that they felt the staff respected them and they were treated with dignity. Staff had a good knowledge of how to ensure people’s dignity and privacy were respected. For example, one member of staff explained that they always made sure people’s bedroom curtains were closed whilst people were getting dressed and another member of staff told us they did not leave people sitting naked in their bedrooms as they were given a towel or other clothing to preserve their dignity.

Throughout our inspection visit we observed staff knocking on people’s bedroom doors and ensuring doors were closed whilst they were supported with their personal care.

# Is the service responsive?

## Our findings

Staff were knowledgeable about the care and support people needed however they were not able to always provide personalised care that was responsive to people's needs

Some people told us that staff encourage them to be independent and that they were there to offer the support they needed "I just can't get some of my clothes on and they [the staff] help with this." Another person said, "The staff know what support I need. They just turn the shower on and let me know when it's a good temperature. Then they help me with my hair and anywhere I can't reach." However two people who wanted to have weekly showers were not supported to do so because staffing levels did not allow this to happen. Staff told us that people were allocated a single member of staff that took responsibility for ensuring their care needs were met in the way they liked. However when staff were absent from the service this system was not sufficient and this had resulted in people not receiving the care they required.

We saw that two people had been assessed as being at risk of pressure damage to their skin. One person's care plan recorded conflicting advice, stating in one area of the care plan the person's pressure areas should be checked daily, and another area recorded the person's skin should be checked twice a day. We found that the care plan recorded one person should use pressure relieving equipment at all times however we found that at lunchtime the person sat on a chair without any pressure relieving equipment and there was no evidence to confirm that staff were checking the person's pressure areas regularly as described in the care plan.

There were further examples of people not receiving the care recorded in their care plan for example, one care plan recorded two different times the person liked to wake up and start their day, and another care plan recorded the frequency the person wanted staff to check on them throughout the night. However records showed that this was not being adhered to in practice.

People and their relatives were invited to attend a review of their care on a quarterly basis. We spoke with relatives of one person who told us about changes they had requested to their relatives care. We reviewed the information and saw the changes that had been requested had not been

accommodated. We spoke with a senior member of staff about this and they accepted the requested changes had not been made and would raise this with the registered manager.

People's care plan recorded information about people's interests and life history and most staff used this to help them engage people in activities or conversations. One member of staff told us that one person enjoyed looking at war books and discussing their family with staff, and staff took time to do this.

The service advertised an activity program that was on offer every weekday. However people and their relatives were unaware of what activities were on offer, or at what time and relied on staff to keep them updated. On the day of our inspection the morning activity was poetry and three people sat looking at poetry books in the communal area however many of the people that lived at the home were unaware there were planned activities. One person said, "There was some sort of keep fit the other day. That was good. I haven't heard anything about any poetry." Another person told us "I like doing jigsaws and my family brought some in, I don't know if they have any here." One person told us they had enjoyed playing bingo. They said, "They had bingo last week. Oh I do like a game of bingo! I'm not sure if they do any other activities though." Staff explained that the activities varied and relied on staff asking and encouraging people to participate which they did not always do.

Staff responded appropriately to challenging situations. Staff were aware that one person had memory difficulties which on occasions resulted in challenging behaviour as the person could not recall when they had last seen or spoken to their family members. Staff completed a diary to record the contact the person had received from their family which could be helped to remind and comfort the person when they were becoming upset.

People were supported to have their religious beliefs supported. Staff told us that a vicar visited the home and people were asked if they wanted to see them. Another person attended a religious service with support from their family whilst other people enjoyed watching religious television programmes. One member of staff told us, "People are asked if they wish to participate in religious activities and it is their choice if they do so."

## Is the service responsive?

People felt empowered to raise any concerns they had. One person told us “The staff here are the kind of people you can approach. I feel I can tell them anything. I haven’t got any complaints but if I did I would ask to talk to the person in charge. I think it’s great here.” Two relatives told us they had raised concerns and made suggestions for improvement to their relatives care. In both cases these issues had been resolved and the relatives felt that staff had been approachable and keen to improve things.

Staff discussed how they could make a complaint during a resident meeting so people were reassured this was

something they could do if they needed to. Staff explained that one person had asked to make a complaint and the person had been reassured and thanked for making the complaint so they could improve the service. The person had also been visited by the area manager to offer reassurance. Records were in place which recorded any complaints the home had received however, we noted that not all the action taken to resolve a complaint had been recorded.

# Is the service well-led?

## Our findings

People told us they were generally satisfied with the care they received. One person said, “I don’t think there are any improvements to be made. I’m happy with everything and I know I can tell them if I’m not.” Another person said, “I think there’s a good atmosphere here. There is a good quality of care and I don’t think there are any improvements required”. However we found that care was not always personalised and that people’s choices and preferences for the way care was given were not always met.

Systems were in place to monitor the quality and safety of care provided however these were not fully embedded into practice and did not always lead to improvements. Although audits of care plans and medication records had been completed we found that areas which required improvements had not been addressed. For example one care plan had been audited in June and improvements had been requested however these had not happened. Another care plan had been reviewed however the reviewer had not recognised an inconsistency in the detail about when the person wanted to be woken up. Medication audits had identified gaps in recording however there was no investigation into why this had happened and staff were simply asked to complete the missing details. This limited the ability to learn and improve and on the day of our inspection we saw that medication records continued to show unexplained gaps.

There was an improvement plan in place which identified a number of areas that required improving. Each action had timeframes for completion however these were not always met. For example the improvement plan recognised that appraisals and supervisions had not been completed but plans were not in place to ensure all staff received timely supervisions.

Although some staff felt valued by management they generally felt that the quality of leadership was variable and inconsistent. Staff commented that some senior managers sought to resolve issues efficiently whilst others left them to sort issues out themselves. They felt that there was a lack of direction from management and that some staff were able to do less work than others. One member of staff said, “Staff don’t always work as a team. There are some really strong team members and they seem to do a lot.” Another member of staff said, “I don’t think it’s well led here. Call bells can ring for a long time and staff are not challenged for not doing their share of work”. Staff felt that there were great pressures on management but felt more direction was needed to ensure people received a consistent service and their needs were met in a prompt manner.

People were encouraged to provide feedback to improve the quality of care. There was a tree painted on the wall with sticky paper leaves that people, their relatives or visitors could write their own comments on. The comments that were already stuck to the tree were very positive and praised the staff that provided care. One comment read “The care they give is amazing. They are excellent to the residents. They earn their money by far.” Another comment said, “Everyone is so kind and helpful to [name] and there is a nice atmosphere.” There were no suggestions for improvement nor any action the registered manager needed to address.

The service maintained community links with fundraising events and newsletters for visitors. Relatives told us they had been invited to a garden party in the summer and one member of staff had received an award for all their fundraising efforts for the service. Newsletters were also produced which explained upcoming events, staffing news and changes that had been made to the service. We saw that the service encouraged members of the community to volunteer and become involved with the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>The provider had not ensured that sufficient numbers of competent staff were deployed to meet people's care needs Regulation 18(1)</b>