

# Olympus Care Services Limited

# Eleanor Lodge

## 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

This inspection took place unannounced on 13 November 2017. At our last inspection on 25 October 2015 the service was rated good. At this inspection we found the service remained good.

Eleanor Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service provides respite care and short term accommodation and support for people to become more independent. Up to 18 people can be accommodated at the service. At the time of our inspection 12 people were using the service. Eleanor Lodge is purpose built to provide care suitable for people's needs. It is located in a residential area of Northampton.

The service has a registered manager. This 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.

All the people we spoke with said they felt safe at Eleanor Lodge. Staff supported people to be as independent as they wanted to be and protected them from risks to their safety. Staff were trained in protecting people from abuse and understood their responsibilities to keep people safe.

There were enough staff to keep people safe and to support them with activities. The provider's recruitment procedures ensured as far as possible that only staff suited to work at the service were employed.

People received their medicines at the right times and arrangements for the management of medicines were safe.

The premises were clean and hygienic. Staff practised effective infection control.

People's choices were respected and they were not restricted in any way. People spent their time the way they wanted. 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 supported this practice.

The service ensured people's human rights were protected and respected and people's cultural needs were promoted.

Staff completed a range of training to help ensure they had the skills and knowledge they needed to provide effective care. The registered manager and staff had a working knowledge of the Mental Capacity Act 2005 and understood the importance of people consenting to their care.

People told us they enjoyed their meals. People had a choice of meals and people's cultural preferences for food were catered for.

Eleanor Lodge was decorated to people's taste and their personal accommodation was personalised.

People told us the staff were caring and kind. Staff communicated with people in a positive and compassionate manner and in ways that met people's communication needs. People's views were sought and acted upon. People were treated with dignity and their privacy was respected.

People consistently experienced care and support that was planned to meet their present and future needs. People experienced positive outcomes as a result of the support they received.

The registered manager and staff shared the same vision which placed people using the service at the centre of decision making. Staff were motivated and were encouraged to contribute to the continuous development and improvement of the service. The service worked closely in partnership with other services to support people to achieve their aspirations.

## 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 remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains 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 was a comprehensive inspection that took place unannounced on 13 November 2017.

The inspection team consisted of an inspection manager, an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of learning disability.

Before our inspection visit we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information received from local authority commissioners. Commissioners are responsible for finding appropriate care and support services for people. This told us that the commissioners had no concerns about the service.

We reviewed the provider's statement of purpose; this is a document which includes a standard required set of information about a service. We also reviewed the notifications submitted to us; these are changes, events or incidents that providers must tell us about.

We spoke with six people who were using the service. We looked at the care records of four people.

We also spoke with the registered manager, the principal care manager from the provider's head office who was visiting the service and six care workers. We looked at a staff recruitment file. We also looked at records relating to all aspects of the service including care, staffing, training and quality assurance.

# Is the service safe?

## Our findings

All the people we spoke with said they felt safe at Eleanor Lodge. One person told us, "I do feel safe because of the people and the environment. It's more relaxed but organised if you know what I mean. I do feel safe from everything including abuse."

People described how they felt much safer at Eleanor Lodge than they did where they lived before coming to Eleanor Lodge. One person said, "It's a lot safer here." Another person said, "I feel it's comfortable and secure. It is much safer." People told us that their possessions were safe. A person told us, "I had lots of problems before I came here with people stealing from me; but no problems here at all. I have not had anything go missing here." Another told us, "I have never lost anything here, not even clothes. I don't even think about that."

The service prioritised people's safety. People's confidence and sense of safety was much higher than they had experienced before they came to Eleanor Lodge. All staff were trained in protecting people from abuse when they began working at the service. All staff we spoke with understood the provider's safeguarding procedures and knew how to recognise and report any signs of abuse. The provider's safeguarding and whistleblowing procedures gave staff the information and contact numbers they needed to report abuse.

When people first came to the service the registered manager and senior care workers carried out assessments of risks associated with people's chosen life styles, activities and care needs. People were not restricted in any way from living their lives as they wanted, but staff advised them about how to stay safe when they went out. For example, people agreed to leave details of where they planned to go and when they would return. Staff followed procedures to find where people were if they did not return as planned.

People were supported to understand and respect other people's preferences. For example a person who smoked told us, "I smoke outside so that it's safer for everyone."

The provider operated safe recruitment procedures that included pre-employment checks that ensured as far as possible that only people suited to work at the service were employed. People told us there were enough staff to support them. A person told us, "There is always someone you can speak to even at night" and another person said, "I think there are plenty staff." The registered manager decided staffing levels according to people's dependency levels. This ensured that there were enough staff to support people with care and outside activities, for example at day services where people went for activities or supporting people to attend healthcare appointments.

People were given their medicines by trained staff that ensured they were administered on time and as prescribed. A person told us, "I can manage everything myself except my medication. I have help with that. They have always given me my medication when I need it."

Staff supported people with their medicines the way people wanted and which fitted in with their routines. A person told us, "The night staff come and take my blood glucose levels which I prefer because that is when I

am most active."

The registered manager assessed the care workers competence to administer medicines once they had completed the training successfully, to ensure they were confident and competent to do so. The registered manager had recently changed the way in which medicines were stored as a result of some errors that had occurred. This showed that the service learnt from mistakes and took action to reduce the risk of the same types of errors happening again.

Medicines were kept safe and secure at all times when not in use. Unused medicines were disposed of in a timely and safe manner.

Communal areas and people's rooms were clean and hygienic. One member of staff had responsibility for the cleanliness of the service. All areas throughout the service were clean and free from any odours. People who lived in the service were encouraged to keep their areas clean and tidy. A person told us, "My bed sheets are changed regularly and I can ask for them to be changed when I feel it is necessary." The separate kitchen areas in people's accommodation were clean. Cleaning and kitchen rotas were in place for people. This was also part of people's care plans to enable them to learn skills so they could live independently in the future.

All people we spoke with told us that staff wore aprons and gloves when they provide care. They also told us that staff washed their hands before helping them prepare food and encouraged them to do the same. This showed that staff followed good infection prevention procedures which protected people from infection.

## Is the service effective?

### Our findings

People's care plans included detailed assessments of their needs. People were supported to achieve outcomes they wanted which were associated with their leading as independent lives as they wanted. Every person had a key worker who was responsible for understanding their needs and planning, with the person, about how to achieve their desired outcomes. A person told us, "My key worker is great, I can speak to her anytime I like. They are supportive of me doing more for myself."

The registered manager ensured that the provider's policies concerning people's human rights were followed at the service. These included policies on equality and diversity. Staff celebrated people's ethnicity, cultural and sexual identity. For example by supporting them follow their faith and referring them to professionals for information about gender. They supported with those aspects of their lives by staff who were fully conversant with their responsibilities and who understood people's rights. Staff supported a person who wanted to begin their journey towards a new identity by helping arrange appointments with a health professional. We noted that when staff spoke about the person they referred to the person using their new identity.

People told us they felt staff were well trained. A person said, "I think the staff are amazing here." The provider supported staff to have the right skills and knowledge through training, supervision and appraisal. It was evident that staff training was taking place. New staff joining the service received a comprehensive induction and supervision. Staff were supported to complete the Care Certificate which is designed to prepare new care workers to understand how to support people in a way that met the required standards of care. As part of their induction, new staff had protected time to read people's care plans as one way of getting to know people and understand their needs. These were supplemented by observing experienced staff support people. A care worker told us, "The training has been really good, it is better than I've had anywhere I've worked in care."

People told us they enjoyed their meals at Eleanor Lodge. A person told us, "The chef does a really nice Sunday dinner." People were supported to make their own meals using ingredients they bought. Staff advised a person where they could buy foods that met their cultural needs. Staff advised about healthy eating and where healthier food options were available when shopping. They were supported to do their own food shopping not only to learn about healthy food options. A person told us, "I have to eat healthily. They help me write a list before I go shopping and then help me with meal planning. I can now go shopping with the list on my own."

Staff taught people food preparation skills they could use as they increased their independence. A person said, "Staff help me with cooking here because my parents did all that and they did not show me what to do." A person told us about how they had been supported to take responsibility for their nutrition. They said, "I do now do my own shopping. They [staff] did use to help me but not now. They remind me when I need to go shopping and they do help me cook my main meals. They get me Sunday lunch ready once every two weeks, the other week they help me cook it for myself. For breakfast, I help myself to the cereals in the kitchen."



Staff worked together to deliver care that was consistent and coordinated. They were able to do that because they communicated effectively with each other about people's needs, for example at handover meetings. We observed a handover meeting where 'outgoing staff' briefed 'incoming' staff with information they needed in order to ensure a seamless continuity of care and support for people. As a result staff knew about a person's blood sugar levels and how to support them for the remainder of the day; and they knew about what activities people had expressed an interest in for later in the day.

The service worked with other organisations for the benefit of people. For example, a person was supported to refer themselves to a service that taught relaxation techniques. This helped the person to cope better with situations they had experienced.

People were encouraged to use health services. Every person we spoke with told us that they were encouraged to go to their doctors, dentists and for health checks by themselves. They were supported to learn how make appointments. A person told us, "They will either book the appointment for me or they will stand with me while I do it." People who were less confident or able were supported to attend appointments or to receive visits from health care professionals. A person told us, "The diabetic nurse comes here regularly to see me and they take my blood sugar levels. They look after us well."

Eleanor Lodge was decorated to people's tastes. Communal areas had people's pictures and items that reflected their individual interests and people's rooms were personalised to their taste. People had access to garden areas. Their accommodation included kitchen areas where they could practice cooking and food preparation. This skill that promoted their independence.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were and related assessments and decisions had been properly taken and kept under review.

Records showed that when they first came to the service people were assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. They were also re-assessed if their needs changed. Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care.

## Is the service caring?

### Our findings

People told us the staff were caring and kind. A person said, "I am very grateful for them being so supportive. I can go to them to ask anything. They really are very approachable here." Another person told us, "They speak to you well, they look after me. The staff are amazing, all of them."

People told us that the staff supported them in ways that made a positive difference to them. A person told us, "The staff helped me with my anxiety and they have really boosted my confidence." Another person said, "The staff have been really good to me, they are so friendly and helpful." Staff showed concern for people's wellbeing including when they experienced difficult emotional situations. A person told us that staff had supported them to manage and overcome a family bereavement.

We saw staff communicating with people in a positive and compassionate manner. Staff spoke with people in ways that people understood and in ways that met people's communication needs. For example, staff spoke with a person using short sentences as this was the only way they could understand what staff said. Staff were careful to use a tone that helped people feel relaxed. A person told us, "There are a lot of us that are autistic and we are sensitive to their [staff] tone of voice." People's care plans included information about people's preferred communication style. Staff we spoke with understood each person's communication needs. Staff used pictures and images to communicate with people, for example when offering choices of activities or meals. Staff used audio recordings in a person's first language and picture books to communicate with them.

Staff knew about people's preferences and used that information to support them. For example, staff advised people about the best places where they could go shopping for things they liked such as food, toiletries and things to decorate their rooms with.

Staff involved people in planning how they could increase their independence by building on existing skills. They provided people with advice about organisations that could help them with life skills and education about safer life styles. The registered manager ensured that staff had time to provide this kind of support because there were enough staff and rotas were planned to ensure staff would have time to interact with people. People's comments about that included, "They just speak to you, they are great"; "The key worker will talk to you about how you are doing" and "I have a key worker who talks to me all the time."

Staff respected people's privacy. A person told us, "They respect your privacy by shutting your door and curtains and sometimes talking to you through the door or knocking on the door." People told us that were able to spend their time the way they wanted and that staff were not intrusive. For example, a person was more active at night when they communicated with friends who lived abroad and in a different time zone. Staff knew that and did not disturb the person.

People chose when they got up in the morning or went to bed at night. A person told us, "Whatever you want to do, stay up or go to bed early they are happy to let you do it." People were supported to lead social lives of their choice. Staff asked for only for information about where people went in order to be able to take

action if a person did not return to the service at a time they agreed. Younger people were supported to choose how much they wanted their parents to be involved in decisions about their care and support. These examples demonstrated how staff supported people's unique and diverse needs through having a thorough understanding of people's aims and preferences.

Staff supported people to be able to increase their skills gradually until they were ready to move to fully independent living. A person told us, "The staff have helped me ever since I've been here. They've taught me to do things on my own. I can now go into town by myself, I go shopping, I go to get my haircut, and I can use the buses. The staff have helped me to be ready to leave. It has been a step at a time. Another person told us, "I'm independent now and ready to move into my own place." Other people were at the beginning of their journey towards independence. A person said, "I used to have staff help, but I now get myself washed and dressed."

People were supported with relatively simple things that they had previously relied on others to do for them. A person explained, "They used to run the bath for me but not now because I can do it myself. They do show me but they also respect the fact I do want to do it myself. I just didn't know how to before." Other skills that were taught included housekeeping skills such as tidying rooms. People at Eleanor Lodge devised their own rota for cleaning. The support people experienced meant that they gained increased confidence about becoming more independent.

## Is the service responsive?

### Our findings

People were active participants in the planning of their care. Staff were flexible and adapted to people's preferences which could change from day to day. For example, a person told us, "Today, I get my own breakfast and when I get back from [going out] the hospital I will get my own main meal. Other days I'll ask my support worker to make my meals."

People were also involved in planning longer term aims, for example to develop life skills to be able to live in their own homes. People were supported to achieve their aim of living independently. At the time of our inspection, two people were ready to move into their own home. Another person told us, "They do help and support me. They are getting me ready to move on to [a town] which is where I want to go." We saw feedback from a relative from a person who had already moved to their own home. The relative wrote, 'A heartfelt thank you to all for everything you have done for [person]. He now starts a brand new chapter of independence.'

Staff were able to support people with needs and aspirations because they themselves had been supported through training and support from managers to have the right skills and knowledge. Their level of knowledge about people's needs was demonstrated during a 'handover' meeting we observed.

Staff we spoke with described how they supported people to learn new skills. For example, they asked people how they would prepare a meal, make a drink or do something like iron their clothes or shave. Staff would then show an alternative way that was safer and easier and ask the person to attempt that. People were supported to increase their awareness of money and how to budget and were advised about social security benefits they were entitled to. The support staff provided was successful because staff communicated with people using communication that suited individual's learning styles.

Staff made detailed records of progress that people made and regularly assessed people's skills. Staff asked people they supported about their views about the progress they believed they were making. A person told us, "Change [to care plans] is on-going depending on how I am progressing." Another person said, "They teach me and so my skills keep changing [increasing]." This approach meant that people were supported to increase their independence at a pace that suited their needs and increased the prospects of them achieving their aims.

People were supported to follow their hobbies, social interests and activities that were culturally important to them. A person told us, "I am a graphic artist and I use my computer to do my work. I have friends in America I talk to a lot online. Eleanor Lodge are pretty supportive of my unusual schedule." Staff ensured that a person was able to observe an important religious period for them and to set aside time for the person to observe their faith. People who had favourite places of interest were supported to go to those places.

People knew about the provider's complaints procedure and how to make complaints if they needed to. Comments from people included, "I would speak to my key worker or the manager. They are all

approachable and I know they would sort it out for you" and "I have never made one [a complaint], I would speak to a carer anyone. They're all very good." The service had not had any complaints since our last inspection.

## Is the service well-led?

### Our findings

The registered manager and staff team were fully aware of the provider's values and aims for people who used the service. These were to recognise each person as an individual and to provide personalised care and support to assist people to regain, maintain and build upon their independence.

Staff we spoke with were motivated because they were felt well supported by the registered manager and staff team. A care worker told us, "I like the supportiveness of everyone." The provider promoted openness and transparency through their whistle blowing policy and safeguarding procedures which encouraged staff to report any concerns they had about the service. Staff told us the registered manager was always approachable because they operated 'an open door' policy.

Openness and transparency extended to people who used the service. People's comments about that included, "[Registered manager] is approachable. If you need to speak to them you just ask" and "They have always been approachable, I've no concerns about that."

Staff teams across the provider's organisation worked collaboratively to secure positive outcomes for people. For example, we spoke with the provider's principal care manager who coordinated the work of the service to prepare people for full independence. They worked with the social workers and housing organisations to ensure people had a smooth transition from Eleanor Lodge to their new homes. This collaborative working meant that the service had consistently supported people to achieve outcomes they wanted.

The provider promoted equality and inclusion within the workforce. This was through policies about equality and diversity and zero tolerance to bullying. The workforce was as diverse as the people using the service. The registered manager supported everyone at the service, people and staff, to respect and celebrate their diversity. This was demonstrated by what people told us about their relationships with staff. A person told us, "I get on with all of them here, with the majority of staff I would say I get on with them really well."

Staff told us that felt involved and that they were encouraged to make suggestions which were adopted. For example, a care worker proposed a person's aim to achieve greater independence would be better achieved by introducing easier incremental stages as that would make the person more confident. This worked for the person. A care worker told us, "There is no problem with making suggestions. Suggestions are treated constructively and we get good support and feedback to make them work."

The registered manager continued to understand their responsibilities. They continued to be supported by the provider through strong management arrangements. The registered manager received support and guidance from the provider's board members who visited the service. Staff at all levels received supervision and appraisal which were used to promote the values and aims of the service. The registered manager was supported by the provider's human resources, property and IT services departments.

The provider had effective procedures for monitoring and assessing the quality of the service, including people's experience of it. Audits of people's medications identified that errors had been made, for example people were supported to have the right medicines at the right time. Actions were taken to review medicines management at the service and the findings and recommendations were shared with other services run by the provider. This demonstrated the service and the provider learnt from mistakes by making improvements which made people's care safer.

The provider's quality assurance procedures included gathering the views of people, their relatives and staff. People's views were sought daily by staff and were acted upon, for example changes and additions people wanted in their care and support. People's views were more formally sought at reviews of their care plans. The registered manager had arranged a 'reception' for relatives for the evening of the day of our inspection to inform them with information about the service and to seek their views. Staff were involved through staff meetings, supervision and appraisal.

The service measured its success in terms of how people became more independent and therefore the outcomes people achieved. The service had a track record of supporting people to move into new homes where they lived independently. People were supported to be progressively more independent through support to learn new skills.

The service worked in partnership with other agencies, for example housing organisations, utilities organisation and benefits agencies to ensure that people made a smooth transition from living at Eleanor Lodge to living alone. The service continued to support people by checking whether they had made a successful transition. This demonstrated the caring leadership qualities of the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.