

Oak House Homecare Ltd

Olivemedes

Inspection report

Hawthorne Road
Yaxley
Peterborough
Cambridgeshire
PE7 3JP

Tel: 01733240972

Website: www.oakhousehomecareltd.wordpress.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Olivemedes is registered to provide accommodation and personal care for up to 33 older people including those living with dementia, physical disability or sensory impairment. There were 32 people living at the home when we visited.

Accommodation is provided in a purpose built two storey building. All bedrooms were for single occupancy with ensuite facilities. There were communal areas, including lounge areas, two dining rooms and a garden that could be accessed from both floors.

People's experience of using this service and what we found.

Not all management of people's medicines was effective in ensuring risks were identified or managed and records lacked detail and were not kept up to date.

Sufficient staff, with the right skills, supported people to be safe. Staff used their knowledge of safeguarding systems well. Staff were recruited safely. Lessons were learned when things went wrong and a learning culture for staff was in place.

People's assessed needs were met by staff whose training and support had given them the required skills. The provider worked well with others involved in people's care.

People ate and drank enough. Staff enabled people to access health care and support services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

People's care was person centred and staff enabled them to take part in pastimes, hobbies and activities they were interested in. People's complaints were responded to in line with the provider's policies and to the person's satisfaction. Trained staff and procedures were in place to support people with end of life care and in a dignified way.

The registered manager understood their responsibilities and notified the Care Quality Commission (CQC) when needed. Staff received stable and consistent support and leadership for their role. People, relatives and staff had a say in how the service was run. The provider worked well with others to provide people with joined up care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

The last rating for this service was requires improvement (published 03 January 2020) and there were two

breaches of Regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

This was a focused inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our latest comprehensive inspection, by selecting the 'all reports' link for Olivemedes on our website at www.cqc.org.uk

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Olivemedes

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by two inspectors 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.

Service and service type

This service is a care home without nursing. It provides accommodation and personal care to up to 33 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

We undertook a site visit on 14 December 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local safeguarding authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. we used all this information to plan our inspection.

During the inspection

We spoke with six people and two visiting relatives of people who used the service about their experience of the care provided. We spoke with two more relatives by telephone. We spoke with eight staff including the registered manager, the nominated individual and members of the kitchen and domestic teams. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a GP who was holding a virtual meeting with the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two new staff recruitment files and records relating to training and supervision. A variety of records relating to the management of the service, including policies and accident and incident records were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe - this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question had remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risks to people safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had systems in place to identify and manage risks. For example, pressure sore, and falls, prevention, medicines administration and acting on the risk of harm, such as malnutrition.
- People's care plans identified risk and how these were managed.
- However, risks assessments lacked details and this meant staff often had to rely on their previous training, such as for people's moving and handling. For example, records just stated 'requires full support' in many areas of their care. The registered manager had identified this and had engaged with the local authority's care home support team in June 2021, but had not acted on all recommendations.
- One person told us, "I feel safe here, more than I was at home." This was due to the equipment provided and staff skills in repositioning tasks." A staff member said, "I have been shown exactly how to attach a hoist to a sling and what this means to the person."

Using medicines safely

- People received the support they needed to have their medicines administered as prescribed. This was by trained and competent staff.
- Improvement had been made in some areas of medicine administration since the last inspection. However, additional improvement was needed in the safe storage of people's medicines, the effectiveness of medicines audits and the detail in people's medicines administration risk assessments.
- The recording of temperatures for some medicines had not been completed since August 2021. This is important to know as this can in some cases can make it ineffective. The registered manager put a temperature gauge in place which showed a safe storage temperature. However, for each of the 28 day cycle of medicines since August 2021, there was no records to show that the temperature had always been safe.
- Records of people's health conditions showed the medicine had remained effective.
- Audits of medicine administration records identified issues including staff forgetting to sign the record. Effective actions were taken. Protocols for as required medicines for pain relief were in place for people who had lived at the home for a while, but a recently admitted person did not have a protocol. The registered manager told us they would add this protocol.

- One person told us that they always had their medicines on time, as prescribed, and this meant they had not had any incidents relating to their health.

Systems and processes to safeguard people from the risk of abuse

- Incidents regarding safeguarding were reported to the appropriate authorities, and actions taken were effective in preventing recurrences.
- Staff found their training effective about what the signs and symptoms of abuse could be, the types of abuse and to whom concerns could be reported. For example, they said they would report any unexplained bruising to the registered manager
- Staff knew what incidents to report; people were supported in a safe way. One person told us they felt safe when staff hoisted them and staff were always careful not to harm them.
- A staff member told us, "I would tell the [registered] manager if I saw or suspected anything that could harm people. I know I can inform the CQC or safeguarding [authority]."

Staffing and recruitment

- Staff continued to be subject to a robust recruitment process. Various checks completed included that for any criminal records, recent employment references and evidence of staff's good character.
- There were enough staff to care for people safely. We observed staff assisted people in an unhurried manner. One person told us they felt safe with staff especially as staff never rushed them.
- The registered manager told us there had been some recent staff turnover, but a core staff team remained with further recruitment in progress.
- One staff member said, "We do have enough staff. I do get to sit with people and chat as well as their [personal] care. We cover any absences with extra shifts, even if this is for a few hours when it is busy."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Pedal type waste disposal bins were not always in place. The registered manager replaced these when we informed them.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider took onboard learning when things did not go as planned such as staff not completing important records.
- The registered manager monitored issues for trends and shared any learning amongst the staff team. One staff member said, "We share information in the handover book, supervisions, team meetings and from [management] staff."
- Learning was shared amongst the staff team which showed a learning culture was in place. One person told us that following a fall, with agreement, they could only go out with staff or family members.

Is the service effective?

Our findings

Effective - this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and staff with appropriate skills supported people effectively.
- The provider used up to date health guidance for people who needed support with their health conditions, such as diabetes and dementia care. One relative said, "Staff are brilliant they get lots of laughs out of my [family member], so they must be doing something special."
- People and their relatives told us staff had spoken with them to review their care and find out about their preferences and life history. One person told us they felt staff were well trained and knew the finer points of how the person wanted to be cared for, based on the person's needs.
- The management staff assessed people's needs before providing care and support including information received from hospital discharge summaries and social workers.
- The registered manager used the information gathered to create care plans for people. These were regularly reviewed and amended where a need for change had been identified.

Staff support: induction, training, skills and experience

- Staff received support and development to help ensure they had the right knowledge and skills for their role.
- The registered manager provided staff with a range of training, including practical, for people's safe moving and handling. Staff told us they shadowed more experienced staff, had their practice observed and found the process helpful. We observed staff putting their care skills into practice, such as to calm people when they expressed their emotions.
- Staff told us they felt management supported them well and provided access to additional or specialised training if they felt it would be beneficial. People confirmed that trained and skilled staff met their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink safely and always checked what people wanted that day.
- Records showed people were supported to eat and drink healthily and have a diet according to their preferences and needs. This helped ensure safe care and support. One person told us there were, "Always two choices of meals for lunch and supper." The person said, "Yesterday, I just wanted soup, [staff] blended it for me, because I can have trouble swallowing."
- The registered manager ensured that people at risk of malnutrition had the support they needed, such as from a speech and language therapist.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager and staff team worked well with various health professionals, such as a GP. One GP told us how well staff knew people and how quickly referrals were made for healthcare when needed.
- People told us that staff supported them to attend various health appointments and liaise with their doctor. One relative told us how quickly staff identified a change in their family members health. The person was recovering well after a period in hospital and was having support from a community nurse.
- Staff recorded the fluid input and output for people who required catheter care so that any concerns about hydration could be acted on.

Adapting service, design, decoration to meet people's needs

- Since our previous inspection improvements had been made to the design, decoration and general environment with further improvements planned. This was so that people with dementia could recognise familiar items and their own rooms. This had been achieved with people and their relatives' involvement.
- One relative said, "It is just so homely. My [family member] is quite happy walking around. They always seem to know where their room is as they know its colour."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff had a good understanding of the MCA and its five key principles. They implemented these well and promoted choice and control. People told us staff always respected their choices. One person said, "[Staff] always ask my permission before doing anything."
- The registered manager put people's DoLS into practice and only restricted people's liberty when this had been authorised and if it was in the person's best interests. Individual decisions in care plans showed that lawful consent for each decision had been recorded.
- One person told us they could go out into the community with staff or relatives' support. This had been agreed as in the person's best interests,. We saw this occurred safely during our inspection.

Is the service responsive?

Our findings

Responsive - this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with a range of social activities including hobbies and pastimes. This made a positive difference to the quality of people's lives and improved their well-being.
- Staff provided personalised care to people. They understood the importance of giving choices and showing patience in order to support a person's decision making. People told us staff went above and beyond to be helpful. One person told us they enjoyed playing musical instruments, had some in their room, and could play these whenever they wanted to.
- The registered manager ensured people's preferences were recorded in their care plan. A relative said, "Some people like to enjoy each other's company, offer reassurance and hold each other's hands. My family member likes peace and quiet and staff respect this. Staff are there straight away to respond to any issues."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives told us there were many opportunities and ways for them to be involved in deciding the amount of involvement and support people needed.
- Examples of this included conversations with people, residents' and relatives', meetings and quality monitoring surveys.
- Staff knew the specific ways people needed help with repositioning or the use of various mobility equipment.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and all the staff team understood what accessible communications were, they implemented this well.
- Whatever way people communicated, staff supported this respectfully and effectively. For example, by writing things down or speaking slightly louder or with just a few words. This help people to be listened to.

Improving care quality in response to complaints or concerns

- The provider had followed their complaints process and issues found were analysed for potential trends.

- Systems were in place to respond swiftly to concerns were responded to before they became a complaint. People could openly share their concerns, knowing they would be acted upon.

End of life care and support

- The service had policies and procedures, and trained staff skilled, for end of life care. There were also systems in place to support people, relatives and staff should this be required.
- Staff received training on emergency first aid and systems were in place should an emergency situation arise including health professional involvement.
- People who might need medicines just in case had these prescribed in advance. For example, to help ensure a dignified death. One compliment praised staff for their tenderness and compassion at a sensitive time.

Is the service well-led?

Our findings

Well-Led - this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. This was a breach of Regulation 17 (Good Governance) Of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager had made improvements in identifying, reviewing and acting on incidents including falls, safeguarding and medicines errors. This was to ensure improvements and learning for staff were in place.
- Detailed cleaning schedules were in place and this helped maintain good hygiene standards and practises. Staff were seen cleaning throughout the day and there were plans to respond if there were any COVID-19 outbreaks.
- The registered manager had created an assistant manager role and another was in progress. This had divided management workload more equally, as well as helping to ensure greater effectiveness of audits. This also meant that where incidents occurred, such as a fall, prompt action was taken to prevent recurrences.
- The provider sought views from people, relatives, local authority care home support teams and health professionals. One person told us the best thing about the service was, "What you (CQC) have just seen, staff didn't know you were in here, but they knocked on the door before coming in, they always do. They ask if I want anything."
- From meetings and discussions with people, relatives and staff, improvements had been implemented including the colour of people's room doors and keepsakes people could interact with.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke highly of the registered manager and how they managed the service. One relative told us, "The attention [family member] gets is absolutely amazing. This is because they care for people as if they were part of their own family. I would recommend the home as a home to anyone."
- Staff told us that the management team were very approachable and supportive. One staff member said, "I feel supported, [registered] manager supports you 100%. They expect you to work hard but also

professionally and to people's benefit."

- The registered manager managed their time well between being available to people and staff and also undertaking their role to meet the regulations. For example, by undertaking unannounced checks on staff at night or a weekend. A staff member said, "We can contact the [registered] manager or senior staff, any time."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, staff and the provider had a say in how the service was run and managed.
- The provider and registered manager sought people's views through a variety of means. For example, daily conversations with people and staff or quality monitoring surveys.
- Feedback from these was acted on, and plans were in place such for additional night senior staff and an extra assistant manager. Staff were also being empowered to be more responsible for the content of care plans.

Working in partnership with others

- The registered manager worked successfully with a wide range of stakeholders involved in people's care. These included occupational therapists, health professionals and safeguarding authorities.
- The success of this joined up working meant people could remain living safely and have a better quality of life. A GP said that the staff knew people well and that the registered manager always responded to their guidance and advice.
- Incidents reported to the CQC had also been referred to various organisations, such as the local safeguarding authority. Appropriate actions had been taken to prevent recurrences such as additional security measures.