

# Olympus Care Services Limited

# Ridgway 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?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 01 July 2015, and was unannounced.

At our previous inspection on 04 November 2014, we found that people were not protected against the risk of unsafe care and treatment that included the unsafe management of medicines. There were inadequate systems in place to protect people against the risk of, preventing, detecting and controlling the spread of infections. In addition, we found that persons providing care or treatment to service users did not have the qualifications, competence, skills and experience to do so safely.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found that people were at risk of unsafe premises. This was because fire doors had been wedged open, putting people at risk if there was fire at the service.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, we found that there was not an effective system in place to assess and monitor the quality of

# Summary of findings

service that people received. People who used the service were not protected against the risk of unsafe care and treatment because the provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person using the service.

This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to provide us with an action plan to address this and to inform us when this would be completed. After the comprehensive inspection, we undertook this focused inspection to check that the provider had made improvements and to confirm that they now met legal requirements.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting 'all reports' link for 'Ridgeway House' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Ridgeway House provides care and support for up to 38 older people with a wide range of needs, including dementia care. There were 29 people using the service when we visited.

The service had a registered manager. A registered manager 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.

Improvements had been made to the management of medicines. Medicines were stored, administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

We found that the home was clean, hygienic and improvements had been made to reduce the risk and spread of infection.

Fire doors with automatic closures had been repaired and we did not observe any fire doors that had been

wedged open. All fire doors were being upgraded to a new and safer system at the time of our inspection. Water tanks and boilers had been replaced and upgraded to ensure the service had access to hot water and heating at all times.

Risk assessments had been reviewed for all people who used the service. Risks to people's safety had been assessed and provided staff with guidance to protect and promote people's independence.

Staffing numbers had been increased and there were appropriate numbers of staff employed to meet people's needs in a timely manner.

Improvements had been made to training and supervision for staff. All staff had been provided with sufficient training to ensure they were able to care for people safely and to perform their roles and responsibilities.

People and their relatives were empowered to make decisions about their care. They felt listened to and respected by staff. Clear information about the service, advocacy, the management, the facilities and how to complain was provided to people and visitors.

People received care that was responsive to their needs and centred around them as individuals. Care plans had been improved and were detailed and promoted personalised care.

Improvements had been made to the provision of activities. People were encouraged and supported to take part in meaningful activities and pursue hobbies and interests.

The service provided people with the information they needed to make a complaint.

We saw that people were encouraged to have their say about how the quality of services could be improved and were positive about the leadership provided by the registered manager.

Effective quality assurance systems were in place to obtain feedback, monitor performance and manage risks.

# 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?

This service has not been consistently safe.

There were risk management plans in place to promote and protect people's safety.

Increased staffing arrangements meant there were sufficient staff to meet people's needs.

Systems for the management of medicines had been improved and were safe; protecting people using the service.

Effective systems had been introduced to reduce the risk and spread of infection.

Action had been taken to improve the premises and the

Requires improvement



### Is the service effective?

This service has not been consistently effective.

Improvements to staff training meant that staff were equipped with the skills and knowledge to meet people's needs.

Requires improvement



### Is the service caring?

This service has not been consistently caring.

People were offered choices about their care and were involved in decisions about their routines.

Information was provided to people about the service, the facilities and how people could access advocacy services if they wished.

Requires improvement



### Is the service responsive?

This service has not been consistently responsive.

People received care that was individualised and person centred.

Improvements to the provision of social activities meant that people could take part in range of activities that were important to them.

Complaints and comments made were used to improve the quality of the care provided.

Requires improvement



### Is the service well-led?

This service has not been consistently well-led.

Improvements had been made to records management and quality assurance systems used to monitor the quality of the service.

Requires improvement



## Summary of findings

Staff were well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the home.	
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# Ridgway 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 inspection took place on 01 July 2015 and was unannounced. The inspection was undertaken by one 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.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We contacted the local authority that commissioned the service to obtain their views.

We used a number of different methods to help us understand the experiences of people living in the service. We observed how the staff interacted with people who used the service. We also observed how people were supported during breakfast, the mid-day meal and during individual tasks and activities.

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

We spoke with seven people who used the service in order to gain their views about the quality of the service provided. We also spoke with three relatives, four care staff and the registered manager, to determine whether the service had robust quality systems in place.

We reviewed care records relating to three people who used the service and two staff files that contained information about recruitment, induction, training, supervisions and appraisals. We also looked at further records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

During our inspection on 04 November 2014, we identified issues with the medication systems and processes in use at the service. We found poor recording of medicines given to people and not all people had received their medicines as prescribed by their doctor. There was a lack of guidance for staff for medicines that were to be given 'as needed'.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that the provider had followed their action plan, and improvements had been made.

One person told us, "Oh yes, I get my medicines right on time." A relative said, "I don't have any concerns that my [relative] is receiving medication as they should be."

The team leader who had the responsibility for ensuring medication systems were safe said, "We have worked hard to improve the medication systems."

We found that medication was stored safely for the protection of people who used the service. Temperatures had been recorded within the areas where medicines were stored, and we found these to be within acceptable limits. The cupboard used to store controlled drugs was in line with legal requirements.

We found there were appropriate arrangements in place to record when medicines were received into the service, when they were given to people and when they were disposed of. We looked at the records for ten of the 29 people who used the service. We found that people had been given their medicines as prescribed. When medicines had not been administered to people, the reason why had been recorded. There were effective systems in place to account for all medicines used or disposed of, including controlled drugs.

When people were prescribed medicines in variable doses, for example, 'one or two tablets', the actual quantity given was recorded. Where people were prescribed medicines on a 'when required' basis, for example for pain relief, we found there was sufficient guidance for staff on the circumstances these medicines were to be used. We were therefore assured that people would be given medicines to meet their needs.

We looked at the training records for four staff members who were authorised to handle medicines. We found that these staff had received appropriate training and had been assessed to be competent to handle medicines. This meant that people were given their medicine by staff that were suitably qualified and competent.

We saw that checks on the quality and accuracy of medication records were carried out monthly. This meant that appropriate arrangements were in place to identify and resolve any medication errors promptly.

When we inspected the service on 04 November 2014, we found that areas of the home were not being cleaned sufficiently and carpets and chairs were stained and dirty. There was an odour throughout the home, and a shortage of housekeeping staff and no cleaning schedules in place. In addition, we found that not all people who required a hoist for moving and handling had their own individual slings; and slings were not always washed between each person using them.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

During this inspection we found that the provider had followed their action plan and improvements had been made. We saw that flooring had been replaced throughout the downstairs hallways, reception area and the dining room.

One person commented, "It's lovely now we have a nice new floor. Much better." A relative commented, "It's made a big difference to the home. It feels nicer and so much cleaner."

One staff member told us, "It was nice to get rid of the old carpet. This floor is a lot easier to clean and stops any smells."

The registered manager told us they had appointed an infection control lead. Their role was to ensure that all staff were aware of good hand hygiene, to undertake infection control audits of the service and to make staff aware of the infection control policies and procedures. We noticed there was no odour throughout the home and there were sufficient hand washing facilities. The registered manager also told us that another housekeeping staff member had been recruited and this had been beneficial to the service and the housekeeping team.

## Is the service safe?

We saw that all areas of the home were clean and hygienic. We looked at cleaning schedules for the service and found these were divided into different areas of the home. Housekeeping staff had a daily, weekly and monthly list of tasks to be completed and were required to sign a checklist when they had completed their tasks. We saw that these were fully completed and up to date. We saw that one staff member had been allocated the task of cleaning all moving and handling equipment on a weekly basis. This included wheel chairs, walking frames and hoists. The staff member was required to keep a record of all equipment cleaned and we saw this had been completed recently.

We found that each person who required a sling for moving and handling had their own sling and these were stored in their rooms.

Training records demonstrated that all staff had completed infection control training.

During our previous inspection we found that people were not protected against the risks associated with unsafe or unsuitable premises. This was because fire doors were wedged open with wooden wedges or bedroom furniture.

This was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider had followed their action plan and improvements had been made. We did not observe any doors that had been wedged open and we found that all automatic door closures had been repaired.

The registered manager told us that the current automatic door closures were old and regularly required batteries to be replaced. They said that all the automatic door closures, sited at the bottom of each door, were being replaced by a new system of overhead door closures. This system was more efficient and safer for people in the event of a fire. We saw this work taking place during our visit.

When we visited the service on 04 November 2014, we found there was no hot water or heating at the service. The registered manager told us this had been an on-going problem and had happened on four occasions in one month.

During this inspection we found the provider had replaced the water tanks and boilers. We were told that this had resolved the problem. We checked one tap in a toilet area

to make sure hot water was available and found this to be the case. We did not receive any complaints or comments about a lack of hot water or heating so we were assured this had been addressed.

We saw that communal lounges had been redecorated, with new curtains and new furniture. The dining room, which had previously been a lounge and a dining room combined, had been refurbished. This was now a dining room which was spacious and bright. We saw that numerous people liked to sit here as it was the hub of the home.

During our previous inspection we found that possible risks to some people's health and safety had not been identified within their care plans. In addition, where risk assessments were in place, they had not always been regularly reviewed and kept up to date.

During this inspection we saw that risk assessments were in place for each person. The risk assessments were reflective of people's needs and guided staff to provide the support people needed to keep them safe. Each risk assessment we reviewed, included information about the action to be taken to minimise the chance of harm occurring. Assessments included risks associated with malnutrition, falls and pressure sores, in addition to individual situations, such as an upcoming trip to the seaside. We found that all risk assessments were comprehensive, up to date and specific to each person's needs.

During our previous inspection we received concerns from people who used the service about a lack of staffing. In addition, staff told us there was a shortage of staff that was having an impact on the service they provided.

At this visit we found that improvements had been made. One person told us, "They're always lots of [staff] around, I know I have help if I need it." Another person commented, "It means I don't have to worry. Someone comes to see to me quickly if I need anything."

Staff were positive about the improvements made to staffing numbers and the deployment of staff. One staff member said, "It's a lot more organised now. Carers can do the caring, housekeeping staff can do the cleaning, and laundry staff can do the laundry. The carers used to do it all. It's made a big difference."

The registered manager told us that they had recently recruited four care staff and when they commenced work,

## Is the service safe?

following their employment checks, staffing would be at its full establishment. We were told by the registered manager that an extra staff member had been employed for the morning shifts and staff we spoke with felt this had been very beneficial, both to people using the service but also to the staff team. In addition, we found that some staff roles had changed, to cover activity provision and assistance with meals.

We observed that staff responded quickly to call bells or people's need for assistance. There was a continuous staff

presence in the communal areas and we saw that hourly checks were made to people who wished to stay in their rooms. The extra staffing numbers meant this could take place without affecting staff availability to support people.

We looked at the staff rota and found that this was frequently revised and amended to reflect the needs of people using the service. On the day of our visit we found there were sufficient staff available to keep people safe. We saw that staff had time to spend supporting people with their individual needs. The staff rota we looked at confirmed that the agreed staffing numbers were provided.



# Is the service effective?

## Our findings

During our comprehensive inspection on 04 November 2014, we found that the training and development systems in place were ineffective and failed to ensure that staff received the training they needed to care safely and appropriately for people in the home. We found that new staff did not receive a comprehensive induction and most staff had not received or been enabled to keep up to date with the providers mandatory training programme.

This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found that the provider had followed their action plan and improvements had been made.

We found that staff had received training that was relevant to the needs of the people they supported and cared for.

People said the staff knew their needs well and had the training in order to provide appropriate care. One person told us, "They are so good. They know how to look after all of us." Another person said, "I feel happy knowing they are here to take care of me; and they do it so well." A relative commented, "I have total peace of mind. They are very knowledgeable about my [relatives] care and health needs. They always keep me informed as well which is good."

The registered manager told us they had introduced a unit induction, which was specific to the service. In addition to this there was a corporate induction that all new staff were

expected to complete. New staff were able to work alongside, and shadowed more experienced members of staff which had allowed them to get to know people before working independently. There were no staff working on the day of our inspection who were new to the service and who could tell us about the induction process. However, records we looked at confirmed that staff completed an induction to the service.

All staff we spoke with confirmed that the training had improved and was accessible to all staff. One staff member told us, "We did virtual dementia training. It made me re-think the whole way I approach people with dementia. I was able to look back and see where my practice was not appropriate and change it."

We saw evidence that staff had received on-going training in a variety of subjects that supported them to meet people's individual care needs. These included first aid, manual handling, infection control, safeguarding adults and fire awareness. Training records confirmed that staff received refresher training in all core subjects and we saw dates for future training that had been planned. We found that staff could access additional training that might benefit them. For example, end of life care and dementia care.

All members of care staff received regular one to one supervision sessions and were scheduled for an annual appraisal. One staff member told us, "We get supervision monthly. If we want it more often we only have to ask."

# Is the service caring?

## Our findings

During our comprehensive inspection on 04 November 2014, we found that the service did not always support people to express their views and be actively involved in making decisions about their care, treatment and support. In addition there was a lack of information available to people about the organisation, its facilities and how to access advocacy services.

At this inspection we found that the provider had followed their action plan and improvements had been made.

One person told us, “I know about my care plan and I am always asked about my care.” Another person commented, “I have been asked for my comments about my care. I’m always happy to have my say.”

Two relatives told us they were involved in their relatives care and were invited to regular reviews. One said, “I am fully involved.”

Staff informed us that people had regular reviews of their care. They said that people who used the service and any other person who was significant to their care and wellbeing were invited to give their comments and attend the review.

People’s diverse needs were accommodated. One person told us, “I like things done a certain way. I’m independent and like things done my way. The staff respect my wishes but I know they are always there to help if I need it.”

People were involved in their day to day care. One person said, “I have my own routine, I do the things I like and the staff always work around that.”

We found that people were empowered to make choices about when to get up and go to bed, what to wear, what to eat and where to go. For example, people were consulted about what they wished to do and were presented with alternatives. Some people took part in organised group activities and other people chose to stay in their rooms, reading the paper or listening to music.

We found that rooms had been decorated to reflect people’s personal taste and there were photographs and other personal possessions on display. One person said, “I love having my things around me. They are very precious to me.” Communal areas contained photographs of people taking part in various activities and added to the homely feeling.

Clear information about the service, the management, the facilities, and how to complain was now provided to people and visitors. Brochures about the service were provided to people and their representatives when they moved into the service. Menus and activities were displayed in communal areas. We found there was an effective system in place to request the support of an advocate to represent people’s views and wishes if it was required. We saw information about advocacy services displayed in the main reception, on relative’s notice board and in lounge areas. The registered manager confirmed that no one living at the home was currently using the services of an advocate.

# Is the service responsive?

## Our findings

During our previous inspection, we found that care records did not always promote individualised care. There was little information in files about people's personal history, interests and hobbies. Some people who used the service did not have care plans in place. We also found that people were not supported to follow their interests and there was a lack of social activities. In addition we found there was no information displayed or provided for people about how to make a complaint.

At this inspection we found that the provider had followed their action plan and improvements had been made.

People told us that staff had spent time with them on admission to identify fully their care preferences and future wishes. One person told us, "Yes, they visited me before I came here and they stayed with me when I arrived." Another person said, "My care is just right. Just how I want it."

A staff member said, "We ask families for personal histories and about things that have been, or still are important to them. It helps to get to know people better." The staff knew about people's histories, likes and dislikes so they were able to engage people in meaningful conversation. For example, we heard one staff member talking to a person about their time in the army.

There was clear evidence that people had been involved in determining the way in which their care was to be delivered. For example, people's spiritual needs were met by local church ministers from a variety of denominations, who were invited to conduct a service in the home. Staff told us how important it was to read people's care plans so they knew what people's preferences were and to ensure they supported people in the way they preferred.

Records we looked at contained an assessment of each person's needs and these had been completed before the person moved into the service. This ensured that the staff were knowledgeable about their particular needs and wishes. People's care plans had been reviewed and improved. Each care plan we looked at was comprehensive, very detailed and put each person at the heart of their care. We saw that care plans were reviewed quarterly and people were involved in their reviews.

People told us that activities had increased and there was more variety. One person told us, "We had an ice cream parlour here yesterday. That brought back memories." Another person said, "We have had some great entertainment." Relatives said they felt that activities had increased and were more meaningful to people who used the service. For example, people were encouraged to take part in food preparation, laundry and cleaning. One person told us they were going away for a holiday to Skegness. We later learned that this had happened because the person had made a comment about not seeing the sea for over twenty years. The registered manager had responded to this and we found that four people were going on holiday, supported by staff at the service.

The registered manager told us they had employed the services of a relief staff member to come to the home and provide activities on a regular basis. We saw that recently they had a themed forties day and people spoke enthusiastically about it.

Staff spent time chatting with each person and responding to their need for companionship. We saw a pictorial activities programme that was varied and also suitable for people living with dementia. Activities included flower arranging, seed planting, baking and skittles. We saw many people had newspapers, books or had their own activity. For example, one person was playing a card game.

People told us that they would be happy to raise any issues or concerns and felt confident that these concerns would be listened to and actioned. A relative told us, "The manager has an open door. I never feel the need to complain."

People were encouraged to raise concerns or complaints. We saw that monthly meetings were held with people who use the service and a separate relatives meeting was also held monthly. Complaints was a standard agenda item at each meeting.

All the people and relatives we spoke with were confident that any concerns would be dealt with appropriately and in a timely manner. Staff confirmed that people had access to the complaints policy but this was rarely needed because of the approachability of the registered manager. The provider had not received any complaints since our last inspection.

# Is the service well-led?

## Our findings

During our comprehensive inspection on 04 November 2014, we found that the provider's quality assurance processes required some improvement in relation to records, medication, infection control and the environment. In addition the provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person using the service.

At this inspection we found that the provider had followed their action plan and improvements had been made.

The service had a registered manager in post in accordance with their legal requirements, who offered advice and support. People told us they knew who the new registered manager was and that they liked them. One person told us, "I see her every day. She brightens up my day."

Staff we spoke with were positive about the management at the home and the improvements that had been made. One staff member said, "I have seen so much improvement. It been brilliant." Another staff member told us, "The manager is approachable and always available for a chat."

We saw the registered manager was visible and accessible to people in the home and people knew them by name. Staff told us the registered manager was approachable and they felt they could take any issues to them. We spoke with the registered manager who demonstrated to us that they knew the details of the care provided to people. This showed they had regular contact with the staff and the people living in the home.

Staff understood their roles and responsibilities and felt supported by the registered manager and the provider. One staff member told us, "The improvement to the training has been really good for us as a team. We are very well

supported by the manager." Staff told us they enjoyed working at the home. We saw there were regular staff meetings, daily written handovers and staff were provided with regular supervision meetings. Staff told us they felt able to speak openly, and one staff member commented, "I have raised ideas at staff meetings and they have been acted on." They told us they felt valued and appreciated for the work they did by the registered manager.

All the staff we spoke with confirmed that they understood their right to share any concerns about the care at the home and to question practice. They said that they were aware of the provider's whistleblowing policy and they would confidently use it to report any concerns. There was an open and positive culture which focussed on people. People and their relatives were encouraged to comment and make suggestions about the service, through surveys, reviews and monthly meetings. Following meetings for people using the service and their relatives; and after the completion of satisfaction surveys, the provider completed a service improvement plan to action any areas that needed improvement. We saw that these had included changes to menus, activities and staffing levels.

We saw that a variety of quality audits were completed on a monthly basis. The analysis of the results of the audits was discussed with staff through training, supervisions and staff meetings to identify improvements that could be made to make the service safe and effective. There was a system in place to ensure when accidents and incidents occurred they were investigated by the manager. If areas of poor practice were identified these were addressed with the staff team to ensure lessons were learnt and to minimise the risk of recurrence.

Records we looked at showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.