

# Sajid Mahmood

# Oliver House

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

This was an unannounced inspection carried out on the 11 and 16 March 2015.

Oliver House provides accommodation and nursing care for up to 26 people who have nursing and dementia care needs. The accommodation is provided on two floors which are accessible via a passenger lift. There were 21 people living at 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.

At our last inspection in September 2014 the provider was not meeting the requirements of the law in relation to the care and welfare of people who use services, meeting people's nutritional needs, supporting workers and

# Summary of findings

assessing and monitoring the quality of service provision. Following that inspection the provider sent us an action plan to tell us the improvements they were going to make.

During this inspection we looked to see if these improvements had been made. We found that improvements had been made in relation to meeting people's nutritional needs and supporting workers through the provision of relevant training. While the provider now met the requirements of the regulations improvements were still needed in relation to keeping people safe and monitoring the quality of the service.

People told us they felt safe living at Oliver House. People's relatives and friends agreed. They told us they were happy their relative or friend was living there.

Staff had received training on how to keep people safe from harm. However, we found that not all staff were moving and handling people safely.

Risks to the people who used the service had been assessed. This was to make sure that so far as was possible, people were provided with safe care and support.

Checks had been carried out on new members of staff to make sure that they were suitable to work at the service and training had been provided so they had the knowledge and skills to meet people's needs.

We found some issues around the management of medicines. Records had not always been completed and protocols for medicines prescribed to be given when required had not been completed.

People told us there were enough staff on duty and they didn't have to wait long when they needed assistance. We observed the staff assisting people throughout our visit and we saw them providing care and support in a timely manner. We did note that staff spent the majority of their time carrying out care tasks, leaving little time for social interaction with people who used the service.

An assessment of people's needs had been carried out prior to them moving into the service and from this, a plan of care had been developed. People told us staff knew what help they needed and they provided help in a kind and caring way. We saw this throughout our visit.

People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was being provided. Staff recorded when they had provided people with food and fluids and the records seen showed people had been provided with the nourishment needed to keep them well.

People told us they had been involved in making day to day decisions about their care and support and staff understood their responsibilities with regard to gaining people's consent. When a decision had been made in a person's best interest it was not clear who had been involved in the making of that decision.

People who used the service and their relatives knew how to raise a concern. They told us they were confident that any concern regarding their care or welfare would be dealt with appropriately and to their satisfaction.

People told us they were encouraged to share their thoughts of the service through daily dialogue with the management team and the staff. Relatives and friends had also been asked their thoughts on the service through the use of surveys. This meant that people involved with the service had the opportunity to have their say on how it was run.

Some staff felt supported by the management team but others did not. Staff meetings had been held but we noted that these had not been held for some time. The registered manager acknowledged that regular staff meetings would provide more regular support to the staff working at the service.

Arrangements for monitoring the service were in place to check the quality of service provision but not all areas of the service were included within this.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

People told us that they felt safe. However, people were put at possible risk because procedures around medication and the safe moving and handling of people were not always followed. Appropriate checks had been completed when new staff had been recruited and people felt there were enough staff on duty to meet their needs.

Requires Improvement



### Is the service effective?

The service was not consistently effective

Staff had received training to enable them to meet the needs of those in their care. People's consent was obtained before their care and support was provided. However where people were unable to give their consent it was not clear that decisions made in their best interest had been made with the involvement of people who knew them well.

Requires Improvement



### Is the service caring?

The service was caring.

People told us that the staff who looked after them were kind and caring and they treated them with respect. Staff had a good understanding of people's needs and they ensured that they involved them in making day to day decisions about their care and support.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed before moving into the service to ensure that they could be properly met. People were asked about their personal preferences with regard to their care and support and they were supported to follow their own interests. People important to them were encouraged to visit and were made welcome at all times.

Good



### Is the service well-led?

The service was not consistently well led.

Not all the staff working at the service felt supported by the management team but they felt they could talk to them should they have a concern of any kind. Although there was a system in place for checking the service provided, not all areas of the service were included within this.

Requires Improvement



# Oliver 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.

Before our inspection, we reviewed information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We visited the service on 11 March 2015 and 16 March 2015. The inspection was unannounced.

We spoke with six people living at Oliver House and seven relatives. We were also able to speak with eight members of the staff team, the registered manager and the provider.

The inspection team consisted of 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. The expert by experience who accompanied us on our visit was experienced in dementia care.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care they received, we could determine whether they were comfortable with the support they were provided with.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, staff training records, people's medication records and the quality assurance audits that the registered manager completed.

# Is the service safe?

## Our findings

People who used the service told us they felt safe living at Oliver House and relatives we spoke with agreed. One person told us, “It feels safe, I’m not bullied, I’d soon have my son after them.” A relative told us, “We can’t fault it, [their relative] is definitely safe here, the care has been excellent.” Another explained, “I know [their relative] is safe and I don’t worry about him when I go home.”

The management team explained to us their responsibilities within safeguarding. They knew the procedures to follow when a safeguarding concern was raised however, this had not always been followed. A safeguarding incident that had occurred the previous month had not been passed to the local safeguarding authority for their consideration. This was addressed following our visit.

Care workers had received appropriate training and told us what they would do to keep people safe. One member of the staff team told us, “I would go to the person in charge, or the owners.” Another told us, “I would talk to the manager, there is a number in our policies folder that we would ring.”

We looked at four people’s plans of care and found risk assessments had been completed. These enabled the management team to identify and assess any risks associated with their care and support. Risk assessments had been completed on moving and handling, nutrition and skin integrity and these had been reviewed on a monthly basis. This meant that risks had been identified and where ever possible, minimised to better protect people’s health and welfare.

We looked at the plan of care for a person who had been assessed as requiring bed rails and found that an accident had occurred during their use. Although the use of bed rails had immediately been withdrawn, no investigation into the accident had been carried out into how the incident had occurred so that alternative assistance could be given. The registered manager confirmed that this would be carried out immediately.

During our visit we observed a staff member transferring a person in a wheel chair without the use of foot plates. (When footplates are not used, there is a chance that a person’s feet could hit the floor and cause them to fall out of the chair). There was nothing in their plan of care to say

foot plates should not be used. We discussed this with the staff member. They acknowledged that this was inappropriate explaining they had forgotten to use them on this occasion. We shared our concern with the provider as this practice had also been identified at our last visit in September 2014. We were informed this would be addressed through formal supervision.

We looked at how health and safety risks were managed. Staff told us they had received training on health and safety and maintenance and safety checks had been completed.

People told us there were enough staff to help them and they did not have to wait long for assistance. One person told us, “They’re pretty good, they come quickly.” Staff spoken with felt on the whole there were enough staff on duty on each shift to enable them to properly meet the needs of the people in their care. One staff member told us, “I think there is enough staff at the minute.”

The provider told us that staffing levels were determined according to the dependency needs of the people who used the service. We observed staff throughout our visit. We noted that on the whole, when people needed assistance they did not have to wait long before a staff member arrived. We were told there should be a member of staff in the lounge at all times to keep people safe. The activities leader provided the majority of this support because the care staff were busy.

We checked the medicines and corresponding records for the people who used the service. We checked to see the medicines had been appropriately signed for when it had been received into the service, which it had. We also checked to see that medicines had been signed for when given, which on this occasion it had not. The nurse in charge who was responsible for administering medicines had not always signed the relevant records. This meant they could not always demonstrate people had received their medicines as prescribed by their doctor.

There were no protocols in place for people who were prescribed medicines as and when required. This included medicines prescribed for pain relief. This meant the person dispensing the medicine had no clear guidance as to how often this medicine should be offered. There was a risk therefore that they might not receive the right amount of medicine at the right time.

## Is the service safe?

Although medicines was being properly stored in line with national guidance, one of the medicine trolleys was not. This had not been secured to the wall where it was being stored. The provider told us this would be addressed immediately.

We looked at four staff recruitment files to check that an appropriate recruitment procedure had been followed. We saw that on the whole, it had. Written references had been obtained (though we noted for one person one of their

references had been received after employment started). Proof of identity had been sought and a check with the DBS (Disclosure and Barring Scheme) had been carried out. A DBS check provided information as to whether someone was suitable to work at the service. Checks had also been carried out with the NMC (Nursing and Midwifery Council) to make sure the nurses who worked at the service had an up to date registration with them.

# Is the service effective?

## Our findings

At our inspection in September 2014 we were concerned about the records kept when people were at risk of dehydration or malnutrition. This was because the records had not always been completed accurately and did not show that people received the food and fluids to keep them well. We set a compliance action as Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been breached.

During this inspection we checked the records kept to monitor the amount of food and fluid people were taking. The records seen were up to date and showed us that people had received the required food or fluids needed to keep them well.

At our inspection in September 2014 we were concerned about the training that staff had, or had not received. This was because we had identified a person who used the service that had epilepsy. Staff had not been provided with training on this condition. We set a compliance action as Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been breached.

During this inspection we checked the training records and found staff had received training on epilepsy following our visit. A further training session on epilepsy had also been arranged for May 2015.

People told us the staff who looked after them knew them well; and knew how to support them. One person told us, "They're good, very good, they know what they're doing." Another said, "They know what to do, they're very good."

Visiting relatives told us that the staff had the right skills to meet their relative's needs.

We observed staff supporting people who used the service. They supported them in the way they preferred and showed they had the skills and knowledge to meet people's needs.

Staff told us they had received a period of induction when they first started working at the service and appropriate training had been provided at that time. This included

safeguarding training and moving and handling training. The provider was in the process of sourcing new training for the in-house moving and handling trainers as it was identified that their training was out of date.

People told us they had been involved in making day to day decisions about their care and support and staff gave examples of how they obtained people's consent. One staff member told us, "I always ask them if it's okay to do something and then I explain what I am doing step by step."

Training records showed us staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. DoLS is a law that requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom protected to keep them safe. We asked staff about their understanding of MCA and DoLS. One staff member told us, "I'm not 100 per cent sure what DoLS means, I've just done MCA training though and it's when people who have dementia can't make decisions for themselves, then it's down to the next of kin or the doctors." Another explained, "If they [people who used the service] can't speak for themselves we talk to the family and make decisions in their best interests."

The registered manager and the nursing team understood their responsibilities within DoLS. Appropriate referrals had been made when they had felt someone was being deprived of their liberty. The registered manager told us that there was no one currently at the service with a DoLS in place. When we checked the plan of care for one person, we found a DoLS application had been submitted to the local authority by one of the registered nurses. The registered manager had not been made aware of this. This meant that there was a risk that the DoLS would not be monitored as required by legislation.

When we looked at one person's plan of care we saw that bed rails were used on their bed without their consent. We were told the person did not have the capacity to make that decision. It was not clear who was involved in making the decision or whether it was in the person's best interests that bed rails were used. Records showed the involvement of the nurse in charge but not the reasons for the decision.

## Is the service effective?

This demonstrated that the provider had not followed the Mental Capacity Act which requires that such assessments and decisions are recorded in order to properly protect people's human rights.

People told us that they liked the food and drink provided. One person told us, "It's good food, there's plenty to eat and drink." Another said, "The food's pretty good, at least they give you a choice."

A nutritional assessment had been completed when people had first moved into the service. This identified any nutritional or dietary requirements and enabled staff to provide for each person's individual needs. Some people required a fortified (high calorie) diet and for those people, their meals were fortified with cream and butter. Other people had been identified as at risk of choking and required a soft diet. For those people, their meals were pureed or made fork-mashable. People's likes and dislikes had been taken into account to ensure their preferences had been catered for.

Concerns were raised by staff during our visit regarding the quality and quantity of food provided. We spoke to the cook on duty at the time of our visit and checked the food in storage. The cook explained that it was their responsibility for the ordering of food and everything that was requested was purchased by the provider.

People were offered a choice of meal at every meal time and drinks and snacks were provided throughout the day. The menu was written up on a board in the dining room, but we did not see a picture menu available for those who could not understand the written word. We did however see care staff asking people what they wanted at each meal time.

We observed people being assisted to eat during lunchtime. This was done on an individual basis and staff spoke to people about what they were doing and gave them time to eat at their own pace. We saw care staff checking that people were able to eat the food being offered and one asked a person if they wanted their meal blended.

People were supported with their healthcare needs. They had access to all the necessary healthcare professionals including doctors, community nurses and the Speech and Language Therapy Team. A community matron also visited the service every Wednesday. This provided the service with consistent healthcare support. Relatives told us that staff always contacted the doctor if there were any concerns about their relative. One told us, "When [their relative] came in they got the doctor involved and sorted her medication, they have been brilliant."



# Is the service caring?

## Our findings

People told us the staff who looked after them were kind and caring and our observations confirmed this. One person told us, “They know what to do, they’re very good.” Another said, “They are kind, generally I’ve found them to be OK.”

Visiting relatives and friends also told us the staff working at the service were kind, hard working and considerate. One told us, “The carer’s are brilliant, they are friendly, they never stop.” Another told us, “They are ever so good to her [their relative] you couldn’t wish for a better place.”

We observed support being provided throughout our visit. Staff showed a good understanding of people’s needs. They were aware of what people liked and did not like and they were seen supporting them in a relaxed manner. We observed staff reassuring people when they needed reassurance and when one person got upset, we observed the staff talking to them in a caring manner which reduced their anxieties.

Throughout our visit we observed staff involving people in making choices about their care and support. People were given choices about what time they wanted to get up,

where they wanted to sit, what they wanted to eat and drink and whether they wanted to join in the activity session that was held. Staff respected the choices that people made.

Visiting relatives told us they were involved in making decisions with, or on their relatives’ behalf. One relative told us, “We were able to discuss [their relatives] likes and dislikes with the staff before they were admitted.” We talked to the staff to find out how they involved the people who used the service in making decisions about their care. They gave us examples of what they did on a daily basis to keep people involved. One staff member told us, “I ask them [people who use the service] what they want to wear. I offer them a choice so that they can choose.”

We observed staff treating people with dignity. We observed them knocking on people’s doors and doors were closed when personal care was provided. Staff also gave examples of how they maintained people’s dignity. One staff member told us, “When I ask someone if they want to go to the toilet, I get down to their level and ask them quietly so others can’t hear.”

Relatives and friends were encouraged to visit and we were told they could visit at any time. One relative told us, “They are kind to my relative and they are always good to me too.” Another explained, “The staff are very kind, they always make you welcome and there’s always a cup of tea.”

# Is the service responsive?

## Our findings

At our inspection in September 2014 we were concerned that people were not getting the care and support they required. This was because their plans of care and associated records were not up to date and did not show that staff had provided the necessary care or support. We set a compliance action as Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been breached.

At this inspection we looked at people's plans of care and associated records. We found that people were receiving the care and support as recorded in their plan of care but not all of them were accurate.

One person's mobility plan advised staff to 'use hip protectors as per care plan from the OT [occupational therapist]. When we discussed this with the registered manager we were told the person did not use this equipment. Although the documentation was incorrect, the staff knew this equipment was not being used. Another person's mobility plan stated in one section, they required the assistance of one member of staff, whilst in another section it stated, two members of staff were required. Again whilst the documentation was incorrect, staff knew the support the person required. When concerns around a person's health had been raised the NHS out of hours team had been contacted. Records within their plan of care requested that a kidney function test be completed. There was no evidence that this had been carried out although the registered manager assured us it had. Lack of accurate recording could put people at risk of not getting the correct care and support.

People's plans of care had been reviewed once a month by a member of the staff team. This provided them with the opportunity to see whether any changes in the person's health and welfare had taken place. Where changes had occurred, action had been taken. This included for one person, referring them to the falls team. This showed staff were responsive to people's on going and changing needs.

Relatives told us that they and their family member had been involved in deciding what care and support they needed. One relative told us, "[The registered manager]

came to the house and talked through what help he needed." Another relative explained, "We had the opportunity to discuss [their relative] needs prior to them moving in." The registered manager explained that people's care and support needs were whenever possible, assessed prior to them moving to the service. An initial assessment enabled the registered manager to assess whether a person's needs could be properly met. We were told the exception to this rule would be if someone had to move into the service in an emergency.

People were asked what they liked and what they did not like. What they liked to do, their interests and what was special to them. For those unable to give this information, the registered manager made sure that they spoke to someone who knew the person well in order to gather this information. This meant the staff had the information they needed to provide care and support that was centred on them as an individual. When we spoke with staff it was evident they understood the needs of the people they supported.

People were supported to join in the activities provided, though not everyone chose to participate. This was respected by staff. An activities leader was employed. They took time to find out what hobbies and interests people had and then supported them to access these. On the day of our visits people were provided with craft sessions and one to one chats. One person told us, "I join in with activities when I can." Another person told us they enjoyed playing individual activities such as scrabble, dominoes and cards.

People told us they felt able to raise any issues of concern with the registered manager and were confident that these would be dealt. One person told us, "If I had any worries I would tell [the registered manager]." Another told us, "I would tell the nurse."

Relatives told us they would feel confident to speak to the staff, the registered manager or the provider if there were any problems with their relatives care or any other concerns. One relative commented, "I'm really happy, the staff know you and you can talk to them."

There was a formal complaints process in place and a copy of this was displayed for people's information. The complaints record showed us that when a formal complaint had been received the complaints procedure had been followed.

# Is the service well-led?

## Our findings

At our inspection in September 2014 we found shortfalls within the auditing processes. We set a compliance action as Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been breached.

During this visit we looked at the auditing systems that were used to monitor the quality of service provision. We found whilst some areas of the service had been audited others hadn't. Regular checks had been carried out on the environment and the equipment used, but had not been carried out on areas within care or nursing provision. Had these checks been carried out, shortfalls within people's medication administration records and plans of care would have been identified.

Accidents and incidents had not always been investigated or followed up. This meant that the registered manager could not demonstrate that they had looked at lessons learned to drive improvement within the service.

Relatives told us they felt the service was well managed and the management team were open and approachable. One relative told us, "They [the management team] have been really good, they have kept us in the loop the whole time and nothing is too much trouble."

People who used the service were given the opportunity to share their views and be involved in developing the service through daily dialogue with the staff and the management team. For those who were unable to share their views, their relatives and friends were able to speak up on their behalf. This meant that people had the opportunity to be involved in the service in some way.

Satisfaction questionnaires had been sent to the relatives and friends of the people who used the service. This was to find out their thoughts of the service provided. Surveys returned provided positive feedback on the care and support their relative or friend received.

We spoke to the staff and asked them if they felt supported by the management team. Some told us they did and some told us they didn't. One staff member told us, "I do feel supported by the manager, I can go to her if I have any concerns." Another staff member explained, "I do feel supported but when I have mentioned things in the past, nothing has happened." This showed us that not all of the staff team felt supported or felt that their thoughts on the service had been taken on board.

We were told that staff meetings were held. This provided the staff with the opportunity to be involved in developing the service. When we checked the records we found the last meeting had been held in August last year. This meant that staff had not been given the opportunity to meet together on a regular basis to discuss their thoughts on the service provided.

The provider and the registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred at the service or affected people who used the service. However these notifications had not always been sent. This meant that they were not working in line with regulation and people living at the service were denied an important aspects of protection from our regulation. The registered manager assured us that this would be addressed.

The management team had an overall vision for the service and set of values that were promoted by staff. One staff member told us, "Our aim is to provide personalised care and ensure that people's needs are met."