

# Northamptonshire County Council

# Obelisk House

## Inspection report

Obelisk Rise  
Northampton  
NN2 8SA

Tel: 01604850910

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08 April 2019

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Obelisk House is a residential care home that is registered to provide personal care for up to 44 older people including those living with dementia. The accommodation was all on one level making it accessible to people with physical disabilities.

People's experience of using this service:

- Although there were sufficient staff to meet people's basic needs, people said staff did not always have time to spend with them.
- People received safe care and were protected against avoidable harm, neglect and discrimination.
- Risks to people's safety were assessed and strategies were put in place to reduce the risks.
- The recruitment practices ensured only suitable staff worked at the service.
- People's medicines were safely managed.
- Systems were in place to control and prevent the spread of infection.
- People's needs and choices were assessed before they went to live at the service.
- Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.
- People were supported to maintain good nutrition and hydration.
- Staff supported people to live healthier lives and access healthcare services.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff treated people with kindness, compassion and respect.
- People were supported to express their views and be involved in making decisions about their care.
- People and their relatives were involved in the care planning and reviews of their care.
- Systems were in place to continuously monitor the quality of the service.
- The service worked in partnership with outside agencies.

Inspection Rating:

There has been a change of legal entity for this service so this was a first comprehensive inspection under the new provider. Therefore, the service had no previous rating. At this inspection we found the service met the characteristics of a "Good" rating in all areas. More information is available in the full report.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Good ●

The service was safe  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.  
Details are in our Well-Led findings below.

# Obelisk House

## Detailed findings

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Obelisk House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection, 43 people were receiving this type of service.

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 was an unannounced inspection.

#### What we did:

Prior to the inspection we reviewed information we had received about the service, including information within the Provider Information Return (PIR). 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 looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about. We also sought feedback from other professionals who work with the service. We took this information into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with seven people who used the service and three relatives to gain their

views about the support they received. We spoke with seven staff members that included the area manager, the registered manager, the chef and four care and support staff. We also had discussions with a visiting health professional.

We looked at the care and review records for four people who used the service and three staff training and recruitment records. We examined other records relating to the management of the service that included medicines management, incident and accident monitoring, auditing systems and complaints.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. One member of staff said, "I would have no hesitation in reporting anything I thought was wrong."
- People felt safe living at Obelisk House. One person said, "I feel safe because there are people around." A relative commented, "I think [family member] is safe here because the staff know how to look after them."
- We saw that any safeguarding concerns had been reported appropriately.

Assessing risk, safety monitoring and management:

- Risks to people were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected.
- Risk assessments were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were consistently supported safely.

Staffing levels:

- People using the service expressed mixed views about the staffing numbers. Three told us they thought the staffing numbers were sufficient to meet their needs. One commented, "I don't have to wait long until the carers come and help me." A further three people informed us that staff were often rushed and often under pressure. One said, "They [meaning staff] are always rushed and don't have much time to sit with us."
- Throughout the day we observed that people's needs were met in a timely manner. However, there were busier times when staff had less time to spend with people and this was reflected in conversations we had with them.
- The registered manager and operations manager told us they continued to evidence staffing levels by assessing people's dependency levels monthly. Staff rotas confirmed that staffing levels were assessed upon people's needs.
- We saw evidence of recruitment checks taking place before staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely:

- The provider was following safe protocols for the receipt, storage, administration and disposal of

medicines.

- People and relatives told us that they received their medicines on time. One told us, "Yes I get my tablets in the morning when I should get them."
- We observed medicines being administered and saw that the staff took time with people and explained what the medicines were. One relative told us, "Sometimes my relative refuses their tablets; the staff come back later and sit and talk with them and then they take it."
- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed.

Preventing and controlling infection:

- The home was clean and hygienic which reduced the risk of infection. One relative told us, "There's never a smell here and it is always clean."
- Staff understood the importance of protective equipment in managing cross infection. We saw staff wearing protective equipment and it was readily available.
- There were systems in place to regularly review infection control and staff we spoke with had completed training in relation to infection control and understood their responsibilities.

Learning lessons when things go wrong:

- Lessons were learnt from when things went wrong, and actions taken to reduce the risk.
- When people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

# Is the service effective?

## Our findings

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

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 had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation. Where people had health conditions that had been referred to in their initial assessment this was then reflected in more detailed care plans.

Staff support: induction, training, skills and experience:

- People were supported by a staff team who were trained and well supported. Training for staff included Fire safety, infection control, moving and handling, food hygiene, safeguarding and risk assessing.
- A visiting health professional told us, "The staff are knowledgeable and well trained."
- Staff induction procedures for new staff included shadowing more experienced staff and completing the Care Certificate. The Care Certificate is a course which covers the basic standards required in care.
- Staff said they could contact the registered manager for support at any time. Regular supervision took place which included an observation of their practice to assess their competency.

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

- People were supported to maintain a healthy diet. They told us they enjoyed the food and had a choice of foods. One told us, "The food is lovely. It's all home made."
- One written compliment from a relative read, 'For many months [relatives] appetite had deteriorated with zero appetite and their failure to eat. You are now succeeding in encouraging [relative] back towards a more balanced diet. A result that can only affirm the diligence of your team.'
- We spoke with the head cook who had an excellent understanding of people's nutritional needs, their likes and dislikes. They tried various methods to ensure people were sufficiently hydrated, for example, making jelly snacks for people to eat in the warm weather that ensured extra intake of fluids.
- Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

- We saw that the service worked well with other professionals and organisations who were also involved in providing people with care and support. Relevant information was shared appropriately to help ensure



people who used the service consistently received effective care, support and treatment.

- People were supported to maintain good health and had regular access to healthcare services as needed such as, district nurses, mental health nurses, GPs, dieticians and speech and language therapists.

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

- People were involved in decisions about the premises and environment. There was a homely environment and people had decorated their rooms with their own belongings.
- Bathrooms had adapted equipment to support people with using the facilities safely.
- The service was well maintained, and regular checks were carried out to ensure all areas were safe.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection there was no one who was being deprived of their liberty.
- Staff understood the importance of helping people to make their own choices regarding their care and support.
- Staff consistently obtained people's consent before providing support. Throughout this inspection we observed staff obtaining people's consent before providing support to them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People had caring, kind and supportive relationships with the staff. One person told us, "The staff are very kind and friendly; I can't fault them." A relative commented, "The staff are very good with [relative]. They manage [relatives] very difficult needs. They are patient and understanding."
- We saw very caring interactions between staff and people throughout the inspection. One member of staff said, "It's a lovely home and we all care about the people we are supporting as our priority."
- One person became anxious and were unsure about where they were. Staff understood why the person was upset and supported them through their anxieties until they were calm and happy.
- Feedback from people and their families was positive and complimented staff on their person centred approach. For example, 'From day one we were overwhelmed by the consideration your staff gave to [relative]. Throughout their time with you [relative] constantly praised all the staff and their efforts and the personal attention they received. In relative's own words, 'I can't get over how lovely they all are, and they work so hard.'
- Staff respected equality and diversity. This included respecting people's religious beliefs and background. We saw a letter from the local church group that visited the service weekly. Comments included, 'We have witnessed the loving care of the [staff] who work with [people]; the residents really love them [meaning staff].' And 'Whatever the season the home goes 100% to let people know, with Christmas being the pinnacle.'
- Staff often gave up their own time to support people to local venues or trips to the seaside. This also included taking some people regularly to the local working man's club.

Supporting people to express their views and be involved in making decisions about their care:

- People and relatives told us how they were involved in making decisions about the care provided. One person said, "They really involve me in everything."
- We observed people's opinions being sought on day to day tasks. For example, staff asked people if they were happy to join in activities and staff understood their methods of communication to gain their views.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence:

- The service had a nominated dignity champion who ensured privacy and dignity was at the heart of the

service's culture and values.

- We saw that people's privacy and dignity was respected. We observed staff talking to people respectfully and explaining what was happening during tasks.
- People were encouraged to maintain their independence and do as much as they could for themselves. For example, we saw a staff member encouraging one person to put their cardigan on with minimum help.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received an assessment of their needs before they went to live at the service. These were used to develop a care plan. Each care plan was tailored to the needs of the individual and provided staff with detailed guidance on how to support people in the best way.
- People and their relatives, where possible, were fully involved in their care. One relative told us, "The staff have been really good. [Relative] has been here a long time now and they still involve me in decisions about their care."
- People's likes, dislikes and things that were important to them were recorded in their individual care plans. Each person had a life story book that provided staff with information about people's life histories.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's interests were documented, and we saw that people attended activities of their choosing.
- People's religious beliefs were respected, and we saw there were regular church services, so people could continue to practice their chosen faith. One person had an individual visit from their local priest to offer them support with their faith.
- One person had a visual impairment and they were supported to use assistive technology to meet their needs.
- The registered manager was aware of the Accessible Information Standard (AIS). People's communication needs were assessed and met in a way that met the criteria of the standard. This included recording people's communication needs in their care plans. Examples of this included prompt and picture cards and large print information.

Improving care quality in response to complaints or concerns:

- People knew how to raise any concerns or complaints they may have. One person told us, "Yes, I would go to [name of registered manager]." A relative told us, "I know about the written complaints procedure, but I feel I could talk to the staff or the manager anytime; they are always ready to listen."
- The service had a complaints policy and procedure in place that was accessible to people and relatives if they wanted to make a complaint.
- The service had not received any complaints; however, there were systems in place to respond and investigate complaints when needed.

End of life care and support:

- People's care plans contained information about their preferred end of life care, if people wanted to discuss the topic. There was nobody receiving end of life care when we visited the service.
- We saw some comments from relatives about their family members experience of end of life care. One read, 'It goes without saying how precious our [relative] was to us and knowing they spent their final months in such safe and caring hands will always give us such comfort.'
- Another read, 'We could not have asked for more for our [relative] as their final days approached we thought your staff were just extraordinary in ensuring [relatives] comfort. We will be forever grateful that we found Obelisk House at this time in [relatives] life.'
- The PIR informed us that for future development the service was planning to work towards the Gold Standards Framework in end of life training. This would enhance the skills and knowledge of staff and would enable the service to have their own end of life champion in the service.

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- We found a clear management structure that promoted person-centred values. The registered manager and senior staff had the skills, knowledge and experience to perform their roles effectively.
- People, relatives and staff commented that the registered manager and senior staff were visible and accessible and could be easily approached. One relative said, "The manager is very approachable. I can go to her about anything."
- There was a positive, open and honest atmosphere within the service. We saw people and staff interacting in a caring manner with each other throughout the day and communicating positively.
- The registered manager carried out regular quality checks to ensure staff were working in the right way to meet people's needs and keep them safe. We saw that these checks were effective and identified areas where actions needed to be taken.
- Staff told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. They confirmed that they understood their right to share any concerns about the care at the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Staff understood their roles and felt well supported. One staff member told us, "The support from the management team is very good. We have good teamwork here and we try our best to make it a happy place to work and for people to live."
- The registered manager carried out regular supervisions and appraisals. Staff confirmed this, and we saw evidence of this in records we checked.
- The registered manager understood their legal requirements within the law to notify us of all incidents of concern, deaths and safeguarding alerts.

Engaging and involving people using the service, the public and staff:

- Staff meetings were held regularly, and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Regular meetings were held for people using the service, so they could provide feedback and offer their views about how the service was run.

- Satisfaction surveys were undertaken by the local authority so that people who used the service and their relatives could provide feedback and drive continuous improvement at the service.
- The provider worked closely with family members and health professionals to support people's needs.

Continuous learning and improving care:

- Staff received regular ongoing training to ensure their learning, skills and knowledge was current to be able to support people.
- Staff had access to general operating policies and procedures on areas of practice such as safeguarding and safe handling of medicines. These provided staff with up to date guidance.
- The provider used an incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.

Working in partnership with others:

- The provider worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service people received was person centred. This was confirmed by relatives we spoke with.