

# Olympus Care Services Limited

# Evelyn Wright House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This unannounced inspection took place on 16 August 2016. This residential care home is registered to provide accommodation and personal care for up to 35 older people. At the time of our inspection there were 31 people living at the home.

There was a registered manager in post. 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.

People felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

Improvements were required to ensure that people received the correct support with their meals and this was done with a person centred approach. People's nutritional needs were assessed and people were suitably supported with their healthcare. People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff supported people in a caring and compassionate manner. People had their privacy and dignity respected and visitors were welcome at any time.

Care plans described the support people required and explained people's preferences and routines. People were given choices about how and where they spent their time and this was respected by staff. People and their relatives were involved in reviewing their care and when suggestions were made, this was fully considered by the staff.

There was a complaints procedure in place and people were supported and empowered to make a

complaint if they wished to. Complaints were investigated and appropriate actions were taken.

The registered manager had a number of systems in place to monitor the quality of the service. People at the home reacted positively to the registered manager and the culture within the home focussed upon supporting people's health and well-being. Systems were in place for the home to receive and act on feedback and policies and procedures were available which reflected the care provided at the home.

## 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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People did not always receive the support they required to eat their meals.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their

support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the home and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted people's independence in a supportive and collaborative way.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place which monitored the quality of the service and identified improvements.

# Evelyn Wright 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 16 August 2016 and was unannounced. The inspection was completed by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using a service like this, or has experience of caring for someone who uses a service like this.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with 14 people who lived at the home, eight relatives or friends, seven members of care staff and the registered manager.

We looked at care plan documentation relating to five people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

# Is the service safe?

## Our findings

At our inspection on 30 September 2015 we found that the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 18: Staffing. This was because there was not enough staff to sufficiently meet people's needs.

During this inspection we found that improvements had been made. People told us that staff were available to help when they were needed. One person said, "They're really helpful and there when you need them." Another person told us they liked to spend time in their bedroom but told us that the staff regularly came to check on them. We spoke with one person who said, "I can have a shower or a bath whenever I want, I just have to ask, or they [the staff] ask me what I want. It's definitely got better." Staff told us they felt the staffing arrangements had significantly improved and expectations had been made clearer by the new registered manager which helped aid a team approach. We observed that staff were on hand to support people when they needed assistance and people that required one to one care to manage their risks were given this additional support. Call bells were answered efficiently and staff supported people in a calm and unrushed manner. The registered manager confirmed that they used agency staff to ensure the service was always fully staffed and a staffing restructure was underway to ensure staff were available to spend time supporting people.

People were protected against the risks associated with the appointment of new staff because the required checks were completed before staff started providing care to people. There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who used the service.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. One member of staff said, "We have training on safeguarding and I know if I had any concerns I would report them straight away to the manager, or to CQC if I needed to." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified. The registered manager ensured that measures were in place to support people and ensure their safety.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person said, "I can make my own cup of tea now if I want to, or I can ask the girls [the staff] to do it for me." Staff understood the precautions that were in place to keep people safe, and understood the importance of being vigilant for changes in people which meant the risk assessment may have changed. For example, staff explained that if people's health declined or they were just feeling unwell, people may need additional support with activities they had previously been independent with. Staff also understood their responsibility to identify and act on new risks. We saw that care plans contained risk assessments relevant

to each person and a person centred approach had been made.

There were appropriate arrangements in place for the management of medicines. One person said, "They come round with my tablets every day, they've never run out." We observed that people received their medication from staff in a professional and encouraging way. People were told what their medicines were for and were given reassurance when they needed it. We heard staff giving instructions to people who required it; about how to take their medicines safely. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were stored securely and transported to where people were spending their time. Arrangements were in place so that homily remedies such as paracetamol could be given when people required it, and staff recorded the quantities of variable medications to ensure people were not given too much within a 24 hours period. We saw that medication administration records (MAR) were completed accurately after each person had received their medicine. The registered manager explained there had recently been a significant medication error and as a result procedures for supporting people to take their medicines had improved.

## Is the service effective?

### Our findings

People were supported to maintain a balanced diet and eat well however people were not always given the support they required to eat their meals. For example, one person who required adapted equipment to enable them to eat their meals independently was not provided with this, and therefore struggled to eat their meal. The information was recorded in the care plan however we saw that the agency member of staff supporting them was not sufficiently briefed to provide the support they needed. We saw that another person who required staff support to help feed them was supported with very little interaction to provide choices of how they would like to eat their meal. People told us they enjoyed the food and liked that they could choose what they wanted to eat. One person told us "There's always plenty of nice food." Another person told us that staff always made sure they had something to eat that they liked. Staff were knowledgeable about people's dietary needs and preferences and made sure that their needs were met.

People's nutritional needs were assessed and monitored. For example, when people's weight became a concern, staff took advice from healthcare professionals and if necessary referrals to dieticians or speech and language therapists were made. Staff had a good knowledge of the support and identified risks people had with eating. For example, when it had been identified that one person was at risk of choking, staff provided one to one support throughout their meal.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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. The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that the registered manager had begun to complete full assessments on people when their mental capacity may be in question, but there were still a number of assessments to be completed. Staff received training about the MCA and were mindful and respectful in obtaining people's consent to their care. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and if they were unable to, decisions were made in their best interests.

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. New staff were given an induction to understand about their new role, and staff were supported to understand and learn about the people they were supporting. New staff were required to 'shadow' a variety of shifts to observe how people's needs were met, and new staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards. Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "I think the training we get is really good. I enjoy it." Staff also had additional training specifically relevant to the people that lived at the home which included dementia awareness. The registered manager took action to ensure all staff regularly refreshed their training and knowledge about

current practices.

Staff had the guidance and support when they needed it. Staff were confident in the registered manager and were satisfied with the level of support and supervision they received. One member of staff told us, "We get a lot of support and guidance from the manager. They're always there." Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role. Staff told us the registered manager spent some time throughout the home to support staff and observe what was happening.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person told us, "I see the doctor if I need to but I'm usually alright." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs, for example when one person had been unwell, staff adapted the care and support they had to ensure they could fully recover. People who lived at the home had access to specialist nurses and their local doctors when they needed extra support.

## Is the service caring?

### Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "They're good – they get whatever I need." Another person said, "They [the staff] are very kind. I can't fault them."

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff were able to tell us about each person's individual choices and preferences, for example, how they liked to take their medicine, where they preferred to have their meals and important people in their lives. One person said, "They [the staff] know what I like and what I don't." People had developed positive relationships with staff and we heard staff joking with people as they ate their ice creams.

People were involved in personalising their own bedrooms so that they had items around them that they treasured and had meaning to them. People showed us their bedrooms and we saw that people were enabled to have pictures and photographs on display. One relative told us they had been able to decorate their relative's bedroom in a way they would like. Staff used their knowledge of people to talk about their interests or family to enable people to have meaningful conversations. For example by offering reassurance about when they had last seen their relative or when they would next see them.

People were encouraged to express their views and to make their own choices. This was evident in many aspects of the care – for example supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. People told us they were asked if they wished to join in with activities and were supported to do so. Staff respected people's decisions if they wanted to spend time in their bedrooms and were checked at regular intervals to identify if they needed any support.

Staff understood the need to respect people's confidentiality and did not discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in a confidential document or discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. We saw staff knocking on people's bedroom doors and entering in a cheerful and friendly way.

People received personalised care from staff which supported people's individual requirements, for example staff asked people how they could help them and had conversations with people about their preferences. We observed staff offer reassurance and comfort when one person showed signs of distress. Staff offered continuous support and stayed with the person for long periods of time to give reassurance and support.

The registered manager had a good understanding of advocacy services and when they may be needed. There was nobody in the home currently requiring the use of an advocate but the manager confirmed they would be used if they were needed.

Visitors, such as relatives and people's friends, were able to visit the home as they wished. One relative said, "We've got a big family and we come at all different times of the day. We're made to feel very welcome and can help [name of relative] if we want to." Another relative told us, "We come quite often and have never had any problems." We saw that the home was secure and any visitors needed to be let in by a member of staff, but that visitors were welcome at any time.

## Is the service responsive?

### Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People were encouraged to visit the home and stay for a mealtime to gain an insight into whether they wanted to come and live at the home. People and their relatives or advocates were also encouraged and supported to visit the home during the decision making process. We saw that the registered manager ensured they gathered as much information and knowledge about people during the pre-admission procedure from people themselves if they were able to communicate, and from relatives, advocates and professionals already involved in supporting each person. This ensured as smooth a transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. For example, information about people's past history, where they had previously lived and what interested them, featured in the care plans that staff used to guide them when providing person centred care, and staff used this information to have meaningful conversations with people. For example, we heard staff talking to one person about the people that were important to them. People living in the home had profiles which detailed a summary of information of what interests they had and how they liked to be supported. This information enabled staff to personalise the care they provided to each individual, particularly for those people who were less able to say how they preferred to receive the care they needed. For example; people's preferred routines and how they liked to be addressed were recorded and accommodated. We saw that one person preferred to spend all their time in their bedroom and this was respected by staff but they were invited and encouraged to spend time in communal areas if they wished.

Staff followed people's care plans to provide the care people needed but respected people's decisions if they wished to do things differently. For example, one person told us that they were in control of what they wanted to do and how they wanted to receive their personal care. One person told us that sometimes they had a body wash themselves, and sometimes they staff supported them to have a shower, but they felt in control to decide how they wanted their care.

People and their relatives were involved in deciding on the care and support they wanted, as their needs changed. One relative told us they felt fully involved in the care their loved one received, and felt able to make suggestions to help them feel settled. We saw that people had quarterly reviews with the staff, and if appropriate, family members were invited to attend. We saw that staff acted on suggestions to make improvements to people's care when necessary. Care plans were usually updated or amended in a timely manner if there had been any changes to people's care, and staff had a good understanding of the support people needed.

People who lived at the home were supported to participate in various activities. Most people told us they liked to spend time in their own bedrooms however we saw that there were activities on offer if people wanted to join in. One person said, "We do bingo which is good. I quite like that." We also saw that the home had arranged for some people to participate in a day out to the Black Country Museum.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. The registered manager explained how they had supported one person to make a complaint which was done in an empowering and person centred manner. We saw that complaints that had been raised were responded to appropriately and in a timely manner, and further action had been taken to prevent future incidents.

## Is the service well-led?

### Our findings

People at the home reacted positively to the registered manager and staff commented that they had confidence in the management and felt that the home was well led. Staff felt confident to speak with the registered manager or team leaders if they had suggestions for improvement or concerns. One member of staff said, "There is still a long way to go but this manager has made so many improvements we all feel really positive about where we're heading, and it's all for the benefit of the people that live here. I really enjoy my job." The registered manager explained that they tried to work with the staff team and take time to listen to them and act on their requests.

The culture within the home focused upon working together to provide good care for people. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and liaised with families to keep them updated when people's needs changed. Staff clearly enjoyed their work and told us that they received regular support from their manager. We saw that staff were thanked for their commitment and hard work during staff meetings and the manager showed gratitude and recognition to staff throughout their daily work.

The home had a good quality assurance system in place to monitor the quality of the service provided by the home. This included regular audits completed by the manager and the provider. When areas for improvement had been identified these were targeted and improvements were monitored. For example, a suggestion for improvement had been around people's dining experiences. The manager had reviewed the arrangements of everyone eating together in one large room and had begun to trial a number of people eating together in a smaller dining area to provide a more person centred and homely approach. In addition, we saw that when audits had identified care plans that required updating they were actioned and the required changes were made.

Systems were in place for people, visitors and staff to provide feedback about the home and the quality of care people received. People living or visiting the home were encouraged to provide feedback on a feedback tree which helped to decorate the reception area. We saw that the feedback was positive and the comments commended the staff. For example, one comment said, "The care they give is the care family give to each other." Another comment said, "Everybody is so kind and helpful to [name] and there's a nice environment."

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted appropriate notifications to the CQC when required, for example, as a result of safeguarding concerns.

The staffing team organised a number of events with the local community. This included fundraising events and a fete. One person told us they were looking forward to the next event as it was nice to see new faces.

