

Oak House Homecare Ltd

Olivemedes

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Olivemedes is registered to provide accommodation and personal care for up to 33 older people including those living with dementia. There were 31 people living at the home when we visited.

Accommodation is provided over two floors. All bedrooms were for single occupancy with some having en-suite facilities. There were communal areas, including lounge areas, two dining rooms and a garden that could be accessed from both floors.

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

Risk assessments were not always updated when people's needs changed. Behaviours that challenged were not appropriately managed and there was a lack of clear guidance for staff on how to manage the situation appropriately to meet the person's needs.

Infection control was not managed appropriately. The registered manager did not have an overview of how the cleaning was being managed. Areas of the home required were not clean and required attention.

There were not enough staff to support people in a way that met their social and emotional needs. Staff were responsible for activities but were not always able to provide this due to responding to people's other needs. Staff received regular training, supervisions and had support with staff meetings.

Medicines were given in a safe way. However appropriate recording on medicine administration records were not completed as required. There were not systems in place that ensured lessons were learned.

Care plans were not reviewed as regularly as required or to update and reflect people's changing needs.

The home design and décor were not dementia friendly. Better signage was needed to support people with orientation. Staff were seen to be very caring in the way they supported people with medicines, food, and moving with hoists. However, there were times where people were left unattended due to staff availability.

Audits completed two days before the inspection for infection control did not reflect what we found. The registered manager or provider did not have an overview of the service. There was no evidence to show concerns we found had been identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were provided with good day to day support with such areas as, medicines management and meals.

Staff were kind, caring and promoted people's independence. Staff understood the importance of respecting people's independence. People were given the opportunity to express their views. People were

supported to understand information and make complaints if required.

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

Rating at last inspection

The last rating for this service was good (published 13 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches at this inspection in relation to updating risk assessments, infection control and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe..

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Olivemedes

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Olivemedes is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and four relatives of people about their experience of the

care provided. We spoke with five staff members, two professionals and the registered manager.

We reviewed a range of records. This included three people's care records, medication records. We looked a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management

- Not all risks were managed appropriately. One person's falls risk assessment had last been updated in July 2019. However, they had since had subsequent falls in September, October and November 2019. The lack of review of the risk assessment had placed the person at risk of harm as their needs had not been reviewed as their needs changed. The registered manager has since the inspection confirmed the person's risk assessment has been updated.
- Incidents were not always reported appropriately. For example, the registered manager was not aware about one person who had fallen four days prior to the inspection. The registered manager was made aware of this by an inspector during the inspection.
- One person was monitored due to behaviours that resulted in them lashing out at staff. There was no guidance for staff on how to manage this or examples of what the triggers were and how to manage these.
- The person had been placed on an ABC chart. This is used as an observational tool that allows staff to record information about a particular behaviour. The aim of using an ABC chart is to better understand what the behaviour is communicating.
- Staff had documented a high frequency of hitting, punching staff and spitting. No evidence of auditing or reviewing of the ABC chart or action plan to support the person and staff with this behaviour. One staff member told us, "No we don't have guidelines."

Preventing and controlling infection

- The home was not clean and fresh throughout on the day of the inspection. We noted floors required vacuuming, windowsills and surfaces had debris and dirt. The staircase windowsills were dirty, and visible cobwebs hung down over a doorway. The lounge carpet on the ground floor was heavily stained.
- We asked to see the cleaning schedule and found there was not one in place. This meant there was no system to check what areas of the home were cleaned and how often.
- Staff wore appropriate equipment such as aprons and gloves when required and had infection control training.

People risks were not updated and appropriate measures put in place to ensure people's needs were met. This was a breach of 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 .

Staffing and recruitment

- We received mixed feedback regarding staffing levels. One relative said, "I have never felt that they needed more staff and staff have never let me see that they are overburdened." Another relative told us, "I will go and find someone if I need something, sometimes they will come and sometimes they will be in the middle

of something. I have raised this with [registered manager] that they need more staff." One staff member said. "We could do with more staff."

- The registered manager confirmed they used a lot of agency and it was hard to keep staff.
- There were not enough staff on duty on the day of the inspection. Although the registered manager was covering, staff were seen to be very busy. The registered manager confirmed they required six staff during the day and rotas we looked at demonstrated that this was not always maintained.
- Care? Staff were also responsible for providing social activities. On the day of the inspection staff had been too busy to provide activities. One staff member told us, "Staff struggle because we can't do what we want to. Staff end up chasing their tales."

Using medicines safely

- People's medicines were managed safely. However, we noted that the medicine administration was not always completed in accordance with good practice. Medicines records were not completed. For example, staff did not always sign the medicine administration record (MAR) as required.
- The registered manager had previously identified this issue and discussed with staff. They have confirmed going forward staff will receive updates to their training.
- Staff had received training and there were protocols in place for medicines prescribed on an as needed basis. This helped to ensure that people received their medicines in accordance with the prescriber's instructions.

Learning lessons when things go wrong

- The registered manager had not demonstrated there were systems in place to ensure lessons were learnt. For example, with updating risk assessments, falls and incidents and ensuring guidance for staff supported them with providing care and support that met the individual's needs.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their relatives were safe in the home. Staff understood how to report any concerns and escalate their concerns if required.
- There were safeguarding systems to help ensure people were protected from the risk of harm or abuse. Staff received appropriate training with keeping people safe?.
- Safeguarding information was displayed around the home to inform visitors how to identify and report their concerns.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People had their needs assessed prior to moving into the service to ensure their needs could be met. Any plans and equipment needed were in place when people arrived.
- People's needs were not always reviewed as required to ensure care plans accurately reflected the care and support required. For example, there had been no update of one person's monthly evaluation sheet in their care plan since August, even though the person's needs had changed since having a fall.
- One person had their Waterlow [risk for the development of a pressure sore] risk assessment reviewed in July. The review stated next review to be completed in September. This had not been completed. Care plan reviews and updates were not being completed as required.

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

- The building had been designed in a way that allowed people to move around freely. There were communal areas for people to use and people had access to the garden from both floors.
- The registered manager told us that at least eighty percent of residents were living with dementia. However, the home was not dementia friendly. There were no areas of interest to stimulate for people who liked to move about the home such as tactile stimulation and objects to explore.
- Signage in the home could be improved to support people with identifying where they were such as signage to support them with orientation.
- Signs used to help people with orientation as to what the day and date was were not correct. For example, the sign on the wall outside the dining room on the first floor on the dementia unit, stated, 'Today is Tuesday' (However it was Thursday). The sign in the dining room Stated: Today's date is Wednesday 27th November. This would only lead to confusion instead of supporting people with knowing the date and day.

Staff support: induction, training, skills and experience

- People's relatives told us they felt staff were trained for their role. One relative said, "I have never seen anything that is too much for staff. I could never repay what they have done for [relative] and for me and my family, they have taken a lot of the stress away."
- Staff had received training in subjects relevant to their role and they told us they felt equipped to carry out their role. One staff member said, "Yes I had an induction, I completed shadowing (This is when a new staff member works with an established member of staff until they are deemed competent) I learnt about the policies and procedures." Another staff member told us, "The training is pretty comprehensive."

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

- People enjoyed a varied and balanced diet. People were supported with different choices and alternative options were always available
- One relative told us, "I eat here once a week, so I know the food is good. Christmas lunch is fabulous, and they provided lunch for families, including prosecco. They like the family to be here and to be involved."
- Dietary needs were known by staff and people were encouraged to eat and drink well.

Staff working with other agencies to provide consistent, effective, timely care.

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals.
- We saw that when needed referrals were made to specialist healthcare teams, such as the district nurse or the speech and language team. Professionals that had visited the home during the inspection were very positive in their feedback about the home.
- One professional told us, "[Registered manager] is on the ball, they know when to communicate and our advice is always followed."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had their capacity assessed for relevant decisions, and best interest decisions were recorded appropriately.
- We noted staff offered people choices throughout the day and encouraged them to make decisions, such as what to eat and what to do. One staff member said, "We always offer our residents choice." All staff we spoke with understood the importance of promoting people's independence and choice.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us that staff were kind and respectful. A relative told us, "The dedication of [registered manager] and all the staff is unquestionable. [Relative] is always happy, they absolutely love [staff name] and they react to that. They go above and beyond."
- Staff were seen interacting in a way that was respectful. However, people were left unattended in lounges throughout the day as staff were busy elsewhere. One person dropped their glass on the floor and their relative had to deal with the issue as no staff were there.
- Staff did not have the required guidance and information needed to ensure everyone's needs were met.
- Interactions observed were positive. One staff member waited patiently with one person who needed time to swallow their medicines. Staff gave people time to make choices.
- People had developed positive relationships with staff who knew them well.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on doors before entering.
- Staff understood the importance of promoting people privacy and independence. One staff member said, "We encourage people's independence we get them to do what they can, this is important."
- Records were held securely so to promote confidentiality.

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

- People and their relatives were involved in planning and reviewing their care. One relative told us, "[Relative] was included in the care plan and asked for full input. For example, whether person could be washed by male or females. All decisions included the family where appropriate.
- Care plans included a record of people's involvement.
- Staff asked people's permission before supporting with their personal care and everyday tasks.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- People we spoke with were unable to tell us their views about the care they received. Relatives told us that they were happy with the care provided. One relative told us, "I cannot fault the staff so helpful. It's not the smartest place a little shabby but the sense of worth for [relative] is really good. I can absolutely trust staff here.

However, this was not everyone's experience. One relative was unhappy with the care and support their relative received. One family member commented, "I don't think [relative] is getting the care they need."

- The information included in the care plans was not always up to date and did not always give the details needed to help staff deliver safe, effective and person-centred care

Meeting people's communication needs

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

- People were supported to understand information and make complaints if required. One relative told us, "The staff are so attentive to every little thing, the smallest thing they will let us know straight away. [Name] has a runny nose we are just letting you know."

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

- People were not always supported with social activities, this was due to staff not always having the time. One staff member explained that due to not having enough staff supporting people with activities does not always happen.

- People were supported to attend the hairdressers. One relative told us, "Staff do arrange events like barbeques and tea events, they let the families know. They do reminiscence with [relative]. We are very happy with the way [relative] is cared for."

Improving care quality in response to complaints or concerns

- Relatives told us that they knew how to complain about the care and felt confident to raise an issue if one arose. One relative said, "[I have had to raise a complaint with [registered manager}."

- There was a system in place to capture and respond to a complaint if one was received.

End of life care and support

- The service provided end of life care for people. The staff had been prepared for this by ensuring people had their wishes documented in their care plans. Care plans showed that people and relatives were asked to think about their wishes in relation to end of life care
- End of life care plans were in place where required. People were supported with medicines for pain relief when required. Appropriate professionals' involvement such as GP's and District nurse were in place to ensure good end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager carried out checks to ensure standards met the regulations. These checks were not robust and did not reflect what we found.
- An Infection control, audit had been completed two days prior to our visit. The audit scored highly, marking that floors were clear of dust and debris. However, this was not what we found.
- Cleaning staff confirmed there was no schedule for cleaning tasks. The registered manager told us there was a cleaning schedule and took us to the area where this was kept. However, the schedules had not been completed since December 2018 and the registered manager was not aware of this.
- This demonstrated that the registered manager did not have an overview of the service. The audit for infection control did not truly reflect the issues in the home.
- The registered manager was active on the floor supporting staff this meant there was less time for managing their own responsibilities. We found care plan reviews were not completed as regularly as required and risk assessments were not updated when people's needs had changed.
- The registered manager had not been told about one person who had fallen four days before the inspection. All accidents and incidents were stored in people individual care plans. This meant the registered manager could not monitor all incidents on a monthly basis for patterns to support learning and safer care.
- The registered manager was not able to tell us how many falls had happened in any given month. Or review any similarities for instance the times of fall which could lead to recognising areas for improvement. They were unable to tell us if the number of falls in the home were improving or worsening. This meant the registered manager and the provider did not have an overview of the service.
- We asked the register manager about the providers quality checks. The registered manager confirmed they were in contact on a daily basis. However, there were no checks completed to check audits. There was no evidence that demonstrated the concerns we found had been identified by the registered manager or the provider.

Continuous learning and improving care

- Incidents and events were not always reviewed appropriately to ensure improvements and learning for staff were in place.

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

- Most relatives were positive about the registered manager and the running of the home. A relative told us, "the attention [relative] gets, I would recommend this place to anyone." A professional who was visiting the home said, "this care home is very well run." Another relative told us, "The communication was not good."
- Staff told us that the management team were very approachable and supportive. One staff member said, "I feel supported, [registered manager has always had the time to listen."
- The registered manager was around the home regularly to help ensure people received care in a person-centred way.

The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The above evidence demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.

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

- There were opportunities for meetings where people were encouraged to express their views. We requested to see the meeting notes to see what topics were discussed, however the registered manager did not send them. We were sent the meeting dates. One relative said, "Never been asked if we have any suggestions or improvements. I don't think it's necessary for them to ask us for feedback as we give it regularly." Another relative said, "Relatives meetings, never heard of them since [relative] has been here I don't think they happen."
- Staff told us that there were regular meetings and opportunities to speak with the registered manager.

Working in partnership with others

- The management and staff team worked in partnership to help ensure people received the relevant support from other agencies as required; such as the local authority and community health care professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People risks were not updated and appropriate measures put in place to ensure people's needs were met. Cleaning of the home required improving.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.