Salutem LD BidCo IV Limited

Godfrey Olsen House

Inspection report

Flats 1-4 Godfrey Olsen
Yonge Close
Eastleigh
Hampshire
SO50 9ST

Tel: 02380629610
Website: www.salutemhealthcareltd.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Godfrey Olsen House is a service providing care and support for up to six people in the home and 11 people in the community.

Rating at last inspection and update
The last rating for this service was requires improvement (report published on 3 July 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

People's experience of using the service
Staffing levels were based on the individual support needs of the people who were living at the home.

Safe recruitment procedures were in place. People received safe and effective care from staff who had been appropriately recruited and had undergone the correct recruitment checks.

Staff received regular supervisions and appraisals. Staff were also supported with a variety of different training, learning and development opportunities to support their skills and abilities.

Medication processes and procedures were safely in place. Staff were appropriately trained, and care records contained the relevant information in relation to medicine support people needed.

People's support needs and areas of risk management were assessed and determined from the outset. Support needs and areas of risk were regularly reviewed, and staff were provided with the most relevant and up to date information they needed.

People were protected from avoidable harm; safeguarding and whistleblowing procedures were in place and staff knew how to report any concerns they had as a way of keeping people safe.

People's liberty was not unlawfully restricted and staff received training in the MCA.

Appropriate referrals were made to external healthcare professionals when required.

Governance systems were effective in driving improvement.

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 'requires Improvement' (report was published 3 July 2019).

Why we inspected
We returned to check the provider had met the requirements issued at our previous inspection.

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.

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

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 improved to good.

Details are in our safe findings below.

Is the service effective?

Good

The service improved to good.

Details are in our effective findings below.

Is the service well-led?

Good

The service improved to good.

Details are in our well-Led findings below.

Godfrey Olsen 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 (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
One inspector carried out the inspection.

Service and service type
Godfrey Olsen House 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
When we announced the inspection, we requested information relating to the management of the service and documents with regard to the safety and the effectiveness of the care provided. We requested contact details for staff, people using the service, their relatives and external healthcare professionals who were familiar with the quality of care provided. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all of this information to plan our inspection. At the time of our visit only one person was in the home. We were unable to obtain feedback from people and their relatives.

During the inspection
We spoke with the registered manager and a member of staff. We looked at the environment, maintenance of the building and checked improvements had been made in relation to fire safety, medicine recording and checked decoration of the building had improved including the storage of paperwork in confined spaces.

We reviewed a range of records. This included two people's care records, recruitment and staff supervision records, a variety of records relating to the management of the service, including policies and procedures, governance audits and feedback questionnaires.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and photographs of the environment where improvements had been made.

Good

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 requires improvement. We identified a breach of regulation 12 and 15 of the Health and Social Care Act 2008. At this inspection this key question has now improved to good and the provider is no longer in breach. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● At our last inspection we found a fire risk assessment had been completed in August 2018 and had identified several concerns including compartment breaches, combustible materials stored in electrical cupboards and inappropriate materials being used to seal voids. One door of a flat had a gap of more than four millimetres and in addition did not latch meaning there was no barrier against smoke and fumes should fire break out.

● In May 2019 we found that several of the works that had been categorised as high priority in the fire risk assessment had yet to be completed. For up to eight months, compartment breaches and a door which did not latch had not been fixed leaving people at risk of serious harm should a fire break out. In addition, combustible materials remained stored in the electrical cupboard. The registered manager had requested that the works be completed however due to the premises being owned by a housing association, maintenance was completed when arranged by the owned and not when requested by the provider.

● At this inspection we found improvements had been made. The most recent provider audit dated 5 August 2020 stated, "When reviewing the above action, I could evidence that these actions on the Fire Risk Assessment had been completed". Photographs sent to us by the registered manager, feedback from staff and our observations confirmed relevant action had been taken to protect people in the event of a fire.

● Assessments demonstrated risks associated with people's care had been properly considered and regularly reviewed. Staff were knowledgeable about people's needs and knew what action to take if behaviours became challenging. A member of staff explained the positive steps they had taken when one person became angry and upset whilst they were under the influence of alcohol. The staff member told us they spoke calmly, redirected the person to their room and monitored their wellbeing frequently during the evening. Another staff member commented, "I assess risk every day by checking for dangers and providing support if necessary. If a customer has a new piece of equipment e.g. a shower chair. I would write down every possible hazard that could occur such as falling out of chair whilst in shower, falling when transferring etc. Then i would write down how we can prevent all these risks from occurring for example being supervised in the shower, having one to two members of support present when transferring etc".

Staffing and recruitment

● Staff recruitment remained safe. Staff were safely recruited before commencing work with the provider. Two references and a full employment history were obtained. Staff recruitment files contained application forms, interview notes, proof of identity and proof of any qualifications. A Disclosure and Barring Service (DBS) check was completed before staff commenced in post. The DBS check enables employers to make safer recruitment decisions and prevents unsuitable staff from working with vulnerable people. A provider

audit stated, "Safer recruitment processes are in place. The service is now fully staffed, and care hours have been delivered consistently".

● At our last inspection staff told us there were not always sufficient staff deployed. We were told staffing levels should be two staff on duty during the morning and afternoon shifts and one waking night staff member. Frequently staff were lone working during both the morning and afternoon shifts due to lack of available cover. The provider used agency staff to cover some shifts however staff told us there was often no cover during the day.

● At this inspection staff told us they were adequately deployed to meet people's needs; however, comments highlighted a need for additional staff to ensure people were supported to access individual activities. They included, "Extra staff is required to give a more personal approach to allow activities to be completed", "On the whole, yes but it would be nice to have some more for activities", "Extra staff to do individual activities would be beneficial" and "would be nice to have more for activities and days out".

Using medicines safely

● At our previous inspection we found temperatures were recorded daily in all medicine cabinets in the service. During warmer weather, cabinets in people's flats had become too warm, above the recommended 25° Celsius. Medicines were transferred to the central cabinet, however the temperatures in the main cabinet also exceeded 25° Celsius at times. When this happened, cool packs were added to the cabinet to ensure that the temperature remain at a safe level.

● Medicines were audited, and we noted that the checks around controlled medicines had not been completed. When we inspected there was one, schedule three controlled drug stored. This was recorded in the controlled drugs log however not audited as to whether the correct amounts were present or that two people had signed for it. The audit also checked that cabinet temperatures had been taken twice daily however did not check for actions if the temperatures exceeded recommended levels.

● At this inspection we found improvements had been made. Records viewed demonstrated staff had monitored the fridge temperatures and had taken action when the temperature had become too high. Staff had undertaken training in the administration of medicines and regular competency assessments had been conducted. At the time of our inspection there were no controlled drugs. However, suitable arrangements were in place for the storage and the recording of controlled dugs if they were to be required.

Preventing and controlling infection

● At our previous inspection we found a cleaning schedule was in place; however, we saw that tasks were not completed daily and were not prioritised due to staffing levels. One staff member told us, "In the morning I prioritise getting everyone up safely and medicines and moving and handling [assisting]…. I leave washing up and cleaning etc. Medicines are important, and we need to give people structure to their day". Tasks would be handed over to staff members on the next shift, however we saw this did not necessarily mean that they would be completed. Cleaning schedules reflected that cleaning was not always completed.

● At this inspection we found improvements had been made. We observed communal areas to be clean and tidy. People's rooms and living areas well also clean. The registered manager told us staff were very proactive with regard to completing domestic tasks and maintaining good infection control practices. They said, "Before we kind of had to go on a bit to motivate them but because of COVID-19 they have all been really on the ball". Cleaning schedules reflected which tasks had been completed.

● Staff had undertaken training in relation to infection control, health and safety and COVID-19. Each staff member was observed wearing PPE. Hand sanitiser was available in various places of the service which was used regularly. The registered manger had a robust entry system for all visitors who visited the service. This included, checking the visitor's temperature, ensuring they wore appropriate PPE and recording of their personal details.

Systems and processes to safeguard people from the risk of abuse

● Systems and processes to safeguard people from the risk of abuse remained effective. Staff participated in annual training in safeguarding adults and children. Staff comments demonstrated they had good understanding of the signs and symptoms they may see should someone be experiencing abuse. Records demonstrated any potential abuse was referred appropriately, investigated and recorded. Staff commented they would not hesitate to report concerns outside of their organisation if they believed they had not been appropriately dealt with. A member of staff commented, "I would report the concern to a member of the management team either in person or calling on call if out of hours. If the abuse was concerning a member of management team then i would speak to my area manager" and "There is a safeguarding duty number as well for external concerns about abuse if I felt it wasn't safe to speak to people in management in Salutem".

Good

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 requires improvement. At this inspection this key question has now improved to good. This meant 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

- Assessments of people's needs were completed before they moved into the service. They identified people's needs and the choices they had made about the care and support they wished to receive.
- Staff delivered care and support in line with best practice guidelines; for example, they used nationally recognised tools for assessing the risk of behaviours that may challenge others. The risk of skin damage and social isolation had also been assessed.

Staff support: induction, training, skills and experience

- At our previous inspection we noted supervisions were not taking place in line with the providers policy and procedures which stated, 'Staff should receive a minimum of six supervision sessions each year to help with their personal and professional development, however for inexperienced staff or those with performance issues, supervisions should be held more frequently. For those staff still in their probationary period supervisions should be held monthly'. We issued a recommendation that supervisions were scheduled so that staff received their one-to-one support as per the providers policy.
- At this inspection we found improvements had been made. A quality audit stated, "Supervisions are in place and the percentage of people having a supervision has improved since my last inspection" and "There was a training matrix present that detailed mandatory training. Mandatory training is 90.05%. In my previous inspection training was at 81.82% the increase in training showed evidence of improvement" and "Team meeting minutes were in place". Staff commented they felt supported in their role and told us they could access training and guidance if they needed it.
- Staff had completed the provider's induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.
- There was an on-going programme of development to make sure that all staff were up to date with required training subjects. Examples of these included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. More specific subject areas of training had been provided to staff. For example, dementia awareness and diabetes and where an additional needed was identified following incidents, this was also delivered to staff. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively.

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

- People continued to be supported to learn and develop their cooking skills. For example, one person's

care plan stated, "(Person) to be supported to write a weekly shopping list, and budget accordingly", "(Person) to be supported to plan, prepare, and cook meals" and "(Person) to be encouraged to cook smaller meals herself.

● People were protected from risks of poor nutrition, dehydration and swallowing problems. Where people required their food to be prepared differently because of medical need this was catered for. People's care plans highlighted people's food preferences.

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

● The layout and design of the premises had remained the same, however, improvements had been made to the decoration and maintenance of the building. For example, new patio paving had been installed to support one person who required level flooring access. The premises were part of a purpose-built development of flats and had wide corridors and an accessible bathroom. As part of a block of flats, the premises had not been designed as a care home and the staff office had originally been part of a flat. The premises consisted of two, two-bedroom flats and two bedsits. People could have their bedrooms or bedsits decorated in their chosen style and individual rooms reflected people likes and dislikes. Maintenance improvements had been undertaken which were evidenced to us via photographs sent by the registered manager.

Supporting people to live healthier lives and access healthcare services in an effective and timely manner.

● The provider continued to liaise with other agencies to facilitate effective care for people. People living in the service accessed health support groups. There was clear evidence in people's care records of liaison with professionals, including Speech and Language Therapy (SALT), GP, Mental Health Services, Chiropody, Dentist and the Opticians.

● Transfer records were available for when people required admission to hospital.

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).

Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation from the Court of Protection: 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.

● Mental capacity assessments had been carried out where required and best interests' decisions made, involving people's relevant representatives.

● Applications for DoLS had been submitted to the supervisory body responsible for assessing and approving these. At the time of our visit two people had conditions associated with their DoLS which were being met.

Good

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 requires improvement. We identified a breach of regulation 17 of the Health and Social Care Act 2008. At this inspection this key question has now improved to good and the provider is no longer in breach. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff had confidence to whistle blow, if they felt other staff had exhibited poor practice or were not working in line with the services value base.
- The management team had effective oversight of the service. When we asked questions about the service they replied promptly with in-depth responses. This demonstrated a thorough knowledge and understanding of the services.
- Action plans detailed how to improve the service which contained innovative service developments they were in the process of developing further.
- A clear staffing structure was in place and everyone knew and understood their roles and responsibilities. A member of staff commented, "I take pride in my job and I know what I am doing".

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

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- At our previous inspection we found a 'monthly checks' audit was completed to ensure that other audits such as infection control and medicines had been completed and that support plans and other documentation were current and that archiving of records was completed. We saw one monthly check that stated that all support plans and risk assessments were reviewed and current. When reviewing people's care records we had noted that many support plans and risk assessments were not dated so we had been unable to tell if they were current.
- Audits were not effective, actions had not been taken following audits, for example, dates had not been added to reviewed documentation and actions to minimise the risk to medicines from high or low temperatures were not identified. The environment was not well maintained, though action had been taken to alert the owner of the premises of the fire risk assessment, the provider could have mitigated the risk in a

timelier way. Other areas of the environment such as the gardens had not been maintained though these were the providers responsibility. PRN protocols supplied did not indicate that there was a clear understanding of their purpose or what information needed to be included.

● At this inspection we found the monitoring and oversight of the service improved practice. A provider audit stated, "There has been oversight from the Regional Director and there has been a total of 14 service visit from the Regional Director. I have completed 3 mock inspection since May 19 and seen improvement in the service on every mock inspection" and "A total of 47 audits have been completed on C360 and quality assurance systems have been put in place and used".

● New locks and fire doors had been installed. A new pathway had been created to ensure a safe exit for one person. No flammable items were stored in the electrical fuse box cupboard and red fire proof foam was cut back to correct the size. Paint work had been carried out and repairs to walls had been completed. Plans were in place to continue the development of any outstanding maintenance within the service.

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

● The registered manager and the staff continued to involve people using the service. Records demonstrated people had been involved in discussions about the care they received during care reviews and during ongoing healthcare appointment.

● Staff had received training in understanding the Equality Act 2005 and were non-judgemental when they provided care and support to people.

Continuous learning and improving care

● The registered manager was open about the areas of the service that required development. It was clear from provider audits that actions identified drive improvement and increased learning. The registered manager said, "We are always learning, we had an audit, some stuff came up about how we can record information about epilepsy in a better way so it's really good".

Working in partnership with others

● The service worked in partnership with other organisations to ensure best practice and ongoing learning.