Oak House Homecare Ltd

Olivemede

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

Overall summary

Olivemede provides accommodation for up to 33 people who require personal care. It is not registered to provide nursing care. At the time of our inspection there were 31 people living at the service. Accommodation is provided on two floors and there is also a day centre where people can spend time socialising with other people, relatives and staff.

This unannounced inspection took place on 29 January 2015 and was completed by two inspectors. A member of the Department of Health shadowed this inspection but did not carry out any inspection activity.

At our previous inspection on 12 December 2013 the provider was not in breach of the regulations we looked at.

The service had a registered manager in post but they were not present at the time of this inspection. The current manager had been a registered manager since

Summary of findings

2010. 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 were safe living at the home and staff assured their safety. There were a sufficient number of suitably qualified staff employed by the provider. People were assured that their care needs would be met in a timely manner. Assessments were undertaken of risks to people who used the service and written plans were in place to manage these risks.

The recruitment process the provider had in place ensured that only staff who had been deemed suitable, after all pre-employment checks had been satisfactorily completed, were offered employment at the home.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the deputy manager was knowledgeable about when a request for a DoLS would be required. However, we found that no mental capacity assessments had been recorded for those people who may not have capacity to make decisions. Staff had a limited understanding of the MCA due to not having had specific training on this subject. This put people at risk of care and support being provided that was not in their best interests. This also put people at risk of being unlawfully deprived of their liberty.

People's privacy and dignity was respected by staff at all times. People's care needs were met in a compassionate way. People's hobbies and interests were supported with a wide range of opportunities for people to take part in events which were important to them and to be supported with these.

People's assessed care needs were planned and staff met these with a good understanding of how people's needs were most effectively provided for. Care records provided staff with information and guidance on the care preferences each person had.

People were consistently supported to access and see a full range of health care professionals. People's health care needs were met in a timely manner. Health assessments were in place to ensure that people were safely supported with any risks to their health.

People were provided with a sufficient quantity of nutritious and healthy food options. People were supported with diets appropriate to their health care support needs. There was a sufficient quantity of food and drinks available including fruit and snacks.

A complaints procedure was in place. Complaints had been recorded and responded to in line with the provider's policy. People's concerns were acted upon and the actions taken were effective.

The deputy manager and staff were supported effectively including periods where they covered for the registered manager.

Audits and checks completed by the provider, registered manager and staff ensured that the quality of the service provided at the home was kept under review. Most staff had worked at the home for several years and staff were very satisfied with the support they received.

During our inspection we found a breach of the Health and Social Care Act 200 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were safely supported with their prescribed medicines by staff whose competency had been confirmed.

People were supported by a sufficient number of staff who were knowledgeable about reporting incidents affecting people's safety.

Staff were only employed at the home after all appropriate checks had been satisfactorily completed.

Good

Is the service effective?
The service was not always effective.

Most staff had a limited knowledge of when an application for Deprivation of Liberty Safeguards (DoLS) was required. This increased the risk of people having care that was not in their best interests.

People were supported by staff who completed a range of training. However, staff had not completed specific training on the Mental Capacity Act 2005 (MCA) which limited their knowledge on how to apply this.

Sufficient quantities of nutritious food and drink were always available including snacks throughout the day. People were regularly offered drinks to support their hydration needs.

Requires Improvement

Is the service caring?
The service was caring.

People were consistently offered and provided with sensitive, dignified and compassionate care and support.

People were supported by staff who had a good understanding in how to respond to, and meet, their assessed care needs.

Staff made timely referrals to the appropriate health care professionals. People's health care needs were met.

Good

Is the service responsive?
The service was responsive.

A wide range of social activities and hobbies were in place for people to access. Activities and stimulation was consistently provided to people throughout the home.

People were able to raise concerns or complain if they needed to. The provider had an effective complaints procedure in place.

Good

Summary of findings

Regular reviews of people's care were completed and changes were made to ensure people's care was provided in the way they wanted it to be.

Is the service well-led?

Good

The service was well-led.

The registered manager had always informed the Care Quality Commission about important events that occurred at the service.

Audits and checks completed by the provider had identified areas where improvements were required.

The provider offered people, relatives, visitors and staff a variety of ways in which they could comment about the quality of the service provided at the home. Suggested improvements were implemented.

Olivemede

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 unannounced inspection took place on 29 January 2015 and was undertaken by two inspectors.

Before our inspection we looked at information we held about the service including statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with six people, the deputy manager, five care staff members, two non care staff including the chef. We also spoke with the local authority service commissioners and a visiting health care professional. We also observed people's care to assist us in understanding the quality of care people received.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at six people's care records, service user, relatives' and staff meeting minutes and medicines administration and safeguarding procedures and complaint records. We checked records in relation to the management of the service such as, gas safety and lifting equipment inspections. We also looked at staff recruitment, supervision and appraisal planning tools, training records and quality assurance records.

Good

Is the service safe?

Our findings

People we spoke with were happy with their care and felt safe living at the home. One person said, “I have been here for a few years and staff always speak nicely to me and treat me well.” People told us they had no concerns about the home, the staff or how their care was provided. One person said, “The staff make sure I have my call bell, especially at night.”

Staff we spoke with had a good understanding of what the risks of harm to people were, who and how to report these and what actions were required to ensure people’s safety. One person said, “The girls are all amazing they are gentle and when they move me they do it carefully.” Staff told us, and training records showed, they were kept up to date with current safeguarding procedures. This was in line with the local authority’s guidelines. Staff told us they would have no hesitation in reporting any concerns if they ever needed to. Access to information about protecting people from harm was displayed at key points in the home for people, staff and visitors to access. This showed us that there were appropriate processes in place to help ensure the risk of harm to people was kept as low as possible.

Staff told us and we saw that there was always sufficient staff to meet people’s care needs. One person said, “If I use my call bell they come quickly and ask what the matter is.” We found that call bells were responded to within a few minutes and that requests for care were then met promptly. The deputy manager told us that if staff called in sick, it was always possible to cover this with off duty staff or changing staff shifts. We saw that this was the case during our inspection.

People told us that they did not have to wait for their care needs to be met. One person said, “The girls are all lovely and if I need something the staff get it for me.” The deputy manager showed us how people’s needs were assessed and how staffing levels were based upon these. Staff told us and we found there was sufficient staff to safely meet people’s needs. Staff said, “We have the time we need to spend time with people and not just talking but making sure no one is neglected or isolated." The deputy manager told us staff turnover was low and that their aim was to support people with a consistent staff base.

Accidents and incidents were recorded and these records were analysed for any trends. Where these had been identified we saw that prompt action had been taken to help ensure that the potential for any future recurrence was minimised. Examples of this included people who had experienced falls and changes made to the type of beds they used and other equipment to assist people with their mobility. This meant that the provider was proactive in recording and managing accidents and incidents.

Staff administered medicines to those who needed this support. One person said, “The staff don’t leave me until I have taken all my medicines.” Staff had regular medicines administration training including the application of topical creams. Staff told us that their competence to safely administer medications was assessed before they were authorised to administer medicines. We found that the records for medicines administered and held were an accurate record that showed people were given their medication as prescribed. We found that medicines, including controlled drugs, were kept secure, at a safe temperature and that the medicines trolley was only accessible to the appropriate staff.

We found that the provider had an effective and safe recruitment process in place. This ensured that staff were only offered employment at the home after all appropriate checks to establish their good character had been satisfactorily completed. Checks included previous employment history, recent photographic identity and written references from employers. Staff confirmed that they had only started work after these checks had been completed. This showed us the provider only employed staff who were found to be suitable to work with people living at the home.

We found that regular and up-to-date checks had been completed in relation to electrical systems and equipment, environmental health, asbestos management and fire safety. In addition, there were regular checks of the fire alarm and evacuation procedures. This helped the provider gain assurance that the safety of the home was given due attention.

Requires Improvement

Is the service effective?

Our findings

People told us that staff spent one to one time with them and we saw that staff engaged with them in conversation. One person said, "It means a lot to me when we have a chat. Even the gardener brings me flowers from the garden and talks to me." We saw that staff had the time to have a meaningful discussion about things that were important to the person. Staff said, "We do not use agency or bank staff and this makes a big difference to how effective people's care is. We know what people's needs are and we support these."

Staff confirmed, and we saw in records viewed, that they had regular training on subjects related to the people they care for. However, staff had limited knowledge, due to the lack of specific training, on the MCA 2005. All staff had a limited, and in some cases no, knowledge of the DoLS and associated guidance, and what this meant for each person. A key principle of the Act is that any act done for, or any decision made on behalf of a person who lacks capacity must be undertaken, or made, in that person's best interests. Staff were seen making decisions for people such as when they were allowed to go downstairs or go outside and when to go to the toilet. There was no documented record of the particular decisions each person could make and when they could make decisions. This increased the risk that people's freedom and liberty could be unlawfully restricted.

We found that restrictions were in place to prevent people from leaving the service. This included coded door locks which were in place upstairs. People living on the first floor were not able to leave unless accompanied by staff. We found and were told that mental capacity assessments had not been completed for those people with a diagnosed health condition which could affect their ability to make some decisions. Due to the lack of these assessments it was not possible for staff to determine if an application to deprive people of their liberty was, or could be, required. We found that no best interest decisions had been made or recorded regarding the restrictions on people's freedom. This put people at risk of being unlawfully deprived of their liberty.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2010.

Three care staff told us that they had a comprehensive induction to the home. This included a probationary period and on-going support until they had been deemed competent to work on their own. Staff confirmed that they had a regular formal supervision and that this had enabled them to do their job effectively. Staff were aware of their next planned supervision and annual appraisals. They told us the supervision gave them the opportunity to put their comments forward. This showed us that staff were effectively supported in their role.

People told us they were able to choose their preferred foods. The chef told and showed us each person's preferences, food allergies and diets for those people with health conditions affected by certain foods. For example, people living with diabetes. During our observations we saw that people were offered a visual choice of their chosen food at the meal time. One person said, "I can choose in the morning what I want to eat. They always give me something else if I change my mind or if I prefer something else to eat."

During our observation we saw that people were supported to eat their meal at a pace they felt happy with. One person said, "I can't eat a big portion any more but staff encourage me to eat as much as I can." Staff encouraged people, including those at risk of malnutrition, to eat and drink sufficient quantities. We saw that people's independence was respected. People were offered a selection of refreshments throughout the meal. We saw that people were served their lunch promptly, that this was hot, nutritious and based upon what people had chosen.

People and a visiting community nurse told us, and we found, that a range of health professionals provided health care support whenever required. People at an increased or potential risk of malnutrition or dehydration were regularly monitored and were safely supported with these risks. People at risk of weight loss were supported with a dietician and regular weight checks were carried out. In addition, their health status was regularly monitored to ensure they were supported in a safe way to prevent the potential for dehydration or malnutrition. This helped ensure people, including those at an increased risk, were safely supported with their health and wellbeing. A community nurse told us that their advice was always followed and that they had no concerns about people's care. One person said, "I was unwell a few weeks ago so they arranged for me to see a GP." We also saw that

Requires Improvement

Is the service effective?

people's pressure area care was in line with current guidance and that appropriate equipment was in place. This showed us that people were effectively supported with their health care needs.

Good

Is the service caring?

Our findings

People spoke very highly of their care staff and told us they were always treated with dignity, respect and as individuals. One person said, "The girls [care staff] are amazing and I don't know what I would do without them." Another said "I had a special birthday party and the staff made me a cake and lots of people came. It was a lovely day." A community nurse told us that this home stood out above others due to the quality of care it provided.

One example of the care provided was a person who requested to go outside. We saw that staff responded sensitively, promptly and engaged with much fun and appropriate laughter whilst supporting the person to dress accordingly for the winter weather and go out. Although this was not planned, staff treated the request in a way which meant the person's wishes were respected. We saw that a monthly newsletter was clearly displayed in the home. This was to inform people, relatives, and visitors what was planned, future events including people's birthdays (with the person's permission), fund raising activities and visitors such the hairdresser or chiropodist. People were supported by staff who understood what was important to each person.

People's care needs were assessed prior to living at the home and included people's preferences such as foods, gender of carer, allergies and any religious values or beliefs. One person told us, "They do everything well." We saw people's life histories, hobbies and interests and been recorded and also where families or friends had offered this advice. Staff were able to describe how each person's care was provided, the way support each person preferred and the difference this made to the person. This included respecting people's independence to encourage people to do as much for themselves as possible.

People told us that they were regularly asked if they were in any discomfort or required help with anything. One person said, "I don't normally sleep well but the other night I was asleep and staff checked to make sure I was alright." We found that people's call bells were kept within reach and that staff responded to these within a few minutes. People did not have to wait for their care and support needs to be met.

People were supported to have all their personal care needs met and this was provided with dignity. One person told us, "They [staff] have a difficult job but they get on with it and they are all very careful in covering me up." Another said "I can lock my door from the inside if I want to." A visiting community nurse told us that they had never overheard staff talking about other people unless this was not in public. This was confirmed during our inspection.

People's care records were held securely and daily care records were used to record the care people had received. Staff told us and we found that any changes to people's care was recorded and that people were informed of what this meant for them. This included the availability of an advocacy service if people or their relatives required someone to speak up on their behalf. We also saw that an easy read format weather forecast, including the date and external temperature, was displayed in all areas of the home. This helped people to make decisions on whether they wanted to go outside.

Our observation showed us that the care provided to people was meaningful, compassionate and based upon what really mattered to people. One example of this was a person being offered their favourite board game and staff engaging with the person and supporting all their requests. One care staff member said, "This is people's home and it is important we remember and respect that." A visiting volunteer worker told us, "I call in once a week and chat with people, especially to those whose family can't visit. I take people shopping and have a good chat." Records showed us that people's relatives were able to visit without any restriction. One person said, "I have been here for many years and have a large family. There is always someone coming to see me."

Good

Is the service responsive?

Our findings

Prior to people living at the home a pre admission assessment was completed to confirm the individual care and support needs for each person. This included people's preferred hobbies and interests, the time they liked to get up and go to bed and any particular likes such as their favourite foods. One person said, "I like my own space in my room and I am supported to do this. I also like the organised activities as much as when staff come to spend time with me." Another person said, "There are lots individual social activities including card games, quizzes, newspapers, listening to the radio or watching TV."

People's care plans included relevant and current information and guidance for staff to follow. Examples included people's preferences for a bath or shower and where they liked to eat their meals. One person told us, "The staff know me ever so well. I have seen my care plan and they go through this with me regularly." A visiting community nurse told us that people's care was based upon their individual needs. They also told us that the staff had good skills in liaising with all healthcare professionals. This was on a daily basis in response to any changes or developments in people's health conditions. People were assured that action would be taken in response to any concerns or suggestions about their care.

Meeting minutes we looked at for people living in the home and staff had identified several areas for improvement. This included the timely making of people's beds and suggestions for alternative activities for people in the home. The person responsible for people's stimulation had many ideas and was implementing these in an individualised way. One example was a themed question session on and about London.

Regular reviews and subsequent changes to people's care plans were completed each month or more frequently where an urgent reason was identified. This included changes to a person's bed where they had experienced falls and the amendment to people's individual risk assessments. This helped ensure that the care provided was based upon the person's most up to date care needs.

People, told us that if they had any concerns they would speak with [name of the registered manager] or in their absence the deputy. One person said, "I have never had to complain as such. I speak with staff and they are usually able to sort things out straight away." If not, they let me know the reason for this and when the situation will be resolved."

We saw that a quality assurance questionnaire had been sent to relatives and the responses had been mostly positive. Other ways people or relatives could provide feedback was by talking with the provider, senior carers or in writing if this is what they preferred. Complaint records we viewed showed us that the provider recorded and responded to people's concerns to their satisfaction and in line with the provider's policies. This meant that people could comment on the quality of their care at any time.

A member of staff said, "If anyone has any issues or concerns whatsoever I try to resolve it but if I can't I report this to [name of registered manager]." All of the people we spoke with told us that it would not be a problem if they had to make a complaint. One person said, "If you have a concern you just need to ask staff and they generally resolve the matter." Another person said, "I have never had to complain as such as the staff are very good at knowing what makes me happy." This showed us that complaints or concerns were addressed promptly and to people's satisfaction.

Good

Is the service well-led?

Our findings

People told us they knew who the managers were and how to contact them if they needed to. We saw that the deputy manager was present around the home and constantly seeking people's views to ensure all their care and support needs were being met. One person said, "I attend the residents' meetings and get to ask about what is going on and how improvements are being made."

People told us they were able to approach the management of the home about their care without fear of reproach. Staff told us that they regularly saw and were supported by the registered manager. The deputy manager told us they were being well supported by the provider and that they could call the registered manager at the provider's other care home if they required additional support and advice.

The home had a registered manager who had been in post since their registration with the Care Quality Commission (CQC) in 2010. We found the registered manager or provider always submitted notifications to us. (A notification is information about important events the provider must tell us about, by law).

Staff told us that the registered manager was very approachable and that they could discuss their concerns and suggestions with them at any time. Visiting health care professionals, the service's commissioners and volunteer workers told us that they had no concerns with the way the home was managed. This showed us that the leadership of the home was viewed as being well-led by organisations that had an external and independent view of the service provided at the home.

The deputy manager told us the key challenges were completing the tasks normally completed by the registered manager and also ensuring staff continued to be effectively supported with supervisions and training. They told us that the achievements of the home were in providing a caring but very homely service where people came first and were treated in the same manner they would expect at home. They were aware that improvements were needed, such as the replacement of the main corridor carpets which were quite worn. Other changes made included recognising what was best for each person's support and making a difference to the quality of people's lives. For example, where people chose to eat their meals. This meant that the provider sought to constantly improve the service it provided.

Staff told us about the visions and values of the home in ensuring people came first in everything and that they [people] were the most important part of the home. They told us that having a flexible staff team who were willing to go that extra mile in delivering people's care was a huge benefit. Staff were aware of their roles and responsibilities and implemented this in all that they did. Staff also told us that their supervision, support and training were 'second to none' and that they could discuss anything with the registered manager or provider. They told us that prompt action was taken in response any concerns raised. This meant that the provider considered and acted upon staff's suggestion and comments to help drive improvements in the home and the service people received.

Records we reviewed and staff we spoke with confirmed that regular checks and audits were completed in relation to people's medicines administration, people's care plans and standards of staff's competency. However, we found that these checks had not identified that people's capacity and ability to consent to their care had not been recorded or reviewed since people had lived at the home. This put people at risk of receiving care that they did not agree to or where it was not in their best interests. Therefore, not all of the provider's audits were effective.

One person said, "I can tell staff anything. They act immediately on anything I suggest. I have never had to complain." Care staff said, "I suggested 'pet therapy' with a cat in the home which people could associate with and this was implemented. People loved it." They also told us how they ensured that people who were allergic or did not want this activity were supported safely and without exclusion to do alternative activities of their choice. This and meeting records we looked at showed us that people and staff were involved in developing the service.

Information on whistle-blowing (whistle-blowing occurs when an employee raises a concern about a dangerous, illegal or improper activity that they become aware of through work) in policies and procedures was available for all staff. Staff told us, "I am very confident that if I ever saw poor care I would be the first one to report this. In all the years working here I have never had cause to whistle-blow on anything."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment People who use services were not protected against the risks of being provided with care that was not in their best interests. Regulation 18 (1)(a) (b) (2)