

GrayAreas Limited

Mount Olivet Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Mount Olivet is a residential care home providing personal and nursing care to up to 30 people. The service provides support to older people. At the time of our inspection there were 22 people using the service.

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

Risks to people's health, safety and welfare had been identified and guidance was in place to manage risk. However, risks to people were not always managed effectively as monitoring charts were not being completed consistently in relation to skin care and nutrition.

People did not always receive their topical medicines as prescribed for them. Topical administration medicines records were in place, but these were not always completed to demonstrate creams had been applied. Sufficient guidance was not in place for people prescribed oxygen.

Quality assurance and governance systems in place to assess, monitor, and improve the quality and safety of the services provided had not identified all of the issues we found during this inspection.

During the inspection we observed there were enough staff to care for people effectively and safely. However, people and their relatives told us they sometimes had to wait for care. We made a recommendation about this.

People told us staff were kind, caring and treated them with dignity and respect. People were encouraged and supported to remain as independent as possible and were supported to make decisions about their care.

The registered manager promoted a positive, person-centred culture within the service. People were very positive about the registered manager and told us they were approachable and very 'hands on'.

People told us they felt safe. Staff had received safeguarding training and recognised different types of abuse and how to report it.

Recruitment processes ensured that, as far as possible, only suitable staff were employed to look after people.

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 protected from the risk and spread of infection. Staff were using personal protective equipment (PPE) in accordance with the government guidance.

People and their relatives were asked to provide feedback about the service and the provider sent out yearly questionnaires to people and relatives to gather their views.

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 outstanding (published 16 January 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have identified breaches in relation to the management of risk and governance at this inspection. We have also made a recommendation about how the service reviews its staffing arrangements and how staff are deployed to ensure people receive care that meets their needs and protect their safety.

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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mount Olivet Nursing Home

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 Health and Social Care Act 2008.

Inspection team

This inspection was conducted by one inspector, an assistant inspector, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Mount Olivet is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Mount Olivet is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who lived at the service and 5 visitors. We spoke with 9 staff members; this included the registered manager, administrator, care staff and registered nurses. We received feedback from 3 health and social care professionals. We reviewed the records relating to the running of the service. These included recruitment records, accidents and incidents and quality assurance audits. We looked at medicine administration charts, 11 care plans and risk assessments along with other relevant documentation to support our findings.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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; Using medicines safely

- Risks to people's health, safety and welfare had been identified and guidance was in place to manage risk. However, risks to people were not always managed effectively.
- People's monitoring charts were not being completed consistently. Some people were assessed as being at risk of pressure damage to their skin. People's repositioning charts had not always been completed to show they had been repositioned as they should and as documented in their care plan. For example, one person required staff to reposition them every two hours. Monitoring records showed that the person was not always being repositioned every two hours. This meant the person was put at increased risk of pressure damage to their skin.
- People at risk of skin damage had equipment in place such as pressure relieving mattresses and cushions. However, equipment used to minimise risk was not always set correctly in order to reduce the risk of skin damage.
- Where people were at risk of not eating enough to keep them healthy, monitoring records were in place to record their intake. However, records were not always completed consistently for one person to demonstrate they had been offered food at each meal or that they had declined food when offered. This meant that staff could not be sure that this person was having sufficient to eat which put them at risk of malnutrition and further weight loss.
- People did not always receive their medicines as prescribed for them. Topical medicines administration records (TMARs) were in place, but these were not always completed. For example, one person was prescribed topical creams to protect their skin from skin damage, care records documented that these creams should be applied daily. However, we found missing entries in this person's TMARs. This meant the person was put at increased risk of pressure damage to their skin.
- Where people were prescribed oxygen, there were not always full details recorded in care plans. This meant staff may not have sufficient information about how and when this should be used and adjusted.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks were sufficiently managed and medicines were managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with people's care had been assessed and care plans and risk assessments were in place to guide staff on how to protect people from risk.
- People were protected from the risk of their environment. Checks were in place to ensure people lived in a safe environment.

- People's medicines were recorded on an electronic medicines system when people were given their medicines.
- When medicines were prescribed on a 'when required' basis, then there were protocols to guide staff when doses should be given. These did not always include person-centred details. However, staff spoken with were knowledgeable about people's individual circumstances as to when they might need doses to be given.
- Where medicines were given covertly (hidden in food) then mental capacity assessments and best interest decisions had taken place. Advice was recorded on how to administer these medicines safely.
- There were suitable arrangements for storage, recording and disposal of medicines. This included those needing cold storage and those needing extra security.
- Staff received training in safe medicines handling and had competency checks to make sure they gave medicine safely. We saw medicines given safely during the inspection.
- Regular medicines audits were completed, and we saw that some areas for improvement had been identified and actions recorded. Any incidents were reported and investigated to try to prevent a recurrence.

Staffing and recruitment

- During the inspection we observed there were enough staff to care for people effectively and safely.
- We received mixed views from people and their relatives about staffing levels at the service. Some people told us they sometimes had to wait for care, and they felt the service could do with more staff. One person said, "It's not too bad, but they are always rushing around. It would be nice if there was more. More staff could do some odd jobs and be more sociable." However, another person said when asked if there were enough staff, "I think so. They are very kind, they come in and ask if I'm OK and if I want anything." A relative told us, "There's not enough. [Person's name] has to do a lot of waiting when he needs to be hoisted by two staff to be available."
- We spoke with the registered manager about staffing levels. The registered manager told us the service were currently staffed well and did not have any staff vacancies. They said they worked out their staffing levels by assessing people's needs and adjusting staffing levels accordingly.

We recommend the service reviews its staffing arrangements and how staff are deployed to ensure people receive care that meets their needs and protect their safety.

- Recruitment processes ensured that, as far as possible, only suitable staff were employed. The relevant checks had been completed including a disclosure and barring service check (police record check). Proof of identity and references were obtained as well as full employment histories, this protected people from the risks associated with employing unsuitable staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said when they were asked if they felt safe, "Absolutely, they look after me well." A relative told us, "My wife has been here for a month, she loves it here."
- Systems and processes were in place to protect people from abuse and avoidable harm.
- Staff completed safeguarding training, knew how to recognise signs of abuse, and understood the action they should take to protect people from the risk of harm.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting at the service was in line with government guidance and visitors were welcome at the service.

Learning lessons when things go wrong

- Systems and processes were in place to learn from accidents and incidents at the service.
- The registered manager reviewed accidents and incidents to identify and share learning to reduce the risk of things happening again.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. 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

- People and relatives told us staff were kind and caring. Comments included, "The staff are so caring. They are beautiful, lovely manners. It's person centred and there's time to care" and "The staff are very good, they do a good job." However, some people felt that some staff did not know them, and staff didn't have time to spend with them. One person said, "They are very kind, brilliant but they don't have time to sit and chat, they are always busy." Another person said, "The staff are not too bad. The agency staff don't know you. Night nurses don't know me as a person." We passed these comments onto the registered manager.
- During the inspection we observed kind and caring interactions between staff and people, and it was clear that staff we observed during the inspection knew people and their needs well.
- Staff received equality and diversity training to ensure they understood how to protect people's rights and lifestyle choices. The registered manager gave us an example where staffs' understanding and training helped one person feel accepted and included.

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "They are all very respectful during my personal care." A relative commented, "They are very good in everything they do for her. I'm confident they are looking after her well."
- Throughout the inspection we observed staff knocked on people's doors and waited for their answer before entering people's rooms. We also observed respectful interactions and staff used appropriate language when talking with and about people.
- People were encouraged and supported to remain as independent as possible. For example, one person told us they were able to do most things for themselves but needed staffs' help with showering which they received. One staff member told us, "I try to give people as much independence as possible especially if giving them a wash. I try and make sure they can do as much as they possibly can and always give them that option, ensure that they have the choice."

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

- People were supported to make decisions about their care. For example, staff asked people what they wanted to do, where they wanted to sit and what they wanted to eat and drink.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed 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; Continuous learning and improving care

- Quality assurance and governance systems were in place to assess, monitor, and improve the quality and safety of the services provided. However, whilst the registered manager had identified some issues, their systems and processes had not consistently identified all of the issues we found during the inspection. For example, audits in place had not identified the concerns we found in relation to daily monitoring charts such as repositioning charts, food charts and topical medicines application records.
- The provider carried out bi-monthly visits to assess and monitor the quality of the service but had not identified the concerns we found during this inspection.
- Systems in place to check that people's pressure relieving mattresses were set correctly were not robust and had not identified that four people's mattresses were not set according to their weight.

We found no evidence people had been harmed. However, systems and processes were not in place or not effective to monitor the quality of people's support. This was a breach of 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed what we found with the registered manager who was open and honest throughout the inspection.
- The management structure within the organisation provided clear lines of responsibility and accountability. The registered manager was supported by the provider and staff were clear about their roles and responsibilities.
- The registered manager knew of their responsibilities in terms of regulatory requirements. The registered manager had notified us of any accidents and incidents as they are required to by law.

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

- The registered manager promoted a positive, person-centred culture within the service. It was evident the registered manager was passionate about providing good quality care to the people living at Mount Olivet.
- People were very positive about the registered manager and told us they were approachable and very 'hands on'. Comments included, "She's pleasant and easy to get on with", "She's nice, comes to see me. She's also a nurse and is very hands on. She does everything, an extremely good manageress" and "[Registered manager's name] came to see this morning, lovely lady."
- Staff were very passionate about providing people with good person-centred care. One staff member told

us, "I have worked in quite a lot of homes but there is something about this place that it's so person-centred. Here all the staff are striving for the same thing, and nothing is too much trouble, the carers are amazing."

- Staff told us they felt supported by the registered manager, and they led by example. One staff member told us, "The manager is brilliant, she is a lovely person and whatever we need or if we have a problem, she will take action immediately. Yes, I feel very valued and supported and she is always there for us,"

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 registered manager understood their responsibilities under the duty of candour that is to be open and honest when things went wrong. For example, we saw evidence they had been open and transparent with others when things had gone wrong with peoples' care.

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

- People and their relatives were asked to provide feedback about the service and the provider sent out yearly questionnaires to people and relatives to gather their views and identify areas for improvement. Comments from the most recent questionnaire included, "I'm happy with the choices I'm given. They always come in and see me and if you want anything they will get it for you. I don't think we could do much better", "They look after me and even the handyman gives me a wave" and "The staff are all very caring, kind and work hard. A very well managed nursing home."

- The registered manager told us they tried to ensure they spoke with families on a regular basis, kept in touch with emails and meetings where appropriate.

- Staff told us they had regular handover and team meetings to share important information about people and to discuss any ideas they may have to make improvements to the service. One staff member told us, "We have a meeting at 11 am every day and every now again we have a big staff meeting, which I think is good. We also have sit down meetings with our line manager."

- Staff were supported by the provider to further develop their roles. For example, staff were supported and encouraged to take on additional roles to improve the provision of care such as train the trainer in moving and handling and care staff were supported to become trained in medicines administration.

Working in partnership with others

- The registered manager and staff worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, GP, specialist health professionals and nursing teams and the local authority. One health professional told us, "Staff always know residents well and are always kind and friendly. Referrals always clear, detailed, and appropriate. The manager is very approachable and knows what is going on within the home and the residents."

- The registered manager was proactive and worked closely with health professionals to improve care people received and share good practice. For example, the registered manager was nominated as the lead for the Southwest as part of the Florence Nightingale Foundation which has opened up new streams of learning, networking and good practice.

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
Treatment of disease, disorder or injury	Systems were either not in place or robust enough to demonstrate risks were sufficiently managed and medicines were managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were not robust or effective enough to monitor and improve the quality and safety of the service provided.