

## Olympus Care Services Limited

# Pine Lodge

### Inspection report

Pine Lodge  
Motala Close  
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Corby  
Northamptonshire  
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Tel: 01536 742043

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#### Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This unannounced inspection took place on 28 January 2016. The service is registered to provide accommodation and support for a maximum of 11 people. People use the service on a short term or respite basis and at the time of our inspection there were seven people using the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe staying at Pine Lodge and said that they were treated well. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels

# Summary of findings

ensured that people received the support they required at the times they needed it. The recruitment practices were thorough and protected people from being cared for by staff that were unsuitable to work at the service.

Care records contained individual risk assessments to protect people from identified risks and help keep them safe. They provided information to staff about action to be taken to minimise any risks whilst allowing people to be as independent as possible. People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely.

Staff received suitable induction and training to prepare them for their role and to understand people's needs. Staff had access to guidance and support when they needed it and this ensured staff provided competent and safe care for people. People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and staff understood their responsibilities to act in people's best interests if they were unable to make their own decisions.

People were supported to maintain a balanced diet and eat well. Staff ensured people had access and support to food they enjoyed and were able to digest. People's health care needs were met as staff had the knowledge and skills to support them when they were unwell and there was prompt access to healthcare services when needed.

Staff supported people in a kind and caring way and encouraged people to express their views and make their own choices. People were supported to be as independent as possible and were encouraged to work

towards achieving personal goals. People's dignity and right to privacy was protected by staff and staff were able to offer compassionate support to people who were anxious or upset.

People had their needs fully assessed before they stayed at Pine Lodge to determine if the service could meet their needs. After an initial stay people had pre-stay reviews to ensure the service had accurate and current information about people's changing needs and requirements. Staff worked with people to identify their hobbies and interests and supported people to maintain these. Staff helped people to plan their stays in advance so people could be matched with friends and to ensure the appropriate staff was in place to respond to people's needs. People were supported to learn and practice independent living skills and to make transitions into supported living arrangements. People had no complaints about the service, however we saw that complaints that had been raised in the past had been investigated in a timely way and appropriate action was taken to resolve the concern and identify learning.

People were very positive about the registered manager and they demonstrated their commitment to provided good quality care for people by ensuring they were visible and accessible to people. The registered manager took an open approach and identified learning to improve the service wherever possible. Comprehensive quality assurance systems were in place to monitor and drive improvement throughout the service which involved senior staff. Staff had confidence in the managerial oversight and felt valued and listened to. Staff were clear on their roles and responsibilities and the values of the service were underpinned within their work. People were supported to provide feedback about the service and improvements were made as a result of this.

# 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 felt safe and commented that staff treated them well.

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

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

Good



### Is the service effective?

The service was effective.

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

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

Peoples physical health needs were kept under regular review.

Good



### Is the service caring?

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

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

Staff had a good understanding of people's needs and preferences and people felt that they had been listened to and their views respected.

Staff promoted peoples independence in a supportive and collaborative way.

Good



### Is the service responsive?

The service was responsive.

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

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

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

People using the service knew how to raise a concern or make a complaint.

Good



# Summary of findings

## Is the service well-led?

The service was well-led.

There were effective systems in place to monitor the quality and safety of the service and actions had been completed in a timely manner.

A registered manager was in post and they were active and visible throughout the service.

People living in the house and staff were confident in the management of the service. They were supported and encouraged to provide feedback about the service and it was used to drive continuous improvement.

Good



# Pine Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we observed or spoke with six people who used the service and spoke with four members of care staff and the registered manager. We looked at care plan documentation relating to four people, and three staff files.

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

# Is the service safe?

## Our findings

People said that they felt safe staying at Pine Lodge. One person said they felt safe because the staff were always there to listen to them and another person told us they liked that a member of staff always came to check on them when they were in their bedroom.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. Staff received training to support them to identify signs of abuse and they understood how they could report their concerns. The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of this procedure. Staff had submitted safeguarding referrals where necessary which demonstrated their knowledge of the safeguarding process. We saw that where concerns had been identified the registered manager and staff team had taken immediate steps to support people and ensure their safety.

There was enough staff to keep people safe and to meet their needs. People told us there was always a member of staff around when they needed them. One person said "The staff are always here if I need them." Staff told us they felt there was enough staff to keep people safe and to enable people to complete activities when they wanted to. Staffing arrangements varied to meet people's needs and if people had higher dependency needs more staff were put on duty. Staff were also put on duty to support people to carry out activities they wished to complete. One member of staff told us, "I come in sometimes just to take people out. [Name] likes swimming so I came in last week just to take them out. Staffing varies depending on who is staying here." During the inspection we saw that staff were given adequate time to support people, complete people's care records and maintain their own professional learning and development.

There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked for criminal convictions before they were able to start work and provide support for people. This meant that people were safeguarded against the risk of

being cared for by unsuitable staff. One member of staff told us, "I couldn't start work until they'd got my references and DBS (Disclosure and Barring Service) check back and they were all alright."

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises as regular fire safety checks were in place. If any concerns were identified, further checks were made to resolve the issue. For example, during a fire alarm test there appeared to be an issue with one of the alarms. Further tests were completed to rectify the matter. Each person that used the service had an emergency evacuation plan in place. This explained the support each person would need in the event of an emergency.

Comprehensive risk assessments were in place to identify areas where people needed additional support to keep people safe, and these were followed by staff. Staff identified areas of support that required risk assessments, for example when people were at risk of developing pressure sores, or at risk of self-harm. People were at the forefront of risk assessments and where possible had been involved in deciding on how they would be supported to become as independent as possible, whilst maintaining an element of risk. For example one person who was at risk of self-harm had decided with staff how they could communicate their emotions and feelings and how staff could support them when they were feeling low. Staff were knowledgeable about people's risk assessments and were able to work with people to ensure people were kept as safe as possible. The registered manager confirmed that the service took a balanced approach to risk, enabling and facilitating people to have new experiences in a safe environment.

There were appropriate arrangements in place for the management of medicines. People said that they were supported to have their medicine when they needed it. One person told us, "I get my water ready myself and then I go and find the staff so I can have my medicine." People's individual abilities were assessed and staff worked with people to take their medicines in a way that was suitable for them. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. Medicines were kept securely stored and temperatures were monitored to ensure they were stored in accordance with the manufacturer's instructions.

# Is the service effective?

## Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. Staff received an induction and mandatory training which included basic first aid and infection control. Additional training relevant to the needs of people were also included such as autism training and end of life care. Supervisors monitored staff training and ensured that staff completed refresher training on a regular basis to ensure staff had current and up to date skills and knowledge. One member of staff told us, “I think the training is pretty good here. It definitely helps us understand people’s needs.”

Staff had the guidance and support when they needed it. One member of staff said, “We have quite regular supervision meetings with the senior staff. We talk about how we’re getting on and if we need to do any training.” Staff were confident in the registered manager and were happy with the level of support and supervision they received. They told us that the registered manager was always available to discuss any issues and the registered manager worked with all new staff members to ensure staff understood how to provide good quality care. This helped provide an opportunity for informal supervision and to maintain an open and accessible relationship. Staff met with a supervisor on a regular basis to discuss their performance and learning objectives. Staff also participated in an annual appraisal with senior staff. These procedures ensured that staff had access to appropriate feedback on their performance and to provide staff with support 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 decisions 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. The application procedures for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Due to the nature of the service and the short stays people had there the registered manager had considered applications under the Mental Capacity Act and was seeking further advice and guidance to ensure that these requirements were met at all times.

Staff understood their roles and responsibilities in relation to assessing people’s capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments if necessary. We saw examples of where people’s capacity to manage their own medicines had been assessed and found that appropriate documentation was in place to support each person’s individual abilities.

People were supported to maintain a balanced diet and eat well. People contributed to meal planning on a weekly basis and people were given choices at each meal time to have food they enjoyed. One person said, “They [the staff] ask me what I want to eat and if I don’t like what’s on the menu they make me something else.” We saw staff offer people meal choices to identify food they would like to eat. People’s care plans had information about the support they required with their meals or if they were independent with their eating. Each person had a nutritional profile which documented people’s needs, and if necessary people’s food and fluids were monitored to ensure people had the correct levels to keep them healthy. Staff had a good understanding of people’s nutritional needs which included if people needed their meals cut up or if they had food allergies or intolerances and ensured that each person’s individual needs were met.

People’s health care needs were met whilst people used the service. Staff understood when to seek medical assistance and there was evidence to show that staff sought medical assistance in a timely manner when people reported pain or discomfort. We also saw evidence that when people used the service on a longer term basis they were supported to use the opticians and other healthcare professionals to ensure their long term healthcare needs were met by appropriate healthcare professionals.

## Is the service effective?

The registered manager made efforts to ensure people's individual needs were met by the adaptation, design and decoration of the service. This included ensuring that the service had a variety of different equipment to help people whilst they used the service and they could respond to

people's needs. For example, Pine Lodge had a variety of bathing equipment including walk in showers and different types of baths so people of all abilities could bathe according to their needs and preferences.



# Is the service caring?

## Our findings

Staff supported people in a kind and caring way and involved them as much as possible in day to day choices and arrangements. People gave positive feedback about the staff and told us they treated them well. One person said, “The staff here are nice to me.” Another person said, “I like coming here, the staff are lovely.”

People were encouraged to express their views and to make their own choices. There was information in people’s care plans about what they liked to do for themselves. This included how they wanted to spend their time and any important goals that people wanted to achieve. For example, one person’s care plan recorded that they enjoyed listening to music and this could help them to communicate their needs and emotions. Staff were able to explain how to interpret this and respected people when they needed time alone. There was also information about their goals describing tasks they wanted to learn to be able to do independently without staff support. Staff worked with people at their own pace to achieve their goals.

There was information on advocacy services which was available for people and their relatives to view. Staff were knowledgeable about how to refer people to advocacy services and how advocacy services could support people.

People were treated with kindness, compassion and respect. The staff at the service took time to speak with the people they were supporting. We saw many positive interactions and people enjoyed the interaction with staff

in the home. Observations showed staff had a caring attitude towards people and there was a commitment to providing a good standard of care which respected people’s wishes.

People’s dignity and right to privacy was protected by staff. People’s personal care needs were managed discreetly by staff so that people were treated in a dignified manner. Staff confirmed that people’s bedroom doors and curtains were closed whilst people were supported with their personal care. We observed staff knocking on people’s bedroom doors before they entered and respected people’s privacy.

Staff had a good understanding of how to look for signs if people were unhappy or distressed, particularly with people that were unable to verbally communicate. Staff understood how to resolve anxieties and ensured people had access to items or activities that comforted them. For example, staff gave people time alone, as had been identified in their care plans, but regularly reassured them that they were available if the person wanted to talk, or wanted to complete an activity together. We observed staff praise people and offer encouragement, recognising when people were low in mood and needed reminding about the journey and achievements they had already accomplished.

Staff told us that visitors were able to visit people using the service, but due to the nature of the service and that most people used the service for short term respite care, they generally did not have many visitors. Staff confirmed that all visitors were made to feel welcome and were able to spend time with their loved ones when they wished.

# Is the service responsive?

## Our findings

People's needs were assessed before they came to stay at Pine Lodge to determine if the service could meet their needs. The assessment included risk assessments and identification of equipment that people may need access to. People and their relatives were involved in identifying their support needs and preferences. This provided people with detailed care plans to ensure that staff understood how to support people.

Prior to each stay at Pine Lodge people and their relatives were asked to complete a pre-stay questionnaire which reviewed people's current needs and identified any changing health or support needs. Staff were knowledgeable about people's current needs and care plans were amended to reflect any changes.

The assessment and care planning process also considered people's hobbies and past interests along with their goals for the future. We saw that this had been incorporated into individual care plans. For example, one person who used the service enjoyed role playing and staff ensured that when this person used the service there was adequate space for them to be able to perform how they wished. Another person particularly enjoyed listening and watching a washing machine and staff made efforts to ensure this could be arranged whilst the person was at the service. In addition the service had access to a holiday caravan. People were asked if they would like to stay at the caravan and arrangements were made to support people with this.

People's needs and preferences were accommodated by detailed planning procedures. The registered manager

encouraged people to book their respite stays in advance so, wherever possible, people were able to stay at the same time as friends they had made at the service. Planning arrangements also ensured that the service could respond to meet all people's abilities with adequate staffing arrangements. Pine Lodge also supported people on an emergency basis and assessments were made to ensure there were adequate resources and arrangements in place to provide a positive experience for everybody that used the service.

Pine Lodge also accommodated people on a transitional basis to move to supported living arrangements. People were supported by staff that worked with them to make progress towards independent living. This included small tasks such as making a cup of tea or light snacks, and progressed to additional tasks which included washing their own clothes or purchasing their own food for their meals. One person told us, "The staff have helped me learn how to do things for myself." People were empowered to be as independent as they were able to be and we saw that one person was able to stay at the service with their pet hamsters and gerbils.

People told us they had no complaints about the service. One person said if they were unhappy about anything they told the staff and they helped them to resolve their concerns. Information about making complaints was available for people in a pictorial format to help people understand the procedures. We found that complaints were investigated in a timely way and appropriate action was taken to resolve the concern and identify learning.

# Is the service well-led?

## Our findings

People staying at Pine Lodge were very positive about the registered manager. One person said “I know who the manager is. She’s lovely.” Another person said, “The manager is nice. She makes sure I’m safe and that I’m alright.”

The registered manager demonstrated their commitment to providing good quality care for people by ensuring they were visible and accessible to people. The registered manager had a strong awareness of their responsibilities for the way in which the home was run on a day-to-day basis and for the quality of care provided to people in the home. People living in the home found the manager and the staff group to be caring and respectful and were confident to raise any suggestions for improvement with them. The registered manager was known and recognised by people staying at Pine Lodge and people were comfortable talking to them. The registered manager had a good understanding of the Care Quality Commission registration requirements and ensured appropriate notifications were submitted as required.

The registered manager took an open and learning approach to driving improvements. For example, it had been accepted that improvements were required to the settling in procedures in place for people new to the service, to ensure people were comfortable and felt relaxed whilst they stayed at Pine Lodge. The registered manager was keen to make changes to ensure there was a consistent approach and people felt settled as quickly as possible.

The registered manager had a comprehensive quality assurance system in place which gave responsibilities to senior members of staff to ensure the service provided high quality care. This supported a team approach and ensured senior members of staff were fully aware and involved in driving improvements. We found that actions were identified to improve performance and this had been completed. For example, care plans that had been updated with handwritten notes had been identified as requiring new typed versions to ensure care plans clearly documented people’s current needs.

There were a number of arrangements in place to gather the views of people that used the service. During people’s stay at the service people were asked if they wished to

participate in meetings about the home and their feedback was acted upon. For example people were able to contribute to colour schemes for the bathroom and provided ideas for an activity room. In addition people and visitors were able to make suggestions in a suggestion box and people were encouraged to complete end of stay feedback forms. We saw that following comments from one person about the television in their bedroom staff had implemented changes to procedures and ensured that people’s equipment was checked before each stay.

The provider had a process in place to gather feedback from people and their relatives. At the end of each stay people were asked to complete a feedback form. This was in picture format to ensure maximum responses and was not overly onerous for people with limited communication. We reviewed the responses and found that they were all very positive, particularly about how staff treated people whilst they used the service. The registered manager also regularly reviewed the suggestion box and took action when required. For example, there was a request for people to have access to non-alcoholic beer and wine and this had been agreed and actioned.

Staff were confident in the managerial oversight and leadership of the manager and found them to be approachable and friendly. One member of staff said, “I feel valued here. I love it.” Staff were able to give examples of when they felt listened to. One member of staff said, “Sometimes it’s just the small things that can make a difference. We asked if we could make sure we had biscuits here for people – sometimes people want a cup of tea and a biscuit and that was agreed straight away.” Regular staff meetings took place to inform staff of any changes and for staff to contribute their views on how the service was being run.

Staff were clear on their roles and responsibilities and there was a shared commitment to ensuring that support was provided to people at the best level possible. Staff were provided with up to date guidance, policies and felt supported in their role. Staff had a good understanding of the policies which underpinned their job, such as safeguarding, confidentiality and medication arrangements. Staff were aware of the whistle blowing policy if they felt they needed to raise concerns outside of the service. One member of staff was able to describe the whistleblowing procedures in place to make a report if they needed to.