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?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Olivemede is registered to provide accommodation and personal care for up to 33 older people including those living with dementia. There were 31 people living at the home when we visited. Accommodation is provided over two floors. All bedrooms were for single occupancy with some having en-suite facilities. There were communal areas, including lounge areas, two dining rooms and large garden areas for people and their guests to use whenever they wished. These gardens included areas with bedding plants, vegetables and a chicken coop.

At the previous inspection on 12 October 2016 the service was rated as requiring improvement. At this inspection we found that improvements had been made and sustained and the service is rated as 'Good'.

At the time of this inspection there was a registered manager. However they had left on 3 June 2017 and were no longer in post. The home was being managed by a manager from the provider's other service. The manager was in the process of adding Olivemede to their registration. 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.

Risk assessments were in place to ensure that people could be safely supported at all times. Staff were knowledgeable about the procedures to ensure that people were protected from harm and would have no hesitation in reporting any concerns. People's medicines were administered and managed safely as prescribed.

A sufficient number of suitably qualified and skilled staff were employed at the home. The provider's recruitment process ensured that only staff, which had been deemed suitable to work with people at the home. Only those staff who were deemed suitable were employed following the completion of satisfactory recruitment checks.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. DoLS applications had been submitted to, and in two cases authorised by, the relevant local authorities.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people only had to wait for a few minutes before having their care needs met. This meant that people's care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care. Staff encouraged and supported people to be as independent as

possible. People had care records which provided staff with the level of detail required to help meet people's assessed needs and to provide care for people which they could benefit from.

People were supported to access a range of healthcare professionals including a GP, dietician community nurse or chiropodist. These also included support to enable people to attend hospital and outpatient appointments

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people. This included nutritional support for those people who required a pureed soft food or low sugar/fibre diet.

People received care from staff in a kind, compassionate and sensitive way. People were able to take part in a wide range of hobbies and pastimes including puzzles, chair exercises, trips out as well as being able to spend time on their own where this was their preference. This helped prevent the risk of people becoming socially isolated.

A complaints procedure was available in the home for people and their relatives to use and all staff were aware of how to support access to this. People were supported to raise concerns or complaints and any resulting actions were acted upon promptly and effectively. This reduced the potential for any recurrence.

There was an open and honest culture within the home and people were able to talk and raise any issues with the staff. The registered manager had, prior to their departure maintained and sustained improvements that had been required. People were provided with a variety of ways that they could comment on the quality of their care. This included regular contact with the provider, manager, deputy manager, staff and taking part in residents' meetings.

An effective quality assurance and audit system was in place to seek the views of people, relatives, staff as well as visiting healthcare professionals. This helped identify any area that would benefit from improvement. Where improvements had been suggested, these had been implemented promptly and to the satisfaction of people, staff or healthcare professional.

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 was safe.

People were cared for by a sufficient number of staff who had been trained and supported to have the right skills. Staff had a good understanding about safeguarding and risk management procedures to help protect people from any potential harm.

A robust staff recruitment process was in place and only those staff who had been deemed suitable were employed at the home.

People's medicines were administered, stored, recorded, disposed of and managed by staff who were competent to do this.

Is the service effective?

Good

The service was effective.

People were supported to make choices about their preferences and they were supported with these. Staff were skilled in meeting people's assessed needs and encouraged people to remain as independent as possible.

The manager and staff understood how to implement the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that people were only deprived of their liberty where this was lawful and that people's rights to make decisions were respected.

People were supported to maintain their nutritional intake as well as being enabled to access healthcare professional support in a timely manner.

Is the service caring?

Good

The service was caring.

People received care that was kind, compassionate and in consideration of each person's independence.

Staff had access to detailed care plans which they used to gain a good understanding of people's support needs and how to ensure people benefitted from this knowledge.

People could be visited by their guests at a time of their preference. Advocacy arrangements were available for any person who required and independent person to speak up for them.

Is the service responsive?

Good

The service was responsive.

People's preferences were incorporated into their care plans. Regular reviews of their care and support helped ensure that staff were able to meet people's needs in a person centred way.

People were supported by staff to pursue their interests and pastimes and this helped reduce the potential of being socially isolated.

Prompt action was taken in response to people's suggestions and concerns before they became a complaint.

Is the service well-led?

Good

The service was well-led.

People, their relatives, and staff were involved in determining the future shape of the service and how it was run.

Effective procedures were in place to support staff and monitor and their performance as well as developing staff in their role.

The provider and registered manager had ensured that they had always notified us about events that, by law, they are required to do so such as serious injuries.

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 13 June 2017 and was carried out by one inspector.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We also contacted the local authority who commission people's care to obtain their views.

We also spoke with a visiting GP from local a local practice and a community nurse.

During the inspection we spoke with six people living in the home, the interim manager, the deputy manager, one senior care staff, three care staff, a kitchen assistant and the administration assistant. We also observed people's care to assist us in understanding the quality of care that people received.

We looked at four people's care records, training records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as health and safety audits and staff recruitment records.

Good

Is the service safe?

Our findings

All of the people we spoke with had no concerns about how they were kept safe by staff. One person said, "I have this (pointing to walking frame) and they [staff] make sure it's within reach and that I always use it." A second person told us, "I feel safe here as they [staff] come when I press my buzzer (call bell). If they are busy with other [more important] things they just let me know." A visiting health care professional told us that staff were always available when they visited and that they never had to wait to be let in the home or wait for any details about people's medicines.

Staff we spoke with demonstrated to us that they had a good understanding about safeguarding reporting procedures. This was as well as staff knowing their responsibilities in raising any concerns with the local safeguarding authority to help ensure people were protected from harm or potential harm. One staff member said, "I know from my training that if a person is not themselves, has unexplained bruising, is upset or anything like this I would speak with a senior [care staff] about the potential of abuse." Another member of staff told us about the different types of harm people could be subjected to, that they could contact the local authority, the CQC as well as the police if this was required. Information to prompt people, relatives, visitors and staff as to whom they could contact if ever any concerns were identified was on display throughout the home.

We saw that people's individual risk assessments had been completed and updated. These risk assessments included guidelines for staff such as behaviours that challenge, nutritional needs, falls and assistance with moving and handling. We observed staff supporting people safely in accordance with the risk assessments that were in place. This showed us that staff took appropriate steps to minimise the risk of harm to people occurring. Where accidents and incidents had occurred we found that appropriate steps had been taken to help prevent further occurrences such as the introduction of a sensor mat to help detect when a person was at risk of falls.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. Recruitment records we viewed showed us that a robust system was in place to ensure that only those staff deemed suitable were employed at the home. Checks included those for satisfactory records from the Disclosure and Barring Service (for any unacceptable criminal records), previous employment history and photographic identity. Staff had provided two written references from previous employers including one from their most recent place of work. This showed us that the provider had only employed staff deemed suitable to work at the home.

People told us, and we saw, that there were sufficient numbers of staff available to meet people's assessed needs. The manager told us staffing levels were monitored on an on-going basis and that additional staff would be brought in if a particular care and support need was identified. This was confirmed in staff meeting minutes we looked at and staff we spoke with. For example, when a person had needed two staff with their personal care needs to keep them as safe as practicable. At night time there were staff available to provide assistance when needed. One person said, "Whenever I need them [staff] they are there for you. They do an amazing job considering how much help I need." We observed that staff were readily available to people

and answered their queries and call bells promptly.

One person told us, "I get my tablets and creams every day and on time." We observed care staff following safe medicines' administration practise for people's medication. This included medicines which needed to be administered as and when required such as paracetamol. This was as well as each person having an up to date photograph of themselves with their medicines records. The records showed that medicines had been administered as prescribed. We saw and staff confirmed to us that only staff who had received medication training administered medication at the home.

Staff had received regular competency checks by members of the management team to ensure they were safely administering medication. We observed a staff administer medications in an unhurried manner and then accurately recording the safe administration. This also included, when required, situations were a medicine needed two signatures regarding its administration. This meant that people were safely provided with the support they needed with their prescribed medication.

There were fire and personal emergency evacuation plans in place for each person living in the home to make sure they were assisted safely. We saw records of fire safety checks, fire alarm tests as well as staff knowing the correct fire procedures in the event of a fire occurring. This helped ensure that the home was a safe place to live, visit and work in.

Good

Is the service effective?

Our findings

Staff received the induction, support, training and supervision they needed to undertake their role in a way which met people's assessed needs. One person said, "I think they [staff] know me and how to keep me well and happy. They are all very nice and my [family member] often tells me how well I look." Another person said, "They [staff] are always there for you when you need anything; you couldn't ask for a better bunch of girls [staff]. I have been here ages just like some staff. They know everything about me."

Records we looked at showed that, when required, people's relatives or representative had been encouraged to be involved in reviews of the person's care and support. A visiting GP told us, "One of the things staff are brilliant at is keeping us informed about each person when we visit. This is one of the best homes I visit for this." We saw that people's care and support records were reviewed and daily care records were completed to record the care and support they had received.

Staff told us they had regular supervision and on-going support. The staff we spoke with told us that they received an induction to ensure they were aware of their responsibilities when they had commenced working in the home. One staff member said, "I already have a qualification in care but the manager is always reminding us at meetings, during supervision as well as being out on the floor helping and guiding us. I have had refresher training on moving and handling, safeguarding, the MCA (Mental Capacity Act 2005) as well as infection prevention and control." A senior care staff told us, "In the past 12 months I have had refresher training on food hygiene, medicines administration, health and safety and fire safety." We saw records of how staff's training was planned and delivered. Examples included dementia awareness, safeguarding and a competency check for staff who administered medicines. The administration assistant told us, "Staff can see when training is due."

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguard (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. DoLS applications had been submitted to, and in two cases authorised by, the relevant local authorities. We found that renewals to continue to deprive people of their liberty had been processed in a timely manner. A GP we spoke with told us, "[Name] was going to have their medicines covertly in food. (This is where people's medicines are hidden or mixed in their food). The person then told me in a moment of lucidity that they did not wish to have their medicines this way." The GP went on to tell us that a best interest decision may have to be made in the future but that staff respected the person's current decision."

Decisions made on people's behalf by staff were in their best interest and as least restrictive as possible. We saw that there were two people with an authorised and valid DoLS in place. The staff we spoke with demonstrated knowledge of the principles underpinning the MCA and confirmed that people's choices were always respected. The deputy manager told us, "People sometimes make unwise choices and it is then our job to keep them safe doing whatever they have decided upon; such as making sure they wear the right footwear when going out."

It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. There was lots of interaction between the staff and people having their lunch either in the dining rooms or in the person's own room. One person told us, "The food is always hot and freshly prepared. I usually eat it all. We had a picnic outside the other day when it was hot and that was lovely." Another person said, "The food is good look (showing us their cleared plate) I have eaten it all. Pudding is chocolate cake and cream." A third person told us, "I have to have a diet for my [health condition]. They [staff] always try to make me something similar to everyone else's meal." The chef completed a list of each person's meal preferences such as a pureed diet for the day and also prepared alternative meals upon request. This helped people maintain adequate nutrition levels.

We saw that drinks and snacks were available to people throughout the day. A person said, "I had some lovely toast for breakfast. I can have a cooked breakfast." A visiting GP and community nurse told us and we found that people's dietary needs were monitored and that where any concerns were identified appropriate advice was then sought. We saw one person with their favourite fruit and later in the day they had eaten it all and gave us a 'thumbs up' at their enjoyment.

We saw any significant events that had occurred during the person's day were documented including any appointments with healthcare professionals such as GPs, community nurses, chiropodist and optician. One person told us, "If I needed a doctor they [staff] get one for me. I had one just the other day and then I was off to hospital. I am well now though." The community nurse said that the staff acted upon their guidance as well as calling them as soon as any concerns with people's health were identified. Records we viewed showed us that people's healthcare was monitored and appropriate referrals and actions were taken when necessary.

Good

Is the service caring?

Our findings

People told us that the home was a very homely place and that staff were very caring and sensitive in the way that care and supported was provided. One person said, "They [staff] always speak to me using my name. They absolutely always knock and wait until I tell them to come in." This is what we observed throughout the inspection. Another person told us, "I dropped some food on my cardigan and they [staff] got me a clean one straight away; so kind of them." We observed how staff bent down to speak with people face to face, took time to listen to them and provided the necessary care with compassion. A community nurse told us that, "[Olivemede] is so homely and the environment is perfect for caring for people living with dementia."

Staff maintained people's privacy and respected their dignity. One staff member said, "To make sure I respect people's privacy I cover them when providing care, close the door and curtains as well as explaining everything I am about to do. Also, having a chat relaxes them."

We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner. This also helped people in developing new skills as well as keeping those skills they still possessed. For example, with the chair based exercises; people had benefitted from an improvement in their ability to do more for themselves such as at meal times by needing less support. Staff engaged with people meaningfully by listening to them and ensuring people's wellbeing was encouraged in a consistent way. For example, they participated and helped with an arts and crafts activity in the dining room and took time to chat with people in their rooms. This was as well as providing a cuddle to people when this was the person's wish.

Both healthcare professionals we spoke with were complimentary about the kindness that people were shown. One person said whilst showing us their furniture, "Look; these are my photographs, chair, all mine and just like home and as I like it to be." People were supported to have their door open, locked or ajar. Staff respected people's confidentiality such as when providing personal care or talking about personal matters in private.

We observed that during lunchtime staff assisted people in a kind and caring way. The staff demonstrated a friendly and good humoured approach whilst serving meals for people. We saw staff making sure people had the food they wanted. We observed how two people who had fallen asleep were gently encouraged by staff to eat but respecting that people could have their lunch later. One person told us, "They [staff] treat me like a princess. I couldn't ask for a nicer place to live." One member of staff said, "I love working in care, helping people and making that important difference to their lives no matter how small this might be. Sometimes just a cuddle makes the world of difference." We also saw that people only had to wait a short period of time for any of their requests for care to be satisfied.

People were able to see their friends and relatives without any restrictions. One person said, "I love seeing the family] when they visit. Another person told us, "No restrictions at all. They [relatives] come as often as I want. Staff and records we looked at confirmed this situation.

The manager told us, and information on display for relatives confirmed, that people were provided with information as to how to access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us, and we found from records reviewed, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met. People we spoke with told us that they felt they were treated as individuals. One person said, "I feel that they [staff] know me, what I like and what I don't like." Examples they gave us of their preferences included the time they liked to be woken, the way this was done such as gently and to give the person time to wake up. This was as well as their favourite type of shampoo and dislikes such as certain vegetables.

Staff had access to a shift handover to ensure that any changes to people's care were noted and acted upon. This ensured that people could be confident that their care was provided and based upon the most up to date information. One person told us about a recent celebration of an anniversary. Staff had supported the person to have their family with them for this day even though circumstances would otherwise have prevented this. The person showed us the cards from their loved ones and said, "It was such a lovely day. It meant the world to me." Another person described the paintings on their wall and how staff would discuss these with them. The person told us about where they had lived when they were young and how the [village] had changed by saying, "I used to live there and the staff tell me it's so different now. I liked it as it used to be."

People we spoke with and records viewed confirmed to us the planned activities in the home which people took part in if they wished. One person told us about the recent picnic, a singer they liked, the exercises and soft ball games. This was as well as quizzes, going to the home's day centre to play board games and having a chat with people who visited this service. People were supported to take part in pastimes and hobbies that were important to them throughout the day such as knitting. One person showed us the bag of wool staff had brought in for them to use. Staff positively encouraged people to take an active part in day to day activities such as singing, walks in the spacious gardens to see the hens and flowers. Another person said, "We are having a barbecue soon and I am looking forward to that, especially if the weather is nice."

We observed that people were free to use the communal, and garden, areas of the home as often as they wished and where this was safe. People also had access to and used music playing facilities, television and DVD's in communal areas and could spend time their own bedroom if they wished. One person said, "I was lonely until I came to live here. I like reading and the dancing."

We saw that the people living in the home interacted in a friendly and positive manner with the manager, their deputy and staff. One person said, "I don't get bored. I can take part in things or go somewhere else. They [staff] let me choose." Another person told us, "We have newspapers, magazines, TV and there is always staff popping in and asking me if there is anything at all that I need." A third person told us, "The best thing about living here is being able to have a good old chat with other people and staff." A member of staff said, "I really love making a difference to people's lives and being a friend when they need [personal] care. Having things like their favourite face wash or after shave makes people smile." Throughout our visit we saw that the interactions between the staff and people were positive and people benefitted from the support

they received. For example, by being more independent with their mobility.

Care plans we viewed had been written to include sufficient information for staff to be able to provide the care people had been assessed as needing. The care plans also respected people's individual preferences such as how they liked their tea or coffee at different times of the day such as with or without milk. These records were regularly reviewed and they had been updated according to people's changing needs changed. One person said, "They [staff] ask me regularly if everything is as I want it." We saw that each person had a section in their care plan called 'about me'. This gave staff an overview of the person. One staff member said, "When I started, the senior [staff] told me all I needed to know about each person I was to care for." Various ways were used to involve people in their care such as having a face to face meeting to discuss and go through each person's most up to date needs. This also included relatives and representatives for their involvement such as help with other languages.

A commissioner of the service fed back to us that they had not had any complaints about the service. We saw that the provider had an effective complaints process and managed complaints to the satisfaction of the complainant. There was a complaints policy so that people could make a complaint including timescales and the response they should expect. People we spoke with told us that any concerns they raised were dealt with to their satisfaction by the manager or staff.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager but they had left their position on the 3 June 2017. The home was being managed by a registered manager from the provider's other service. They spent three days a week at the home and two days at their own service. People we spoke with knew who the manager was or how to contact them if ever they had a need. This was as well as speaking with staff to act on the improvements that had been identified.

We saw that groups of people had been on trips, with staff assistance, to the local country parks, shops and trips were planned to the seaside. One person said, "My [family member] is taking me out for lunch." People were also helped by staff to go into the village to access its facilities. Religious services of people's choice were also arranged. People were supported to access the community.

Within the staff team there was an open team-work culture. All of the staff we spoke with were passionate about their role and several staff described the culture as one of learning and improvement. All staff we spoke with felt that they were well supported by the interim manager and deputy manager as well as staff supporting each other when this was required. Staff told us about how much better the service was with an effective on call system and robust procedures to follow should any incident occur. One said, "If we need the support out of normal hours we just call one of the three seniors and managers who cover this role. Our calls are always taken seriously."

People told us that members of management staff were frequently to be seen around the home and regularly spoke with them during the day. We saw how the interim manager spent time with people, having a laugh, making sure people were happy with their care as well as having a chat. One person said, "I don't have a need to speak with the manager as the staff are very good (at resolving any concerns)." The interim manager told us that they tried to speak with each person at least once each day wherever this was possible. This was in addition to checking that staff had the resources they needed to maintain a good quality of service provision.

People told us that the interim manager also spent time working with staff as well as making sure they undertook their work to the required standards. Another person said, "The staff must be doing things right or they [the manager] would soon be on the case." Staff told us that the registered manager had been there for them and had made and sustained improvements that had been needed in the way the home was managed and run. One staff member told us, "It's (the service) much more professional now." The interim manager said, "I have agreed with [provider] that if things don't work out managing two services then a new manager will have to be recruited.

People we spoke with were aware of and had attended the meetings for residents. Subjects covered and discussed at these meetings included meal choices, events in the home, trips out as well as future planned trips such as to the seaside. We saw that minutes of these meetings recorded the outcomes for people including positive comments about the recent picnic, chair exercises and other visiting entertainers.

The interim manager, their deputy and members of staff were able to provide everything we requested in a timely manner during the inspection. This also included information about important events that we had been notified about. These actions and reporting showed that they were aware of their roles and responsibilities.

People felt confident in raising any issue with a member of staff knowing that it would be listened to and treated with due seriousness. One person said, "They [manager] always speak with me and make sure I have everything I need or if anything needs to be changed (about their care)." Our observations during the inspection confirmed that the manager and staff were attentive and responded to people in a positive way to any issues they raised.

Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff we spoke said that they felt confident and supported by the management to be able to raise concerns should this need ever arise. One staff member said, "I care for each person as if they were my own relatives. I would report any care that I felt was unacceptable straight away."

Staff told us that they had been supported and mentored by members of the management team when they commenced working in the home. They said they found this give them the confidence they needed to fulfil their role to the standard the provider expected. Meeting minutes and records showed us that the provider's representative reminded staff to be at the top of their game at all times.

An effective quality assurance and audit system was in place to seek the views of people, relatives, staff as well as visiting healthcare professionals. This helped identify any area that would benefit from improvement. Records viewed and staff we spoke with confirmed that regular daily and weekly checks were in place such as unannounced checks on a weekend to monitor staff as well as supporting them. There were also audits completed in relation to medicines administration, care planning and staff training. The interim manager also had regular meetings with the provider who completed an audit. Any areas for improvement such as care planning, staffing and training, maintenance and refurbishments were identified and acted upon. This demonstrated to us that there were effective and active management arrangements in place.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw a copy of the summary of the surveys that staff had undertaken with each person which included positive comments about the care and support provided in the home.