

Northamptonshire Care Limited

OLIVE ROW CARE HOME

Inspection report

Albert Street
Kettering
Northamptonshire
NN16 0EB

Tel: 02084227365

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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

About the service

Olive Row Care Home is a residential care home providing personal and nursing care to up to 54 people. The service provides support to older people. At the time of our inspection there were 27 people using the service.

Accommodation is spread across two floors, although at the time of inspection, the top floor of the building was not in use.

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

Risk assessments were in place to manage risks within people's lives, and staff understood how to manage risk.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely, and staff had training in this area.

Staffing support matched the level of assessed needs within the service during our inspection. Staff were supervised well and felt confident in their roles.

People told us they enjoyed the food prepared for them, and food and fluid intake was monitored when required. Healthcare needs were met, and people had access to health professionals as required.

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.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people likes, dislikes and preferences.

An activities programme was in place, and care plans were personalised to individuals. People and their family were involved in their own care planning as much as was possible.

A complaints system was in place and was used effectively.

The manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits of the service were detailed and any issues found were addressed promptly.

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

This service was registered with us on 12 May 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of an unrated 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.

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?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

OLIVE ROW CARE 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Olive Row Care Home 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. Olive Grove Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. There was a manager in post who was going through the registration process.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 June 2022 and ended on 29 June 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

During the inspection, we spoke with four people who used the service, and two relatives of people who used the service. We also spoke with three care staff members, the chef, the manager, and the regional manager. We looked at multiple records including care plans, staff recruitment records, and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that the service was safe. One person said, "I'm safe here, I couldn't ask for more." A relative said, "[Name] is in very safe hands yes. The staff always come by."
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure staff worked safely with people, and understood what risks may be present in their lives.
- Some people required regular checks to be conducted for their safety, or to be turned to a different position to lower the risk of skin sores. Records showed that people were given this support according to their plan of care.
- People and relatives all felt that risks were documented accurately and were understood by staff.

Staffing and recruitment

- There were enough staff working at the service to meet people's needs. One person said, "There are enough staff here, even at night." A relative said, "[Name] generally gets the care they need. I am here a lot and the staffing levels are always ok."
- A call bell system was in use, but systems to monitor the response timings were not yet in use. The manager told us this would be implemented shortly. Our observations on the day of inspection was that people got the support they needed promptly from staff.
- Safe recruitment procedures were in place. All staff employed had previous employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed, on time and in the way they preferred them by competent and knowledgeable staff. Medicines were stored securely, and documentation we looked at was accurately completed.

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 meeting shielding and social distancing rules.

- 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 accessing testing for people using the service and staff.
- 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

- People and relatives we spoke with confirmed that visiting procedures were in line with current government guidance.

Learning lessons when things go wrong

- Any incidents or accidents that occurred were recorded and investigated by management. People's care plans and risk assessments were reviewed, and measures put in place to reduce the risk of recurrence. Specific 'lessons learnt' forms were in place which documented any actions that were taken as a result of particular incidents.
- Staff reported an open culture within the service, and told us that lessons were learnt from discussing any mistakes and working as a team to make improvements.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, social and wellbeing needs were comprehensively assessed before receiving care from the service. Pre assessments were carried out by managers, to ensure people's needs could be met at the service. This ensured that the details within people's care were not missed. For example, one person was assessed as needing extra support with communication, and one person required the use of their own bed, brought in from their home.

- People and, where appropriate, their relatives were fully involved in their plans of care.

Staff support: induction, training, skills and experience

- Staff told us, and records showed, they were provided with induction training. Staff demonstrated an in-depth knowledge of the needs of people using the service.

- Staff said they felt supported in their roles. They said the manager was approachable and offered guidance whenever needed. Regular one to one supervisions were held with staff, with a focus on a particular area of care, to update knowledge and learn.

- Ongoing training was available for staff continuous learning and refresher training.

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

- People told us they enjoyed the food on offer. One relative said, ""The food is good and [name] enjoys it. They could do with a bit more choice on offer, but it's good." One person told us, "I have finished my plate, so it must have been good."

- The manager told us the service was reworking the menu in consultation with people, to ensure it was clear what choices were on offer.

- We observed the lunchtime period, and saw that people were seated in a pleasant dining room and given the support they required with lunch.

- Care plans documented any support requirements with food. For example, some people required food to be of a soft texture due to swallowing difficulties. The chef and the staff were aware of people's individual needs in this area. People's nutrition and hydration were monitored when required.

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

- People's rooms were personalised and contained furniture and other items that belonged to them. One person said, "I've got my own loo and my own things in here. It's homely enough."

- Communal areas were clean and welcoming, and encouraged people to socialise and take part in activities if they were able to.

- On the day of inspection, the second floor of the building was not in use, but management informed us it would be opening imminently.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People received the healthcare support they required. On the day of inspection, we saw a visiting nurse was supporting a number of people with healthcare needs.
- Care plans documented people's healthcare needs in detail, and people and relatives we spoke with all felt they got the support they needed.
- Staff were vigilant about any changes to people's health and wellbeing and ensured people received timely support from health professionals.

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 MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of DoLS applications and mental capacity assessments, when needed, and their outcomes.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 all felt that staff treated them in a kind and caring manner. One person said, "I get treated so well here. The night staff are excellent as well. I said I was cold, and they did everything they could to make me feel comfortable. They are a lovely lot." One relative of a person said, "They (staff) are very accommodating. [Name] gets very upset when I go, but the staff always come by. They have always let me in and welcome me."
- Any cultural or religious preferences were detailed in people's care plans. Staff understood people's wishes in relation to their protected characteristics and had a good knowledge of how people wanted to be supported.
- We observed staff and management interact with people in a kind and caring way, and give people the time they required to communicate.

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

- People and relatives were involved in planning and reviewing their care when possible. One relative told us, "We as a family are very happy with [names] care. I can't fault anything really. We are always informed about any changes."
- People's views regarding their care were sought and they were empowered to make decisions about their care. People had been fully engaged in developing their care plans.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. One relative said, "The staff are excellent with [Name]. They speak to them in a very kind way and know how to calm them down if they need to."
- Staff understood data protection requirements, and knew what information was private and confidential. Records were stored securely in an office, and on a secure computer system.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us that care was personalised to them, and that staff knew them well and understood their needs. One person said, "I have a laugh with the staff. They take the time to talk to me and are very nice, they put a smile on my face."
- The staff and management made efforts to personalise care and recognise special events for people. For example, we saw that an anniversary celebration was arranged for one couple, and birthday celebrations for others. A valentine's dinner event was also put on where people were encouraged to invite loved ones in to the service for dinner.
- A programme of activity was in place to encourage people to join in and socialise if they wanted to. This included activities such as art and craft activity, music, and flower arranging.
- Care plans we looked at were personalised and contained information about people's personal and family history, likes, dislikes, and aspirations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager was aware of the requirement to provide people with information in an accessible format. For example, one person did not speak English as a first language. Staff had picture cards with translated words on them, to enable easier communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns. Information on how to make a complaint was available for people to read.

End of life care and support

- No end of life care was being delivered at the time of inspection. However, the service did document any individual end of life choices with people and families. The staff received end of life care training and were knowledgeable about the support required in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives all felt the service was open, honest, and well run. Visiting relatives were able to approach managers and appeared comfortable to do so. There was a good rapport between management staff and the people using the service.
- People told us they were in control of their care, and were consulted about all aspects of their care. Staff understood the need to treat people as individuals and respect their wishes.

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 manager maintained records of accidents and incidents, and responded to complaints appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.
- The manager understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns, and the manager sent us notifications about events which they were required to do by law.

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

- Staff told us they felt the service was well run, and they were well supported by the manager. One staff member said, "I can speak to the manager about anything, good support, everything is addressed there and then."
- The manager told us they tried to create a friendly and positive atmosphere. They said, "I have an open-door policy, I encourage staff to come and talk to me. We want a family atmosphere."

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

- People and relatives felt engaged and involved in the service, and were able to feedback both formally and informally. We saw meetings were held which included relatives, where things such as updates on visiting procedures were discussed. Individual meetings were also held with relatives to discuss care planning.
- Staff meetings were held to enable staff to discuss any issues and update any areas of the service. Staff felt able to speak up about any concerns, and generally input into the meetings.

Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by management, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- Checks included regular observations on staff, and monthly analysis on things such as medicine administration, falls, and record keeping. We saw that where improvements were required, this was discovered and acted upon promptly.

Working in partnership with others

- The service had worked in partnership with various outside agencies and health and social care professionals. This included the local authority, working together on quality improvement within the service.
- During our inspection, the staff and management team were open and honest, and receptive to any feedback given.