

Sajid Mahmood

# Oliver House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was unannounced and took place on 19 April 2016. The service was registered to provide accommodation for up to 26 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 19 people were using the service. At the last comprehensive inspection this provider was placed into special measures by CQC. This inspection found that there was enough improvement to take the provider out of special measures. CQC is now considering the appropriate regulatory response to resolve the problems we found.

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.

The provider had developed some auditing processes; however they had not been used to reflect the wider needs of the quality of the service or in driving improvements. Support for the management staff had not been provided or checks completed to ensure that the training the staff had received was understood and implemented.

People had not been consulted on the service and encouraged to be part of any improvements to the service or their environment. Staffing levels had improved, but there were some areas of the day when there were not enough staff to respond to people's needs. People's dignity was not always considered. Daily activities were not always provided to support people's interests or hobbies.

Staff understood what constituted abuse or poor practice. There were systems and processes in place to protect people from the risk of harm. Medicines were managed safely and in accordance with good practice. Risks to people's health and wellbeing were assessed. Where risks had been identified the provider had taken action to remove or minimise the risks. Changes to people's health were responded to by referring them to healthcare professionals in a timely manner.

Where people lacked capacity to make decisions for themselves, there was an assessment to consider what decisions had been made in the person's best interest. Staff received training to meet the needs of people living in the home and this was ongoing. People received food and drink that met their nutritional needs and when identified any risks through the monitoring of their health needs they were referred to other healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach, and offered support with aspects of people's needs. People told us the staff respected people's privacy and they were encouraged to maintain relationships with family and friends. The care records provided details of people's preferences to how they wished to receive their care and about their life.

Staff told us they felt supported and they received regular supervision, which enabled them to identified areas of development or support. People and relatives felt confident they could raise any concerns with the registered manager and that they would be addressed.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

There were not always sufficient staff to ensure that people were supported safely. Staff knew how to keep people safe from harm and how to report any concerns that they had. Risk had been assessed and managed to provide guidance to minimise any risks identified. People were supported to take their medicines safely. Safe recruitment procedures had been followed when employing new staff.

**Requires Improvement** ●

### Is the service effective?

Staff received training and an induction that helped them support people. The principles of the Mental Capacity Act 2005 were followed. When people lacked capacity, decisions were made in people's best interests. People were encouraged to make choices about their food. Referrals were made to health professionals when needed

**Good** ●

### Is the service caring?

Staff did not always support people to maintain their dignity. Staff were kind and caring and encouraged people to be independent. People were supported to maintain relationships with their relatives and friends.

**Requires Improvement** ●

### Is the service responsive?

People did not always receive sufficient support to avoid inactivity or anxiety. The care records provided details of people's choices and preferences to how they received their care. People and relatives felt able to raise any concerns they may have and felt confident they would be responded to effectively

**Requires Improvement** ●

### Is the service well-led?

The systems in place to monitor and review care were not always effective in identifying areas for concern. Management had not received the support they needed to develop themselves or the service. People's views were not always sought, however there was an opportunity for relatives to give feedback and receive information. Staff told us they were supported by the registered manager. The registered manager understood the responsibilities of their registration with us.

**Requires Improvement** ●

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## 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. Our inspection visit was unannounced and the team consisted of two inspectors and a specialist advisor. This is a person who has professional experience in a particular area of work. This specialist advisor had experience of working with assessments around the Mental Capacity Act 2005 and the requirements under this Act.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with five people who used the service and two relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

Many of the people living at the home were not able to tell us, in detail, about how they were cared for and supported because of their complex needs. However, we used the short observational framework inspection (SOFI) to help us to assess if people's needs were appropriately met and they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also spoke with four members of staff, the nurse on duty, the maintenance person, the deputy manager, the registered manager and the provider. We reviewed two staff files to see how staff were recruited. We

looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

At our previous inspection in October 2015 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not sufficient staff to meet people's individual needs and to keep them safe. At this inspection we saw some improvements had been made to the number of staff, however some people's needs were not always met. For example we observed a person requested to go to the toilet, there were no staff available to respond to this request and the person became quite anxious. When the staff did respond to the person they offered them a drink and did not discuss any other need which may have been causing the anxiety. People told us there was not always enough staff to support them, one person said, "There is not enough staff to assist us with going to the toilet after lunch." A relative told us they felt there was not enough staff, especially if the person needed two staff to support them. Staff we spoke with felt staffing had improved, but felt during the afternoon when there was one less staff on the rota that it was difficult to support everyone's needs. One staff member said, "We struggle in the afternoon especially between 4pm and 8pm to provide the support for pressure care and people's personal care needs."

The manager told us they used a system to reflect the level of staff required. This was based on the level of support people needed and the layout of the building. There were no consistent records to reflect staffing levels against the support people required and to identify when people's needs changed. For example one person had been supported by one staff member, now required the support of two staff due to their reduced mobility and an additional person had moved into the home. These changes were only reflected in the documentation following the discussions with us. This showed that there was not an ongoing approach to reflect the level of staff required.

This demonstrates a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in October 2015 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people's health and wellbeing were not consistently identified, managed and reviewed. At this inspection we saw that improvements had been made in relation to the management of risk and medicines.

We observed people received their medicines correctly and that staff who administered medicines were trained to do so. One person told us, "I am on tablets; the staff bring them and make sure I take them." The provider had carried out medicines audits to ensure stock was maintained to meet people's needs. These audits had identified the need for an as required medicine (PRN) protocol. The manager had implemented this protocol for people to receive their PRN medicine. The nurse told us some people could say if they were in pain, for other people the staff had to consider how they were reacting when moving or their facial expressions. We observed staff followed these protocols for administering medicines.

We saw that when people were unable to take their medicine the manager had taken action to consider other options. For example one person now received their medicines in their food. This decision was taken

in the person's best interest and in consultation with the GP, health care professionals and family. A covert medicine protocol had been agreed. Covert administration is when medicine is hidden in food or drink and the person is unaware they are taking this. Staff had a good understanding of the medicines. One medicine required the person to have their pulse taken before administration, we saw this had happened. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were safe from the risks associated to them.

We saw that risks to people's safety were assessed and where risks were identified the care records we looked at had plans in place to guide staff on how to minimise the risks. For example some people required equipment to assist them to transfer. We observed staff provided guidance when using the equipment and ensured the person was safely seated before they removed the equipment. Staff we spoke with were able to tell us what support people needed and this matched with what was written in the care records.

We saw how risks were managed. One person had fallen on several occasions, the manager had completed a risk assessment and identified that the person required a sensor mat and their bed to be positioned at the lowest setting. This was to ensure that if they fell it was at the shortest distance to reduce injury and the mat would alert staff to respond. The relative we spoke with confirmed the action the service had taken was prompt. They said, "The staff were on the ball in reducing the risk of further falls." This showed the service responded to identified risks to keep people safe.

People told us they felt safe. One person said, "I feel safe there is always someone about." One relative told us, "My relative tells me they feel safe." One person told us they had agreed to have the 'cot sides' on the bed, they told us, "It keeps me safe." The person told us if they needed anything they only had to press their buzzer. We saw when this happened the staff responded in a timely manner. The staff had recently received training in safeguarding and knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "You need to check for signs, how the person is physically or emotionally, or maybe withdrawn. If I had any concerns I would go straight to the nurse or manager." Another staff member told us, "You need to ensure people are not put at risk." We saw that appropriate safeguarding concerns had been made to the local authority and we had also been notified.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were suitable to work with people. This included a police check and references before they commenced their work at the service. One staff member told us, "I had to have everything in place before I started." This demonstrated the provider took appropriate steps to ensure staff were suitable to work with people.



# Is the service effective?

## Our findings

At our previous inspection in October 2015 we found that the provider was in breach of Regulations 11 and 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Consent to care was not sought in line with legislation and guidance. This meant people could not be assured that decisions were being made in their best interest when they were unable to make decisions themselves. People were not supported to ensure their own safety and assessments had not been requested from the local authority under the Deprivation of Liberty Safeguards. At this inspection we saw improvements had been made.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We found that consent to care had been sought in line with legislation and guidance. When people were unable to make decisions, mental capacity assessments and best interests decisions had been completed with consideration to the person's level of capacity. For example one person had an assessment to consider their capacity to understand the support they required for their medicine, personal hygiene and aspects of their safety. The assessment also identified how the evidence in relation to the decision had been obtained.

Staff told us they had received more 'face to face' training which they felt was of value. One staff member said, "I think you take more in when training as a group, you can participate and ask questions." Other staff we spoke with told us they had found training useful. For example, they told us the training on managing behaviours that challenge had been really useful in giving practical examples. They also told us the training on a specific medical condition was useful and had been focused on the people at the service. One staff member said, "We went into details about the people we support here and how best to manage their medical condition." The manager told us and records confirm they had planned some additional training for staff to cover areas of training they had not received before.

The manager told us they had introduced an induction pack for new staff. One staff member told us, "I was given a booklet as part of my induction." They also told us they had to write a short paragraph to ensure they understood any training provided by the training videos. The staff member had received a three day induction which including shadowing with an experienced member of staff, they told us, "That was great, really helpful." This showed that staff were supported to receive training to support people's needs.

We saw people received a choice of meal, and they received the selection they had made.

Tables had been set with table cloths and place settings with the support of a person who used the service. People were encouraged to sit at the table for their meals and others chose to sit in an armchair with a small table. We saw people were supported during the mid-day meal or encouraged to be independent. For example, one person asked for their food to be mashed. We saw this was done and then the person was encouraged to eat independently. Some people had their weight monitored. One person had been identified as losing weight. The person had been referred to the relevant professional and had been prescribed supplements. Records showed the person had put on weight following this. We saw that kitchen staff and nurses had received training to support people with specialist diets, this information had been shared with the care staff. This showed the provider supported people to maintain their nutritional needs.

Referrals to healthcare professional were made when needed. One person had been referred to the relevant professional following several falls to support them in regaining their mobility. We spoke with the physiotherapist who told us, "The staff here are very supportive, they meet me at the door and provide support if I need it." The service received a regular weekly 'ward' round from the advance practitioner nurse. They told us, "They always prepare the weekly list of people who need to be seen and make appropriate referrals in between. They have also involved me in people's care plans." This shows that people were supported to maintain their health and wellbeing.

## Is the service caring?

### Our findings

People's dignity was not always respected. For example, during lunch time, we observed a person required support with their personal needs. The person was supported with equipment by two staff and taken out of the room to have their needs supported.. We saw that no one washed down the chair prior to the person's return and they were placed on the same seat in their clean clothes.

We saw in one care plan that a person required support every two to three hours following an assessment from the tissue viability nurse. During our observations between 9.45am to 2.45pm there was no support provided to this person for their personal needs. We asked the nurse how they monitored and recorded when people required this level of support. They confirmed there was no system in place. Therefore we could not be assured that people received the support they required to maintain their personal needs.

Some people had their dignity compromised during and after their meal. We observed after breakfast and the midday meal that some people required support to have any remaining food wiped from their face. For one person porridge was present and was not removed for over half an hour. At the lunchtime one person was supported to remove the food from their face, but their table and apron was not removed or wiped clean and we saw the person place their hands on to the remaining food in these areas. We observed one person was not supported to sit close enough to the table and we saw how they had to lean forward to eat their breakfast, some of the food fell off the spoon and down their apron. This meant staff did not always consider people's dignity during mealtimes.

This demonstrates a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home did not have any dignity champions. A dignity champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. Training in this area would enhance the care peoples received. The manager told us they were going to consider this as the next step in developing staff.

People told us and we observed staff respected their privacy. Staff knocked on the doors before entering people's rooms and greeted people by their preferred name. Staff we spoke with understood about giving and showing people respect. One staff member said, "We need to give people time, speak to them whilst providing their care and consider their wishes."

People told us and we saw that positive caring relationships had been developed. One person told us, "They are very caring people." We saw how one staff member had been to the library for books relating to the history of the local area. Several people who used the service responded to the books. We saw how one person's anxiety had been reduced after a staff member spent time with them using the books as a distraction. The person continued to enjoy the books content and referred to them for several hours afterwards. One person showed affection to the staff by kissing their hand and the carer responded positively with a smile.

We saw and people told us how they were encouraged to continue with their independence. One person said, "Staff are trying to help me get my confidence back." They also added, "They are so cheerful, they cheer me up when I am feeling low." We observed staff encouraged independence with people when walking, whilst using the equipment.

Relationships that mattered to people were encouraged. We saw the staff greeted visitors and welcomed them, provided seating and refreshments to enable them to be with their relative. One staff member told us, "It's important to look after people when their family cannot." Relatives told us they were kept informed of any changes. One relative said, "I am kept in the loop, communication is good."

## Is the service responsive?

### Our findings

At our previous inspection in October 2015 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The care records were not centred around the person and people had not been consulted on their care needs and preferences. The home provided no activities to provide people with stimulation. At this inspection we saw that improvement had been made to the care plans, however not the level of stimulation.

We observed that there were limited interactions to encourage stimulation or reduce people's inactivity on a daily basis. At one end of the room the television was the main activity; due to its position on a side wall this limited the number of people that could see it. After some time of the television playing loudly with no one engaging one staff member asked a person who used the service if they wished to see a different programme; and their choice was met. We saw that some people were anxious and due to limited interactions their anxiety increased. When staff did provide engagement and interaction with these people we saw their anxiety reduced and they became more settled, but this approach to these people was not consistent. We saw that some behaviour plans were in place, however guidance was generic, staff felt they needed additional training in this area. Staff told us they had received training in dementia awareness, but felt they would benefit from further training to provide more specific support to people. One staff member said, "More in-depth training would be good as each person's dementia is different and it brings different behaviours which require a different approach."

The manager told us they had appointed an activities person in October 2015 who was developing activities to meet people's interests and hobbies. We saw that some events had been planned to celebrate calendar events such as the queen's birthday and these had taken place.

We saw the care records included information about people's life, preferences and choices as well as their likes and dislikes. It recognised person's preferences to how they wish to receive their care. For example the time they wished to get up and the support they required for their daily routine. We saw these care records had been reviewed on a regular basis or as someone's needs had changed.

Staff recognised the care records had been changed, but had not had the opportunity to reflect on their content. One staff member said, "There is more information and there is an index which is good for quick reference." All the staff we spoke with felt they would benefit from having time to read the new care plans. One staff member said, "They have changed, so it would be good to read them." This demonstrated that information was available relating to people's care, but this needed to be shared and used to support people's needs.

People and their relatives told us they felt able to raise any concerns and if they had a complaint, they felt it would be dealt with. One relative said, "The managers door is always open and they are approachable." Since our last inspection there had been no recorded complaints.

We saw that each room now contained a booklet with the homes statement of purpose. This provided

details of the home and what people could expect to receive along with contact details if they had any concerns. This meant people had information to hand to assist them.

## Is the service well-led?

### Our findings

At our previous inspection in October 2015 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to assess, monitor and improve quality of care. People were not engaged in sharing their opinions about the service. At this inspection we saw that some improvements had been made, however there were still areas of concern in the effectiveness of the governance by the provider.

We saw that progress had been made in developing monthly audits across service areas, but these had not been used to reflect the broader perspective of the service. For example, the falls audit reflected the falls for a given month and we saw for one person action had been taken due to a number of falls being recorded within the same month. The provider had not reflected the falls information across the different months to consider any trends or areas of the service which may be affected. We saw this audit approach was the same for all areas of quality monitoring. This demonstrated a limited understanding of the audits and their value in driving improvements in relation to the quality of the service.

The local authority had provided support to the provider around the concerns raised in relation to the catering standards and meal experience. An audit had been completed and the report given to the provider in March 2016. The provider told us they had not shared the full content and recommendations of the whole report with the catering staff, despite having a meeting with them and setting out an action plan. We saw that the agreed actions documented had not been completed to the dated deadlines. For example, one item was to remove equipment from the lounge area, the action date had passed and we saw a step ladder was left in this area and other equipment. Our observations and the recommendations identified in the report reflected the need to improve people's meal experiences. One improvement suggested from the audit was to rearrange the furniture to create a more attractive dining area. The layout of the room had not changed and had not been identified on the action plan. We discussed this with the provider and they agreed they would share the full report with their catering staff and move forward in meeting their action plan and the recommendations.

There had been no meetings for people who used the service or consultations with people about the improvements being made within the home. The provider did not demonstrate they sought or received people's views in relation to these matters.

At our last inspection the manager had only been in post six weeks and had not registered, they have now registered with us. The registered manager told us they had not received any supervision or documented support with the provider. We asked the provider who confirmed they had not completed the manager's supervision or appraisal. This demonstrated the provider was not formally supporting the registered manager in their role in managing the service.

Staff had received training, but neither the provider nor manager had completed any assessment of the skills or knowledge gained to ensure staffs understanding of the training. We saw some areas of training that had been completed, staff had limited understanding. For example in relation to best interest assessments

and their reflection throughout the care records and staffs understanding of what a DoLS assessments meant to people using the service.

This demonstrates a continued breach of Regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection in October 2015 we found that the provider was in breach of Regulation 18 (2) and 18 (4A) and (4B) of the Care Quality Commission (Registration) Regulations 2009. The provider's legal responsibilities had not been met regarding statutory notifications that are required in accordance with the regulations. At this inspection we found that improvement had been made. The provider had been notifying us of events in line with their registration

Staff we spoke with felt supported by the registered manager and deputy. One staff member told us, "I feel I can go to management and talk to them." Another staff member said, "They are doing their best and trying to change things." We saw how staff had been supported in their role through the introduction of an allocations sheet, which provided guidance to staff to ensure all people's needs would be met. We also saw that staff had received supervision and appraisals and when required risk assessments had been completed for staff. For example in one particular situation, a staff member had received monthly assessments to identify any risks and provide guidance and support to maintain their safety and the safety of the people using the service.

Staff also told us they had been kept informed about the service through staff meetings and 'quick' meetings when information needed to be shared. For example, when the inspection report had been published and decisions reflecting the service taken by the local authority.

Relatives and staff told us that there had been some improvements to the environment. The provider had recruited a maintenance person and we saw there was a programme of decoration and repair. One relative told us, "Improvements have been made, it's now much fresher." The maintenance person told us, "I have a book which I check every morning if anything needs doing." They also added, "I am able to get any equipment I need or decorating materials." We saw this person had received basic training as part of their induction which included an awareness of safeguarding and health and safety.

Relatives had been given the opportunity to attend meetings and complete a questionnaire about the service. Following the completion of the questionnaires an analysis was made of the information, on this occasion there were no specific actions identified. There was some general comments reflecting that there had been improvements at the service, 'My relative had settled well and the staff address things.' And 'There have been some improvements.' The relatives meetings had been documented and showed information sharing on reports and any aspects of the service. One relative told us, "It's good to have the opportunity to share your views." This showed that the provider considered the views of relatives.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The service did not always respect people's dignity and this may have an impact on the person feeling valued.

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	Effective systems were not in place to assess, monitor and improve quality of care. People were not engaged in sharing their opinions about the service.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had not considered the changes made for peoples needs to be met by the level of staff available. There were not sufficient staff to keep people safe at all times.