Olympus Care Services Limited

Obelisk House

Inspection report

Obelisk Rise
Kingsthorpe
Northampton
Northamptonshire
NN2 8SA

Tel: 01604850910

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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

This unannounced inspection took place on the 29 June 2016. Obelisk House provides accommodation for up to 44 people who require personal care. There were 41 people in residence during this inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run.

People were safeguarded from harm as the provider had systems in place to prevent, recognise and report concerns to the relevant authorities. Senior staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and had applied that knowledge appropriately.

There were sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care when they wanted to.

People were supported to have sufficient to eat and drink to maintain a balanced diet. Staff monitored people's health and well-being and ensured people had access to healthcare professionals when required.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the manager and by the provider.

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 felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good

The service was effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints or dissatisfaction with the service provided.

Is the service well-led?

Good

The service was well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to carry out their roles.

Obelisk House

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 was carried out by an inspector 29 June 2016.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people using the service.

Many of the people who used the service were limited in their ability to recall their experiences or express their views; in these circumstances we used the Short Observational Framework inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with 10 people who used the service and four relatives. We also spoke with five members of staff including three care staff, the chef and the registered manager. We reviewed the care records of three people who used the service and four staff recruitment files.

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

Good

Is the service safe?

Our findings

Everyone we spoke with told us that staff at Obelisk House provided safe care. One person told us, "Staff know what I need and they look out for me." A relative told us, "[name] is safe here." Staff understood their responsibilities to safeguard people and knew how to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I would report any concerns to the home manager." Staff had received training on protecting people from harm and records we saw confirmed this.

People were assessed for their potential risks such as falls. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety. We observed staff preparing one person to mobilise by ensuring their slippers were on properly. Where people were identified as being at risk of pressure ulcers, the risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. Staff were vigilant in carrying out the care to prevent pressure ulcers, one member of staff told us "the senior staff check that we have recorded when people were turned and their mattress settings checked."

People were assured that regular maintenance safety checks were made on all areas of the home including safety equipment, water supplies and the fire alarm. People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

People told us there were enough staff on duty to meet their needs and we saw that staff were nearby to support people when needed. One person said, "staff are always around." Staff told us there were sufficient staffing levels to meet people's needs, one member of staff told us "the dependency of the people living here is much higher than it was years ago, but we also have more staff to accommodate this. Now with the new manager we have more permanent staff and less agency." The Registered Manager used a dependency tool to assess the needs of people and the required staffing required to meet those needs. People's assessed needs were safely met by sufficient numbers of experienced staff on duty. On the day of our inspection we saw that there were enough staff to meet people's needs.

There were appropriate arrangements in place for the management of medicines. People received their medicines in a way they preferred. Staff had received training in the safe administration, storage and

disposal of medicines. We observed staff administering medicines to people and heard them explain what the medicines were for. Staff had arranged for people to receive liquid medicines where they found swallowing tablets difficult. Staff followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits, where actions had been taken to improve practice.

Good

Is the service effective?

Our findings

New staff underwent an induction training course that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff were supported to complete the Care Certificate to gain and improve their skills. The staff induction training included subjects such as manual handling and fire safety. New staff worked alongside senior staff during their induction training and before being allowed to work unsupervised. One member of staff told us "all staff have an induction, we sometimes have to wait for new staff to complete their manual handling training, during this time new staff are not allowed to do any manual handling."

All staff continued to receive updates of their training in subjects such as safeguarding, infection control and health and safety. One member of staff told us "we have had a lot of training recently, yesterday we had online training in food handling, you never stop learning." All staff had supervision to discuss their performance and development with their immediate supervisor. Staff told us they felt supported and felt they could approach the manager at any time.

People told us that staff always asked for their consent before providing any support and that they respected their personal needs and preferences. Relatives also said they had observed that staff sought consent before providing care. Staff told us they always sought consent before providing any personal care or support and this was confirmed during our observations. Individual plans of care also contained information about people's consent to care and support and where appropriate consent to bed rails. Staff recorded details about people's lasting power of attorney for a time when people may not have the mental capacity to make decisions themselves.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Catering staff ensured people were provided with meals that met their nutritional and cultural needs. We saw that they prepared meals to suit each person's individual needs, such as gluten free, diabetic, low fat or pureed food; they had access to information about people's dietary needs, their likes and dislikes. The chef

told us "[name] doesn't like root vegetables, so we have prepared them beans today." One person told us "the food is very nice. We get a choice at lunchtime, one or two things, sometimes there's bacon rolls or braised steak with mash and an assortment of vegetables." The chef was aware that some people could not have certain foods because it could interact with their medicines, for example people having warfarin were not given cranberries.

Staff supported some people to eat either by prompting them to eat or assisting with eating; we saw that staff sat with people and assisted them with their meals in a non-hurried way and they gently reminded people to eat their meals where they had been distracted. People were provided with adapted cutlery where required to help promote their independence. Some people required fortified foods or additional milkshakes to increase their calorie intake, we saw that the chef prepared these; and made adaptions to the recipe where one person was unable to drink milk.

Staff assessed people's risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and dietitian for further guidance when they had been assessed as being at risk. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely, for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed or thickened their drinks to help prevent choking. Where it was necessary, staff monitored the amount that people drank to ensure that they stayed hydrated.

People were supported to access appropriate healthcare services including hospital appointments, their GP, podiatrist, optician, audiology and psychiatrist. We saw that people who were prone to urine infections were prompted regularly to drink and they were closely monitored for symptoms. Staff were knowledgeable about the significance of any changes in people's behaviours, they reported to the GP promptly where people were not 'acting themselves'. Staff provided the care recommended by the GP in a timely way such as collecting and administering antibiotics.

Good

Is the service caring?

Our findings

All the people who used the service and their relatives told us that they were treated very well and they had no complaints about the care they received. One person told us "It's nice here, the staff know me well." One relative told us "they know [name] well, the staff are excellent."

People told us they had good relationships with staff. One person said "the staff are friendly; they are very good to me." One relative told us "They knew [relative] so well, they got to know his cheeky side and had a good rapport." We observed that all the interactions between staff and people using the service were positive and encouraging. Staff spoke with people in a friendly way, referring to people by their names, involving them in conversations and acknowledged every one when they were in the same room or passing.

People's previous lives were incorporated into their daily lives where possible. People and their relatives had provided information about their previous lives which were recorded in the care plans for staff to refer to. People's rooms were personalised with items such as photographs and bedding.

Staff knew people very well, one relative told us "When [name] was unwell, they recognised the staff and responded to them the same as they would a daughter." Staff told us they established what people found important and adapted care to meet each person's needs. For example, one couple wanted to spend time with each other, and although the home did not have a big enough room for them to share, staff had ensured their rooms were close to each other and set two chairs in one of the rooms so they could spend time together in private. The couple told us "We like to spend our time together."

When we observed people indicating they were anxious staff were prompt in responding to their needs. For example we observed staff talking with a person living with dementia, helping them to orientate themselves by talking about what day it was. We also observed staff were using a hoist to move one person from their wheelchair to an armchair, they were not able to communicate effectively, staff provided continual reassurance by speaking gently, telling them what they were doing and providing reassurance

People's preferences for care were incorporated into their daily care, for example one person liked music, we saw them listening to music and dancing; a member of staff said to them, "you're having a good day aren't you [name]." They then held hands and danced with them.

People were helped to maintain family relationships. People told us that their relatives were encouraged to visit which helped to make a homely atmosphere. One person told us "I have many visitors; they are made to feel welcome." Staff understood the importance of caring for relatives when people were unwell. One relative told us "Staff were very caring, they looked after us as well as [name]."

People's privacy and dignity were respected. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. Everyone who required hearing aids or glasses were wearing them, we saw that people's glasses were clean and their hearing aids were well maintained.

People's clothes were clean and people looked smart. Some women wore make-up and had painted nails. One person told us "the laundry is done very well."

Good

Is the service responsive?

Our findings

People admitted to the service were assessed for their care needs prior to living at Obelisk House. Staff were aware of the emotional and psychological effects of moving care homes or into a home for the first time. We saw that staff had recorded a lot of information about people's needs and demonstrated how they helped people to settle in, for example asking the chef to prepare specific foods.

People's needs were met in line with their care plans and assessed needs. Staff carried out regular reviews of peoples' assessments and care plans and there was clear communication between staff to update them on any changes in care. People received care that corresponded to their detailed care plans. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans.

People had been involved in planning and reviewing their care when they wanted to. One relative told us "Staff keep me up to date with [name]'s care." People's care and support needs were accurately recorded and their views of how they wished to be cared for were known, for example one person's care plan stated how they wanted to receive personal care and be escorted to the dining room. They told us "Staff know what they are doing; they help me get dressed and walk with me with the zimmer to sit at the table for breakfast."

People's care plans were individualised and contained information that was relevant to them including their life histories, interests and activities. People chose what they do during the day, one person told us "I get to do what I want; look I am knitting a cover for my knees." Another person told us "I go to the other lounge for the hymn service." We observed staff assisting people to move around the home, for example one person wanted to see their friends in another sitting room, staff helped them to mobilise safely.

People's changing needs were assessed and care plans were updated. Staff were informed of people's changing needs at handovers such as changes in mobility. Relatives told us that staff were sensitive to people's changing needs; one relative told us "staff were very pro-active in getting an air mattress and treatment for [my relative's] symptoms."

Staff followed care plans to help people maintain their independence. One relative told us "Staff did everything they could to reduce falls, when a room became available near the toilet they moved rooms to promote their independence." Care plans stated that one person required close observation and encouragement when mobilising. Staff told us "[name] needs a lot of reassurance when she transfers, but we help her keep her independence by encouraging her to do as much as possible herself."

People were supported to carry out the activities they chose to do. We observed people making a cake which was shared later in the day. One person told us "It's marvellous, really good." We saw staff supporting people to be more active as they joined in playing instruments, we observed people who were in their own thoughts become more animated.

People were kept up to date with current events. Staff had decorated one communal room in celebration of the European football tournament, one person told us "I like sports, especially racing and football."

People had food and drinks stored in the kitchenettes in each of the units that had been brought in by relatives and friends. We observed staff offering people their food; we heard one staff say "[name] you've got a gin and tonic here", they replied "great I'll have that tonight."

When people moved into the home they and their representatives were provided with information about what do if they had a complaint. One relative said "I feel confident I can go to the manager, she is caring and very pleasant." There were arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern. For example we saw that one person had a personal care checklist as a result of a complaint. Previous complaints about staffing levels had been listened to an acted upon, as staffing levels were now enough to meet people's needs.

Good

Is the service well-led?

Our findings

People were supported by a team of staff that had the managerial guidance and support they needed to do their job. The registered manager was supported by the management team within the provider's organisation. We saw that people and the staff were comfortable and relaxed with the manager and all the staff. All staff we spoke with demonstrated an excellent knowledge of all aspects of the service and the people using the service.

We received many positive comments from staff about the service and how it was managed and led. Staff told us that the new manager had made a major difference to how the home was run. One member of staff told us "The manager is the right person for this home, she monitors what goes on in the units, she meets residents and staff and what she says, she means." Another member of staff said "she is a much better manager, to the point, you can approach her about anything and you know it will be dealt with."

Staff told us "I am proud of the unit, there have been lots of improvements, it is more positive now, the new manager is going back to the 'old ways', making sure that everything is done, there is more information available to us so we know what needs to be done."

There were systems and processes in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. People were assured of receiving care in a home that was competently managed on a daily as well as long-term basis. Records relating to the day-to-day management and maintenance of the home were kept up-to-date and individual care records we looked at accurately reflected the care each person received.

People's care records had been reviewed on a regular basis and records relating to staff recruitment and training were fit for purpose. Records were securely stored to ensure confidentiality of information.

People had the opportunity to feedback about the service at two monthly meetings where they could discuss what they wanted. During the last meeting the chef and team leader joined them to discuss their preferences and ideas about the menus. Feedback forms were available in the reception area so that anyone who visited the home could make their views known. The manager acted upon feedback to make improvements to the care at Obelisk House. The provider sent questionnaires to people who used the service and their relatives once a year; they collated the information and provided the manager with a report, the last survey was carried out a year ago, another one was due soon.

Policies and procedures to guide staff were in place and had been updated when required. We spoke with staff that were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, health and safety and confidentiality.

People's entitlement to a quality service was monitored by the audits regularly carried out by staff and the registered manager. The manager used the audits to improve the service and feedback to staff where improvements were required. In April one audit identified that some risk assessments had not been

reviewed, we saw that this had been rectified. The manager analysed accidents and incidents to detect themes where they could improve the care or the environment to make the home safer. People were able to rely upon timely repairs being made to the premises and scheduled servicing of equipment. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.