Northamptonshire Care Limited

OLIVE ROW CARE HOME

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Olive Row Care Home is a nursing home providing personal and nursing care to up to 54 people, across three separate units, each of which has separate adapted facilities. One of the units specialised in providing care to people living with dementia.

At the time of our inspection there were 42 people using the service.

People's experience of using this service and what we found
Staff protected people from the risk of abuse and worked with health care professionals to promote people's safety and well-being. People and family members told us they felt safe, and staff treated them well.

We received positive feedback from people using the service that demonstrated staff treated people with kindness and compassion.

People received support from staff that were recruited safely. There was sufficient staff deployed throughout the service to meet people's needs. Staff received appropriate training and support to fulfil their roles and responsibilities.

Staff meetings had addressed the importance of maintaining accurate care records and following infection controls. This meant people were kept informed and all staff were fully aware of their responsibilities to deliver high quality care.

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.

Feedback from people using the service, relatives and staff was used to drive improvement at the service. The provider engaged with external stakeholders and action plans were in place, which identified key areas for improvement, records showed progress was being made in meeting the actions, which had already started have a positive impact on the service people received.

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

Rating at last inspection
The last rating for this service was good (published 26 July 2022).

Why we inspected
The inspection was prompted in part due to concerns about the number of safeguarding incidents at the

service. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern and the overall rating remains Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Olive Row Care Home on our website at www.cqc.org.uk

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 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.

Inspection team
The inspection was carried out by two inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 Row 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were absent from the service and interim management arrangements were in place.

Notice of inspection
The first day of inspection 03 May 2023, was unannounced and the second day of inspection on 26 May 2023 was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We reviewed information received from the provider in their Provider Information Return (PIR). 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 used all this information to plan our inspection.

During the inspection
We spoke with 6 people using the service and 7 relatives, about their experience of the care provided. We spoke with 12 members of staff, including nursing staff, day and night care staff, senior staff, a chef, two deputy managers and the area manager.

We reviewed the care plans for 3 people using the service, including multiple medicine records and healthcare monitoring records. We reviewed records relating to staff recruitment, training, supervision, and support. We also looked at records regarding the day-to-day management of the service, quality assurance systems and key policies and procedures.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Individual risks were identified and appropriately managed, one person told us they had felt unsafe due to another person wandering into their bedroom. They said they had brought their concerns to the provider who immediately arranged for them to have a key to lock their door. The person said, "Now I have my own key I feel very safe."

● People at high risk of falls had equipment in place to reduce the risk of further falls. For example, floor sensor mats to alert staff to aid people to move safely. People at risk of skin pressure damage had pressure relieving equipment in place to reduce the risks of developing pressure ulcers. People at risk of poor nutrition and hydration received specialist advice and support.

● An electronic care monitoring system was used to record when staff assisted people to reposition (to prevent skin pressure damage), and when people at risk of poor nutrition and dehydration had food and drinks. At times, the service experienced delays in the system uploading the information, due to poor internet connections. In response the provider had reintroduced repositioning, food, and fluid monitoring charts to ensure records were consistently maintained. A staff member said, "Safety checks, repositioning, food and fluids are now recorded very well."

● Systems were in place to record and monitor accidents and incidents. Risk assessments were regularly reviewed and updated to demonstrate the actions taken to continually protect people and mitigate the risks of repeat incidents.

● People had personal emergency evacuation plans (PEEPs) in place. PEEPs detail how to support someone safely in the event of an emergency.

Using medicines safely

● Staff told us and records showed they received medicines training and had their competency to safely administer medicines assessed.

● Protocols were in place for administering medicines prescribed to be given 'as required' (PRN), this supported staff in understanding when to administer this medicine, and to monitor its effectiveness. For example, when to safely administer PRN pain relieving medicines.

● Some people required essential medicines to be administered 'covertly' (given in a disguised format or hidden in food or drinks). In such cases staff worked with the GP and pharmacy to ensure these medicines were administered safely. Where people did not have the mental capacity to consent to receiving prescribed medicines, capacity assessments and best interest decisions were made on their behalf.

● Staff had good links with the GP and local pharmacy and systems were in place for obtaining emergency medicines timely.

Staffing and recruitment

● Staff were safely recruited. This included 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. Records showed staff completed induction training and on-going refresher training.
● People's level of dependency was assessed, and this was used towards calculating the staffing levels. The provider told us the staff rotas had recently been revised to ensure staffing levels remained consistent. Staff told us the changes to the staff rota and working patterns had a positive impact on the care people received. One staff member said, "The residents are happier, they spend more time in the lounge or dining room, before some people were mostly cared for in bed." The staff also commented they were now taking their allocated breaks during shifts and felt less stressed.
● People confirmed they felt there was enough staff to meet their needs. A relative said, "I can always find [staff] if needed, I've never had a problem." We observed staff responded quickly to calls bells and spent time with people to help meet their social and emotional needs.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● People were protected from the risk of abuse. Staff received training in safeguarding and understood how to recognise and report any concerns of abuse, internally and externally to the local safeguarding authority or CQC. People and family members told us they felt safe and staff treated them with respect and dignity.
● The provider worked alongside the local safeguarding authority to investigate any safeguarding concerns.

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).
● The service worked within the principles of the MCA, best interest decision were made for people that lacked capacity, following the MCA principles. A staff member said, "Some people have fluctuating capacity, we always offer choices and support people to make choices.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
● 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 were supported to receive visits from friends and family in line with current government guidance. There were no restrictions on visitors to the home.

Good

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- In the absence of the registered manager interim management of the service was provided by the area manager, and two deputy managers. The provider and the management team were committed to making improvements at the service. They engaged with external stakeholders and action plans were in place, which identified key areas for improvement. Records showed progress was being made in meeting the actions, which had already started have a positive impact on the service people received.
- The area manager had met with people using the service, relatives, and staff to discuss the actions being implemented to drive continuous improvement of the service. Staff meetings had taken place to address the importance of maintaining accurate care records and following good infection control standards. This approach meant people were kept informed and all staff were fully aware of their responsibilities to deliver high quality care. The improvements need time to be embedded into practice.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider was committed to making changes to improve the lives of people using the service. Staff treated people with dignity and respect and there was a calm and friendly atmosphere in the home. One person said, "Things have really improved recently, I'm very reassured by head office, the staff all seem to be on the same page now, we are very happy at the moment." Another person said, "It's one of the best care homes in town, you are looked after very well here."
- People and relatives said they felt the provider and staff were approachable. One relative said, "[Area manager] who is covering is fantastic, amazing, I can't fault anything." One staff member said, "We can go to [Area manager] with any problems, they will always listen and sort it out, the staff are happier."
- People, their relatives and staff had opportunities to be engaged in the running of the service, through face-to-face meetings and quality surveys. Relatives told us they felt able to raise suggestions with the service, but recently had not had any cause to raise any concerns.
- Staff meeting minutes evidenced discussion had taken place on the importance of providing person centred care. One staff member said, "At the meetings we look at what is working and what is not working, and what we need. We had a whole team meeting recently; we are going to have more training on how to use [name of electronic care monitoring system].

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 provider understood their responsibilities under duty of candour. They apologised when things went wrong and understood their regulatory responsibilities. One relative said, "To be honest, I raised several complaints and was almost at the point of looking for another home, but the provider has listened and made vast improvements [Family member] is now really well cared for."

● The provider understood their responsibility to submit notifications to inform CQC when significant events had occurred within the service.

● The ratings from the last CQC inspection were on display within the home and on the provider website, as legally required.

Working in partnership with others

● The service worked collaboratively with the local authority, commissioners and health and social care professionals to drive improvement at the service.

● Systems were in place to ensure effective sharing of information where appropriate. This helped to ensure people received the right care and treatment.