Christadelphian Care Homes

Olivet

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection which took place on 8 and 9 April 2015. At the last inspection on 20 December 2013 we found that the provider was meeting the requirements of the Regulations we inspected.

Olivet Nursing Home is a residential care and nursing home providing accommodation for up to 68 older people. At the time of our visit 66 people were living there.

There was a registered manager was 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 registered manager is shortly due to retire and a replacement has been recruited and currently completing their induction.

People we spoke to who lived at the home told us they felt safe and secure. However, not everyone who lived at the home could tell us about their experiences. A number of people had different ways of expressing their feelings.

Summary of findings

Although, their relatives were able to tell us they felt that people were kept safe. We saw good interactions between staff and people; they smiled often and looked happy. Staff all said they felt people were kept safe. The provider had processes and systems in place to keep people safe and protected them from the risk of harm.

People told us they received their medicines as prescribed and appropriate records were kept when medicines were administered by trained staff.

Risks to people had been assessed and appropriate well maintained equipment was available for staff to use.

Some people and relatives felt the provider did not have enough staff to cover for nights, illness and weekends, which they felt put additional pressure on the remaining staff. However, we found that there were enough staff to meet people's identified needs because the provider ensured staff were recruited and trained to meet the care needs of people.

The provider was taking the correct action to protect people's rights, and all staff were aware of how to fully protect the rights of people.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. Staff supported people to eat their meals when needed.

People were supported to access other health care professionals to ensure that their health care needs were met.

People, relatives and health care professionals, told us the staff were very caring, friendly and treated people with kindness and respect. We saw staff were caring and helpful.

We found that people's health care needs were assessed and regularly reviewed. We saw that people were involved in group or individual social activities to prevent them from being isolated.

People and most of their relatives told us they were confident that if they had any concerns or complaints, they would be listened to and the matters addressed quickly.

The provider had management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service and their relatives.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People told us they felt safe.

Staff were recruited safely to work with people living at the home.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

People were supported to access health care from professionals as required.

The provider had ensured they protected people's rights in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good

Is the service caring?
The service was caring.

People said staff were kind and caring to them.

Staff were respectful and caring towards people and maintained people's dignity.

People were able to maintain contact with relatives when they wished.

Good

Is the service responsive?
The service was responsive.

People were engaged in group or individual social activities to prevent isolation.

People received care when they needed it and care records were updated when people's needs changed.

Good

Is the service well-led?
The service was well led.

People and relatives said the manager was approachable.

Quality assurance processes were in place to monitor the quality of the service.

Good

Olivet

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This unannounced inspection took place on 8 and 9 April 2015. The inspection team consisted of one inspector 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 service.

Before our inspection we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

During our inspection visit we spent time on the residential care unit, nursing care unit and dementia care unit. Most of the people were unable to tell us in detail about how they were supported and cared for. We used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke and/or spent time with 16 people, six care and nursing staff, eight relatives, two health care professionals, the current registered manager, the replacement registered manager and a Trustee. We looked at the care records of six people to see how their care and treatment was planned and delivered. Other records looked at included four staff recruitment and training files; to check staff were recruited safely, trained and supported, to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to ensure people received a quality service.

Good

Is the service safe?

Our findings

People we spoke to said they felt safe. One person told us, "I would go to the managers if I was upset, I would not keep it to myself, and I'd report it." A relative told us, "[Person's name] is looked after and kept safe, we are very happy with the home." A number of people living at the home had different ways of expressing their feelings and were unable to tell us about their experiences. We saw there was good communication between staff and people. People were generally smiling and they looked happy and relaxed. For example, one person became anxious because they could not recall where they were. A member of staff reassured the person that they were safe and they were at home. We could see from the person's face and reaction to the staff they were reassured.

Everyone spoken with said they would speak with the registered manager or a staff member if they had any concerns. Staff told us they had completed safeguarding training and demonstrated in their responses, they were confident about recognising signs of and reporting abuse. One staff member told us, "I wouldn't hesitate to tell the senior on duty." We asked how staff would identify abuse for people who could not verbally communicate their experiences. Another staff member told us, "Most of the staff has been here a long time and we know the people really well. If they were being abused, we would know from a change in their moods, behaviour or facial expressions." It was clear from the demeanour of the people, their facial expressions and how they reacted to staff supporting them; they were comfortable and relaxed with the staff. The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected. We looked at records and these confirmed that staff had received up to date safeguarding training. The provider reduced the risk of harm to people because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

People and relatives we spoke to confirmed they were included in completing risk assessments so they were involved in how their risk was managed. One relative told us, "We defined [person's name] medical and life needs at the initial assessment and interview." Staff explained to us, people living at the home, or if this was not possible, their relatives, were involved in completing people's risk assessments. One staff member said, "We know the residents really well so we can see when needs change and we report the changes so that their care plans can be updated." We saw this process recognised that risks to people were identified and regularly monitored. For example, one person told us they had fallen in their room recently and the staff had provided them with, "Very good attention" and, "They keep a close eye on me". The assessment showed this person had a history of falls. All accidents had been recorded on their care plan and the assessment provided staff with guidance on how to support the person. For example, the type of walking frame for the person to use.

We were told that one person had tripped over boxes left in the main communal entrance. The accident was recorded and it was explained to us that regular checks were made of communal areas in order to ensure gangways were kept clear. We noted that on the right hand side of corridors in the residential care unit, there was a range of equipment stored for example, hoists and wheelchairs. We discussed this with the manager and raised our concerns that this could be a trip hazard. We checked the accidents and incidents and noted no other accidents had occurred as a result of the location of the equipment. The manager explained that there was a shortage of suitable storage space, however, funding had been agreed to create more space within the building and construction work would commence in the summer. The manager said this should provide additional storage space for the equipment. We were also reassured by a Trustee that checks were made and equipment was moved to more appropriate storage on a regular basis.

Staff told us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. Staff told us that safety checks of the premises and equipment had been completed and were up to date. The care plans we looked at all contained Personal Emergency Evacuation Plans (PEEPS). The provider safeguarded people in the event of an emergency because they had procedures in place and staff knew what action to take.

There were mixed responses from people and relatives about staffing numbers. One person told us they felt that there was enough staff to meet their needs. Another person said, "Sometimes there isn't enough staff, especially at weekends." A relative told us, "Generally we think there is enough staff [person's name] doesn't have to wait long for

Good

Is the service safe?

assistance." Another relative told us, "They could do with more staff at weekends." The staff we spoke to told us there had been a short period of time in February 2015, where a number of staff were absent due to illness. Staff confirmed they covered for each other, and generally they felt there was enough staff. One staff member told us, "When everyone is in, it's ok," another staff member told us, "It becomes difficult when somebody is off ill or on holiday, we have to provide cover." The provider confirmed they do not employ agency staff; however we saw there was bank staff and volunteers available to provide support in emergencies. The manager confirmed there had been a period of time when staffing was limited, however, we saw that a number of new staff had been recently employed with recruitment on-going for additional staff. We saw that during our inspection visit, there were sufficient staff on duty.

The provider had an effective recruitment process in place to ensure staff were recruited with the right skills and knowledge to support people. Staff told us they had pre-employment checks before they started to work at the home, including a Disclosure and Barring Service (DBS) check and references. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff. We looked at four staff files and found the appropriate checks had been completed.

People told us they received their medicines as prescribed by the doctor. Relatives we spoke with told us they had no concerns about their family member's medicines. We saw that staff supported people to take their medicines safely and that medicines and drugs were stored securely at all times. Staff understood the signs people would show when they were in pain and they would seek guidance from the nurse on duty. One staff member said, "I always know when [person's name] is in pain, it shows in their face, you get to know people." We saw that medicines were reviewed when people's needs changed and appropriate best interest meetings had taken place in line with the Mental Capacity Act 2005, for covert medication. We found the provider's processes for managing people's medicines and medication training for staff, ensured medicines were administered in a safe way. We looked at four Medication Administration Records (MAR) charts and saw that these had been completed accurately.

Good

Is the service effective?

Our findings

People, relatives and health care professionals were complimentary about the staff and told us they felt staff were knowledgeable and trained about people's needs. One person told us, "The staff are very knowledgeable they know just what to do to help care for me." A relative said, "The staff are very good, [person's name] can't really tell them when something is wrong, but the staff know them really well." A health care professional told us they felt the staff were very experienced in meeting people's physical and mental health needs. During the course of our inspection visit, the atmosphere within the home was calm and relaxing.

Staff demonstrated to us their knowledge about the needs of people and told us they had received training to support them in their role. One staff member said, "When I started, there was a two week induction and I spent all the time shadowing staff, we worked in groups of three, it was really good, I learnt a lot." Training records looked at confirmed that the provider had a training programme in place, that tracked the training requirements for each staff member. Some of the staff told us they did not have regular supervision but did say they had "One to one catch ups". All staff said they had or were due to have an annual appraisal. Staff said they felt supported by the provider and that they would speak with the manager if they were concerned about anything. The manager told us staff did have supervision although we saw that notes of the meetings were not always kept. However, we saw the manager was in the process of reviewing the appraisal and supervision process and was currently arranging staff annual appraisals.

The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people, who may lack mental capacity to make decisions to consent or refuse care. The provider had made Deprivation of Liberty Safeguards (DoLS) applications for a number of people, who did not have capacity to make an informed choice about their care. DoLS requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty in order to keep them safe. Staff were able to explain to us the basic principles of the Mental Capacity Act in relation to their role. We saw that mental capacity assessments and best interest decisions had been made involving family members, the person and appropriate health care professionals. This was in line with the requirements of the Mental Capacity Act 2005 which showed the provider was operating to current legislation to ensure that people's rights were protected.

People we spoke to told us they were able to choose their meals. One person told us, "The food is good and well presented." Another person said, "You have a choice, the staff come and ask everyday what I would like." We saw that people had been given two options for lunch in the morning. People seated in communal areas, were supported by staff to choose for themselves, whether to eat at a dining table, their room or in their lounge chairs. Staff provided one to one support for people who required support and staff brought an alternative lunch for one person, because they did not like what was being offered. People with specific dietary requirements were given appropriate meals and supplements to meet their health and nutritional needs.

In the Cedars lounge area there was no background sound during lunch, for example, soft music. The manager explained they had tried playing soft music but this had upset a number of people. A small group of people who sat together were conversing between themselves and the absence of music did not distract from their dining experience. They were smiling and the conversation between them was calm. Staff were patient and did not rush people, supporting them to eat at the person's own pace in a relaxed environment.

Staff offered people a choice of drinks at different times during the day. One relative told us, "I'm always offered a hot drink and biscuits when I visit." People who chose to remain in their rooms had drinks available to them. There was also a small kitchen area made available to visitors, with a selection of cakes and where they could make their own drinks.

Staff said they had received training on supporting people to maintain a balanced diet, and where appropriate, how to monitor people's food and fluid intake. They explained what action they would need to take if someone was at risk of losing weight or they were not drinking enough fluids. For example, a number of people were at risk of losing weight. A relative told us, "[Person's name] has extra nutritional drinks given because they eat and drink very little." The records we looked at confirmed people were

Good

Is the service effective?

monitored regularly, being supported to maintain a healthy diet and received additional food supplements. Referrals had been made to Speech and Language Therapist (SALT) and dieticians for added support.

People told us they were regularly seen by other health care professionals. One person told us, "I see the doctor every week, they come into my room to check I am well." Another person told us, "I needed my eyes tested, I told the staff and they arranged everything." Relatives had no concerns about people's health care needs. A relative said, "If we have any worries about [person's name] health, we tell the nurse and they get the doctor in straight away." We saw that care records were in place to support staff by providing them with clear guidance on what action they would need to take in order to meet the people's individual care needs. Health care professionals confirmed to us that staff made timely referrals, when a person's needs changed, this supported people to maintain their health and wellbeing.

Good

Is the service caring?

Our findings

People and relatives told us that the staff were caring and respectful. One person said, "They are lovely people, they look after me and I would not want to be anywhere else." Another person said, "The staff are very kind and do listen to me." A relative told us, "[Person's name] was very particular about what they wore, the staff always make sure they look nice, we are very happy they are here." Another relative told us, "On the whole the staff are very good, we did have an issue with [person's name] clothes going missing but this seems to have been corrected now." Health care professionals told us staff were sympathetic and felt they cared a lot about the people. We saw that people responded well to the staff, the interactions were calm and caring. Staff were able to tell us about people's individual needs, their likes and dislikes. This contributed to staff been able to care for people in a way that was personal to the person.

There was a small shop located within the home that has been designed to reflect a 1950's style shopping experience. One person told us, "If the shop hasn't got what I want, the staff try to find it so I can get it the next time." Staff confirmed if an item was not available in the shop they would go to the local shops to try and find it for the person. One staff member said, "This helps to promote some independence for the people who can't get out much, they can get to do their own little bit of shopping."

Staff gave people choices and discussed with them what they required support with. One person told us, "[Staff name] helps me to choose what I want to wear every day." We saw how comfortable and relaxed people were in the presence of staff and during all staff interactions with them. Visitors confirmed they were involved in discussing their relative's needs. A relative told us, "[Person's name] has considerable medical needs and Olivet provides expert care. It provides a place where [person's name] can choose to share their religious beliefs." Staff were able to explain to us how they could support people who could not verbally communicate their wishes. For example, staff told us that once they got to know people they could tell by their facial expression and body language whether the person was happy with their care and the way it was being delivered.

We saw that people were dressed in individual styles of clothing that reflected their age and gender. Overall, people looked clean and nicely presented with tidy and combed hair.

Information was available about independent advocacy services, although no one was currently being supported by an advocate. The manager explained they made an effort to involve family and friends and members of the provider's 'Welfare Committee' who had a role as supporters and voices for residents as well. This was confirmed by the Trustee. Advocates are people who are independent and support people to make and communicate their views and wishes known.

People told us staff respected their privacy and dignity. One person told us, "They [staff] are always very polite and knock on my door before they come in." Another person said, "I can't walk anymore so staff have to use the hoist. When they use it, they talk to me all the time, it's very reassuring." A relative told us, "[Person's name] was upset when a male care worker came to help them, we talked to the manager and this hasn't happened again." Staff respected people's well-being and discreetly assisted two people to rearrange their clothing to maintain their dignity. Staff were friendly and they laughed with people and supported people to move around the home. This was carried out with care ensuring people moved at the pace suitable to them.

Everyone told us there were no restrictions when visiting. A relative told us "We do try not to come around lunch times but otherwise, we've never had a problem with the times we have visited [person's name]." People told us they felt there was enough privacy, however, there were mixed views from relatives. One relative told us, "We can always see [person's name] in their room but sometimes they don't want to, it would be nice to be able to sit somewhere with less people about but it is not always possible." There were different alternatives available to people and visitors. For example, weather permitting, the gardens or conservatory areas. In addition, small areas were set up with lounge chairs and also a small sensory area if people wanted somewhere to relax. This ensured that the provider supported people to maintain family and friend relationships.

Good

Is the service responsive?

Our findings

People, relatives and health care professionals told us they were satisfied with how people's needs were being met. One person told us, "The staff always ask me how I like things to be done." A relative told us, "They [staff] phone and email us on a regular basis with updates about [person's name]. Nurses are always available to talk to when we visit." Health care professionals told us that staff would follow their instructions and always seek their advice if they were unsure. We saw that staff were quick to respond to people that required assistance and support. Care plans we looked at confirmed monthly reviews were completed and updated for staff to ensure they provided the appropriate support for people.

There were a high number of people living at the home with dementia and different needs. Staff were able to tell us about people's individual needs, their likes, dislikes, interests and how they supported people. A relative told us, "The staff are very responsive to [person's needs] they sit with them and read to them and turn them every two hours to avoid leg pain." The care records we looked at showed people's preferences and interests had been identified and were regularly reviewed; so as to reflect any changes in people's needs. Relatives also confirmed they were involved with people's care planning and discussed the person's individual needs, on a regular basis with the staff. One staff member told us, "A lot of the staff have been here a long time and know people really well. We make sure we get to know each person so we know what to do and what the person likes."

Olivet holds a daily evening prayer service in the main lounge area. There is a camera set up to display the service, onto people's own televisions, if they are unable to leave or choose to remain in their bedrooms. One person said, "If I don't feel well, I can still take part in the service, my faith is very important to me."

We saw a number of group social activities taking place within the home during our visit. One person told us, "[Staff name] encourages me to knit and crochet, which I really enjoy." Another person told us, "I don't really do any activities but I do like to read the paper which I have every day." A small group of people had spent the morning on a farm, which included spending time with rabbits and watching chickens hatch. One person told us, "We have an animal man come in with lots of different animals; I really like the spiders and snakes." They showed us pictures of them holding the animals. A staff member told us, "We provide group and one to one activities for those who remain in their rooms." Another staff member told us, "We do puzzles, painting classes with people and sometimes they just want to talk." A relative said, "There is always something going on when we visit." Another relative explained how they received a regular email from Olivet listing what activities are taking place for the month. There was a planned system in place with dedicated staff where people were being engaged in suitable, social group or individual activities which could help to prevent social isolation.

Everyone we spoke with told us they felt able to raise concerns with the staff or manager. One relative told us, "If we have any concerns, we would speak to the manager." Another relative said, "We have raised some issues which are currently being investigated although we are still waiting for a full response." We reviewed the complaints book and saw that a formal process was in place. During the last 12 months, there had been over 40 positive compliments made about the quality of the service by people and their relatives. There had been three resolved complaints with one currently being examined. Staff explained how they would handle complaints and were confident the manager would resolve them quickly.

Good

Is the service well-led?

Our findings

People, relatives and health care professionals were complimentary about the quality of the service. Everyone knew who the manager was and that they could speak with them whenever they wished. One person told us, “The manager is always walking about.” A relative told us, “What is put in place is very good.” Health care professionals told us, they felt the home was open and run efficiently; that staff were always helpful and professional. Staff told us they felt supported and if they had a problem they would approach the manager. One staff member told us, “We are all one big family, I love working here.” Another staff member said, “We all work together as one big team.”

Not all people could recall if they attended resident meetings. We saw from minutes that there were resident meetings. The last meeting had taken place in January 2015. People and relatives were encouraged to give feedback through annual surveys. The last survey completed around October 2014 had provided a high response. One relative told us, “We do get questionnaires by email although I do not recall seeing one recently.” There is a quarterly newsletter sent to family and friends and available on the website. We looked at the feedback which showed people and relatives were generally happy with the service and support people received.

Staff told us they had regular team meetings, records confirmed that meetings had taken place. Staff could not provide us with any examples of ideas they had put forward. Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if necessary to contact the Care Quality Commission (CQC). The provider had a whistleblowing policy that provided the contact details for the relevant external organisations, for example, the local authority and CQC. Records showed the provider worked with the local authority to ensure safeguarding concerns were effectively managed.

There was a registered manager in post, with no changes of managers, so the leadership of the service was stable and the provider had a history of meeting legal requirements. The provider had notified us about events that they were required to do so by law.

The provider had internal quality assurance processes in place which included, for example, a monthly audit completed by a Trustee and an independent annual audit for infection control which was completed in February 2015. Internal six monthly audits were also completed by the manager to monitor the quality of the service. This included, health and safety processes, care records, staff training and medicines. The provider also had a Welfare Committee that met every two months to discuss the audits and the general running of the home. We saw action plans had been drawn up and appropriate action taken on any identified issues. This confirmed the provider had procedures in place to monitor the service to maintain the safety and wellbeing of people living at the home.