

Olympus Care Services Limited

Southfields House

Inspection report

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Tel: 01604499381

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 March 2017 and breaches of the legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 8 August 2017 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southfields House on our website at www.cqc.org.uk"

Improvements had been made to ensure that people received personalised care. People were more able to get out of bed when they wished and to receive their personal care when they wanted to, and not as a result of staff availability.

People received their medicines from competent and skilled staff. People's medicines were handled appropriately and people were not rushed to take them. Staff understood the importance of ensuring people could take their medicines when they were ready and improvements had been made to this.

The home had a permanent registered manager and the provider had increased their support at the home. Quality monitoring systems had been increased and they were effective at identifying where improvements were required. Medication audits identified improvements and action was taken to remedy any identified issues. Improvements had been made to enable people, their relatives and staff to provide feedback about the service. The registered manager listened to people's views and took action as required.

The service was no longer in breach of the regulations and remains rated as Requires Improvement.

Since we carried out the inspection of this service, we received information of concern which we will be reviewing further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve if the service was well-led.

Requires Improvement ●

Southfields 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 focussed inspection took place on 8 August 2017 and was unannounced. The inspection was completed by two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using a service like this, or has experience of caring for someone who uses a service like this.

As this was a focussed inspection we did not ask the provider to complete 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.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides 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 living in the home.

During our inspection we spoke with six people who used the service, one person's relative, five members of care staff, two domestic staff, a visiting nurse, a visiting hairdresser and the registered manager.

We looked at documentation related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas and meeting minutes.

Is the service safe?

Our findings

At the last inspection on 27 March 2017 we found that there were not enough staff deployed to meet people's needs in a timely and person centred way. People were unable to get out of bed at the time they wanted to and people were not supported to have their meals in a timely way and without interruption.

At this inspection on 8 August 2017 we found that people received their care in a timely way and people were supported to get up out of bed at the time they wanted. We found that whilst improvements had been made there was still further work to do to ensure everybody received their care without delay, however we found that the service was no longer in breach of the regulations. One relative said, "The staff are always stretched, especially at mealtimes, but they do provide good care. Even when the staff are flat out they never raise their voices or show signs of stress. They're very patient with people." We saw that people that wished to stay in bed later were supported to do so, and people that liked to get up early were prioritised to have help with their personal care. Staff were knowledgeable about people's preferences and morning routines and worked with them to have those respected. One member of staff said, "[Name] often likes to stay in bed a bit later. Sometimes they choose to get up earlier and that's fine."

Staff told us that they felt they had made improvements to how they worked together as a team, and that this had been a factor into making improvements for ensuring people received personalised care. One member of staff said, "We've worked hard to change the culture and make sure we work as a team and staff help each other, for the benefit of people. It's really worked and we can see such a difference."

The registered manager explained they had taken time to ensure that senior members of staff were directing staff to where they needed to be to prevent people waiting for their care. The senior staff were constantly checking that staff were where they needed to be and offering additional support when necessary. Staff were encouraged to use their knowledge about people's preferences to help ensure people received their care when they wanted it and staff also used a pager system to request additional support if it was required. The registered manager had a greater understanding of people's needs and used a dependency tool to help assess staffing requirements. The registered manager used this to help review if there were adequate staff to accept new people into the service before they arrived.

We saw that people were able to take their time having their breakfast and staff used the opportunity to interact with people. Staff were calm and patient with people and there was a relaxed atmosphere within the home.

This meant there was no longer a breach of Regulation 18: Staffing.

At the last inspection on 27 March 2017 we found concerns with the support that people received, particularly with their medicines. Staff did not always show that they were able to support people in a safe and competent way. People were rushed to take their medicines and were not given sufficient drinks to swallow their tablets. We found that insufficient gaps were given between medicines and some people's pain relief medication had run out and this had not been managed in a timely way.

At this inspection on 8 August 2017 we found that improvements had been made to the whole approach of medicine handling. The systems for administering medication had been changed so that staff could dispense people's medicines in a person centred way. Each unit had its medicine storage and this meant trained staff could access it in a more timely way. One relative told us, "I've no concerns about medication. They bring [name]'s tablets in a cup and they help or encourage them to take them. They don't seem rushed. It works." Staff told us they preferred the new system and felt that it enabled them to give more personalised care to people. One member of staff said, "It's so much better now. It's a lot smoother and it's definitely more person centred. It doesn't take as long to get round to everyone. It's brilliant and it works."

We saw that people had been supported to have their medicines once they were awake and they were able to have them adequately spaced throughout the day as they had been dispensed promptly during the morning. Staff told us the new system allowed them more time to support people to have their medicines and they were not rushed.

Improvements had been made to the medicine handling procedures. One member of staff had taken sole responsibility for managing this and reviewing where improvements could be made. A new audit had been introduced to check after each medicine round that everyone had received their medicines as required, and that the medication administration records (MAR) had been completed correctly. In addition, weekly and monthly medicine audits were in place and this had been effective at identifying and improving medicine procedures. The registered manager said, "We've got a dedicated member of staff that reviews the medicines and things are improving a lot. We haven't ran out of any medicines and we are working together to make sure nothing is missed."

This meant there was no longer a breach of Regulation 12: Safe care and treatment.

Is the service well-led?

Our findings

At the last inspection on 27 March 2017 we found concerns about the lack of robust and consistent management within the home, and with the lack of efficient quality assurance systems in place. People and their relatives felt unsupported and concerns and failings were not rectified in a timely way.

At this inspection on 8 August 2017 we found the service had made improvements. The home had a permanent registered manager in post that was able to spend all of their time at Southfields House. 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. This had made a positive impact to the people that lived at the home, the relatives and the staff. We could see that the registered manager was striving to make the changes that were required to ensure people always received good care and they were making progress to achieve this. One relative said, "The manager is always around and the communication is brilliant. They tell me if anything happens to [name]. I like that. I know what's going on." We saw that the provider had also taken action and spent more time at the home on a regular basis. In addition a buddy system was in place to support the managers from the providers other homes when they were absent. This meant people, relatives and staff should have easy access to a member of management when they were needed.

Quality monitoring systems had improved. The registered manager had ensured everybody within the home had received a review of their care to ensure their preferences and care needs were being met. Medication audits had improved and were effective at identifying issues and where improvements needed to be made and these were communicated to staff. General improvements were reported to staff for immediate action, and if necessary, action was taken with staff during their individual supervision meetings. All staff had medication competency assessments and senior staff were regularly reviewing and observing staff practice.

The registered manager ensured they were readily available to speak with people, their relatives and staff as required and maintained an open door policy. In addition to this, they had introduced a monthly meeting for relatives to come and talk to them about any concerns, and to be updated on what was happening at the home. This had opened up further communication channels and allowed another opportunity for relatives to meet with the registered manager. Staff meetings were also held which encouraged staff to discuss any issues or suggestions and the registered manager encouraged staff to do so. Staff told us they felt listened to.

Staff were able to take responsibility for areas they volunteered for, for example by arranging events and activities for people that lived at the home and the registered manager offered their full support for this. The registered manager reacted promptly to feedback and took action when required. For example, people living at the home had suggested they may like to eat more fish and seafood. The registered manager had organised a tasting session of seafood platters for people to try different options and see what they liked, and arranged for people to have a fish and chip dinner.

The new systems in place required further monitoring and time to ensure high standards were embedded into practice. This meant there was no longer a breach of Regulation 17: Good governance and the service remains rated as Requires Improvement.