Olympus Care Services Limited

Boniface House

Inspection report

Spratton Road
Brixworth
Northampton
Northamptonshire
NN6 9DS

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14 March 2016

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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 14 March 2016. This residential care home is registered to provide accommodation and personal care for up to 46 people. At the time of our inspection there were 34 people living at the home.

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.

People felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks. People were supported to take their medicines as prescribed and medicines were obtained, stored, administered and disposed of safely.

People received care from 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 and people were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to maintain good health and had access to healthcare services when they were needed.

People received care from compassionate and supportive staff and people and staff had positive relationships with each other. Staff understood the needs of the people they supported and used the information they had about people to engage them in meaningful conversations. People were supported to make their own choices and when they needed additional support the staff arranged for an advocate to become involved. The home had developed a strong focus on providing the excellent end of life care for people and supported people to consider and make decisions about how they would like to spend their last moments.

Care plans were written in a person centred manner and focussed on giving people choices and opportunities to receive their care how they liked it to be. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did. People were able to raise complaints and they were investigated

and resolved promptly.

People and staff were confident in the management of the home and felt listened to. People were able to provide feedback and this was acted on and improvements were made. The service had audits and quality monitoring systems in place which ensured people received good quality care that enhanced their life. Policies and procedures were in place which reflected the care provided at the home and the staff had worked to develop strong community links and share best practice.

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 comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Peoples physical health needs were kept under regular review. People were supported by a range of relevant health care professionals to ensure they received the support that they needed in a timely way.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the

house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and
concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

A registered manager was in post and they were active and visible in the home. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to monitor and improve the quality of care people received.

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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.

This inspection took place on 14 March 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, the provider completed 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with seven people, one relative, five members of care staff, one member of kitchen staff, the registered manager and the provider.

We looked at care plan documentation relating to five people, and three staff 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

People were supported by staff that knew how to recognise when people were at risk of harm and staff knew what action they should take to keep people safe. Staff received training to enable them to identify signs of abuse and they understood how they could report any concerns. One member of staff said, "If we have any concerns about anyone, we report them straight away." Another member of staff told us "The manager reports and notifies the appropriate authorities about any safeguarding concerns but if they're not here the team leaders can do it, or we can go up the management chain." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and listed the contact details of the appropriate authorities for staff to make direct contact if they needed to. The registered manager had a good knowledge of the procedure and we saw that appropriate safeguarding referrals had been made to the relevant authorities. When a concern had been identified, full investigations had been completed and the registered manager had taken prompt action to prevent similar incidents from occurring. The measures that were in place supported people's safety.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person who was at risk of falls said, "I'm much better here than I was because I kept falling over but I haven't fallen over once since I've been here." Staff understood the varying risks for each person and took appropriate action. For example, when it had been identified that people were at risk of falls, staff had put plans in place to offer additional support and ensure there were measures in place to reduce this risk. This included appropriate and secure footwear, access to walking equipment and additional staff support to stand and mobilise. One person told us, "The staff are very good at making sure people have their walking frames if they need them." Staff understood people's risk assessments and ensured people's care was in accordance with them. Staff also understood their responsibility to identify new risks, for example if people's behaviour or health changed, staff raised their concerns with the senior staff and prompt action was taken to meet people's needs and keep people safe.

Accidents and incidents were recorded by staff and reviewed by the registered manager. Staff took immediate action to prevent incidents. In addition, a monthly log was maintained and the registered manager reviewed this to identify if there were any trends or repeated incidents. For example, staff took appropriate action and gave consideration to the events that led up to the incident to reduce the risk of a repeated incident. Staff understood what could be potential triggers and there was a plan in place to reduce the possibility of a similar incident.

There were appropriate arrangements in place for the management of medicines. One person said, "We get our medicines at the same time each day, there's no concerns with that." We observed that people received their medication from staff in a professional and encouraging way. People were told what their medicines were for and were given reassurance when they needed it. We heard staff giving instructions to people who required it about how to take their medicines safely. Staff had received training in the safe administration, storage and disposal of medicines and they were knowledgeable about how to safely administer medicines to people. People's medicines were stored securely and there were arrangements in place to dispose of unused medicines safely by the pharmacist.

People lived in an environment that was safe. There was a system in place to ensure the safety of the premises including regular fire safety checks. People had emergency summary sheets which detailed their support needs in the event of an emergency situation. We observed that the environment supported safe movement around the building and there were no obstructions for people who required support with their mobility.

There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people. This meant that people were safeguarded against the risk of being cared for by unsuitable staff. The registered manager confirmed that staff were unable to begin working until they had received satisfactory references and background checks.

There was enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said, "There's enough staff to help us when we need them. And there's bells everywhere so we can call them if we need to." Staff felt that there was enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager confirmed that they used agency staff on occasion to ensure all shifts were fully staffed. They also confirmed that they spent their time around the home to help support people whenever they could. We observed that the levels of staffing allowed each person to receive appropriate support from staff. Call bells were answered efficiently and people were not left unsupported. We saw that staff spent time engaging people in conversations they enjoyed.

Good

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One member of staff said, "New staff receive an induction and it is tailored to them depending on their skills and previous experience." New staff were supported in their role to understand and learn about the people they were supporting and they were required to 'shadow' a variety of shifts to observe how people's needs were met. New staff were also required to complete the Care Certificate which supported staff to provide compassionate and safe care to 15 required standards. Staff told us they felt the training was good and prepared them to perform their role well. One member of staff said, "We're pretty hot on training here – it covers everything." Staff also had additional training specifically relevant to the people that lived at the home which included supporting people with dementia. A program was in place to ensure staff regularly refreshed their training and knowledge on current practices including safeguarding and supporting people to move safely. The registered manager monitored staff training and ensured staff received the training when it was required.

Staff had the guidance and support when they needed it. Staff were confident in the registered manager and were satisfied with the level of support and supervision they received from senior members of staff. One member of staff told us, "We have regular supervisions, usually it's once a month. We talk about my progress and how people living here are getting on. I find it helpful." Supervisions and appraisals were used to discuss performance issues, training requirements and to support staff in their roles.

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 decisions 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 is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice. Staff understood their roles and responsibilities in relation to assessing people's capacity to make decisions about their care and staff had involved appropriate professionals when necessary, for example regarding the high level of support people required with aspects of their personal care. One member of staff said, "We are trained to carry out assessments on people's mental capacity but I would usually involve a doctor if I had any concerns." Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and where they were unable, decisions were made in their best interests. We found that best interest decisions had been recorded in people's care plans regarding staff supporting people with their personal care. We saw that DoLS applications had been made for people who had restrictions made on their freedom, for example by ensuring people did not leave the home without staff support and the management team were waiting for the formal assessments to take place by the appropriate professionals.

People were supported to maintain a balanced diet and eat well. One person told us "There is a good choice of food and they give you alternative options if you don't like something." Another person told us, "They have a lovely selection of hot drinks for us, especially at night before bed." We saw that menus were available in the lounge area and people were given choices for their meals and drinks. People were given equipment to enable them to eat their meals as independently as possible and staff provided good support and encouragement to people who required it. We also saw that people were not rushed to eat their meals and people were enabled to eat at their own pace.

People's nutritional needs were assessed and regularly monitored. Staff were aware of the importance of good nutrition and the positive impact this can have on people's health. We saw that where concerns had been identified with people's weights they were regularly monitored to ensure that people remained within a healthy range. People were also supported with their nutrition with referrals to dieticians or speech and language therapists if staff identified concerns with people's ability to eat well. One person said, "I have to have a lot of things liquidised or soft. The staff are very good with that." We saw that staff followed guidance from specialists and made additional requests for support when concerns or changes had been identified.

People's healthcare needs were monitored and care planning ensured staff had information on how care should be delivered effectively. One person told us, "The staff know when I'm not quite right and when I need a doctor they do their best to get one as quickly as possible." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. We also saw that staff were vigilant to people's changing health needs and identified when they needed extra support. For example people had received support from specialists including a Parkinson's disease nurse and staff at the memory clinic where appropriate and people's conditions were effectively monitored by staff at the home.

Good

Is the service caring?

Our findings

People were relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "I'd give the staff ten out of ten. They're very nice." We saw that staff carried out their jobs with pride and treated people with care and compassion.

Staff demonstrated a good knowledge and understanding about the people they cared for. One person said "They know me pretty well and know when I'm pulling their leg – we have a nice bit of banter!" The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to have fun and share jokes together. We saw staff involving people in conversations about the home's pet ducks and encouraged people to participate in conversations if they wished to.

People were involved in choosing their own bedroom and personalising them to make them feel as personal as possible. For example, one person requested a bedroom that looked out into the garden so they could watch for birds and a couple that moved into the home requested that they had their bedrooms near to each other which was facilitated by the registered manager. People were encouraged to have their own personal items around them that they treasured and had meaning to them including photographs and memorabilia from their own homes. Staff used their knowledge of people to support them to have their bedroom how they wanted, which reflected their interests.

People were encouraged to express their views and to make their own choices. One person said, "We get lots of choices here about everything really." Another person said, "The staff help me to choose my clothes every day and make sure I've got clean clothes." People were supported to wear clothes they liked and staff explained that if people were unable to verbally communicate they presented them with the physical options to support them to make their choices. There was also information in people's care plans about what they liked to do for themselves. This included how they wanted to spend their time or if they had preferences about how to receive their care. For example, one person liked to have a bath once a week and staff respected and accommodated this.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was placed in people's care plan or were discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. We saw that staff supported people to maintain their dignity and offered support to people to adjust their clothing when this had been compromised.

Staff provided personalised care which supported people's individual requirements. In order to help people build caring relationships with each other, each person had an identified key worker, a named member of staff. They were responsible for ensuring people had access to resources and support they required and we saw that people had good relationships not just with their keyworker but with all members of staff. One person said, "I get on well with all the staff here, but there is one that I get on very well with and I feel like I

can tell them everything. They really look after me." Staff were encouraging and attentive. We observed staff offer reassurance when one person showed signs of confusion and gave them comfort about what would happen next. Staff spent time with people on a one to one basis if they did not wish to spend time with others in communal areas and spoke to people in a patient and kind manner.

People were supported to access advocacy services when they required independent support. Staff understood when people may need the support of an advocate, for example if somebody had little or no support outside of the home. One member of staff told us, "We are in the process of arranging an advocate for someone who hasn't got any family support and needs help with planning their funeral arrangements." Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One relative said, "We can visit at any point, we're always welcome." We saw that staff were knowledgeable about people's visitors and greeted them in the home. Staff used their knowledge about people's visitors to engage people in meaningful conversations and visitors were supported to use areas within the home to spend time with their relative or friend.

People were supported to have a comfortable and dignified death. People and their relatives were involved in making decisions about their end of life care and their preferences were documented in detail. People were able to consider where they would like to be and who they would like to be present during their final moments and could decide on specific requests, for example if they would like music to be played. The staff at the home spoke passionately about providing people with the end of life care they wanted and had achieved the Gold Standard Framework which they were supporting other services to achieve. Staff had built relationships with specialist palliative care professionals and had arrangements in place to ensure that appropriate medication would be available at all times of the day if required. The staff had considered the impact on people's relatives during this stage of care and had a pack of essentials that they could use to support people, for example by providing mouth swabs to keep people's mouths moist. The home also had a number of measures in place to support relatives after people had died and enabled relatives to share their memories and treasured moments.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. People and their relatives were encouraged to visit the home to gain an insight into whether the home was right for them. We saw that during the admissions process senior staff visited people in their homes, hospital or other care setting and gathered as much information and knowledge about people as possible. Staff encouraged people's relatives, advocates and care professionals to be involved to understand people's preferences and strengths. This ensured as smooth transition as possible once the person decided they would like to move into the home.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. One person said, "They [the staff] know just how I like things and what I can do for myself." For example, one person's care plan recorded that they did not like to wear slippers and we saw that the person was wearing warm thick non slip socks instead. Another person's care plan recorded that sometimes they liked to eat at the dining table and sometimes they liked to eat sitting in their chair. We saw staff ask people where they would like to eat their meals and support them with their choices.

People's care records detailed what was important for staff to know about each person. Information about people's past history, where they had previously lived and what interested them, featured in the care plans that staff used to guide them when providing person centred care and staff used this information to have meaningful conversations with people. For example, we heard staff talking to one person about their family and when they would next be visiting. People showed signs of happiness and enjoyment throughout staff interactions.

People were supported to participate in activities they enjoyed and had an impact on their quality of life. One person said, "They do a few different things here. I like the exercises we do and Saturday night happy hour." Another person said, "I like playing chess and the staff tried to find someone I could play with." We saw people particularly enjoying having a sing together of music from their past times and another group of people were supported to do some baking. The registered manager confirmed that they offered a programme of activities and this was an area they were looking to develop further. Staff encouraged people to participate in activities if they wished and supported people within their own abilities to be as independent as possible.

People's changing needs were understood and maintained by staff. Staff reviewed people's care plans regularly and adapted them to meet people's current needs. One relative told us they felt very involved in changes that were made to their relative's care. They said, "The staff let us know if something has happened or if anything changes. They're very good at keeping us informed." Each person had a quarterly review with staff and relatives were able to attend if they wished. The review focussed on what had been working well and whether people wanted to change the support they received. We saw significant people such as relatives were also asked for their views and as a result of the reviews changes were made if necessary. For example, during one person's review it had been identified that one person was very tired throughout the day. Together it had been decided to encourage the person to stay in bed for longer in the mornings so they

had more energy throughout the day. Staff told us they had implemented this change but it was the person's choice when they got up and they were supported to spend their time throughout the day as they wished.

Staff were responsive to people's needs. One person said, "I don't like to be a bother, I know they have a lot to do." However staff spent time with people and responded quickly if people needed any support. For example, we saw one person drop the pen they had been using for a word search and staff quickly picked this up so they could continue with their activity. Staff were always on hand to speak and interact with people and we observed staff checking people were comfortable and asking them if they wanted any assistance. Staff knew people well and were able to understand people's needs from their body language and communication style which was also documented in peoples individual care plans.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. One person said, "I love it here, I've got no complaints but I'd just tell them if I did." Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. One member of staff said, "I'd support people to make a complaint, in whatever way they wanted to do it. And I'd say sorry. If they're upset about something then something's gone wrong somewhere. Complaints get recorded and investigated and rectified." We saw that complaints that had been raised were responded to appropriately and in a timely manner and further action had been taken to prevent future incidents. For example, there were concerns about an agency member of staff and this had been acted on promptly and prevented from happening again.

Good

Is the service well-led?

Our findings

People at the home reacted positively to the registered manager and staff commented that they had confidence in the management and felt that the team worked well together. One person said, "I know who the manager is. They come and see us quite often and check how everything is." Another relative told us, "The manager is very approachable and I feel like they listen to us. They were very supportive when we had some concerns outside of the home and that was really helpful." Staff felt able to speak with the registered manager or senior staff and felt well supported. One member of staff said, "The manager is very genuine and fair." We saw that the management team worked together with staff to understand the issues that they faced.

The culture within the home focused upon supporting people to receive the care and support they required to have a happy and comfortable life. One person said, "I know I've got to be here and they [the staff] do what they can to make it good. The home is very good." All of the staff we spoke with were committed to providing a high standard of personalised care and support and were proud of the job they did. One member of staff told us "I'm really happy I have such a meaningful job – making a difference to people's lives." Staff were focussed on the outcomes for the people who lived at the home. Staff clearly enjoyed their work and told us that they received regular support from their manager. Staff spoke passionately about providing care to people in a person centred way clearly describing the aims of the home in providing an environment that was homely and recognising people as individuals.

Systems were in place to encourage people, visitors and staff to provide feedback about the home and the quality of care people received. In addition to the quarterly meetings people had about their care, people were invited to residents meetings to discuss general issues regarding the home. This included an introduction to new people that had moved in, fire safety procedures and opportunities for people to raise any new concerns. We saw that people had made suggestions about changes to the menu and this is had been acted upon.

The home had policies and procedures in place which covered all aspects relevant to operating a care home which included safeguarding and recruitment procedures. The policies and procedures were detailed and provided guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager had submitted appropriate notifications to the Care Quality Commission when required, for example, as a result of safeguarding concerns.

The home had a programme of quality assurance in place to ensure people received good quality care. This included an audit of the service to consider if it was safe, effective, caring, responsive and well led. As a result of this actions were identified and recorded on an improvement log. We saw that this was reviewed by the provider and timely action was taken to rectify any concerns, for example, by ensuring appropriate referrals had been made to other departments including occupational therapy. In addition, the service completed health and safety audits, medication audits and completed monthly monitoring of falls to ensure appropriate action was taken to prevent any unavoidable incidents.

Staff at the service had developed strong community links within the end of life care sector and had worked with other services to share best practice. For example one senior member of staff took the lead to liaise with Cynthia Spencer Hospice and Primecare to ensure staff were up to date on current practice and could receive support out of hours if necessary. In addition, the registered manager encouraged volunteers to become involved with the service and they were able to support people to participate in activities they enjoyed.