

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 ●

Summary of findings

Overall summary

This unannounced, comprehensive inspection took place on the 03 October 2018 with a returned announced visit made on the 04 October 2018. Olivet provides accommodation and support for up to 68 adults with nursing and personal care needs. The home comprised three units, Garden House for residential care, Magnolia for nursing care and Cedars for those living with dementia. At the time of our inspection visit 62 people were living there.

At our last inspection in July 2017, we rated the service requires improvement under the key questions 'is the service effective and well led'. At this inspection we found there had been improvements made to support a rating of good.

Olivet is registered as a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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 and associated Regulations about how the service is run.

People were kept safe. Staff understood how to protect people from risk of harm. People's risks were assessed, monitored and managed to ensure they remained safe. Processes were in place to keep people safe in the event of an emergency such as a fire. People were protected by safe recruitment procedures and sufficient numbers of staff were available to meet people's support needs. People received their medicines as required. Staff understood their responsibilities in relation to hygiene and infection control.

People received effective support from staff that had the skills required to support them safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were encouraged to eat healthily. People had access to healthcare professionals when needed, in order to maintain their health and wellbeing.

Staff encouraged people's independence where practicably possible. People received a service that was caring and respected their privacy. People were supported by staff who knew them well.

People received a service that was responsive to their individual needs. Care plans were personalised and contained details about people's preferences and their routines. People were supported to pursue hobbies and activities that interested them and processes were in place to respond to any issues or complaints. Peoples' faith was very important to them. This included their end of life (EOL) wishes which we saw were

openly discussed between the person, family members and healthcare professionals. This meant that people's EOL wishes were respected and fulfilled to the person's individual preferences.

The service was well led, the registered manager understood their role and responsibilities and staff felt supported and listened to. People and staff were encouraged to give feedback and their views were acted on to enhance the quality of service provided to people. People and staff were complimentary about the leadership and management of the home and said the registered manager was friendly and approachable. There were systems in place to monitor the quality of service provided to people and the provider worked in conjunction with other agencies to provide people with effective care.

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 Good

People were protected from the risk of abuse and avoidable harm because staff knew how to report concerns and processes were in place to support safe practice.

People were supported by sufficient numbers of staff following the completion of a robust recruitment process.

People safely received their medicines from staff that were appropriately trained in medicine administration.

People lived in an environment that was clean and well maintained.

Is the service effective?

Good ●

The service was Effective

People were supported by staff that had the skills and knowledge to deliver effective care and support. There had been improvements made to the training, monitoring and administration of medicines.

Peoples' needs and choices were assessed and personalised to meet peoples' individual requirements.

People were supported to maintain a healthy and balanced diet.

People were supported to access healthcare services to ensure they received effective care and treatment.

People's consent was sought by staff and they were involved in making decisions about their care. Staff understood when it was appropriate to make best interests decisions that were made in line with the Mental Capacity Act.

Olivet was in the process of formulating changes to the home environment to make it more dementia friendly.

Is the service caring?

Good ●

The service was Caring

People received care and support from staff that treated them with the kindness and respect.

People were involved in making decisions about their care and support and felt they could express their views.

People were supported to be as independent as much as possible by staff that respected people's privacy and treated people in a dignified manner.

Is the service responsive?

Good ●

The service was Responsive

People received personalised care that was continuously assessed to include their interests, hobbies, cultural and religious needs.

People and their relatives were consulted on improvements to be made to the service. People knew how to complain and processes were in place to learn and make improvements where required.

People's preferences and choices were discussed to ensure the service supported people at the end of their life.

Is the service well-led?

Good ●

The service was Well led

There had been improvements made to the management of the service that included a clearer vision to deliver quality care and support to people.

Staff were supported by a management team that had the skills and knowledge to encourage and motivate.

People and their relatives felt involved in the developing of the service that worked in partnership with them and other agencies.

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 inspection took place on the 03 October 2018 and was unannounced with a second announced visit on the 04 October 2018. The inspection team consisted of two inspectors and two experts 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.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority commissioners have concerns about the service they purchase on behalf of people. There were no concerns raised. This helped us to plan the inspection.

We spoke with 16 people, eight staff members that included nursing, care and maintenance staff and the registered and deputy managers. We sampled seven people's care records to see how their support was planned and delivered and 13 medication records to see how their medicine was managed. We looked at two recruitment files to check suitable staff members were recruited. The provider's training records were also looked at to check staff were appropriately trained and supported to deliver care that met people's individual needs. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

At our last inspection in July 2017, we rated the service under the key question is the service safe as 'Good'. At this inspection we found the service had remained 'Good'. The service continued to provide a safe environment for people to live in. One person told us, "I feel safe from the way staff act." Staff confirmed they had received appropriate safeguarding training and understood their responsibilities to safeguard people from the risk of abuse. People felt confident to approach staff if they had any concerns. The provider had effective safeguarding processes in place to protect people and staff knew what action they would need to take when reporting any suspicions of abuse.

People were involved in assessing risks to their safety and were assured that risks associated with their care had been properly assessed with management plans in place to reduce the risk of harm. For example, for people that wanted to be responsible for taking their own medicine, appropriate arrangements were in place for them to do so safely. Staff were aware of risks to people and how to support people effectively. We saw risk assessments for all people had been reviewed and were up to date. Emergency plans were in place including information on the level of support people would require in the event of a fire.

People told us staff were available when they needed them. One person told us, "There is plenty of staff wandering around." We saw people received support when they needed it on both days we were on site. The registered manager explained how they assessed staffing levels and this was kept under regular review considering people's needs. The registered manager confirmed the staffing levels were flexible and additional staff could be brought in at short notice if people's needs changed. Staff confirmed they completed additional shifts to cover planned and unplanned absences.

The provider's recruitment processes ensured relevant checks had been completed before staff started to work with people. These checks included two references and a Disclosure and Barring Service (DBS) check. The DBS check helps providers reduce the risk of employing unsuitable staff.

Everyone we spoke with told us they received their medicine when they needed it. One person said, "Specialist or senior staff give medication which is good, spot on time." Regular audits on medicines were completed and staff had received appropriate training and had their competencies checked by the deputy manager. Medicines were securely stored and disposed of safely. Where people required medicines to be given to them 'as required' there was guidance in place which instructed staff on when these medicines might be needed.

We saw the home was clean and well maintained. Staff had access to personal protection equipment (PPE) as required. Systems were in place to manage emergency situations such as fire. The provider had robust systems and processes in place for ongoing maintenance and repairs to the building. We saw records to indicate regular safety checks were carried out for examples on the fire alarm, fire extinguishers, the call system, hoists, wheelchairs, lifts and mattresses. A system to monitor accidents and incidents that happened in the home was also in place, when any issues occurred it was recorded in the daily notes and an incident sheet completed. This allowed the provider to identify any patterns or trends.

Is the service effective?

Our findings

At our last inspection in July 2017, we rated the service under the key question is the service effective as 'Requires Improvement'. This was because staff had not received refresher training or had their competencies assessed for safe management of medicines checked for four years. At this inspection we found there had been an improvement.

Nursing and care staff responsible for the administering of medicines confirmed they had all received up to date refresher training from the provider. Records we looked at showed following the July 2017 inspection, staff had undergone a re-training programme and had their competencies assessed. This was evident in the reduction of notifications CQC had received concerning medicine errors.

We found people were supported by staff that had the skills and knowledge to meet their needs. One person said, "The staff here have been well trained and know how to care for us". We could see from the reactions on people's faces they felt secure with staff and we could see from how the staff supported people that they understood how to care for them. Staff spoke positively of the training they received. One member of staff said, "We have regular training. They [the provider] let us know when we're due an update, it's very organised." Another staff member told us, "There was training I had to complete before I could start supporting people, for example I had to do the moving and handling training before I could be involved in moving anyone". The registered manager explained all new care staff completed the Care Certificate. The Care Certificate is an identified set of standards for health and social care staff.

People told us staff would seek their consent before supporting them with their care needs. Throughout the two days we were on site, we saw staff offered people choices, sought their consent and respected people's choices. We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the last inspection in July 2017 we found it was not always clear the decision relating to a person's care and support was being made in the person's best interest. At this inspection, we found there had been improvements made. Mental capacity assessments had been carried out where appropriate and were more decision based and we could see a best interest process had been followed.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the last inspection we found applications referred to mental capacity assessments completed up to two years previously and were not time specific. At this inspection, we found there had been an improvement. Appropriate applications had been submitted and at the time of our inspection the provider had acted in accordance with the law.

People and their relatives had been involved in the assessment of their care, treatment and support needs. People told us their care was delivered in line with their preferences and care plans we looked at showed people's needs and choices were assessed. Staff were given information about people's illnesses and a description of side effects that people may experience. For example, there was a description of 'tactile hallucinations' and 'freezing' episodes for people living with Parkinson's disease and an explanation of why their medicines were time critical. Staff we spoke with confirmed this information was freely available for them to read and familiarise themselves. One staff member told us, "I've been off for a while so I spent two days looking through the care plans to update myself."

People we spoke with told us they enjoyed the food. One person said, "We have plenty of drinks and offered snacks." Another person told us, "You have a choice which is very good and I'm fussy with my food. I go in the communal room but if I don't want to they [staff] come to my room." Care plans we looked at showed people's nutritional needs and preferences were assessed and where appropriate, referrals had been made to appropriate healthcare agencies. During lunchtime on all units, we saw people received food which met their requirements. For example, for those people that required a gluten free diet, staff had taken care to ensure their food was prepared separately and the provider had purchased toast bags to ensure their bread was not contaminated by gluten. At mealtime, staff offered people a choice of whether they wanted to wear a clothes protector to protect their clothes whilst eating their meal. Some people chose to wear one and the staff respected the decisions of people who chose not to wear one. We saw on Cedars, people were informed what flavour the soup was and it was given in bowls, cups and beakers. Staff were aware who needed which so people could be as independent as possible. People were shown the different options for lunch and encouraged to make their own choice. We heard staff offered seconds and people being encouraged to eat. There were sufficient staff available to provide support which meant that people in the dining areas and those eating in their rooms were served promptly.

People we spoke with confirmed they received effective care and support from healthcare professionals to maintain their health and well-being. One person said, "I've not been feeling very well and I'm expecting the doctor to visit me today." We saw people's care plans had documented visits from professionals such as doctors, nurses, dentists, optician and podiatrist. One visiting professional told us, "The staff here [Olivet] are very good. They make me feel part of their team. They support me by providing the information I need and work proactively to implement whatever I ask."

At the time of our visit, the provider was in the process of modernising parts of the home to be more dementia friendly. This had included redecorating parts of the home making it brighter with colour contrasts between the floor, walls and hand rails. Dementia friendly signage was being introduced. There had been further improvements with the removal of equipment that had been stored in corridors that had the potential to cause trips; now safely stored away in designated storage units. There was safe access to the surrounding garden area. The whole home environment, at the time of this inspection, was calm and relaxing.

Is the service caring?

Our findings

At our last inspection in July 2017, we rated the service under the key question is the service caring as 'Good'. At this inspection we found the service had remained 'Good'.

Everyone we spoke with, without exception, told us that staff were kind, compassionate and caring to them. One person told us "The staff are lovely and the night staff are just the same. [Staff member] came in yesterday afternoon on their day off and sat talking with me. I've been well looked after for everything." A visitor to Cedars told us, "Staff are very caring, amazing here [in the dementia unit] so patient [with people]." A relative also said, "Staff are very friendly, they listen which is important, they [staff] are like an extended family; the staff employed here [Olivet] are naturally caring." We saw that interactions between staff and people were respectful. We saw people were supported by staff that had got to know them and this had enabled people to build positive relationships with them. Staff told us they enjoyed working at the home and spending time with the people who lived there. One staff member said, "I love my job, I wish I had worked here earlier."

People we spoke with told us they were involved in day to day decisions about how and where they spent their time. One person told us, "We are treated as equals [by staff] not patronised." There were areas throughout the home where people could choose to relax, for example, in dining areas, individual lounges/conservatories, in the garden area or quiet time on their own in their rooms. All of the people living in the home resided in individual bedrooms with en-suite facilities which gave them privacy. Everyone we spoke with told us they could contact friends and family when they wished. People we spoke with confirmed they were supported to be independent. One person said, "Staff encourage you to do things," another person told us, "I move about as I want, I get myself up and dressed and staff assist me to bathe." We saw that people were supported to go shopping in the local area, were visited by friends and had opportunities to attend local community events. We saw that people were actively encouraged to be independently mobile around the home and had their walking frames close by to support them to walk.

We saw staff respected people's privacy and ensured they asked people's permission before supporting them. People told us that staff treated them with dignity and were respectful of people's cultural and spiritual needs. Information regarding people was kept securely locked away so that people were assured their personal information was not viewed by others.

Staff were aware of the individual wishes of people living at the home that related to their culture and faith and respected people's individuality and diversity. We found that people were given choices and were asked whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremonies or celebrations. The provider told us they created an inclusive environment and people encouraged to be open and comfortable within a safe and supportive environment.

Is the service responsive?

Our findings

At our last inspection in July 2017, we rated the service under the question is the service responsive as 'Good'. At this inspection we found the service had remained 'Good'.

People we spoke with all told us they had a care plan that was tailored to meet their individual needs and could make decisions about their support. People's day to day care plans were stored in their bedrooms. One person told us they were given a choice about this and said, "I was asked if I'd like my care plan in my room and I was happy to agree. I have been involved in the reviews of my care too". Another person we spoke with said "There are regular meetings and [the provider] listens to your views." We saw that people's care plans contained information about their likes, dislikes, preferences, social history and family relationships. Staff we spoke with were knowledgeable about people and knew what was important to them. There were regular reviews of the care plans and people were supported to follow their interests and their independence was respected.

The communication needs of people had also been considered. The home had a communication link into people's rooms that enabled those unable to attend religious services and social activities still actively participate. One person with memory impairment had been provided with a white board in their bedroom which showed them the day, what was going on in the home and a reminder of the visitors they were expecting. The registered manager shared their plans with us about advanced dementia training they were looking to develop and bring in-house to benefit their staff.

People we spoke with told us they could visit the local shops and if necessary, they were accompanied by staff to ensure they were safe. We found people were supported to take part in hobbies and interests of their choice. People told us they enjoyed a range of different activities to meet their personal choices. For example, going out for a walk, shopping, reading, visiting family and going out on day trips. One person told us, "There are some fantastic activities." Another person said, "We do a lot of activities, staff ask if you want to join in, it's your choice." The service was also supported by many volunteers that visited the home who spent time talking with people.

People we spoke with told us that the registered and deputy managers and staff were approachable and they felt confident to speak with them if they had any concerns or issues. One person told us that although they had no complaints they were certain they would be listened to and said, "I wouldn't hesitate to have a chat with the manager if I was unhappy. I have no doubt they would listen and do what they could to sort it out for me". Although there had been no complaints received about the home since our last inspection, the provider had processes in place that recorded concerns and monitored for trends.

People we spoke with told us their faith was very important to them. This included their end of life (EOL) wishes which we saw were openly discussed between the person, family members and healthcare professionals. The care plans we reviewed reflected people's wishes for their EOL care including spiritual support and family involvement.

Is the service well-led?

Our findings

At our last inspection in July 2017, we rated the service under the key question is the service well-led as 'requires improvement'. We had found processes in place to monitor, near misses, incidents and accidents were not consistent which meant events were not always effectively and thoroughly investigated with action plans introduced to reduce the risk of reoccurrence. At this inspection we found there had been improvements made.

Improved systems were in place to monitor the quality of the service provided. This included the monitoring incidents, accidents, medicine errors and complaints, to identify patterns and trends and develop any action plans to mitigate the risk of a reoccurrence. We saw that checks had been carried out in areas such as health and safety and medicine administration records and where issues had been identified, they had been addressed promptly and if appropriate, staff had been reassessed and their competencies checked. Checks were also completed on the environment and cleanliness of the home to ensure the home was a clean and safe place for people to live. We found effective systems were in place to monitor the quality of care and support people received.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager explained how they operated in an open and transparent way and we saw evidence of how they reflected this within their practice. The registered manager understood their regulatory responsibilities and the home's latest inspection ratings were displayed appropriately. We saw evidence to show the service had worked in partnership with other organisations, stakeholders and healthcare professionals and had reviewed incidences in order to identify how the service could be improved.

The provider encouraged and valued feedback from people, their relatives and visitors to the service. People told us they were given every opportunity to directly share information with the provider. We were told the provider held 'residents' meetings' and they felt involved in these meetings and in the day to day running of the home. For example, one person told us there had been a meeting the previous day (to our first visit) to talk about planned changes to the building layout. We were told by people living at the home that the provider also sought feedback through surveys. The provider made every attempt to gather feedback from relatives and visitors with the use of feedback cards that were available in the reception area. People we spoke with told us they were happy living at Olivet and thought the registered manager did 'things well.' One person said, "If anything was wrong and I was worried, I would go to [registered manager's name]." Everyone we spoke with agreed the home was well-led and the management arrangements provided staff with a 'good level' of support. Staff we spoke with agreed they were provided with supervision although the frequency was not clear. However, all staff agreed the supervision sessions were for their benefit and there were opportunities to discuss their progress and their training needs for future development.

Staff we spoke with confirmed there was a whistle-blowing policy within the organisation which they felt

empowered to use if necessary. One member of staff told us, "I would be happy to use it if necessary and would carry on up the organisation hierarchy if necessary until I was certain the correct action had been taken."

The provider had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.