Olympus Care Services Limited

Obelisk House

Inspection report

Obelisk Rise
Kingsthorpe
Northampton
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Ratings

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

Overall summary

This unannounced inspection took place on 6th October 2015. Obelisk House provides accommodation and personal care for up to 44 people. On the day of our inspection there were 40 people using the service.

A registered manager was not in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 living at Obelisk House but improvements were required to ensure staffing levels were sufficient. Action had been taken to prevent any more people using the service until sufficient numbers of staff had been recruited. Risk assessments were generic and required personalising to meet people's individual needs. People were appropriately supported to take their medicines and secure storage arrangements were in place to hold people's medicines. Staff recruitment procedures were robust to ensure staff were suitable for their positions and staff were knowledgeable about how they could identify and report preventable abuse.

Summary of findings

Improvements were required to the training that staff received, particularly with moving and handling techniques staff used to support people moving and transferring. In addition, improvements were required to ensure accurate training records were held by the service. The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) however improvements were required to the level of detail contained in people's records about this. Most people were given sufficient support to eat nutritious meals and people received timely healthcare when they needed it. Staff received regular supervision with senior staff about their performance.

People received support from friendly and kind staff. People's privacy and dignity was maintained and people's individuality was respected. People were supported to make their own choices about the care they received and people were encouraged to make their environment as homely as possible.

People were involved in their care planning and deciding on the support they would like to receive. However, care was not always delivered in the way that people wished and care records did not contain sufficient detail to show how people had received their care. People were offered little stimulation and care did not always correlate with people's interests. Staff were knowledgeable about how to support people when they became distressed or unwell. People were supported to maintain their relationships with people that were important to them and complaints and concerns were investigated and acted on.

There was not a registered manager in post and a current application had not been made to the CQC. Staff had confidence the service was being well-led through a period of change in managers and the atmosphere and culture of the service was positive with a team approach. There were systems in place to monitor the quality of the service however these were not always effective at identifying where improvements were required. People were involved when changes were made and were asked for their feedback about the service.

We identified that the provider was in breach of two of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) and you can see at the end of this report the action we have asked them to take.

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?

Requires Improvement

The service was not always safe.

People did not always receive their care and support in a timely way and from sufficient numbers of staff.

Improvements were required in relation to people's risk assessments to ensure they consistently received care that met their needs.

People's medicines were appropriately managed and safely stored.

Staff were suitably recruited and checks were made to ensure they were from an appropriate background to provide care.

Staff understood how they could protect people at risk of abuse and how they could report any concerns to the appropriate authorities.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were required to staff training particularly in relation to moving and handling people.

People's records related to pressure relieving equipment required monitoring to ensure they were effective.

People received adequate support to eat nutritious meals.

People's healthcare needs were met.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) but improvements were required to the level of detail in relevant documentation.

Is the service caring?

Good

The service was caring.

People were supported by kind and friendly staff.

People's privacy and dignity were maintained.

People's individuality was respected and people were listened to.

People were supported to make choices about their care and staff respected people's preferences.

People were able to contribute to making the service feel like their home.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Summary of findings

People were involved in their care planning and deciding on the support they would like to receive.

Care was not always delivered in the way that people wished and care records did not contain sufficient detail to show how people had received their care.

People were offered little stimulation and care did not always correlate with people's interests.

Staff were knowledgeable about how to support people when they became distressed or unwell.

People were supported to maintain their relationships with people that were important to them.

Complaints and concerns were investigated and acted on.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was not a registered manager in post and one had not been in post for six months.

There were systems in place to monitor the quality of the service however these were not always effective at identifying where improvements were required.

Staff had confidence the service was being well-led through a period of change in managers.

The atmosphere and culture was positive with a team approach.

People were involved when changes were made and were asked for their feedback about the service.

Obelisk 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 unannounced inspection was carried out by an inspector, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care home. A specialist advisor is an experienced professional with specialties in specific areas. The specialist advisor we used for this inspection had experience in supporting people at risk of pressure area damage.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and

social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

During this inspection we spoke with eight people who used the service. We looked at the care records of five people. We spoke with five care staff, including the current manager. We looked at four staff files and records related to the quality monitoring of the service. We undertook general observations in the communal areas of the home, including interactions between staff and people.

Is the service safe?

Our findings

People told us they felt safe living at Obelisk House but felt improvements were required to the staffing levels. One person said, "I feel safe here yes dear. This lot of staff are alright; I have never seen anyone spoken to badly." Another person said, "Do I feel safe here? – I think so – it has changed – not enough staff. There used to be more staff when I first came into the home." One relative said, "She is much safer in here than in her home." People told us they used their call bell but sometimes had to wait a long time for staff to help them. One person said it was worse in the evenings when lots of people were going to bed. Staff told us they struggled with the lack of staff at times and felt they needed more staff. We observed that people's basic care needs were met and people were able to have sufficient staff support to keep them safe however the staffing arrangements were not sufficient. There was little interaction with people beyond completing people's care tasks. We saw that staff did not spend time talking with people about their interests or engaging them in any activities. Some people had to wait at the dining tables for over 15 minutes whilst staff supported each person to the table and one person who required support with their meal had to wait until a member of staff had finished supporting another person as staff were not sufficiently deployed to assist everybody in a timely way. The acting manager had recognised that staffing levels required improvement and had decided that no more people would be accepted into the home until sufficient numbers of competent staff had been recruited. Recruitment was underway and agency staff were used to ensure minimum staffing numbers were available to keep people safe.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements were required to ensure accurate risk assessments for people's needs were clearly documented. People told us they felt they received safe care which met their needs and staff were able to describe their role in identifying and managing risks to people. Staff were also able to explain how they personalised care to ensure they met the needs of each individual however risk assessments were generic and had not been personalised for each individual, particularly for people who required pressure area care. We also found that one person's personal emergency evacuation plan contradicted information within the person's falls risk assessment. Staff confirmed that the person's health had deteriorated and the personal emergency evacuation plan required updating.

People were supported to take their medicines safely. People told us they usually received their medicines on time and with appropriate staff support. Staff were knowledgeable about what people's medicines were for and how they liked to take them. People were not rushed to take their medicines and staff ensured people had a drink to help them swallow any tablets if they required one. People that were prescribed medication on an if required basis, were asked discretely as to whether or not they wished to have such medicines. People's medication administration records were checked before people were offered their medicines and were completed by staff when people had taken their medicines. Medicines were locked securely in communal areas of the home and medicines that required storage in a refrigerator were kept locked away. When the temperature of the medicines refrigerator reached more than 8°C action was taken to rectify this.

There were thorough recruitment procedures in place to ensure staff were suitable for their role. Staff's backgrounds had been checked for criminal convictions and satisfactory employment and character references were obtained before staff started work at Obelisk House. Staff told us that they had been unable to start their care role until all their results had been received by the provider.

Staff were knowledgeable about their safeguarding responsibilities and were able to explain how they kept people safe from harm. Staff knew how to identify different signs of abuse and understood how they could report any concerns of abuse. One member of staff told us, "If I was worried at all [that somebody was at risk of harm] I would report it straight away to one of the seniors." We found that relevant safeguarding notifications had been made to the local authority and Care Quality Commission and the manager had investigated incidents of concern when required.

Is the service effective?

Our findings

Newly recruited staff told us they received a suitable induction that prepared them for their role. New staff initially worked alongside an experienced member of staff and completed their induction training programme before they took up their care role independently. Staff told us they felt the induction was good and with staff support to help understand people's needs they were satisfied that the induction was sufficient.

Staff did not always receive effective training and support to do their jobs well. Staff told us they felt their training was sufficient however we identified concerns in relation to this. Training records were inaccurate and management staff were unable to confirm when staff had received their most recent training. The training matrix provided during the inspection did not correlate with when staff told us they had received training, and evidence could not be offered to show when staff were due to have refresher training. Prior to our inspection we received information which raised concerns about moving and handling techniques and how staff supported people to move whilst they received personal care. We observed staff use incorrect equipment to support one person move from one room to another. The equipment was designed to help people stand up and mobilise, and had the potential to cause harm. We also found that the same piece of equipment was recorded for use in one person's care plan who was unable to use one side of their body and therefore they would be unable to use the equipment effectively. We spoke with the manager about this and they confirmed these matters would be dealt with straight away. The provider had recognised that manual handling techniques were an issue at the service and had requested an internal review from the provider's quality team to identify where improvements needed to be made. In addition, liaison with healthcare professionals that visited the service was underway to improve practice however these actions had not been taken in a timely way and people were still at risk of receiving ineffective care.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to the inspection we also received information which raised concerns about the way in which pressure area care was provided and monitored. Two healthcare professionals involved with the service confirmed that improvements had been made to this area of care and people were better supported with their care and support needs. During the inspection we found that people had access to, and used, pressure relieving equipment which met their needs. However, improvements were required to the level of detail care records contained to ensure pressure area care was maintained by all staff. We also found that staff did not record that they monitored the quality and efficiency of people's pressure relieving mattresses and seating cushions and improvements were required in this area to ensure people's equipment consistently met their needs.

Most people were given the support they required to eat nutritious and balanced meals. People were supported to eat their meals at the dining table and were able to help themselves to food they would like to eat. People told us they were given a good choice of food. One person said, "The food is good. I enjoy it." Another person told us "There's plenty of choice and if we don't like something they get us something else." We observed the chef promptly prepare a different meal for one person who did not wish to eat what had been prepared. The manager informed us that all staff were required to ensure that people had sufficient support at mealtimes and this was a priority; however we noted this was not always happening in practice. This was discussed with the manager and assurance was given that this would be discussed with staff and improvements would be made. People with nutritional concerns had their food and fluid intakes monitored and plans were in place to ensure people were supported to have sufficient amounts of food and fluids.

People received the timely healthcare treatment they needed. When people had become unwell medical assistance was sought for them and if staff felt there were not satisfactory improvements further medical assistance was obtained again in a timely way. For example, staff had noticed that one person was unwell and promptly called for the doctor. They had been given treatment however staff were concerned that the person had further deteriorated within the 24 hours of the last doctors visit and staff ensured the doctor promptly visited the person again. The manager had recognised and accepted that improvements were required to the relationship the service had with the local doctor's surgery. Arrangements were in place to ensure smooth and effective communication was maintained between the services to ensure people received adequate support for their healthcare needs.

Is the service effective?

People were involved in decisions about the way their support was delivered and staff understood the importance of obtaining people's consent when supporting them with their daily living needs. One person was asked "Are you ready to get up now [name]?" The person requested a few more minutes and the staff respected this. Staff demonstrated their understanding of the importance of obtaining consent to care. One member of staff said, "I don't force anybody to do anything they don't want to do. We always ask people what they want to do. We encourage people to get up if they like to stay in bed but it's up to them." The manager and staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS) and they applied that knowledge appropriately. We saw that DoLS applications had been made to protect people's liberty however documentation in relation to assessing people's mental capacity required improvement. Documentation was not specific about the decisions people lacked capacity with and further detail was required.

Staff received frequent supervision by senior staff. Staff told us they felt they had adequate support from management and felt the new manger was approachable and would be supportive if they needed help. One member of staff said, "I have a monthly meeting with my senior and I get feedback about how I'm doing." Staff participated in 'supervision' meetings which recognised people's performance and training needs. Staff had also participated in annual appraisals which they felt were beneficial to their performance.

Is the service caring?

Our findings

People received their care and support from staff that were kind, friendly and respectful. One person said, “The girls [staff] are lovely here.” Another person said, “I cannot complain about any of them. None of them speak badly to anyone that I have seen.” People felt able to approach staff and one person told us that the staff “were not too bad at all” and they felt able to talk to them if they had any concerns. One relative said “The staff are wonderful and they’re kind to [relative].” Another relative told us they were happy with everything the staff had done for their relative and said, “I can’t praise them enough.” They told us they understood the care their relative received and felt involved in making decisions about their relatives care.

People’s dignity and right to privacy was protected by staff. One person said, “The staff are good and they are respectful of my dignity.” Another person said, “The staff are very caring and gentle.” People told us that they did not feel embarrassed or that their dignity was compromised whilst they received their personal care. Staff were able to explain how people’s privacy was respected and how they maintained people’s dignity at all times. Staff were seen adjusting people’s clothing whilst they used the hoist to maintain their dignity and staff were observed to knock on people’s bedroom doors before they entered. People’s needs were discreetly met by staff so that people received the support they needed in a dignified manner.

People’s individuality was respected by staff and people were listened to. Staff took an interest in what people were saying and what was important to them. One member of staff told us that they treated people as they would want to be treated, and how they felt their relatives would like to be treated in a caring and responsive way. One person became distressed telling staff that they were cold and we saw that staff spent time supporting the person to warm themselves up. Staff ensured a blanket they had obtained covered the person how they wanted it to. Staff responded promptly when people needed practical support, guidance or reassurance.

People were supported to make choices appropriate to their capabilities and preferences. People told us that staff gave them options and allowed them to make their own choices. This included when they got out of bed and where they wanted to spend their time. One member of staff told us that some relatives made choices about the clothes their relative should wear, but people were always asked if they wanted to wear what had been chosen for them or if they would like to wear something else. We observed people making choices about what they would like to eat and drink and during the refurbishment people were able to choose if they stayed at the service or went to a day centre.

People were encouraged to bring items into their accommodation which enabled them to personalise their own private space and feel ‘at home’. People had items around them which had meaning to them like photographs and other personal belongings that were important to them and reflected their interests.

Is the service responsive?

Our findings

People had been involved in planning their care. People told us their needs had been assessed and they had been asked about the support they required and how they liked their personal care. They had also been asked about their backgrounds and what interests or activities they enjoyed. One person told us that they had been offered a trial period at the home to decide if they wished to stay there. This enabled staff to work with the person to understand their needs and adapt the support to how they required it. Staff told us people's needs were assessed to ensure they could be adequately supported at Obelisk House, and that these needs were reviewed as people's care needs changed.

People's care and support needs were accurately recorded and their views of how they wished to be cared for were known by staff. Care records detailed people's personal care preferences and their ability to carry out these independently or with staff support, however their care and treatment was not always delivered in line with their individual preferences and choices. One person told us, "I like to have a bath and I usually have one every week but it's been a bit longer this week." The person confirmed that staff usually offered them a weekly bath. We examined the person's daily care records and found they were sparsely detailed with the amount of personal care the person had been offered. We found that other people's daily care records also required improving to detail what personal care people had been supported with.

People did not always receive care that was personalised and met their individual needs. Staff were able to tell us about people's interests and their backgrounds and this information enabled them to understand and support people with diverse needs. However people were not supported to maintain their interests, or to try new activities. For example, a member of staff asked some people if they wished to participate in a game of bingo but when they declined people were not asked for their feedback about activities they might enjoy. There was little stimulation for people and staff spent little time sitting and talking with people. The acting manager had identified that further improvements were required to help stimulate people and maintain their personal interests. A new member of staff had been employed to support people with activities and the manager was supporting them to encourage people to participate in activities they might enjoy.

Staff understood when people's needs changed and were knowledgeable when people were feeling unwell. People's care was adapted to meet their needs. For example one person usually liked to go to a day centre and usually ate their meals at the dining table. Staff were able to explain that they person had chosen to stay at the home and to eat their meals in their chair as they were not feeling 100%. Staff showed compassion and empathy whilst talking to the person and made efforts to ensure they were comfortable.

People received a service that was flexible. Staff were able to give examples of concerns they had raised about people's health and senior staff had reacted straight away and made changes to the care the person received. For example one member of staff identified concerns about one person's mobility and that this had deteriorated. A senior member of staff reviewed this with the person straight away and agreed with them the extra support they would like to receive.

People were supported to maintain relationships with people that were important to them. Visitors were welcome at the home and one relative told us they were able to support their relative with their personal care.

People were supported to raise complaints and concerns and these were investigated and acted on. People told us they would make a complaint if they felt they needed to, and would either speak to staff or their relatives about anything they were unhappy about. The service held group meetings with people who used the service and we saw that staff had provided information to people about how they could make a complaint and that staff could support them with this. We saw that complaints were recorded and investigated and people were given an opportunity to discuss issues that were concerning them.

Is the service well-led?

Our findings

A registered manager was not in post when we inspected on 6 October 2015 and the last registered manager had left the service in April 2015. A manager who had applied to become the registered manager had very recently left the service and the area manager was temporarily acting as the current manager of Obelisk House. A new and experienced manager had been recruited which matched the services values and culture of providing good care and strong leadership. The area manager gave strong assurances they would remain in place at Obelisk House until the new manager was in post and had become efficient and effective in their role.

Staff were reassured by the commitment from the area manager to provide stability and consistency to the service and staff felt the manager had already gained a good understanding of the areas that required improvement. Staff had confidence that steps had already been taken to recruit effective staff and that people with more complex needs would not be accepted until adequate staffing was in place. Throughout our inspection we observed the area manager supporting staff to provide the care and support that people required. Staffing teams were empowered to take control to improve their role and the care people received. For example the manager shared ideas of outstanding services with the night staff team and gave them encouragement to make their shift outstanding and be the best it could possibly be. The manager confirmed that they wanted to empower all staff to provide innovative care and support people in the best way possible. The manager was also aware that improvements were required to the activities people were offered, and that some people required more support than asking if they wished to participate in something. The manager stated they would be working with the new staff member employed to make significant improvements in this area.

The atmosphere and culture of the service was supportive and there was a team approach to ensuring people received good care. Staff told us they felt it had been difficult having different managers but felt morale was good and they had faith that the service was providing good care for people.

The standard of the service was regularly reviewed however these audits had not identified all the improvements the service needed to make in a timely way. For example, improvements into moving and handling practices were not sufficient and reviews of people's care plans did not identify the required improvements that needed to take place. The staffing arrangements were not sufficient to ensure people received good quality care when they wanted it. We saw that medicine audits were conducted on a regular basis. These audits identified when mistakes that had been made and where improvements were required. Action had been taken to rectify and prevent these errors reoccurring.

The provider was keen to learn from other services and make improvements to prevent mistakes being made and to ensure people had access to suitable equipment. For example, new chairs had been purchased in one service owned by the provider that did not wholly support people's requirements. The provider had learnt from this and made arrangements to ensure different chairs were purchased during the refurbishment at Obelisk House.

People were asked for their feedback about the service and were involved in changes that had been made to the service. People were able to attend meetings and we saw minutes of the meeting which discussed complaint procedures, feedback on food and ideas for how people could make Obelisk House feel more like home. We saw that people generally gave good feedback and were happy with the service they received. Staff told us that people and their relatives had been invited to attend events about the refurbishment and how this would affect people. Staff thought this had been well managed and people had been well informed before the changes began.

Policies and procedures gave staff sufficient guidance about how to perform their roles. We spoke with staff and they were able to demonstrate a good understanding of policies which underpinned their job role such as safeguarding people, complaints handling and confidentiality.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the service were not provided with care and treatment in a safe way because staff had not received effective training.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not adequately deployed to meet more than people's basic care needs in a timely way.