

Mr & Mrs J Matheron

Oliver Court

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

Oliver Court is a residential home that provides care, support and accommodation for up to 24 people who have mental health support needs. At the time of our inspection there were 24 people living in the home.

The service has a registered manager but an acting manager has been appointed to cover while the registered manager is on long term leave. 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 were safe and lived in a safe environment because staff knew how to recognise signs of possible abuse and knew the correct procedures for reporting concerns. In addition, there were enough well trained staff to support people and appropriate recruitment checks were carried out before staff began working in the home. The premises were well maintained and any safety issues were rectified promptly.

Identified risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively. Medicines were managed and administered safely in the home and people received their medicines as prescribed.

People were supported effectively by staff who were skilled and knowledgeable in their work and all new members of staff completed an induction. Staff were supported well by the acting manager and the management team as a whole.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The acting manager understood the requirements of the MCA.

People had enough to eat and drink and enjoyed their meals. If needed, people's intake of food and drinks would be monitored and recorded. Prompt action and timely referrals were made to relevant healthcare professionals when any needs or concerns were identified.

Staff in the home were caring and attentive. People were treated with respect and staff preserved people's dignity. Visitors were welcome and people were encouraged and supported to be as independent as possible. People were also able to follow pastimes or hobbies of their choice.

Assessments were completed prior to admission, to ensure people's needs could be met. People were involved in planning their care and received care and support that was individual to their needs. Risk assessments detailed what action was required or had been carried out to remove or minimise any identified risks.

People were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

The service was well run and people's needs were being met appropriately. Communication between the acting manager, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out by the acting manager in order to identify any areas that needed improvement.

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.

Staff knew how to recognise signs of possible abuse and were confident in the reporting procedure.

The premises were well maintained and any safety issues were rectified promptly.

Risks to people's safety were recorded on an individual basis and there was guidance for staff to be able to know how to support people safely and effectively.

Staffing levels were sufficient to meet people's needs and appropriate recruitment procedures were followed to ensure prospective staff were suitable to work in the home.

People were supported to safely take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

Staff were supported by way of relevant training, supervisions and appraisals to deliver care effectively.

People's consent was sought and nobody was being unlawfully deprived of their liberty.

People had sufficient amounts to eat and drink in the home.

Is the service caring?

Good ●

The service was caring.

Staff were caring and attentive. People were treated with respect and staff preserved people's dignity.

Visitors were welcome and people were encouraged and supported to be as independent as possible.

Is the service responsive?

Good 

The service was responsive.

Assessments were completed prior to admission, to ensure people's needs could be met and people were involved in planning their care.

People were able to choose what they wanted to do and where they wanted to spend their time.

People and their families were able to voice their concerns or make a complaint if needed and were listened to with appropriate responses and action taken where possible.

Is the service well-led?

Good 

The service was well led.

The service was well run and people's needs were being met appropriately. Communication between the acting manager, staff, people living in the home and visitors was frequent and effective.

There were a number of systems in place in order to ensure the quality of the service provided was regularly monitored and regular audits were carried out to identify any areas that needed improving.

Oliver Court

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 was 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 was carried out by one inspector on 30 June 2016 and was unannounced.

Before our inspection, the acting manager completed a Provider Information Return (PIR). This is a form that asks for some key information about the service, what the service does well and improvements they plan to make.

Other information we looked at about the service included any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During this inspection we met and spoke with 10 people who were living in the home, the acting manager, four members of care staff and the chef. We looked at the care records for four people and a selection of medical and health related records for four people.

We also looked at the records for two members of staff in respect of training, supervision, appraisals and recruitment and a selection of records that related to the management and day to day running of the service.

Is the service safe?

Our findings

People told us they felt safe living in Oliver Court. One person said, "Totally, it's the safest place I've ever lived." Another person told us, "They [staff] keep an eye on us and they soon know if something's wrong." We noted from the home's quality assurance survey from September 2015 that people said they felt protected and safe. One person had added, "Very. I'm scared of people and staff keep me safe."

The acting manager demonstrated that they understood what constituted abuse and explained how they would follow the correct reporting procedure if and when necessary. Staff also told us that they were equally as confident and would report anything they were concerned about straight away. The staff records we looked at showed that staff had received training in protecting vulnerable adults, which helped ensure they knew how to keep people safe.

The acting manager told us that the staff had worked hard to build positive relationships with people that were based on mutual trust. This had resulted in people being comfortable talking more openly with staff. This helped staff to identify any concerns or anxieties people may have and support them to find solutions.

People living in the home had individual risk assessments, regarding various aspects of their everyday lives. For example, we saw these covered areas such as personal hygiene, housekeeping, shopping, finances and budgeting, socialising, nutrition and general health. The acting manager told us that they were passionate about completing personal and detailed risk assessments for people. They explained how their background in occupational therapy enabled them to recognise the subtle details that could increase risk or decrease empowerment.

We noted that the care records were particularly detailed in respect of people's individual characteristics, including any areas of vulnerability such as alcohol dependency, exploitation and financial abuse. Where risks to people's safety had been identified, we saw that these were recorded clearly, with guidance for staff that showed how to support people safely and effectively. People also had a personal profile recorded with each identified risk area. Staff confirmed to us that they had easy access to this information and we saw that it was reviewed and updated on a regular basis.

A designated member of staff was responsible for ensuring maintenance and health and safety checks were carried out regularly, including fire alarm tests and fire drills. We also noted that there were regular procedures and checks in place to ensure the safe management of water systems and Legionella at Oliver Court. Another member of staff was the designated infection control champion, for which the home had recently been deemed fully compliant. All these measures helped ensure that people were kept safe and able to live in a safe environment.

People we spoke with told us there were always enough staff on duty to support them and safely meet their needs in a timely fashion. The acting manager explained that people's dependency was regularly assessed, to ensure that the staffing levels remained sufficient and appropriate. It was evident from our observations, discussions with people and a review of the rotas, that people were able to safely carry out their daily

routines and receive staff support, as and when they required.

The staff files we looked at and a discussion with the acting manager, confirmed that appropriate recruitment procedures were followed to make sure that new staff were safe to work with people who lived in the home. All staff were checked for suitability with the Disclosure and Barring Service (DBS) and appropriate references were obtained before they started working in the home.

Medicines were managed and administered safely in the home. The acting manager told us that three members of staff were 'champions' in the home for medicines and took responsibility for ordering and returning medicines, ensuring appropriate storage and auditing. One of these members of staff told us that all the support staff were trained to administer people's medicines and explained the systems that were in place for staff to follow.

We looked at the medicines storage and recording systems and saw that people's medicines were appropriately stored in a separate room that was kept locked when not in use. People's records, including the medicines administration records (MAR), were clear, up to date and completed appropriately.

Some people managed and administered their own medicines and we saw that appropriate risk assessments had been completed. We also noted that these people had consented for staff to carry out checks to monitor their compliance and progress in respect of managing their own medicines. One person we spoke with told us about their medicines and explained what they took, when and what it was for. We saw that this information matched what was recorded in the person's care records.

We noted that staff were vigilant in ensuring that people took their medicines as prescribed and followed up any concerns appropriately. This included involving relevant healthcare professionals promptly if necessary. People also had regular reviews of their medication, to ensure it remained appropriate for their general health, mental health and clinical needs.

Is the service effective?

Our findings

People were supported effectively by staff who were skilled and knowledgeable in their work. One person told us, "They seem to know us all very well. They know our good points as well as our bad points and they know what support we need."

The acting manager explained how all new members of staff completed a full induction process, which included completing essential training courses that were relevant to their roles. In addition, new staff completed the 'Care Certificate'. Some of the training we noted that staff had undertaken included fire safety, medicines administration, safeguarding, Infection prevention and control, understanding behaviours and de-escalation techniques. The acting manager went on to say that staff received relevant and specialist training and that every one of the care staff either held a care qualification of at least level three, or they were working towards this.

The acting manager told us how they strived to make Oliver Court a place to work that was enjoyable as well as meeting staff's needs for a challenge and continued inspiration. They said that this helped ensure staff recognise and feel that they were actually making a difference to people's lives. Staff confirmed this and told us that they were very happy in their work and felt fully supported by the management team. One member of staff told us, "I've been here 12 years and still enjoy coming to work. That says it all really. I enjoy working with my colleagues and the residents." Another member of staff said they, "Enjoy the interaction between staff and residents and the feeling of the home. We have an amazing reputation and we strive for perfection and helping people with mental health issues live a normal life." A third person told us how they had also worked in the home for a long time and got on well with all the people living in the home as well as other staff. They told us, "It's homely, understanding and I feel comfortable working here."

We noted that formal staff meetings were held regularly and that communication between the staff team was frequent and effective. We also saw that information was handed over appropriately at the end of each shift. Formal supervisions and appraisals were held regularly and we saw that records of these were maintained appropriately.

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 the mental capacity to take particular decisions, any 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of the liberty were being met.

The acting manager and staff told us that they understood the MCA and ensured that consent to care and treatment was sought in line with legislation and guidance. They also assured us they followed the principles of the MCA when they needed to make decisions on behalf of people lacking capacity. For example, the acting manager told us that assessments were completed for people when they lacked capacity to make certain decisions for themselves. When DoLS were required for some people, these were applied in the least restrictive way possible. Appropriate meetings and discussions were also held with people and relevant healthcare professionals, to ensure that any decisions were made in people's best interests.

The acting manager explained how one person living in the home was currently subject to a DoLS authorisation. They said that this person's capacity fluctuated and that they sometimes became confused and got lost when out in the community alone. The decision, made in the person's best interests, was that a sensor mat and tracking system would be the least restrictive option. This meant that staff knew when the person left the home and knew where the person was, if they needed help to find their way back. This enabled the person to continue enjoying their freedom of movement safely. We concluded that the staff and management were working in accordance with the MCA and DoLS.

We observed the lunch time meal and noted that the dining room had a comfortable and homely feel to it. People told us they had enough to eat and drink and said that they enjoyed the high quality of the food. One person said, "It's always very good and [chef] is brilliant."

The chef told us they ensured people were offered good quality, wholesome and nutritious meals that were freshly cooked each day. They also demonstrated their knowledge and understanding of people's individual dietary needs and preferences, as well as any allergens. The acting manager confirmed that if people were not eating or drinking sufficient amounts, their intake of food and drink would be monitored and recorded. This would enable prompt action to be taken, to help ensure people stayed healthy and well.

People's general health and wellbeing was reviewed on a daily basis and their care records were kept up to date regarding their healthcare needs. We noted that people were able to access relevant healthcare professionals as needed, such as the GP, district nurse, community nurse, psychiatrist, psychologist, music therapist, dentist and optician. The acting manager told us that they regularly sought and followed guidance from external professionals, to ensure people continued to be supported and cared for effectively. For example, we noted that one person had been diagnosed with a specific condition and attended regular hospital clinics for this.

Is the service caring?

Our findings

People told us that the staff in the service were caring. One person said, "The staff make me feel comfortable. It's like having a friend, or more like a mum or dad." Another person stated, "I like how people look after me here and wash my clothes and do my hair." A third person commented that Oliver Court was the best place they had ever lived and that the staff were the best they had ever known.

We saw that staff interacted well with people in a warm and friendly manner and observed mutual joviality and light hearted 'banter' throughout our inspection. People were comfortable in the presence of the staff and we noted that people were listened to properly. We saw that staff gave their full attention when people spoke to them.

A discussion with the acting manager and observations of staff demonstrated that they had a good knowledge and understanding of each person. It was evident from the information we looked at in people's care records that people living in the home had been fully involved in planning their own care. The care records we looked at reflected people's personal histories and preferences, which meant that staff could support them with their preferred lifestyles and future goals and ambitions. People told us that the level of support they received was regularly reviewed and that they had meetings with their keyworkers and other relevant people to discuss this. People we spoke with had different reasons for living in the home and each person told us that they were being supported in the way they wanted.

Visitors were welcome without unnecessary restrictions and, where possible, people had regular contact with family members or friends. If people did not have any family, we noted that they would be supported to access an independent advocate if they wished.

We saw that people were treated with respect and that staff preserved people's dignity. For example, people were addressed by their preferred names and staff knocked on doors before entering people's private accommodation. People were also discreetly prompted or assisted, if they required any personal support.

People were encouraged and supported to be as independent as possible and we noted that a number of people were working towards moving on to independent living in the community. In order for this to happen effectively, we noted that people were supported with aspects of daily living such as budgeting, shopping, cooking and cleaning. We also saw that people were able to choose how and where they wished to spend their time and could take part in a variety of activities if they wanted to.

Is the service responsive?

Our findings

One person we spoke with in their flat told us that the staff were very supportive and were helping them get ready for moving into a new flat in the community. This person said, "It's been good living here, they [staff] have helped me a lot." Another person we met and spoke with told us, "I need quite a lot of support from staff and they're always around when I need them." A person living in the home commented in the home's quality assurance survey from September 2015 that there was always a member of staff on hand to help, talk and tidy.

We saw that people had been fully involved in planning their care and received care and support that was individual to their needs. We heard staff engaging easily in comfortable conversations with people, as well as checking whether any support was required. We also saw that when anybody did request support, staff were quick to respond.

A discussion with the acting manager and information in people's care records showed that each person completed an assessment, prior to their admission to the home. We saw that the pre-admission assessments were used to form the basis of people's care plans and risk assessments. On the first day of a person moving into the home, we noted that a 'first day admission procedure checklist' was completed. This included showing the new person around the home, giving them a copy of the 'residents guide', booking in their medicines and introducing them to their keyworker.

We saw that the contents of people's care plans were personalised and gave a full description of need, relevant for each person. For example, we saw that detailed information was recorded for people in respect of their mental and physical health, emotional needs, social inclusion and independent living and recovery. Our observations and discussions with people confirmed that what we had read in their care records was an accurate reflection of each person as an individual. Staff confirmed to us that people's care records were clear and easy to follow, which meant they could support people properly.

We saw that people living in the home made decisions for themselves in respect of what they wanted to do and how they wished to spend their time. During this inspection we saw that some people sat chatting with each other in the different communal areas, one person had been out shopping and bought a CD, whilst others were watching television or listening to music in their rooms or flats. One person told us how they enjoyed listening to music, watching television and playing computer games. Another person showed us the garden and barbecue area and told us cheerfully that they had done a lot of work making it so nice.

When one person was asked what their favourite thing about Oliver Court was, they replied, "The activities. Going out with staff and doing anything that is going to make the day [good]." Regular activities were organised by the home, which people could join in with if they wished. We saw a notice that explained how each day the staff would try and run at least one activity so that nobody would find themselves with nothing to do. Many of these were free of charge, such as the rambles, table tennis, pool, watching a film in the home or art and craft. Other activities incurred small and affordable costs, to keep them accessible, such as swimming, the cooking school, going to the cinema and bowling. We also noted how everyone was invited

out for a meal, which the provider paid for, at various times during the year. The meal out in May 2016 had been at a diner on the seafront, where people enjoyed a variety of American style food.

From the minutes of 'residents meetings' that were held regularly in the home, we saw that these gave people the opportunity to discuss various topics. For example, we noted that ideas for activities and holidays were discussed and that a member of staff was making arrangements for people to go snowboarding. One person told us they were very excited about this. We also noted that people discussed the meals and made suggestions for the menu during these meetings. In addition, issues regarding the premises such as housekeeping and maintenance were also talked about. Informal group and one-to-one 'chats' were also constant, which meant that any issues could be identified quickly and, if action was needed, this could be taken without delay.

People told us they were able to voice their concerns or make a complaint if needed and had been made aware of the service's complaints procedure. This was appropriately explained according to each person's individual needs. People said they were listened to and received appropriate responses and action was taken, as needed. One person said, "We can talk to [acting manager] or any of the staff if there's ever a problem." Another person told us, "Whenever anything's wrong they [staff] listen to me and do something about it."

Is the service well-led?

Our findings

We observed that people living in the home, visitors and staff were considered to be an important factor in the way the home ran. The acting manager told us that any suggestions for improvements were listened to and action taken, where appropriate or necessary. For example, where people made suggestions to improve the décor of their private accommodation or make changes to the menus, we noted that these had taken place.

The acting manager said that the entire staff team constantly sought feedback from people regarding the quality of the service provided, by way of daily discussions and quality assurance surveys. Where action for improvement was identified, this was taken appropriately and with the involvement and inclusion of all the relevant people.

We noted that the quality assurance survey from September 2015 contained mostly very positive comments. For example, when asked what people thought of the care they received, we noted responses such as: Very good, great, helpful and spot on. When people were asked if they received the care and support they wanted, comments included: "Yes, and more." And, "Yes, always."

When people were asked what they liked about the home, we noted that all the comments were very positive. Such as, "Friendly, caring, professional environment that enables me to live with my illness to the best of my abilities." "I like that they offer to cook meals if you haven't done a food shop." "The feeling that most people are my family." And, "Being independent." People also made very positive comments about the staff team such as, "They're great, always there to help." And, "Love them to bits, they're great."

People living in the home gave us feedback regarding what they liked about living in Oliver Court. One person stated that they liked everything and didn't want to move. Another person said they liked the food, the bedding and how they were looked after. A third person stated, "It's just cool isn't it!" And added, that the acting manager and staff didn't tell them what they could and couldn't do.

Staff also made very positive comments about the home and the support they received from each other, the management team and the provider. One person told us, "I think this place is brilliant, in my opinion it's definitely the best one around."

The acting manager told us, how there was a range of ages and genders among the staff team and said, "A few have been with us in excess of 10 years and a few are more recent but every one of them is unbelievably enthusiastic about their work and they really care about the people they are working with." This meant that people living in the home could be allocated a key member of support staff, with whom they could most effectively relate to.

Communication between the acting manager and the staff was noted to be frequent and effective, with staff meetings held on a regular basis. We noted that discussions during these meetings covered aspects such as training, housekeeping and other service specific topics. Handover meetings were also held at the end of

every shift, during which each person's health and wellbeing was discussed. Any concerns, issues or requirements were highlighted at this point, to ensure people had continuity of care. Additional meetings were also held to discuss and review specific individuals' health and wellbeing.

The acting manager told us that both they and the registered manager, as well as the whole staff team, continually strived to make Oliver Court a real home for the people who lived there. The acting manager explained to us how in the past few months they had implemented a number of improvements. For example, a much more diverse activity timetable, more regular handover meetings and more focused staff meetings. They told us that, by reviewing each person living in the home on an individual basis, it had improved the whole team's communication and ability to engage people in more meaningful activities.

The acting manager also told us how they used a specific researched and approved method to conduct assessments of people's social skills and domestic capabilities. This meant that each person was assessed as a unique individual, regarding their approach and capability to undertake some of the fundamental factors of daily life. This resulted in people receiving support and encouragement in a way that was specifically tailored to their individual needs. The acting manager explained that these assessments were also used alongside the quality assurance checks to review efficiency and effectiveness for people in respect of the support they received.

There were a number of systems in place to ensure the quality of the service provided was regularly monitored. For example, care plans and people's individual assessments in respect of risk, were audited, reviewed and updated regularly. We also noted that the staff team as a whole regularly took note of people's comments, thoughts and feelings. This helped ensure people were consistently satisfied with the service they were receiving.

Audits were also carried out regularly, covering areas such as health and safety, medicines, infection prevention and control, meals, complaints, accidents or incidents and staff supervisions and training. These audits helped designated staff to identify any negative trends and we noted that appropriate action was taken by relevant people to make the necessary improvements.

The acting manager told us that they really believed Oliver Court provided a very high quality service and added, "It goes without saying that I am a little biased on the subject but I have never worked anywhere where I have felt such a connection between staff and residents (or patients elsewhere) as I feel here."

This confirmed to us that the service was being well run and that people's needs were being met appropriately.