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Oliver House

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 15 May 2017. At our last inspection on 19 April 2016 we asked the provider to make improvements to several areas of their service. These covered medicine management, the meal experience, the stimulation on offer to people and the quality monitoring systems in place. The provider sent us an action plan explaining how and when the improvements would be made. At this inspection we saw that improvements had been made in all these areas of concern. We also asked the provider to make improvements to ensure there were enough staff to meet people's needs. At this inspection, although we found there was enough staff, some of the time people's needs were not being responded to. We have asked the provider to reflect on this area and consider how they can support people's needs in a responsive way.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider determined the staffing levels on the number of people living in the home and the level of support they required, however this was based on physical needs and not always included peoples emotional needs. . Staff had received training in a range of areas to support their role and further training had been planned to enhance their learning. People who used the service were safe and staff understood their role in ensuring people were protected from abuse or poor practice.

The provider and registered manager understood their responsibilities when people lacked capacity. We saw best interest decisions and assessments had been completed in line with guidance. Where people were being restricted of their liberty in their best interests, the appropriate authorisations had been applied for. Everyone we spoke with felt that there had been improvements to the home and these had enhanced people's experience of care. We saw that people were responded to in a kind and friendly manner and staff respected their decisions. Risk assessments were in place to ensure people's safety was maintained and people's independence was encouraged.

Medicines were managed safely and in accordance with good practice. People received food and drink that met their nutritional needs and had been encouraged to make choices in future menus. Staff made referrals to healthcare professionals in a timely manner to maintain people's health and wellbeing.

Staff were caring in their approach and they created a warm homely environment which people told us they liked and enjoyed. People felt confident they could raise any concerns with the provider and manager. There were processes in place for people to express their views and opinions about the home. The provider and registered manager had systems in place to monitor and improve the quality of the service.

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 understood their responsibilities to keep people safe from harm. Any identified risks had been completed and guidance provided. There were sufficient staff and they had been recruited ensuring the appropriate checks had been completed. People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Good

The service was effective.
people were supported to make decisions, and when not able to, the provider had ensured that they followed the guidance to do this. Staff received training to support their role. People enjoyed the food and had been encouraged to make choices about the menu. Support from health professionals was requested and guidance followed.

Is the service caring?

Good

The service was caring
People's dignity was respected along with their values. People received care which was friendly and kind. Relatives were welcome to visit anytime. Care was provided in a responsive and respectful way when people were nearing the end of their life.

Is the service responsive?

Requires Improvement

The service was not always responsive
People did not always receive responsive care, however staff knew people's needs well. People had the opportunity to participate in activities they enjoyed. There was a system in place to manage concerns or complaints

Is the service well-led?

Good

The service was welled

People, relatives and professionals were encouraged to share their opinion to identify where improvements were needed. Staff understood their roles and responsibilities and were given guidance and support by the management team. Systems were

in place to monitor the quality of the service provided and make improvements.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on the 15 May 2017 and was unannounced. The inspection visit was carried out by two inspectors. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with four people who used the service, five relatives, five members of care staff, the an activities coordinator , the deputy manager, the registered manager and the providers. We also spoke with two health care professionals, one before the visit and one during. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

At our previous inspection in April 2016 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was not sufficient staff to meet people's individual needs and to keep them safe. At this inspection we saw improvements had been made to the number of staff available to support people's needs. One person said, "I think the staff are brilliant, they help with any problems and if I am upset. They always come quickly." We spoke with the staff who told us the staff group was more stable and they did not need to use an agency as their own staff were able to support when there was sickness or annual leave. Since the last inspection the provider had introduced a staff member to support from 7.00am to 10.00am. One staff member said, "I think that really helps." Some staff felt a similar role in the early evening would help. We discussed this with the registered manager and provider and they agreed to review this with the staff to consider the best time for the support to be provided.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included requesting references and checking the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us, "I had my DBS check completed and provided two references which all had to be done before I started." This demonstrated that the provider had safe recruitment practices in place.

People felt safe when they received care. One person said, "If I am frightened or upset, they are here to help me." A relative said "[Name] is a lot safer now they're here." Staff were able to tell us the different possible signs of abuse around safeguarding and how to raise a concern. One staff member said, "I would report any concerns and feel confident it would be dealt with." Another staff member said, "We are here to protect people and are accountable to make sure they're safe."

We saw that risks to people's safety had been assessed. The assessments covered all aspects of the person's care and environment. We saw that equipment had been placed in people's rooms to support their safety. For example, when people were unable to use their call bells we saw pressure mats had been placed near the bed so that when the person got up the staff were alerted. Equipment had been fitted when people had fallen . For example, one person had rails fitted to their bed as they fallen from it. The person told us, "They are important as they stop me rolling out of bed."

People were able to move around the home freely and this was encouraged. People had their own walking aids and support was offered when needed. One staff member said, "We don't want to stop people's independence." Where people required support to transfer using equipment, the assessment identified the type of equipment to be used and the level of support required. We observed people being transferred safely and the staff offered people reassurance during this process.

Some people chose to have a cigarette. One person said, "The staff stay with me while I have a cigarette to make sure I don't fall and I am safe." There was an individual risk assessment for each person and we saw

that when people had their cigarette they were supervised to ensure they were safe.

People received their medicines correctly. Staff explained what they were doing and gave guidance to help people understand the medicine they were receiving and what it was for. Some people required medicine to reduce their anxiety. We saw this was clearly documented in relation to the time of the medicine and why it had been prescribed. Some people were unaware of the importance of their medicines. For one person we saw they received their medicine concealed in their food. This is known as covert administration. We saw that when this practice was used an assessment had been completed with health care professionals to ensure the decision was in the person's best interest. Health care professionals provided support for some peoples in relation to their medicines and we saw this happened. For example, the checking of blood sugars prior to the person receiving their daily insulin.

Some medicine was given on an as and when required basis. We saw the provider had protocols in place for this. These protocols identified when the medicine should be given to protect people from receiving too little, or too much medicine. When people used topical creams or soap alternatives we saw they had been recorded on a medicines administration record. The provider carried out medicines audits to ensure people's medicines were stored, recorded and administered correctly. This meant people received the support they required with their medicines.

Good

Is the service effective?

Our findings

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 or 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. 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 provider was working within the principles of the MCA. We saw that assessments had been completed which were specific to the activity or decision. Where people lacked capacity we saw that best interest meetings had been completed and the relevant people consulted in relation to the decision. Applications relating to DoLS had been made to the relevant authority and reviewed in accordance with the timeframe. We saw people were offered choices and their independence promoted. Staff had received training in this area. One staff member told us, "We do learn from the booklets, but they're not as intense as the face to face sessions which I prefer." The registered manager told us and records confirmed that additional face to face training had been booked to support the staff understanding in this area.

People received support from staff that had been trained to do their job. One staff member told us, "There is a lot of training; we have the booklets and face to face. The lady who does the moving and handling is very good." Another staff member told us, "It's good we keep up to date as things change, like policies etc." We saw the registered manager kept a record of the training requirements and ensured that staff certificates were kept up to date. Staff had been placed on further training to support their role. .

New staff received training before they commenced their role and then received support from experienced staff as part of their induction. One staff member said, "The staff have been really supportive, I only have to ask." This meant that staff where supported to maintain the skills for their role.

People told us they had a choice and enjoyed the food. One person said, "The food is brilliant, they give you plenty." A relative told us, "I know they are getting three meals a day, which is reassuring." We saw during the day people had been offered snacks and drinks. We observed the midday meal. People were encouraged to be independent and offered equipment and guidance. The provider had consulted people about the menu, as the seasons changed from winter to summer. We saw that people's views had been considered. For example, changing sponge puddings and custard to lighter puddings and the introduction of buffet teas to provide more variety and choice. People's weights were monitored and referral's made to health care professionals when needed. We saw that when guidance was provided it was followed. For example, the addition of thickener to drinks or food which had been pureed to reduce the risk of people choking.

People's health care had been supported. We saw that referrals had been made to a range of health care professionals. These covered all aspects of people's health needs and well-being. A health care professional said, "The home are very good at ensuring things are in hand and call us if needed." Another health care

professional said, "The staff have good knowledge of people's needs and there is always someone around to support me if needed." This demonstrated that people were support with their individual health and wellbeing.

Good

Is the service caring?

Our findings

At our previous inspection in April 2016 we found that the provider was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured peoples dignity was respected/promoted. We saw at this inspection improvements had been made. We observed people throughout the day and saw that when people were supported this was done respectfully. When people made a decision this was respected. For example, one person said they did not want any more of their meal, staff listened to them and the meal removed. Other people were encouraged to make choices about were to sit and what to do. A staff member said, "I was brought up to respect my elders, its important. I love looking after the people here." The provider had introduced training on dignity and several staff had signed up to become dignity champions. On the notice board in the reception there was a dignity information board and the provider had held a dignity day to raise awareness. In the lounge there was also a dignity tree, which had leaves attached by ribbon with wishes and statements. The deputy manager said, "The leaves are a good reminder and give an opportunity to add more things as they happen to keep staff focused. This demonstrated that people's dignity was promoted and encouraged.

People and relatives told us they felt the staff cared for them. One relative said, "They are always well presented here and that's important." Another relative said, "The staff know my relative well, they know how to reassure them." We saw how staff provided comfort and thoughtfulness to people. One person was calling out anxiously. The staff member said, 'You're at Oliver house, no need to be scared, we will take care of you.' These words comforted the person. Another person said they were cold; the staff got them a cardigan and supported them to put it on. We also saw that when a person went outside to have a cigarette they advised the person to put on a coat. When they agreed they supported them to get it and put it on.

Relatives told us they were able to visit at any time. We saw throughout the day relatives and friends visited people and they were made welcome.

The registered manager told us they had established a link with the local end of life team and were working towards the health care gold standard award. Staff had received training in this area. One staff member told us, "It's the little things which count, favourite music or the outfit they wish to be dressed in when their time has come." They added, "I want the care to be right for people." A health care professional said, "They are very good at supporting people with end of life care. They ensure they have all the care plans and documents in place, but more importantly the staff are caring." We saw how one person was refusing food due to their deteriorating illness; however they had a preference for a milky drink. Whenever the person requested one, this was provided. The deputy told us they were developing a remembrance garden so that staff could pay their respects. This show's people were cared for in a respectful way.

Requires Improvement

Is the service responsive?

Our findings

We saw that people's support was not always responsive. During the teatime period one person requested to go to the bathroom. Staff responded by saying 'Just wait two minutes'. The person then asked to go to their bedroom. Again staff responded, 'After we have done the tea.' This person continued to ask for support and waited a substantial amount of time before they were supported. Also during this period, a person took themselves to the toilet, this person was not safe to go on their own and the registered manager intervened and requested that a staff member assisted them. On two other occasions the registered manager responded to the call bell for one person, as all the staff were all occupied with other people.

Some people using the service often became anxious and other people expressed themselves in a way which was disruptive to others. There were plans in place which described possible triggers to their behaviour and the techniques staff should use to distract or defuse a situation. However the staff didn't always have the time to implement these techniques. For example, we saw one person was not supported and their anxiety level increased which had an impact on other people. One person said, "If you want a headache come to this place." Staff we spoke with said they found it difficult to meet everyone's needs at this time of day. One staff member said, "We have an extra person in the morning which works well, we need that extra later in the day too." We discussed the staffing levels with the provider and manager. They had a dependency tool which reflected peoples level of need, however they had not taken into account the emotional support of some people which would reflect their needs as higher. They agreed to review the dependency tool and to discuss with the staff the times when they felt additional support was required.

We saw that fire procedures were clearly displayed and there was an overarching evacuation plan. However there was no individual plan to provide guidance and levels of support people would need to be evacuated in an emergency situation. Staff we spoke with had received fire training and we saw regular fire drills had been performed. We discussed this with the manager, who confirmed they would put these plans into place immediately.

People and those important to them had been involved in planning their care. One relative said, "They listen to my knowledge about [Name]." Care plans had been completed to cover all aspects of care. We saw staff knew people well. For example, one person was supported to watch the types of films they liked. One staff member told us, "The plans are really easy to use and have lots of information in, so we can get to know the person." The plans had been reviewed and in between the review any additional information which became available had been recorded. For example, a family provided the reason why one person had a specific mannerism, and their plan had been amended to show the staff how to support them. We saw when people were new to the home, the registered manager sat with the person who used the service to discuss their care needs. This meant people's needs were considered and documented so that the care could be individualised.

People were encouraged to take part in activities which supported their individual needs. One relative said, "They are looked after well and they plan to improve the activities." The activities coordinator had started to make memory boxes for each person. We saw one person enjoyed looking at the photos in the box. Other

people had crochet and sewing to do, one person received a manicure and another person sat with the newspaper doing the crossword. There had been an audit of activities and plans were being made to reflect summer time events, for example, picnics and trips. The activities person said, "We have completed some fund raising events to support the trips, however the provider is very good and will provide funds if needed."

We saw that information was recorded about the activities completed for that day, in addition to the activities that the person had expressed an interest in. The activities person said, "When we do baking, it's surprising what people get chatting about." External entertainers had provided entertainment to the home and other people including the local theatre company had been approached to perform.

People felt able to raise any concerns. One relative said, "I'm happy to raise any issues with the manager, but not had to. I would if needed, but we are pleased with everything." The home had not received any complaints since our last visit. The complaint policy was displayed on the noticeboard. This meant people were able to raise concerns and felt confident they would be responded to.

Good

Is the service well-led?

Our findings

At our previous inspection in April 2016 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not maintained an audit process to drive improvements. Due to this continued breach, we issued the provider with a Notice of Proposal for positive conditions on their registration. This required the provider to complete a bi monthly report to show the auditing in place and actions taken. At this inspection, we saw that improvements had been made, and the provider had completed all the report requirements we had requested.

Audits across all aspects of the home had been completed and where required further safety measures had been introduced. For example, the falls audit identified that one person had several falls. This person was referred to the falls team and equipment was provided so that staff could be alerted and respond quickly if they fell again. This person continued to have further falls, so a referral had been made to the occupational therapy team to consider other aspects which could be introduced to ensure the persons safety. The registered manager said, "We aim to minimise falls as much as possible."

We saw other audits had been used to drive improvements. For example, the medicines audit had identified that there needed to be a further check on the stock and transfer of information from one nurse to another. We saw the provider had introduced this documentation. They told us, "It's really useful as I can look back and check what happened." We discussed the other audits used for the home and found a similar method had been used to identify areas for improvement. The registered manager said, "All the audits provide a quick reference on the issues and actions. If we find things, we aim to resolve them." This demonstrated that the provider and registered manager used systems to support the safety and continued improvement of the home.

Staff felt supported by the registered manager and deputy. One staff member said, "I feel able to have dialogue with them, they are approachable if need anything." Another staff member said, "They are very approachable and they work well together." We saw supervisions had been completed for all the staff. One staff member said, "We discuss the work, agree any problems. It's nice you can discuss things or issues."

There was an open and friendly atmosphere and relatives told us there had been a lot of improvements. Feedback was requested from relatives and people through a survey. We saw the results of the survey were displayed on the notice board. All the feedback was positive. There was one comment about running out of things and this had been addressed. One relative's comments were, 'I doubt any other home would compare, everything is excellent.' Feedback had also been obtained from health care professionals. Some of these said, 'People are always clean and well cared for', 'Staff act on all requests and advice.' This demonstrated that the provider considered a range of views to reflect on the quality of the home.

We saw that the previous rating was displayed in the reception of the home as required. The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.