

Oak House Homecare Ltd

Olivemedes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Olivemedes is residential care home providing accommodation and personal care to up to 33 people. The service provides support to older people, some of whom were living with dementia, people with a physical disability and people with a sensory impairment. Olivemedes accommodates up to 33 people in one adapted building. Each person's accommodation included en-suite facilities with shared communal shower, dining and lounge areas. At the time of our inspection there were 29 people using the service.

People's experience of using this service and what we found

Not all staff adhered to good infection prevention and control practices. Fire safety was compromised due to the storage of materials under a fire escape stairwell and not all medicines records were accurate. Risks to people were identified, but these were not always safely managed. Although no one had come to harm, there was a potential risk of harm.

Although the service had a registered manager, the provider notified us on the 22 September 2022 they had left the service and no longer worked there. A new manager had been in post since but had not applied to be a registered manager. This manager left without notice on the 24 April 2023. We had no records of a manager being registered at the service since September 2022

Staff had regular medicines administration training and had their competency assessed to do this safely. However, not all staff recorded the quantity administered where there was a prescription for one or two doses. This meant it was not possible to establish patterns for as and when medication. Staff supported people with their medicines in a way that respected their independence and achieved positive health outcomes.

The service was clean and suitably equipped to meet people's support needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and knew how to do this.. The service had enough safely recruited staff who were appropriately skilled and knew people's needs to help keep them safe.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff respected people's wishes, needs and rights and valued and acted upon people's views. This helped people have a say in how the service was run.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Rating at last inspection

The last rating for this service was good, published on 5 January 2022 .

Why we inspected

The inspection was prompted in part due to concerns received about medicines administration, staffing, risks to people's safety, restrictions on people's liberty and management of the service. A decision was made for us to inspect and examine those risks. We looked at the safe and well-led questions. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have identified breaches in relation to safe care and treatment and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below

Requires Improvement ●

Olivemedede

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Olivemedede is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Olivemedede is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager but they had left their employment in August 2022. We had not received any applications for a new registered manager. An interim manager had been managing the service since September 2022 but had left their position without giving notice.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service, 3 relatives and a visiting friend. We spoke with 7 members of staff including the nominated individual who was also the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a registered manager from the provider's other service, a housekeeping staff member, the chef, and an administration assistant.

We reviewed a range of records, this included 5 people's care records. We looked at medicines records and 2 staff files in relation to recruitment. A variety of records relating to the management of the service and fire safety were also reviewed, including incident records, compliments, quality assurance processes including audits and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Systems and processes to safeguard people from the risk of abuse

- Staff had been trained to safely administer medicines and staff's competency to do this had been assessed. One person said, "Staff do give me my medicines. They wear gloves and don't touch the tablets." However, not all people's medicines administration records (MARs) were complete or accurate. We found two people's MARs where staff had not recorded the quantity of medicines administered for as and when (PRN) medications.

Running totals for the quantity of medicines held in stock had also not been updated. This meant it was not possible to identify how many tablets the person had been administered.

- Risks including for infection prevention and control, falls, choking, skin integrity and fire safety had been identified. One relative told us how their family member always had thickeners in their drinks and drank well as a result. However, not all staff adhered to policies and procedures which put people at risk of harm. This included leaving unmarked toiletries in communal bathrooms, which created a cross contamination risk and storing combustible items under stairs, creating a fire risk.

- Where incidents occurred action was taken to safeguard people. However, the provider was not able to tell us why these events were not reported to the local safeguarding authority.

- We wrote to the provider on 02 March 2023 asking for actions taken relating to people falling but we did not get a response. This meant there was a risk that incidents may have occurred, but had not been reported.

We found no evidence that people had been harmed however, systems to assess and manage risks were not robust to keep people safe. There was a risk of people being harmed. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they felt safe as staff were always careful, knew how to check skin integrity and repositioned people safely with equipment. Staff knew what action to take regarding people's skin integrity. Records showed how people's skin integrity had improved.

- The provider was working with the local authority medicines optimisation team to improve staff knowledge and skills.

- Staff were trained and knowledgeable about safeguarding procedures. One person told us how careful staff were when hoisting them and attending to their skin integrity.

- People we spoke with told us they felt safe as staff treated them carefully with any moving and handling whilst repositioning people. One staff member said, "I would report any concerns to the provider, and if action wasn't taken I would contact the CQC or the local safeguarding authority."

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person's friend told us how they could help make decisions such as a favourite meal or pastime.

Staffing and recruitment

- Enough staff were in place and they had been safely recruited. Checks were in place such as for photographic identity, employment references and gaps had been explored, or explained gaps
- Other checks were undertaken including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People's request for care and support were responded to in a timely manner. One person said, "When I use my call bell, staff do come quite quickly. If they are busy with something urgent they tell me how long they plan to be." A relative told us that there were always 2 staff for using the moving and handling equipment. Our observations conformed this.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was a risk of cross contamination with unlabelled toiletries and soap left in a downstairs bathroom.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider supported visits for people at any time without restriction. The provider had adhered to

guidance around visiting.

- Examples of how this benefited people included visitors bringing people's pets to improve people's wellbeing. One person said, "I wouldn't be without my [pet]."

Learning lessons when things go wrong

- The staff team were made aware of incidents, such as falls, pressure ulcer care and safeguarding. This was through staff handover records and information from the manager.
- One staff member told us how learning was shared across the staff team at individual supervisions, team meetings and through the electronic care records system. The staff said, "Where people's needs change, including extra staff for people's one to one support, we are informed and how we manage these risks. We review how this is working and feedback to the manager if anything else needs changing."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The previous registered manager left in August 2022, but had not applied to deregister. A manager had been supporting the service since September 2022, but we had not had any applications from them to be a registered manager. This meant the service had not had a registered manager in post for over 7 months.
- Prior to our site visit inspection, we were made aware of various safeguarding events which the provider had not informed the local safeguarding authority or the CQC about. Although actions had been taken by the provider, the lack of openness meant there were missed opportunities to alert appropriate authorities. The provider did not have effective oversight to be able to notify the CQC about incidents they were required to. They told us they could not explain why we had not been notified.
- The provider's audits had also failed to identify this omission. During our inspection the provider was not able to access various records related to audits and governance.
- We gave the provider 48 hours to provide these where they had gained access to the records. They did not send the information we requested and gave no reason why they could not do this. This meant the provider did not have effective oversight or governance of the service. Although we found no harm had come to people, this created a risk of harm.
- The lack of oversight and analysis of information by the provider meant there was a risk that lessons would not be learnt and actions taken in a timely manner. For example, staff not adhering to good infection and control (IPC) practices, a lack of environmental safety and medicines records not always being accurate. There had also been a lack of effective quality monitoring and completion of actions.
- Although another of the provider's registered managers addressed the areas of concern immediately, the lack of a safe culture and a registered manager not being in post placed people at risk of harm.
- The provider did not have oversight of the service as governance monitoring and audits had not identified all areas that required improvement. This included medicines recording, infection prevention and control and unsafe environmental risks.

The provider had failed to monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although no person had been harmed, there was a risk of this.

- A new manager had already been recruited and they began employment on 27 April 2023 after our inspection visit. They were working with the provider and another of the provider's registered managers in improving oversight and management of the service.
- The provider had also engaged with the local authority care home support teams, medicines optimisation team, and had an action plan to address these shortfalls.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff worked in the place people lived and upheld the values of the service about providing care and support.
- The nominated individual and staff team were spoken about positively by people and their visitors. One person said, "I can't fault the [management] or staff. They always ask if there is anything they could do better, or differently. They arranged to have my [favourite meal] cooked to my liking and it was gorgeous." A relative said that anything that needed changing was sorted quickly and they couldn't praise the nominated individual enough for their support.
- The provider and staff team were passionate about making people's lives as independent and person centred as practicable. Staff respected each person's preferences such as having communication in written format. A staff told us it was about enabling people to live in a way they wanted to. One person said, "I like my own space and staff respect this. Some people like playing the piano and other pastimes, that's their choice."
- Staff felt supported and had the opportunity to feed back about the service provided in supervisions, appraisals and staff meetings. Staff told us they felt listened to and that the provider was approachable. One staff member said about the provider, "You can't ask for a better leader and they support the home with anything we need. New activities, equipment, repairs and maintenance, no questions. They are there when you need them."
- People were asked to feedback on the service provided through daily contact with staff. The provider was in the process of sending out their annual quality assurance survey. Compliments showed what the provider had done well including the overall quality of care, staff being person centred and end of life care.

Working in partnership with others

- The provider and staff team worked with health and social care professionals and other organisations, such as GP's, social workers, and community nurses. This helped promote and maintain people's well-being.
- The provider had engaged positively with the local authority and medicines optimisation team.
- In response to concerns raised by us and the local authority, the provider had developed an action plan and was being supported by a registered manager from their other service. Actions were already being taken in regard to prioritising risks to people, such as medicines administration and safeguarding reporting.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 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 Not all risks to people were identified and systems and actions were not always put in place to minimise the risk of harm occurring.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective quality assurance, oversight and governance system's in place to effectively monitor the quality of service provision. This created a risk of harm and that the quality of service would not improve.