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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Oliver House is a residential care and nursing home providing personal and nursing care to 25 people aged 65 and over at the time of the inspection. Some people were living with dementia. The service can support up to 26 people. Care is provided on two floors, with bedrooms on each floor and communal areas on the ground floor.

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

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.

People were protected from avoidable by staff who understood their responsibility to safeguard people. People's risks had been identified and assessments were undertaken to ensure they received the level of support they required. Staff provided people with their prescribed medicines safely.

There were a sufficient number of suitable recruited staff to meet people's needs in a timely manner. Staff had access to training and support to improve their knowledge of care and enhance their skills. People were provided with a choice of nutritious food and plentiful drinks. Staff supported people to retain their independence and when support was required it was provided in a kind and reassuring manner.

People enjoyed the company of staff who respected their privacy and promoted their dignity. People were able to maintain their important relationships with relatives and friends who were welcomed into the home and included in social events.

People were protected from social isolation. There was an active and diverse range of activities offered to people both in and outside of the home. There were strong links with the community.

People received the care they preferred because staff asked them and their relatives about their likes and dislikes. Care was reviewed regularly to ensure it was still relevant for people. People told us they were happy with their care and would speak with the registered manager or staff if they wanted to discuss a concern or complaint.

There was a registered manager in post who people and staff respected and found approachable. Quality monitoring processes were in place. When improvements were required these were implemented in a timely manner.

People, staff and external healthcare professionals were supported to share their views of the service through satisfaction surveys.

### Rating at last inspection

The last rating for this service was Good (15 May 2017)

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oliver House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was well-led.	<b>Good</b> ●

# Oliver House

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care

provided. As some people were unable to tell us about their experience of living at Oliver House we observed the care and support of people in the communal areas of the home. We spoke with nine members of staff including the provider, registered manager, deputy manager, nurses and care workers.

We reviewed a range of records. This included two people's care records and a sample of medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were procedures in place to ensure people were protected from potential harm. One person told us, "The staff don't mess people about".
- Staff knew how to recognise and report potential abuse and confirmed they had received safeguarding training.

Assessing risk, safety monitoring and management

- Individual risks to people's health and wellbeing were considered, assessed and regularly reviewed. For example, some people required the use of specialist equipment such as hoists to help them to move. We saw staff used the equipment correctly and people told us they felt safe whilst being assisted. One person said, "There are always two staff using the hoist, they know what they're doing, and I don't get worried".

Staffing and recruitment

- We saw there were sufficient staff available to support people and call bells were answered promptly. One person told us, "If I want anything I press the buzzer and they come straightaway to see me. I really can't complain".
- Staff told us that planned staffing levels were maintained. One member of staff explained, "We work well as a team and the [registered] manager and deputy will always help out if necessary".
- There were recruitment processes in place to ensure staff were suitable to work with people in a caring environment.
- We looked at two recruitment files. Staff we spoke with confirmed that all checks were completed prior to starting to work in the home.

Using medicines safely

- There were systems in place to ensure people received their prescribed medicines safely.
- One person told us, "Some of my medicine needs to be taken at a regular time each day. They're always on it and make sure I have them within the time limits. I've never had to remind them".
- People had been asked how they preferred to take their medicines, i.e. what type of drink and to be placed directly in their hand or taken from a spoon. We saw staff spending time with people whilst they administered their medicines and ensured they had all been taken successfully before recording them on the medicine administration record.
- Staff were provided with information on the use of 'as and when' required medicines to ensure people received the medicine correctly.

### Preventing and controlling infection

- The risk of cross infection had been minimised.
- The home and the equipment in use was clean.
- Staff had access to personal protective equipment and we saw this was used when providing personal care and during mealtimes.
- Oliver House had achieved a maximum score of five at their recent local authority food hygiene assessment.

### Learning lessons when things go wrong

- The provider had systems in place to ensure lessons were learnt when improvements had been identified.
- We saw that discussion were held during staff meetings, most recently regarding the accountability of all members of staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw when needed, care plans and risk assessments were written and delivered in line with current legislation.

Staff support: induction, training, skills and experience

- Staff felt they were well supported by both the registered manager and the provider. One member of staff said, "The [registered] manager is very approachable. I feel I can ask her anything or speak to her if I have any concerns".
- There were arrangements in place to provide induction for new staff and a training programme to maintain staff knowledge and skills. Staff told us they had the opportunity to complete the care certificate and attend regular training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a choice of nutritious food and sufficient drinks to maintain their health and wellbeing. One person told us, "The food is good. I like to eat little and often which is what I do. The staff keep an eye on me when I'm eating to make sure I'm okay".
- People's weight was monitored and whenever necessary specialist advice was obtained to ensure they received dietary supplements when required.
- Staff provided people with a pleasant mealtime experience and supported people patiently as they assisted them.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other services and professionals to ensure people received care which met their changing needs. For example, people were reviewed by the dietician and received mental health support when required.
- People had access to healthcare professionals and their health and wellbeing was monitored. One person said, "I see the doctor when I need to". A healthcare professional told us, "I have confidence in the staff at Oliver House to follow any advice we give".

Adapting service, design, decoration to meet people's

- People had their own belongings and had personalised their bedrooms if they wanted to. A relative told us, "My [relative] has a lovely bedroom. We've brought some of their pictures and things in from home for them".

- The home had been adapted to consider people's needs. There was a lift for people to use, handrails were in place around the building and hoists and other equipment were available for people.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 their liberty had the appropriate legal authority and were being met.

- We saw that capacity assessments were in place for people when needed and decisions had been made to support people in their best interests.
- Staff understood how to support people to make decisions and demonstrated this as they provided support to them. For example, we heard staff asking people where they would like to sit and if they wanted to take part in the activities.
- The provider had considered when people were being unlawfully restricted and DoLS applications to the local authority had been made. There were no conditions on the DoLS for anyone living in the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a kind, compassionate and caring manner. One person told us, "The staff are lovely, very good". A relative agreed and said, "We couldn't have found anywhere better. The staff are so attentive. Our [relative] has blossomed here. The staff always go the extra mile".
- We saw people received support from staff when they requested it. For example, when they requested personal support it was provided without delay.
- Staff knew about people's preferences and backgrounds and were able to give accurate accounts of people.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions for themselves. For example, we saw when people wanted to return to their bedrooms, staff supported them to do so.
- The care plans we looked at considered people's choices and preferences throughout and staff provided support accordingly. One person told us, "I'm sure one of the girls [care staff] is clairvoyant. Whenever I press my buzzer they always know what I want, they know me so well".

Respecting and promoting people's privacy, dignity and independence

- People told us, and we saw that staff ensured their privacy was protected. One person told us, "The staff always knock on my door before they come in. When they support me on a personal level they don't make me feel at all uncomfortable or embarrassed".
- People were encouraged to maintain their independence. People told us they could choose where they spent their time and we saw people walking around the home as they wished.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires improvement associated with the number of staff available to respond to people's needs. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well, what they liked, disliked and their preferences for care and support. We heard a member of staff telling one person that it was their favourite pudding that day. The person confirmed this to be true and told us, "They know I love the rhubarb crumble. They know me that well". Another person said, "I'm sure one of the girls [care staff] is clairvoyant. Whenever I press my buzzer they always know what I want, they know me so well".
- People's care plans were personalised and reflected the person's individuality. The care plans were reviewed regularly to ensure they continued to meet the person's needs. A healthcare professional told us, "Staff know people really well and provide person centred care in a homely environment to ensure people have a good experience".
- Staff had the opportunity to attend handover at each shift where they could share information and changes about people. Staff told us that the registered manager, if there was something of an urgent nature to report, would attend the handover session to ensure staff were up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw that people were offered information in a format to suit their needs.
- One person who was visually impaired had access to audio books. Two people were about to start a trial using a smart speaker. We spoke to one of the people who told us it would be really useful for them to catch up with the news and weather forecast. The person also said, "I really like classical music, I'm looking forward to trying it".

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- An activity co-ordinator was employed to support people with activities inside and out of the home. Everyone we spoke with was complimentary about the range of activities on offer. One relative said, "There's always something going on here". The registered manager told us, "I can't put into words the amount that the activity co-ordinator puts into everything".
- We saw there were group activities taking place in the morning when a singer visited the home. We saw people singing, tapping their feet and some people dancing with staff. Later we heard the activity co-

ordinator singing on a one-to-one basis, with a person in their bedroom.

- The activity planner, notification of forthcoming events and photographs around the home showed people taking part in a diverse range of hobbies and activities. These included listening to a church choir, welcoming children from a nearby school and a 'lads' lunch at a nearby pub.
- People were supported to maintain the relationships which were important to them. Relatives told us they always felt welcome as visitors to the home.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was displayed for people to read. No complaints had been received since our last inspection.
- People and their relatives told us they would speak directly to staff, the registered manager or the deputy manager if they wanted to raise a concern. One person told us, "They know I'll say if there's a problem. Both the carers and the [registered] manager are always checking but I have no concerns, they're wonderful".

End of life care and support

- People's preferences for their end of life care had been discussed with them and/or their families.
- Staff anticipated people's deteriorating condition. Staff implemented support systems including medicines to ensure people remained comfortable at the end of their life.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff were positive about the registered manager and the provider. One person told us, "[The registered manager] is wonderful, excellent". A member of staff said, "Both the [registered] manager and the deputy are really approachable and helpful".
- A healthcare professional told us that Oliver House provided 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

- Duty of candour requirements were understood by the registered manager.
- The registered manager told us, and we saw that they were open and honest with people and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff felt supported and told us they had the opportunity to raise concerns by attending team meetings and individual supervisions. One staff member said, "I have felt really supported working here. They have been really helpful to me".
- The registered manager ensured we received notifications about important events so that we could check that appropriate action had been taken.
- The rating from the previous inspection was displayed in the home in line with our requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were given the opportunity to share their views of the service. We saw that residents' meetings took place. One person told us, "There are meetings. I don't go but they always give me the option and ask if there's anything I want to say".
- People, relatives, staff and external professionals were able to provide feedback on the service through a satisfaction survey. We saw that the responses were positive about the home and the care which was provided. The registered manager displayed a summary of the responses from the survey which included any actions they had implemented.

Continuous learning and improving care

- There was an audit programme in place to monitor the quality of the service and identify where

improvements were required. There were action plans to support the audits which provided evidence of progress and completion when necessary.

#### Working in partnership with others

- The service worked collaboratively with other agencies to ensure people received the care they needed.
- In addition, strong links had been formed with a local primary school who were regular visitors to Oliver House. People were joined by the pupils for activities including exercise and externally provided entertainment such as a pantomime at Christmas.