

West Northamptonshire Council

Obelisk House

Inspection report

Obelisk Rise
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Obelisk House is a residential care home providing accommodation and personal care to up to 44 older and younger people living with dementia, physical disability and/or sensory impairment. At the time of our inspection there were 30 people using the service.

Obelisk House accommodates people across four separate units, each with its own lounge, dining area and kitchenette.

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

Systems and processes to assess, monitor and improve the service were in place. However, these required further development. Quality assurance systems had not identified the shortfalls found during the inspection in relation to repositioning charts and equipment. People and their relatives told us that they would speak to the management team should they wish to raise any concerns or complaints.

Not all care staff had received additional training to ensure they had the necessary skills to meet the needs of the people they supported. This included training in end of life and catheter care. The registered manager advised they will ensure staff will receive this training to enhance their skills and knowledge.

There were not always enough staff to ensure people received the care they needed in a timely manner. We recommend the provider considers the layout of the service and the deployment of staff when assessing staffing levels.

People and their relatives told us that there were limited activities. Staff told us they wished they had more time to spend with people doing activities or one-to-one interaction. People were supported to maintain relationships with loved ones and were supported by staff to access the community.

Staff had received training on the safe and effective use of personal protective equipment (PPE). However, during the inspection staff were seen to be wearing their face masks below their noses on several occasions.

People told us they felt safe at Obelisk House. Staff received training in safeguarding and understood the signs of abuse and how to report any concerns. Medicines were safely managed. Staff administering medicines had received the appropriate training.

Risks associated with people's care had been identified and plans were in place to mitigate these. Falls were analysed on a monthly basis to identify themes and/or trends and to ensure appropriate action was taken to reduce the risk of reoccurrence.

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 demonstrated they knew people well and spoke to them kindly. Staff communicated well with people and supported people with their wellbeing.

There was information in people's care records about their dietary needs and people were weighed regularly to ensure they maintained a healthy weight. Staff worked in partnership with health and social care professionals to maintain people's health.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

This service was registered with us on 1 April 2021 and this is the first inspection under a new provider.

The last rating for the service under the previous provider was Good, published on 24 May 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Obelisk House on our website at www.cqc.org.uk.

Follow up

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 effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Obelisk 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 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

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Obelisk House 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. Obelisk House 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 in post.

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.

During the inspection

We spoke to 4 people and 6 relatives about their experience of the care provided. We spoke with 14 members of staff including the registered manager, team leaders, senior care staff, care staff and kitchen staff.

We reviewed a range of records. This included 4 people's care plans, risk assessments and daily care records including pressure care and food and fluid support. We looked at recruitment of staff, maintenance records and medication administration. A variety of records relating to the management of the service including auditing and monitoring were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. 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.

Staffing and recruitment

- The registered manager used a dependency tool to identify the level of staff required to support people's individual needs. However, this was not effective as it had not considered the layout of the home. There was not always enough staff to ensure people received the care they needed in a timely manner.
- During the inspection we observed that people were, at times, left unsupervised in the lounge areas. This included people who were at risk of falls and required staff supervision when mobilising. One staff member told us, "If the carer is not in the lounge [supporting someone in their bedroom] and a person is standing up, this is a risk, the carer has to choose who is more at risk."
- Not all staff felt there were enough staff to meet people's needs. One staff member said "I have fed it back, but we have one carer per unit and a floating carer but on two of the unit's there's a lot of people need support from two staff. I have fed it back that we need more staff on some unit's, it does mean you have to wait for the floating carer to come around."
- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We recommend the provider considers the layout of the service and the deployment of staff when assessing staffing levels.

Assessing risk, safety monitoring and management

- People who were at risk of pressure sores required support from staff to reposition at regular timed intervals to reduce the risk of developing pressure sores. However, staff did not always record repositioning had taken place at the required times. We have reported on this further under the well led section of this report.
- During the inspection we identified that thickening powder had not been stored securely. Thickening powder is added to foods and liquids to bring them to the right consistency/texture so they can be safely swallowed to provide required nutrition and hydration. Thickener is a risk in an environment supporting people living with dementia or cognitive impairment and should be stored securely. Following the inspection, the registered manager implemented a daily check to ensure that thickening powder was stored securely.
- Risks to people's care had been identified and plans were in place to mitigate the risk. For example, people at risk of malnourishment and/or dehydration had care plans in place which detailed the person's daily fluid target amount, the texture of the food they required and supplements they needed to gain weight.

Staff monitored this daily and action was taken when required.

- Environmental checks were in place including fire and water temperature checks to ensure people and staff were safe. Equipment to support people was regularly maintained.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Obelisk House. One person told us "I haven't fallen over here. I feel much safer here."
- The registered manager understood their responsibilities to keep people safe and they had raised concerns appropriately with the local authority safeguarding team.
- Staff received training in safeguarding and understood the signs of abuse and how to report any concerns.

Using medicines safely

- Medicines were safely managed. Safe protocols for the receipt, storage, administration and disposal of medicines were followed.
- PRN (as required medicines) protocols were comprehensive, explaining the medicine, what it was prescribed for, when to offer the medicine or how to identify when the person may need the medicine.
- Staff administering medicines had received the appropriate training and had been assessed as competent to administer medicines safely. Staff were given protected time and wore a tabard whilst administering medicines to advise people and staff to not disturb them.
- The management team conducted regular audits on medication administration and storage to ensure staff followed safe and best practice and to identify any improvements.

Preventing and controlling infection

- Competency assessments for all staff had been completed to ensure the safe and effective use of personal protective equipment (PPE). However, during the inspection staff were seen to be wearing their face masks below their noses on several occasions. Following the inspection, additional daily checks were put in place to ensure staff wore their PPE correctly.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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 followed current Government COVID-19 guidance on care home visiting. Visitors were encouraged to wear appropriate PPE.

Learning lessons when things go wrong

- Accidents and incidents were recorded including actions taken and were reviewed to identify trends or patterns to ensure lessons were learnt.

- Falls were analysed on a monthly basis to identify themes and/or trends and to ensure appropriate action was taken to reduce the risk of reoccurrence. For example, it was discovered that one person had a fall due to a urinary tract infection. As a result, the person's care plan was updated, their GP was involved, and antibiotics were prescribed.
- The service had implemented a wound management tracker which was reviewed monthly by the registered manager. The tracker detailed if people had sustained a pressure sore, skin tear or any other injuries. It detailed the progress of the injury/wound, what referrals had been made to other professionals for support and guidance and the management plan. We saw that people's wounds and injuries had healed with the support from staff and the district nurse team.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all care staff had received additional training to ensure they had the necessary skills to meet the needs of the people they supported. This included training in stoma care and catheter care. One staff member said "It would help us with our knowledge. Two people have a catheter so it can only be beneficial." Following the inspection, the registered manager advised they will ensure staff will receive this training to enhance their skills and knowledge.
- Care staff had not received training on end of life care which they were currently providing to some people living at the home. One staff member said, "Personally I would like more training on that [end of life] as it is such a difficult time." Following the inspection, the registered manager advised they planned to provide end of life training for all staff. We will review this at our next inspection.
- Staff were enrolled onto the Care Certificate as part of the provider's induction programme. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received regular supervision and monitoring of their performance. The management team conducted regular competency assessments on staff to ensure they were delivering care and support safely and effectively.

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

- People were assessed prior to living at Obelisk House to ensure that the service was able to meet the person's needs. One staff member said, "It takes time to get to know people, their likes and dislikes but we prioritise keeping them safe, managing and avoiding risks so that's what we get done first in the care plan."
- Relatives told us they supported the assessment and care planning process by providing details on people's likes, dislikes and life history.

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

- There was information in people's care records about their dietary needs and people were weighed regularly to ensure they maintained a healthy weight. We saw action was taken if people were losing weight, such as providing regular snacks and fortified food and drinks.
- Staff offered healthier choices for people with diabetes or for people who wished to lose weight.
- People were provided with fresh homemade meals and snacks. Staff used inventive ways to encourage healthy food intake such as chocolate dipped fruit.
- People were shown what two main meals were on offer at lunch time. This helped people to see and smell

the meal before making a choice. People were able to choose what they would like for breakfast. We saw staff contacting the kitchen to request an egg sandwich for someone and this was brought to them promptly. One person said, "The food is quite good, it's nice and hot, you get a choice of two things." A relative told us, "[Person] loves the food here because she gets a bacon sandwich every morning."

- We observed staff sat with people who required support with their meals. Staff did not rush people and offered encouragement or a different choice if people appeared to not be enjoying their food.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager and staff team worked with local hospitals and commissioners of social care to facilitate the smooth discharge of people from hospital or the community into the service. During the inspection, we observed a staff member communicating with a hospital to facilitate an emergency discharge.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with health and social care professionals to maintain people's health. For example, the local GP and the district nurse regularly visited to provide clinical care to people.
- People with health conditions which required routine screening and monitoring were supported to attend hospital appointments. Records of these appointments and reviews were in people's care plans.
- People's health needs were recorded in people's care plans. For example, people who had a diagnosis of diabetes had the signs and symptoms of high and low blood sugar recorded for staff to identify if someone required support from a healthcare professional.
- We saw records of people's relatives being contacted to update them on people's health and wellbeing.

Adapting service, design, decoration to meet people's needs

- Signage was in place directing people to the toilets or dining areas. People had signs on their door with their name and an image of something that was important to them such as a football team or a hobby or interest. This helped the person identify it was their bedroom.
- People's bedrooms were individually decorated with personal items and people appeared comfortable in their environment.
- The staff had created a shop within the service for people to purchase small items such as toiletries. This was helpful for people who found it difficult to access community shops.
- During the inspection, communal areas within the home were being painted as part of the provider's refurbishment plan.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- We found the provider was working within the principles of the MCA. People's capacity was assessed and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Where a person lacked the capacity to make a decision, a best interest meeting/discussion was held. We observed staff asking people for their consent before they undertook any tasks.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff demonstrated they knew people well and spoke with them kindly. Staff referred to people by their chosen name.
- Where people were hard of hearing, we saw staff communicate with them in a way to ensure they understood what was being said. This involved speaking slowly and clearly whilst at the person's eye level.
- People and their relatives told us the staff were kind and friendly. One person said, "The staff are lovely, they know me, they know I don't like sandwiches for tea, I have soup which I like."
- Staff supported people with their wellbeing. People had been supported to create a remembrance garden to remember people who had passed away during the COVID-19 pandemic. People maintained the garden with staff support.

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

- Staff respected people's choices. One staff member told us, "We've [staff] tried to encourage [person] to wear shoes but it's their choice". Another staff member said, "Every day for lunch [person] has a portion of spinach. It's very important to them. It's always available for them."
- Staff were actively involved with local advocacy services. An advocate is an independent person who can help someone express their views and wishes and help ensure their voice is heard. There was information about local advocacy services available to people.

Respecting and promoting people's privacy, dignity and independence

- We observed staff speaking with each other discretely about people's care and support needs.
- Staff ensured people's privacy and dignity during personal care by ensuring bedroom doors were shut and curtains were closed. We saw staff knocking on doors before they entered a room.
- Staff supported people to remain as independent as possible. Care plans detailed activities of daily living people could do themselves and where they required staff support.
- People were encouraged to spend time with their families in a private space.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- We received mixed feedback from people and their relatives about the activities available for people. One person said, "We don't do much in the way of activities." Another person said, "They could do with more activities I just read and watch TV."
- Staff told us they wished they had more time to spend with people doing activities or one-to-one interaction, however, they found this difficult with current staffing levels and the needs of the people they supported. One staff member said, "We [staff] try our best but sadly when we have so many things to do, it becomes difficult to fit in."
- People were supported by staff to maintain regular contact with friends and families. During the inspection we observed family visiting people in the home.
- The home had begun using a new piece of equipment called RITA (Reminiscence/Rehabilitation & Interactive Therapy Activities). RITA is an interactive screen/tablet where staff can support people to listen to music, watch news reports of significant historical events, listen to war-time speeches, attend religious services, play games, karaoke and watch films.
- People were supported to access the community including local shops and pubs. Staff arranged birthday parties for people and external entertainment such as attending the local pantomime. These were arranged following fundraising by people and staff.

End of life care and support

- The registered manager had received training on end of life care from a local hospice and took the lead on supporting families at a person's end of life. Staff had not received training in end of life care however, the registered manager planned to implement this.
- Staff had received compliments from people's family when supporting them at the end of their life. One compliment read, "[Person] had been unwell for a couple of weeks and the care at Obelisk was outstanding. The love and compassion given to [person] not just during her final 2 weeks but since she moved in will never be forgotten and will be forever appreciated."
- People's records included information in relation to advanced decisions, which included whether resuscitation was to be attempted, known as DNACPR (Do not attempt cardiopulmonary resuscitation).
- People had end of life care plans in place detailing people's individual wishes and preferences.
- The service had provision for loved ones to stay overnight and a specially made room for people to use if they were at the end stages of their life. This room had a view of the garden with a water feature.

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

- People and/or their representatives were involved in the planning of people's care and support needs.
- People's care plans were person centred and included important information about them such as likes, dislikes, religious and cultural beliefs and life history. Staff told us that people's care plans gave them the information they needed to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of their assessment and their care plans described the level of support required.
- The registered manager told us they could make information available in formats people could easily understand if required. For example, easy read, large print and/or pictorial documents. The registered manager was aware of the requirement to provide people with accessible information.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and information on how to raise a complaint was available for people and visitors.
- People and their relatives told us that they would speak to the management team should they wish to raise any concerns or complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Systems and processes to assess, monitor and improve the service were in place. However, these required further development. The provider's quality team had set out a schedule of audits for the registered manager to complete each month. These included audits of safeguarding, feedback, medication, MCA and DoLS, risks, staff supervision, and spot checks on care plans and records.
- Quality assurance systems had not identified the gaps found during the inspection in the recording of people's repositioning. Following the inspection, the registered manager implemented additional daily checks to ensure people received this support as required and that this had been recorded as evidence.
- Daily checks on the fridge temperatures for each kitchenette were in place however, during the inspection, we found that two of the fridges were recording two different temperature recordings, one being a higher temperature than those recommended for the safe storage of food. This had not been identified through environmental checks and auditing systems. During the inspection, the registered manager took action to address this.

Continuous learning and improving care

- Regular staff team meetings took place to provide opportunities to drive improvement and share information.
- The registered manager had a system in place to ensure staff accessed and understood the provider's policies. These were discussed with staff in supervision meetings and displayed in the staff area of the home.
- There was effective communication between the management team and staff. Daily handover meetings took place for important information to be shared. The registered manager regularly took part in the handover meetings to ensure they were aware of what was happening in the service.
- The registered manager had a service improvement plan in place. This had been updated where actions had been identified through auditing processes or through feedback from people and/or relatives. This ensured that actions were completed when identified.

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

- Throughout the inspection, the registered manager and care staff were open and transparent with the inspection team and keen to make improvements on the outcomes for people.
- Staff were proud of where they worked and felt supported in their roles. One staff member said, "I'm

always having supervisions. I love my job". Another staff member said, "It's a good team. They are really supportive."

- The management team conducted regular supervisions and competency assessments for care staff to monitor their performance and wellbeing. This included observation of care delivery such as moving and handling and personal care.
- Staff had resources made available to them by the service to support their mental wellbeing if required. This included counselling and financial guidance.

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

- The registered manager had a good understanding of the duty of candour and had reported incidents appropriately to the local authority and Care Quality Commission where required.

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

- The registered manager provided people and their relatives with a monthly newsletter. These newsletters provide information and updates on what had been happening in the home including activities/events, staff recruitment, refurbishment updates and COVID-19 updates. The newsletter included pictures of people enjoying the activities and events that have taken place during the month.
- A relatives' meeting had been set up by the registered manager however, no one had attended. A further meeting has been arranged for the new year. Feedback forms were available for families to complete when visiting their loved ones.
- Staff gained feedback from people whilst supporting them which had then been fed back to the registered manager. Following people's feedback, a trip to the local pantomime had been booked and a fish and chip delivery was arranged.

Working in partnership with others

- Staff worked closely with the local GP practice and district nurse team.
- The registered manager had links with other registered managers in the county and could access guidance and support where required.