

P & P Community Services Ltd

Olive House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Olive House is a care home providing accommodation and personal care to people with a learning disability and autistic people. This service is registered to provide care and support to one person in one house.

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

Based on our review of key questions Safe, Effective, Responsive and Well-led, the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

Staff supported people to follow their individual interests and to develop their independence.

There was clear guidance for staff for how to support people with risks to their health, safety and wellbeing.

The service worked well with health and care professionals to meet people's care needs. Medicines were managed safely and staff supported people to access health services and maintain their health.

Staff supported people to follow their individual interests and to develop their independence. The service provided a clear and positive ethos to guide staff in how to support people to maximise their choices and independence. People had support to follow their own chosen lifestyles. Staff supported them with their personal care needs and their independence.

Staff were trained to meet the needs of the people they were supporting with one exception; they had not been provided with training to better understand a person's health condition.

Staff were aware of people's individual personalities and preferences. People were encouraged and supported to be involved in meaningful activities.

Right care:

A person's relative was satisfied that Olive House provided good care and a stable home for their relative.

When a person told us about their daily routines and wishes, it was evident that people received good care and support to lead a fulfilling life. People were not consistently supported to have maximum choice and control of their lives as staff did not support them in the least restrictive way possible in one aspect of their care. There was a restriction in place which the person had previously agreed to but told us they no longer

wished the restriction to be in place.

There was a strong commitment to delivering person-centred care and staff respected individuality. Staff had good knowledge of people's individual communication needs and treated people with kindness and respect while providing care.

Right culture:

Staff formed relationships with people they supported and the environment of the home fully reflected the personality and interests of the person living there. People's families were involved in their care and support and people benefitted from a stable enthusiastic staff team who were committed to providing them with the best care.

The provider had a quality assurance system in place to check that the service was running safely and meeting people's needs. The registered manager was committed to continuous learning. There was an open culture in the service where staff enjoyed working and relatives felt involved.

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

Rating at last inspection

The last rating for this service was good (published 04/10/2017).

Why we inspected

We inspected this service as it had been five years since the last inspection. This was a focused inspection looking at the key questions safe, effective, responsive and well-led. 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 remained good. This is based on the findings at this inspection.

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

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.

Recommendations

We have made two recommendations. One is that staff receive training on understanding a health condition relevant to the person they support. We made another recommendation that the provider follows the process to review any restrictions in place for people in line with good practice.

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?

Good ●

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

Is the service effective?

Requires Improvement ●

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

Is the service responsive?

Good ●

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

Is the service well-led?

Good ●

The service was well-led. Details are in our well-led findings below.

Olive 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.

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

Olive 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. Olive 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.

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

Notice of inspection

We gave the service notice of the inspection. This was because we wanted to be sure the registered manager and the person living in the home would be available.

What we did before the inspection

We reviewed information we held about the service. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We met the person living at Olive House. We spent time observing staff interacting with this person and supporting them. We spoke with two staff and the registered manager.

We reviewed a range of records. This included risk assessments, support plans, care records, medicines records and quality assurance records.

After the inspection

We spoke to a relative of the person using the service and a relevant health and social care professional on the telephone. We continued to seek clarification from the provider to validate evidence found.

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 good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse.
- There had been incidents where allegations of abuse were made, and these were recorded and investigated appropriately. An allegation was made during the inspection which had not yet been fully investigated. We passed this to the registered manager for action and were awaiting the outcome at the time of this report.
- Staff were trained in safeguarding practices and there was a safeguarding procedure in place for staff to follow.
- The provider supported people with the management of their finances to avoid risks of any financial abuse.
- The person's relative felt assured their relative was safe and treated well.

Assessing risk, safety monitoring and management

- People were protected against known risks to their safety.
- There were individual risk assessments which included guidance for staff on supporting people to stay safe and the person was able to tell us how staff supported them with some of these risks.
- The person was fully involved in assessing the risks to their safety.
- Staff had a good understanding of the risks for the person they were supporting and explained to us how they supported them to minimise risks.
- The home was well maintained and there were certificates in place showing evidence of required checks of the water for legionella, the electrical wiring etc. The fire procedure was prominently displayed and the person living in the home had a personal emergency evacuation plan.

Using medicines safely

- People's medicines were managed safely.
- One person's medicines administration record showed that staff supported them appropriately with their prescribed medicines.
- The person told us the details of their medicines and confirmed that staff managed their medicines for them and gave them correctly.
- Staff showed a good understanding of the person's medicines and what each medicine was for. Medicines were stored securely, and staff were trained to administer medicines and assessed for competence before doing so.
- Monthly audits of medicines took place.

Learning lessons when things go wrong

- There was an effective system in place to learn from incidents and the registered manager applied a reflective approach to learning and improving the service.

Preventing and controlling infection

- People were protected from the risk of infection as far as possible.
- Staff wore appropriate personal protective equipment (PPE) such as masks, plus aprons and gloves if supporting people with personal care.
- Staff received training in infection prevention and control practices and COVID-19.
- The staff team followed recommended testing regime and cleaning practices.
- The person had a COVID-19 risk assessment in place addressing their specific risks in regard to COVID-19.

Staffing and recruitment

- The service provided a stable staff team to support the person's individual needs and preferences.
- Most staff had worked at the home for a long time. They had built a good relationship with the person living in the home.
- A relative told us they were happy with all the staff who supported their relative.
- Staff told us they thought there were enough staff employed to ensure people could lead the life they wanted.
- Female staff were employed as this was the preference of the person in the home. One to one care was always provided.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. We checked whether the service was working within the principles of the MCA.

- The person told us of a restriction in place that they were unhappy with although they had originally agreed with it. We discussed this with the person, staff and the registered manager and looked at the relevant documents.
- Mental capacity assessments were carried out to confirm whether a person could make a specific decision. Staff involved professionals and relatives in important decisions. The person's care records showed that there was a documented restriction that had been in place for a number of years. There was no recent review to check if this restriction was still appropriate and the person's views taken account of. The person had been assessed as having capacity to make the decision.
- The registered manager was not aware whether the person was subject to any legal framework for making decisions on their behalf.

We recommend that any restrictions on a person's rights are reviewed in line with their wishes and best practice in accordance with the MCA.

- After the inspection the registered manager informed us that they would be reviewing this practice with the person and other relevant people.
- In some areas of the service there was good practice in the area of consent. One example was medicines administration, where the person signed consent for staff to administer each prescribed medicine and details were recorded of what each medicine was for so they fully understood what they were consenting to.

Staff support: induction, training, skills and experience

- Staff had suitable skills and experience for the job.

- Staff received training suitable for their role. As well as their induction and mandatory training staff had recognised qualifications in health and social care.
- The provider ensured staff were provided with training relevant to the person's needs. However, staff had not been given any training in one significant need to ensure good understanding of how this affected their daily life.

We recommend that staff are trained in understanding the conditions relevant to people they are supporting in line with best practice.

- Staff had regular monthly supervisions and annual appraisals. They told us they were happy working for this company and felt well supported. One staff member said, "They respect us."

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

- The person living in the home told us they preferred staff to prepare their meals and that they were satisfied with their diet. We saw photographs of meals staff had cooked which looked appetising.
- Staff supported the person to plan their own meals.
- The person had the opportunity to have their weight monitored if they wished to.

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

- Care was delivered in line with good practice standards.
- The service assessed people's needs and incorporated information from other professionals and relatives who knew people well.
- Care plans contained detailed information about support needs, likes and dislikes. Staff had very good knowledge of the person's needs and we observed staff respecting choices and meeting the person's needs.

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

- The service supported the person with healthcare appointments. The staff were fully aware of the person's physical health needs and concerns and took appropriate action to support them.
- The person's oral health needs were met by a comprehensive detailed oral health plan.

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

- The house was decorated to meet people's needs.
- The person living in the home showed us round the home and told us that the environment reflected their needs and personality. There were personal items and photographs throughout and a small garden area where they had planted flowers.
- The home was safe, well furnished and resembled a home belonging to the person who lived there rather than a care home.
- There was an office for staff to work and sleep in.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; 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;

- Staff respected people's individual preferences and supported them to make their own choices and lead a fulfilling life.
- The person living in the home had varied interests and there was evidence of this throughout the home. They told us they loved photography and nature and staff went out with them regularly to support this interest.
- The service supported the person to develop a life and leisure plan.
- The person living in the home maintained relationships with family and friends and staff supported them with this.
- Staff supported the person to have their own pets.
- A relative and professional told us that the service provided good personalised support and that it had been really beneficial to the person's life living there.
- The person living in the home told us they loved to travel and visit new places. They had recently been on holiday and went on holiday several times a year as well as days out to places of interest to them. Staff supported the person to choose and plan these activities.
- Staff ensured the person had time to talk and express their views.
- The person made daily choices about how to spend their time including what to eat, what they wanted to do, where they wanted to go and who they wanted to support them.
- The service supported the person in celebrating various annual events of their choice such as Halloween, Christmas and Shrove Tuesday.
- The person living in the home kept photographs of all activities, holidays and hobbies to look back on.

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 careers.

- Records showed that information was presented to people in a way they understood clearly.
- Communication preferences were recorded and known by staff.

Improving care quality in response to complaints or concerns

- There was an effective system for recording and responding to complaints.

- There was a complaints procedure in place.
- Complaints were recorded clearly including the action taken to resolve the complaint.

End of life care and support

- End of life wishes had been appropriately discussed and clearly recorded for when needed.

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 good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were systems in place to monitor the quality and safety of the service. This included monthly health and safety and medicines audits and quarterly quality audits.
- The registered manager worked at other services run by the provider but told us they were at this home about three times a week. Staff were clear about their roles.
- The registered manager had knowledge of regulatory requirements.

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; Working in partnership with others

- The provider promoted a person-centred culture.
- The person living in the home was at the centre of the service. The home reflected their needs and interests and staff supported them with the things they chose to do.
 - The registered manager told us they were committed to finding a person's passion. They had supported the person to have their own allotment and provided support to them with all their expressed interests.
- Staff told us that people were at the centre of the service and they showed an inclusive person-centred approach to their daily work.
 - Staff told us they enjoyed working for the service, they had individual supervision and worked well as a team.
- The provider sent out surveys each year to assess satisfaction with the service. A relative told us they had completed the survey and that they were "extremely happy" with the service.
- There were regular individual meetings between the person and staff to make plans and discuss their support needs and wellbeing.
- A professional and a relative told us that this home was a very successful service for the person living there compared with previous places they had lived.
- The service worked in partnership with external professionals where needed to ensure best outcomes for people.

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 understood the duty of candour. There had not been an incident requiring duty of candour at the service.

Continuous learning and improving care

- There were a commitment to continuous learning and improvements.
- The registered manager analysed all incidents and debriefed staff as well as identifying any required improvement.