

Lancashire County Council

Olive House Home for Older People

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

Olive House Home for Older People is a residential care home, providing personal care to 36 people at the time of the inspection. The service can support up to 44 people. The home was split into three areas known as Community Beds, Balmoral Manor and Kensington Manor. Balmoral Manor provided care for people living with dementia and the Community Beds area specialised in providing support for people receiving rehabilitative care.

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

People were provided with a person-centred service, which was responsive to their needs and wishes. People continued to be safe and protected from the risk of abuse and avoidable harm. Staff were observed to be kind and caring. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider followed an appropriate recruitment procedure to ensure prospective staff were suitable to work for the service. Risks to people's health and safety had been assessed, recorded and reviewed at regular intervals. All areas of the home had a good standard of cleanliness. The provider had established arrangements for the maintenance of the building and the shared areas had recently been refurbished. However, we found the electrical safety certificate was two years out of date. We received confirmation following the inspection the electrical check had been commenced. People received their medicines safely and were supported to eat and drink in accordance with their support plan.

The provider had appropriate arrangements to ensure all staff received training relevant to their role. New staff completed an induction training programme. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, not all documentation associated with the Mental Capacity Act was available on people's files. We received assurances this issue would be addressed. People's needs were assessed prior to them using the service.

People and their relatives consistently told us staff were caring and showed kindness and compassion. People and where appropriate their relatives had been consulted about their care needs and had been involved in the support planning process. Staff worked in respectful ways to maintain people's privacy and dignity. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported and encouraged to participate in a range of activities. People and their relatives had access to clear complaints procedure.

The registered manager had a strong and supportive leadership style. Staff felt valued and were proud to work for the service. The management team carried out a number of audits to check the quality of the service. However, we noted the audit forms did not always include important elements of the operation of the home. The senior operations manager either addressed the issues during the visit or in an action plan sent following the inspection.

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 22 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring 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 Home for Older People

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 carried out by one inspector and an Expert by Experience on the first day and one inspector on the second day. 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

Olive House Home for Older People 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. At the time of the inspection, the registered manager was away on leave.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they

plan to make. This information helps support our inspections. We also reviewed other information we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We used our planning tool to collate and analyse the information before we inspected.

During the inspection, we spoke with nine people who lived in the home, six relatives, seven members of staff, the activities care assistant, a volunteer, the business support officer, three members of the management team and the senior operations manager. We also spoke with five visiting healthcare professionals. We looked at the care records of five people who used the service, looked around the premises and observed staff interaction with people, and activities that were taking place. We reviewed a range of records. This included multiple medication records, one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures also were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The senior operations manager sent us an action plan addressing the issues identified during the inspection and confirmed the electrical installations had been checked.

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. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had established systems and processes to safeguard people from abuse. People told us they felt safe and were happy with the care and support they received. One person told us, "All the staff are lovely. I can't fault anything about the home." Relatives spoken with had no concerns about the safety of their family members. One relative said, "I have no worries whatsoever. I know [family member] is very well looked after."
- Staff were able to explain their role in safeguarding vulnerable adults and could tell us what they would do in the event of any concerns. They also understood when and how to use the whistleblowing policy. This policy enabled staff to report any concerns about poor practice in a confidential manner.
- Staff had access to a safeguarding policy and procedure which set out actions to take in the event of a safeguarding concern. We also noted there were information posters displayed in every area of the home.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. The assessments covered a wide range of areas such as eating and drinking, skin integrity, falls and mobility. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.
- The registered manager had carried out environmental risk assessments to ensure the safety of people's living space. The premises and equipment were well maintained.
- Staff and people who lived in the home participated in regular fire drills to ensure they knew what action to take to keep safe in the event of a fire. The staff had developed personal emergency evacuation plans for each person which included information on the support people would need in the event of a fire.
- The provider had arrangements to carry out safety checks on electrical and gas installations as well as equipment in use at the home. Whilst the senior operations manager told us periodic checks had been carried out on any new electrical installations, we noted the electrical safety certificate had expired two years previously. Following the inspection, we received written confirmation the electrical safety checks had been commenced.

Staffing and recruitment

- The provider had established systems to monitor the number of staff deployed in the home. The registered manager completed a dependency assessment each week to monitor the staffing levels and had access to some flexible staff hours. People told us there were sufficient staff to meet their needs in a timely way. We observed there were enough staff on duty during the inspection.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting. However, on looking at one staff file, we noted there was a minor gap in the recruitment

records. The senior operations manager assured this matter would be addressed without delay.

Using medicines safely

- Medicines continued to be managed safely and people received their medicines when they should. People and their relatives told us they were satisfied with the way staff managed their medicines. One relative said, "[Family member's] medication is very important because of their medical condition. The staff are really good and make sure they get it at exactly the right time."
- People's independence to manage and administer their own medicines was maintained if safe to do so. Staff completed appropriate risk assessments in relation to the self-administration of medicines. However, we noted staff had maintained a separate record of one person's pain relief contrary to the instructions in the risk assessment. Following the inspection, the senior operations manager sent us an action plan, which confirmed this issue had been addressed immediately.
- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. They had received appropriate training and had their level of competency checked.

Preventing and controlling infection

- The provider had established good infection control practices. Staff followed the provider's policies and the home was clean, hygienic and pleasant smelling throughout. People and their relatives said the home had a good level of cleanliness and was well maintained.
- Staff were provided with infection control training on induction and through mandatory training programmes.
- Staff were seen wearing personal protective equipment and the management team had completed regular infection control audits.

Learning lessons when things go wrong

- The provider had systems for the recording, investigation and analysis of any accidents and incidents. At the time of the visit, senior staff completed records in relation to any accidents or incidents that had occurred at the service, including falls. The senior operations manager confirmed the member of staff who had witnessed or who was reporting an accident would complete the form in the future, to ensure an accurate first-hand record was made.
- The registered manager or a member of the management team checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again.
- The registered manager carried out a monthly analysis of accidents and incidents to identify any patterns or trends. All accidents and any lessons learned were discussed at management and staff meetings.

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.

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 found staff had received training and had an understanding of the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- Although staff had made and recorded best interests decisions, people's care files contained limited information about their capacity to make decisions about their care. We also noted applications for DoLS authorisations had not been included in people's files and there was no supporting information setting out the least restrictive options of care. Following the inspection, the senior operations manager sent us an action plan which, confirmed action would be taken to address these issues.
- At the time of the inspection, the registered manager had submitted 14 DoLS authorisations to the local authority for consideration. None of the applications had been authorised.

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

- The provider ensured people received a well-balanced diet, which met their needs and dietary preferences. People told us they were satisfied with the food. One person said, "The food is very nice. You always get plenty of choice."
- We observed lunch being served. The dining experience was pleasant. We saw staff to be attentive and encouraging those reluctant to eat. Everyone was given plenty of time to eat their meals and were asked if they had finished before plates were removed. Hot and cold beverages were freely available throughout the day. We noted drink stations had been set up in the living rooms to enable people to help themselves to a

drink.

- People's nutritional needs were assessed, and diet and fluid charts were implemented for those requiring closer monitoring. Staff sought specialist advice, as necessary.
- A member of the management team was designated as a nutrition champion. They spoke passionately about the nutritional initiatives and events in the home. These included themed nights to showcase cuisine from different countries.

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

- The registered manager and staff made sure people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were documented within their support plan. This helped staff to recognise any signs of deteriorating health. Whilst staff recorded people's oral care on the daily monitoring charts, we noted the oral health care plans had not always been completed. Following the inspection, the senior operations manager sent us an action plan, which stated the plans would be completed by 30 August 2019.
- Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. Appropriate information was shared when people moved between services. In this way, people's needs were known, and care was provided consistently. We spoke with a healthcare professional during the inspection, who provided us with positive feedback about the service.

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

- A member of the management team or a social worker carried out an assessment of people's needs, prior to people receiving a service. This ensured the staff team had the resources and training to meet individual needs before people moved into Olive House. The assessment was used to form a written plan of care which was updated as the staff learnt more about the person.
- People were encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives felt staff were competent and well trained. One person said, "All the staff are very good at their job. I can't find any fault in any of them."
- New staff were supported through a detailed induction programme and mandatory training was provided for all staff members. This helped to ensure the workforce was kept up to date with current legislation and good practice guidance. The registered manager monitored the staff training, alongside the business support officer. At the time of the inspection, existing staff were in the process of completing refresher training.
- Staff were provided with one to one supervision with their line manager. This facilitated discussions around work performance, training needs and areas of good practice. Staff demonstrated a good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant.

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

- The provider made sure the design and layout of the home was suitable for people living at Olive House. There were comfortable communal areas, appropriately adapted bathrooms and access to well-maintained and safe gardens with outside seating areas. The shared areas of the home had recently been refurbished to good effect. The senior operations manager explained signage and some wall displays were due to be reinstated.

- People had their own rooms and were able to personalise these as they wished. This approach promoted a sense of comfort and familiarity.

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 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

- The registered manager and staff focussed on building and maintaining open and honest relationships with people and their families. People and their relatives told us staff always treated them with respect and kindness and they were complimentary of the support they received. One person told us, "The staff are lovely and very caring" and a relative commented, "I am over the moon with the care [family member] receives. I can't praise the staff enough."
- Staff had developed good relationships with people and their relatives. They described warm, caring and friendly interactions. One person said, "The staff have been wonderful." Staff spoke with warmth and affection about the people they were supporting.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's backgrounds and personalities. Staff told us they were proud of the work they did and believed people supported by the service received personalised care and support. People's equality, diversity and human rights were respected and recorded as part of the care planning process.

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

- People were involved in decisions and consulted in individual and meaningful ways. People were consulted about their care needs and personal preferences. One person using the community beds told us, "I have been totally involved in my care. I have discussed everything with the staff and the therapists."
- People were encouraged to make decisions about their day to day routines, in line with their personal preferences and encouraged to express their views. People said they were listened to. One person said, "The staff will always make time if you want to talk." We observed staff chatting and sharing good humour with people in all areas of the home.
- People had regular opportunities to express their views at their care plan reviews and monthly residents' meetings.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service and how they could access other organisations and networks.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff called people by their preferred name and spoke to people with respect. One person said, "The staff are very respectful and really friendly."
- Staff encouraged people to develop their independence and self-esteem to enable them make choices

and express their preferences. The staff offered people opportunities to increase their independence and to have freedom and control over their lives. One person using the community beds said, "My confidence was really knocked when I came in, but now I feel I can go home with confidence."

- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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 good. At this inspection, this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person told us, "The carers will do whatever they can to help you."
- The management team and staff developed person-centred support plans, which provided the staff with clear guidance about people's needs and how best to meet their needs. This helped to support effective delivery of care. We noted each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- The support plans were detailed and showed people's preferences and interests had been taken into consideration. The staff had reviewed the plans at regular intervals and any changes in needs had been recorded.
- Staff wrote daily records, which documented the care people had received, in a detailed and respectful way and had completed care records when there was an identified risk. However, we noted staff working on the community beds area had not specifically recorded when they had assisted people with any exercises or tasks suggested by the therapy team. This meant it was difficult to determine people's progress. The senior operations manager addressed this issue in an action plan.
- The provider used technology to enhance the delivery of effective care and support. Where people were deemed at risk of falling they were supported by the use of sensor equipment. The home also had Wi-Fi available throughout the building and staff had access to a tele-medicines system. This enabled staff to speak with a healthcare professional at a hospital via a computer link. We also noted voice-controlled speakers were available on each area of the home, to facilitate music and activities.

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

- People had support to undertake activities, hobbies and interests that enhanced their quality of life. People had mixed views on activities, one person told us, "There are always things to do to keep me occupied", however, another person said, "There is not a lot going on. I wish there was more." We saw people's personal interests and hobbies were recorded in their support plan.
- The activities care assistant was employed for 16 hours a week and arranged both group and individual activities. Activities provided inside the home included, games, quizzes and movement to music. People were also supported on trips outside the home. A volunteer explained, they had completed a course on developing music playlists for people. Following from this, they hoped to develop a playlist for all people who lived in the home. The activities care assistant completed an inclusion report, which included which people had participated in activities. This helped to plan future activities in the home.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care. Wherever appropriate, people's end of life wishes, and preferences were recorded and reviewed in advanced care plans. However, we saw people's wishes were not routinely explored as part of the support planning process. The senior operations manager sent us an action plan addressing this issue.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free. Staff had access to training and the provider's policies on end of life care.

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.

- People's information and communication needs, and preferences had been identified and met. We saw staff members openly engaging with people during the inspection, which enabled meaningful conversation and helped to avoid isolation.
- The provider was aware of their responsibility to meet the AIS. They provided people with information regarding the service in different formats where necessary, to meet people's diverse needs.

Improving care quality in response to complaints or concerns

- Complaints were listened to and taken seriously. People were aware how to make a complaint and had access to a complaints' procedure. None of the people or relatives spoken with any had any concerns about the service.
- The provider had a complaints policy which detailed how people could raise a concern if they were dissatisfied with the service they received and the process for dealing with it. The senior operations manager confirmed there had been two complaints raised during 2019. We saw both complaints had been recorded, investigated and resolved.

Is the service well-led?

Our findings

Well led

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had an experienced manager registered with CQC who was in operational day-to-day control of the care home. At the time of the inspection, the registered manager was away on leave.
- We saw the registered manager and management team carried out a number of audits and checks covering all aspects of the service. However, the audits did not always include important elements. This meant there were some shortfalls that had not been identified. For instance, the support plan audit did not include checks on the documentation associated with the Mental Capacity Act and the records of care were not scrutinised to check therapy plans had been followed for people using the community beds. We also found the provider had overlooked the expiry date of the electrical safety certificate.
- The senior operations manager addressed all issues either during the inspection or within an action plan sent following the inspection. They visited the home on a regular basis and carried out a series of audits. We noted action plans were developed in response to any shortfalls.
- People, their relatives and staff spoke positively about the way the service was managed and the registered manager's open and approachable leadership style. One member of staff told us, "[The registered manager] is very good. She is supportive and will always find time to discuss anything. She knows every single resident well and has regular chats with them." And another member of staff said, "[The registered manager] is brilliant. Can't fault her at all."
- Staff were aware of their roles and responsibilities. They were provided with job descriptions and had access to a set of policies and procedures to guide them. We found staff morale was good and they felt valued and supported.
- Staff meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and the registered manager was open to feedback.

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 provider and management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness. People told us the registered manager and staff were open and honest. Good relationships had been developed between the registered manager, staff and people using the service and their family members.

- The senior operations manager told us they or the registered manager would speak with people when things went wrong. Any incidents would be fully discussed with staff during meetings or in one to one support sessions.

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

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- The provider had a clear vision and person-centred culture that was shared by managers and staff. This approach promoted the provision of high-quality care to achieve positive outcomes for people using the service.
- Staff told us they felt everyone was well supported and they all described how much they enjoyed their work. One member of staff told us, "It's a really nice place to work. I get job satisfaction every day, when I think I've made a difference to people's lives."

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

- People were involved and engaged in the service and consideration had been given to their equality characteristics. The registered manager encouraged people to voice their opinions through different forums to ensure their voice was heard. This allowed the provider to monitor, reflect and develop based on people's experiences. People, and their relatives told us they felt involved in the service and in decisions about their care.
- People were invited to complete an annual customer satisfaction questionnaire. The last survey was conducted in June 2019. We looked at the collated results and noted people indicated they were satisfied with the service. One person had written, "I love this place and wouldn't like to be anywhere else." An action plan had been developed to address any suggestions for improvement. People were also given the opportunity to attend residents' meetings and the minutes were written in the "You said, we did" format.

Working in partnership with others

- The management team and staff worked in partnership with external agencies where they could learn and share knowledge and information that promoted the continued development of the service.
- The management team told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the district nurses, advanced nurse practitioners, therapists and the local GPs, as well as social care professionals such as the safeguarding and social work teams.