

Lancashire County Council

Olive House Home for Older People

Inspection report

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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?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an inspection of Olive House Home for Older People on 5 and 6 November 2014. The first day was unannounced. We last inspected Olive House on 23 October 2013 and found the service was meeting the current regulations. However, during this inspection we found the care home provider required to make improvements in the following areas: the management of medication, record keeping and the systems used to

manage risks to people's welfare. We also recommended improvements in the implementation and use of the Mental Capacity Act 2005 and the dining arrangements for people living with a dementia.

Olive House is a 44 bedded care home providing care to older people with a range of needs. Accommodation is divided into three units: Balmoral Manor which provides care for people living with a dementia, Kensington Manor

Summary of findings

which provides people with personal care and Sandringham rehabilitation unit which provides rehabilitative care to help people learn or relearn skills necessary for daily living. There were 37 people accommodated in the home at the time of the visit.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe and were well cared for in the home. All staff spoken with were aware of the procedures in place to safeguard people from harm. We observed staff were kind and compassionate in their interactions on all three units.

As Olive House is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. At time of the inspection one person had an authorised DoLS and an application had been submitted to the local authority in respect to another person's needs. However, we found the people's care plan documentation did not provide sufficient guidance for staff on how to meet these people's needs in the least restrictive way.

We found that medicines were not always managed safely and the provider's mandatory risk assessments had not been carried out when people had been admitted to Sandringham rehabilitation unit. These issues are important to protect the health and well-being of people living in home.

People were provided with a varied diet of food and all people spoken with told us they enjoyed the meals provided. However, we found in contrast to the other two units the dining tables were not set on Balmoral Manor unit and people were sat at empty tables. This meant it may have been difficult for people living with a dementia to recognise it was time for a meal.

People had individual personal plans that were centred on their needs and preferences. However, we found there were no care plans on file for two people who had been living in the home for six days. We also found there were omissions in the record keeping and charts were not fully completed.

We found the systems in place to manage the home required improvement. Feedback from healthcare professionals highlighted difficulties with communication systems and the organisation of the home. Whilst a series of audits had been carried out these were not always effective in picking up shortfalls.

We found staff recruitment to be thorough and all relevant checks had been completed before a member of staff started to work in the home. Staff had completed relevant training for their role and they were supported by the management team.

Our findings demonstrated a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

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 consistently safe. Whilst people told us they felt safe, our findings demonstrated people were not adequately protected against the risks associated with the unsafe management of medicines. We also found risks related to people's care had not always been assessed on admission or in line with changing needs.

The way staff were recruited was safe, as thorough pre-employment checks were carried out before they started work. Staff spoken with had a clear understanding of safeguarding vulnerable adults from abuse.

Requires Improvement



Is the service effective?

The service was not effective. We found there was insufficient guidance and information for staff to enable them to support people with a Deprivation of Liberty Safeguard authorisation or application.

Whilst people liked the food provided, we observed the mealtime arrangements on Balmoral Manor unit required improvement.

Referrals had been made to healthcare professionals, however, staff had not always maintained up to date records in line with their advice.

Although staff had received appropriate training and were supported by the management team, none of the staff had received an appraisal of their work performance.

Requires Improvement



Is the service caring?

The service was caring. People told us they were happy with the care provided and said the staff were kind and considerate. People's privacy and dignity were respected. We observed people were supported to maintain and build their independence skills.

Good



Is the service responsive?

The service was not consistently responsive. Whilst people were satisfied with the care provided, we found there were shortfalls in record keeping. This meant it was not always possible to determine if people had received appropriate care.

People were provided with opportunities to participate in activities both inside and outside the home. People we spoke with felt comfortable to talk to staff if they had a concern and were confident their concerns would be dealt with.

Requires Improvement



Is the service well-led?

The service was not consistently well led. We found improvements were needed in the systems used to manage the home to ensure people were protected against the risks of unsafe or inappropriate care.

Requires Improvement



Summary of findings

Staff were given feedback about their roles and the registered manager had introduced a staff recognition notice board and staff suggestion scheme. These initiatives were designed to celebrate staff achievement and enable them to raise any issues on the operation of the home. People and their relatives were invited to regular meetings and had the opportunity to discuss items of the choice.

Olive House Home for Older People

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 November 2014 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service, including notifications. We also received feedback from three healthcare professionals. The provider sent us a Provider Information Return (PIR). 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.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with 12 people who used the service and one relative, who was visiting the home. In addition we spoke with the registered manager, five members of the care team. We also discussed our findings with the Care Business Manager.

We looked at a sample of records including six people's care files and other associated documentation, two staff recruitment files, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits.

Throughout the inspection we spent time on all three units observing the interaction between people living in the home and staff. Some people could not verbally communicate their view to us. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us to understand the experiences of people using the service who could not talk to us.

Is the service safe?

Our findings

We looked at how the service managed medication. From records seen we noted staff designated to administer medication had completed a safe handling of medicines course and undertook competency tests to ensure they were competent at this task. Staff had access to a set of policies and procedures, which were readily available for reference. We noted the registered manager obtained a copy of the NICE (National Institute of Clinical Excellence) guidance: Managing medicines in Care Homes during our inspection to complement the existing policies and procedures.

There were suitable arrangements in place for the storage and administration of controlled drugs. These are medicines which may be at risk of misuse. We noted the controlled drugs were stored appropriately and recorded in a separate register. We carried out a random stock check of the drugs and found the stock corresponded accurately to the register.

People spoken with were satisfied with the support they received with their medicines. However, we found prescribed supplements and creams were not well managed. One person told us they were experiencing pain due to staff not applying a prescribed cream. We checked the person's records and found the cream had been out of stock for five days. This meant there had been a failure to replenish stocks in a timely manner and the person experienced unnecessary pain. We also noted from looking at other people's records, there was no explanation for the codes used on the cream administration charts. This made it difficult to understand and follow the records.

We looked at the way prescribed creams were stored on the unit and found they were all kept in a large plastic box. The box was heavily contaminated with old cream, which had congealed on the bottom and had obscured some prescription labels. We were concerned to note a medication audit carried out a day before the inspection stated creams were "correctly stored". The registered manager made immediate arrangements to obtain the person's prescribed cream and improve storage arrangements. However, we would expect these issues to be picked up and resolved without our intervention.

On another unit, records indicated one person had not received prescribed nutritional supplements in line with

the prescriber's instructions. The registered manager confirmed following the inspection that staff had offered the supplements but the person had refused. However, they had not entered this information in the person's records.

Our findings demonstrated the provider's arrangements for managing medication did not protect people against the risks associated with medicines. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at how the service managed risk. We found individual risks had been assessed and recorded in people's care plans and management strategies had been drawn up to provide staff with guidance on how to manage risks in a consistent manner. Records seen demonstrated all risk assessments had been reviewed on a regular basis. However, on looking at two people's records on Sandringham rehabilitation unit we found the mandatory risk assessments had not been completed on or since admission to the unit. We further noted a risk assessment had not been carried out in response to one person's changing needs and in relation to the management of one person's medical condition. Such assessments are important to ensure all staff are aware of the risks involved in people's care.

All people spoken with told us they felt safe and secure in the home. One person said, "The staff are wonderfully kind and I am always treated with the utmost respect" and another person commented, "I like everything about it, all the staff are great." A relative also spoken with told us they had no concerns about the safety and welfare of their family member.

We discussed safeguarding procedures with members of staff and the registered manager. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. The registered manager and all staff members spoken with had an understanding of the types of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. According to the staff training records seen, all staff had received training on safeguarding vulnerable adults and staff spoken with confirmed this. Safeguarding people was included in induction training for new staff and refreshed every year.

Is the service safe?

The registered manager had referred safeguarding incidents to the local authority safeguarding team and to the Care Quality Commission appropriately.

We looked at how the service managed staffing and recruitment. Staff spoken with told us there was usually sufficient staff on duty. During the inspection, we saw staff responded promptly to people's needs on all units visited. This was confirmed in discussions we had with people living in the home. One person told us, "We get everything we need, you only have to ask." We saw evidence to demonstrate the registered manager continually reviewed the level of staff using an assessment tool based on people's level of dependency. However, from the information seen the tool did not consider the skills and knowledge of the staff. We noted the registered manager had a flexible bank of staff hours which had been used to support people during a viral outbreak. The outbreak was ongoing at the time of visit, but had been contained by the staff and people were making a good recovery.

We looked at recruitment records of two members of staff. Checks had been completed before staff worked unsupervised and these were clearly recorded. The checks included taking up written references and a criminal records check. The recruitment process included the completion of a written application form with a full employment history and a face to face interview to make sure people were suitable to work with vulnerable people. The registered manager also asked candidates to complete a "one page profile". These enabled potential staff to set out what was important to them. New staff completed a six month probationary period during which their work performance was reviewed at two monthly intervals. We saw records of the probationary reviews during the inspection. This meant the person's new employment had been closely monitored.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. We noted there was information displayed on a notice board about the MCA 2005 on the ground floor. According to records seen the staff team had completed work booklets on the principles associated with the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. We found staff spoken with had a basic understanding of the MCA 2005.

People's capacity to make decisions was considered as part of the pre admission assessment, however, there was no evidence seen to indicate this had been reviewed following admission to the home. This is important to assess people's ongoing capacity to make decisions for themselves and their ability to consent to care and treatment.

At the time of the inspection, one DoLS application had been authorised by the local authority. However, the person's care plan did not include specific guidance for staff on how the DoLS should be implemented, as part of their daily care. The registered manager informed us a further application had been submitted to the local authority for another person. We noted a best interest decision form had been completed for the person. However, none of the staff spoken with on the unit were aware of the application and there was no care plan on the person's file to guide the staff on how to meet this person's needs. This meant people were at risk from inconsistent care.

We looked at how people were supported with eating and drinking. All people spoken with made complimentary comments about the food provided. One person told us, "The food is fine, you always get a choice and there is always plenty to eat." We observed the meal time arrangements on different units throughout the day. We noted people were given appropriate support to eat their meals and staff engaged people in conversation. However, in contrast to the other units, tables were not set on Balmoral Manor unit. We observed people were sat at empty tables and then handed their meal and a knife and fork. While staff were attentive and responsive to people's needs, the meal time lacked a sense of occasion and

people may have found it difficult to recognise it was time to eat. For instance one person was observed to pile their food onto the empty table. The environment plays an important part in the eating and drinking experience, as it can affect how much a person living with a dementia enjoys eating and the amount they eat.

We noted that staff had responded to risks associated with poor nutrition and hydration and had contacted the dietitian for advice as appropriate. However, we found staff had not completed food and fluid charts for one person as recommended by the dietitian and had not consistently recorded when they had offered the person prescribed nutritional supplements. They had also failed to record the person's weight on a regular basis. This meant it was unclear how this person's welfare and well-being was being monitored.

We considered how people were supported with their health. People's healthcare needs were assessed during the care planning process. We noted records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team on the computer system. People confirmed the staff contacted their doctor when they were unwell. Before the visit we received feedback about the service from three healthcare professionals. Whilst these professionals told us the staff were caring they also pointed out there were problems with the communication systems, which at times made it difficult to obtain up to date information about people's conditions.

We looked at how the provider trained and supported their staff. We found that staff had completed regular training and discussions with staff confirmed this. At the time of the inspection, the training records were being updated onto a central record in the home. All staff had undergone an induction programme when they started work in the home and received regular mandatory training.

From the training records seen we noted staff received regular training in areas such as assisting people to move, first aid, safe handling of medication, proactive approach to conflict and person centred support planning. Staff had also completed specialist training on caring for people with a dementia and end of life care. The training was delivered in a mixture of different ways including face to face, online and work booklets.

Staff spoken with told us they were provided with regular supervision and they were supported by the management

Is the service effective?

team. This provided staff with the opportunity to discuss their responsibilities and the care of people in the home. We saw records of supervision that staff had received during the inspection and noted a variety of topics had been discussed. There were various types of supervision which included a face to face meeting, team supervision and an observation of work practice. According to the provider information return received before the inspection none of the staff employed for more than two years, had received an appraisal of their work performance. Appraisals are important to enable the registered manager to review staffs' work performance and set objectives for the following 12 months.

We recommend the registered persons consider the relevant guidance and principles associated with the implementation and use of the Mental Capacity Act 2005.

We recommend the registered persons consider advice and guidance from a reputable source in order to improve the mealtime arrangements for people living with a dementia.

Is the service caring?

Our findings

All people spoken with told us the staff were caring and supportive towards them. They also indicated the staff were kind and respectful. For instance one person said, “It’s marvellous, all the staff are great and we get on with them very well.” Another person told us, “I feel very happy here. I find the staff are wonderfully kind.”

Similarly, a relative spoken with was happy with the care provided to their family member. They said, “The staff are fabulous. I feel my [family member] is well cared for and the staff always keep me up to date if there are any concerns.”

Our observations showed us there were very positive interactions between people living in the home and the staff supporting them. We saw the staff members engaged with people, talking about things people were interested in and liked doing. They encouraged people to engage in activities and to make choices. We saw staff often asked people how they were and if they wanted or needed anything. We also observed staff on Balmoral Manor unit responded quickly to a person who was upset and offered the person comfort and reassurance.

People told us they had a keyworker, who got to know them well and made sure they had everything they needed. People said the routines were flexible and they could make choices about how they spent their time. One person told us, “I like to do my own thing and go out whenever I like.”

Before people moved into the home, staff carried out an assessment of their needs and risks, which included gaining information about their preferences. This then informed the care planning process. People had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their ornaments and photographs of family and friends or other pictures for their walls. This personalised their space and supported people to orientate themselves.

People were provided with appropriate information about the home, in the form of a service user guide and brochure.

This ensured people were aware of the services and facilities available in the home. We noted a leaflet was being developed to provide people with specific information about the rehabilitation unit. Information was also available about advocacy services. These services were independent and provided people with support to enable them to make informed choices. One person who was subject to a deprivation of liberty safeguard (DoLS) had been assigned an advocate as part of the DoLS process.

There were policies and procedures for staff about the philosophy of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and confidentiality in the care setting. The staff spoken with were aware of the policies and procedures and were able to give us examples of how they maintained people’s dignity and privacy. Staff encouraged people to speak for themselves and gave people time to do so. People spoken with confirmed staff respected their rights to privacy.

We observed staff encouraged people to maintain and build their independence skills. People staying on the rehabilitation unit told us the staff were patient and kind when supporting them to rebuild their skills.

A member of staff was designated as a dignity champion. The Dignity in Care campaign is hosted by the Social Care Institute for Excellence, and aims to put dignity and respect at the heart of care services. During our visit we saw that staff attended to people’s needs in a discreet way, which maintained their dignity. For instance they spoke in lowered tones when asking people if they needed any assistance with personal care tasks.

People were supported and encouraged to express their views. This was achieved as part of daily conversation, residents’ meetings, consultation exercises and satisfaction questionnaires. The people spoken with confirmed they felt they were listened to. One family member visiting their relative in the unit for people living with dementia felt that they were consulted about the person’s care and told us they had seen their relative’s care plan.

Is the service responsive?

Our findings

We looked at six people's personal files. We noted people who had lived in the home for some time had an individual care plan which was underpinned by a series of risk assessments. The care plans were well presented, easy to follow and included information about people's past life experiences and personal preferences. Staff spoken with told us they were useful and informative documents. The plans were split into sections according to people's needs and included a personal profile of past life experiences and significant achievements. We saw evidence to indicate the care plans had been updated on a monthly basis.

However, we noted two people who had been living in the home for six days had not got a plan of care in their files. A deprivation of liberty safeguard application had been submitted for one of these people, however, two members of staff spoken with on the unit were unaware of the application or if the person needed any specific support in respect of this. The other person was staying on the rehabilitation unit and in addition to not having a care plan we found none of the mandatory risk assessments had been completed.

Charts were in place for food and fluid intake and other aspects of personal care; however we found there were gaps in the record keeping. This meant it was unclear if people's conditions had been monitored and they had received appropriate care.

The problems we found with record keeping breached Regulation 20 (1) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We noted an assessment of people's needs had been carried out before people were admitted to the home. We looked at a completed assessment and found it covered all aspects of the person's needs. However, we found the pre admission assessments for people admitted to the rehabilitation unit were mostly carried out over the telephone with healthcare professionals. This meant people may not have had the opportunity to fully participate in the process.

People told us they were happy with the care and support they received from staff. One person who returned from

hospital during our visit told us, "It is just so lovely to be back home with everyone". We noted they received a warm welcome from the staff team, who responded immediately to ensure the person felt comfortable and relaxed.

People had access to a range of activities and they told us there were things to do to occupy your time. Throughout the inspection we saw staff engaged in conversation and activities with people on each of the units, including playing a game of dominoes. One person was also taken by a member of staff to a local park to feed the ducks. The person told us they often enjoyed this activity. Professional entertainers were booked on a regular basis and we saw many photographs of past events. People were supported to spend time on other units in the home so they could meet and socialise with other people in the home. Forthcoming activities were displayed on each unit so people could plan ahead. The registered manager explained that she wished to develop activities further in the home and was recruiting a volunteer activity organiser to help with this.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. Staff spoken with said they knew what action to take should someone in their care want to make a complaint and were sure the registered manager would deal with any given situation in an appropriate manner.

There was a complaints policy in place which set out how complaints would be managed and investigated and a complaints procedure. The procedure was incorporated in the service user's guide and included the relevant timescales. The organisation had also produced leaflets to inform people about the complaints procedure as well as information on their website.

The registered manager kept a central log of complaints and had received five complaints, which according to information submitted in the provider information return had been resolved. We saw correspondence and other documentation, which showed these had been investigated and responded to in accordance with the complaints procedure.

Is the service well-led?

Our findings

People living on Balmoral Manor and Kensington Manor units and their relatives had been given the opportunity to complete and submit a satisfaction questionnaire in November 2013. We looked at the collated results and noted the majority of respondents were either “satisfied” or “very satisfied” with the service.

People staying on Sandringham rehabilitation unit were asked to submit a satisfaction questionnaire at the end of their stay. We noted there was a small pile of completed questionnaires in the office on the rehabilitation unit. However, apart from an analysis of one questionnaire earlier in the year none of the completed questionnaires had been collated and analysed. This meant issues raised and suggested areas for improvement had not been picked up and acted on.

Following an accident, a form was completed and the details were entered onto a database. However, there was no analysis of the type of accident or the time an accident had occurred. This meant it was not possible to identify any patterns or trends and take any necessary steps to reduce further risks.

Feedback from healthcare professionals received before the inspection highlighted difficulties with communication systems between the management and staff. They told us issues do not always get passed on, which meant staff were sometimes not aware of people’s healthcare conditions.

The registered manager used various ways to monitor the quality of the service. This included audits of the medication systems, care plans, staff training and staff supervisions as well as checks on mattresses and commodes. These were to ensure different aspects of the service were meeting the required standards. Checks of the medication systems included looking at the medication administration records and storage arrangements. However, we identified a shortfall in the management of medication, which had not been picked by the checks. We also found there were omissions in the record keeping and risks to people’s well-being which had not been identified assessed and monitored. This meant people were not protected against the risks of inappropriate or unsafe care.

This is a breach of Regulation 10 (1) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service is led by a manager who is registered with the Care Quality Commission. The registered manager told us she was committed to continuously improving the service. She was part of the wider management team within Lancashire County Council and met regularly with other managers to discuss and share best practice in specific areas of work. The registered manager said one of her key challenges for the year ahead was developing people’s recreational activities and supporting the staff to ensure morale remained high.

People living in the home and a relative told us the home was well run. The relative told us the registered manager and the management team had an “Open door” policy and they were always “Amenable and approachable”. However, four people living in the home and three members of staff told us they didn’t see the registered manager very often on the units. Two healthcare professionals also told us before the inspection there were “Too many management tiers” which led to a lack of organisation.

Staff received regular supervision with their line manager and told us any feedback on their work performance was constructive and useful. Staff were invited to attend regular meetings and were able to add items to the agenda. The registered manager had implemented a staff recognition board, which celebrated staff achievements and a staff suggestion scheme. The latter enabled staff to raise any issues or suggest improvements for the service. The registered manager had also introduced one page profiles for members of the management team. This allowed managers to set out what was important them and how they could best be supported in their role.

People and their family members were invited to attend regular meetings. We looked at the minutes from a recent meeting and noted a range of topics had been discussed. People were able to add any items of their choice to the agenda. This ensured the meetings were meaningful for the people living in the home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected against the risks associated with the unsafe management of medicines. Regulation 13

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People who use services were not protected against the risks of unsafe or inappropriate care arising from a lack of proper information about them by means of an accurate record in respect of each service user which shall include appropriate information and documents in relation to their care. Regulation 20 (1) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers People were not protected against the risks of inappropriate or unsafe care by means of an effective system to identify, assess and manage the risks relating to their health, welfare and safety. Regulation 10 (1) and (2)