

Joseph Rowntree Housing Trust

Olive Lodge

Inspection report

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16 November 2016

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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

We inspected Olive Lodge on the 14 and 16 November 2016. Both visits were unannounced. Our last inspection took place in April 2015 where we identified two breaches of legal requirements in safe and care treatment and consent. The provider sent us an action plan telling us what they were going to do to ensure they were meeting the regulations and a clear time frame in which they would complete this. On this visit we checked and found improvements had been made in all of the required areas.

Olive Lodge is a 40 bedded purpose built care home close to Horsforth Town Street in Leeds. The home has 36 single occupancy rooms and three apartments, all of which are en-suite and have a french door leading to a private balcony or patio.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

There were systems in place to ensure that people received their medication as prescribed.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff were given effective supervision.

Staff were aware of the processes in place to report incidents of abuse; and had been provided with training on how to keep people safe from abuse and harm. Processes were in place to manage identifiable risks and to promote people's independence.

People were supported to eat and drink well and to maintain a varied and balanced diet of their choice. People had access to healthcare facilities and support that met their needs.

People had developed good relationships with the staff team who treated them with kindness and compassion. Systems were in place to ensure that their views were listened to; and their privacy and dignity was upheld and respected.

People's needs had been assessed and care plans outlined their preferences and how they should be supported. Staff showed a good knowledge of these preferences.

People were able to enjoy activities of their choice. Arrangements were in place for people to maintain links with the local community, friends and family.

The service had quality assurance systems in place which were used to drive continuous improvements.

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 is safe.

People told us they felt safe receiving care and support at Olive Lodge.

Medicines were managed safely. Storage was secure and we found stocks matched records of administration.

People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence. The provider had effective recruitment procedures in place.

Is the service effective?

Good ●

The service is effective.

Staff had an understanding of promoting choice and gaining consent and their responsibilities under the Mental Capacity Act.

There were systems in place to support people to maintain their health and people had a balanced diet provided.

Staff were trained to carry out their roles and responsibilities appropriately.

Is the service caring?

Good ●

The service is caring.

People were supported by staff who knew them well, understood their individual needs and were kind and patient.

People were listened to and enabled to exercise preferences about how they were supported.

Is the service responsive?

Good ●

The service is responsive.

People's needs had been assessed and care and support plans outlined their preferences and how they should be supported.

People were supported to access activities and follow their interests.

There were systems were in place to manage complaints.

Is the service well-led?

Good ●

The service is well-led.

There was a registered manager in post. The management team were open, supportive and were present and approachable throughout the home.

Staff were clear about their roles and responsibilities and felt well supported.

There were systems in place to review and audit the service and the quality of care.

Olive Lodge

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 was planned to check 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 14 and 16 November 2016 and both days were unannounced.

At the time of our inspection there were 38 people using the service. During our visit we spoke or spent time with nine people who used the service and three relatives. We spoke with five staff; the deputy manager, registered manager and on the second day of inspection the deputy care operations manager. We spent time looking at documents and records related to people's care and the management of the service. We looked at four people's care plans and five people's medication records.

The inspection was carried out by two adult social care inspectors and an expert by experience on the first day of inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection on the second day was carried out by one social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports and statutory notifications. Before the inspection providers are asked to complete 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.

We contacted the local authority and Healthwatch. We were not made aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

At the last inspection in April 2015, we found that people had not been protected against risk of medicines because the provider did not have appropriate arrangements in place to safely manage them. At this inspection we found the provider had taken appropriate action and was now meeting legal requirements.

The provider had written procedures for the safe storage, administration and disposal of medication. Checks of the medications were carried out daily and any errors or omissions were investigated by the deputy or registered manager. Staff who administered medicines told us they had completed training which had provided them with information to help them understand how to administer medicines safely.

We looked at the systems in place for managing medicines and found there were appropriate arrangements for the safe handling of medicines. One staff member said, "Medication is safe."

Adequate stocks of medicines were maintained to allow continuity of treatment. Appropriate arrangements were in place in relation to the recording of medicines. For recording the administration of medicines, medicine administration records (MARs) were used. The MAR charts showed staff were signing for the medication they were giving to people. There was no evidence to indicate that any person living at the home was put at risk or had come to harm.

Controlled drugs (medicines liable to misuse) were locked securely in a metal cupboard and the controlled drugs log was completed and correctly reflected the contents of the controlled drug in use.

Some people received PRN (as and when necessary) medication. PRN medications had a MAR which detailed what the medication is, when it should be used, possible consequences or side effects and when to contact the GP. These were all accurate at the time of inspection.

People we spoke with said they felt safe living in their home. Comments we received included; "I feel safe because once my door is closed on an evening, I feel good. Staff are very good at helping me to get out of my wheelchair, they make me feel safe in their hands "and " I feel safe here , I walk with my frame and staff know I sometimes fall if I am distracted."

In the PIR the provider told us, 'Staff are aware of the organisation's safeguarding and whistleblowing policies. Staff are encouraged to report near misses/accidents in accordance with policy'.

Staff understood the different types of potential abuse and could tell us what action they would take to keep people safe. Staff understood the appropriate action to take if they witnessed or suspected abuse. They were confident any concerns they reported would be addressed by the management team. They were also aware of the provider's whistleblowing policy and knew how to use this. 'Whistleblowing' is when a worker reports suspected wrongdoing at work.

One staff member said, "I would not hesitate to report anything that concerned me."

The registered manager and staff told us all members of staff received training in recognising the possible signs of abuse and how to report any concerns. Records confirmed this to be the case.

People received support from safely recruited staff. We looked at recruitment records of three recently recruited staff. We saw appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people.

The provider had a recruitment tool kit for registered managers to use to ensure safe recruitment. This included advice and guidance for registered managers on safe and fair recruitment practice. The registered manager said they had found this a valuable tool.

We saw staffing levels had been assessed using a dependency tool to ensure they were safe and there were sufficient staff to meet people's needs. The registered manager said the dependency levels were assessed every six months or when there was a change to ensure people's needs were met. The registered manager told us they were planning to re-assess dependency in the coming week as they had a new person coming in to the home.

All the staff we spoke with said there was enough staff to meet people's needs, and they did not have concerns about staffing levels. All staff told us the staffing levels had increased recently in response to people's needs. Staff's comments included; "We have enough staff to be able to spend time properly with people" and "Always enough staff to give good care, get involved in activities." We looked at rotas for the past month and saw staffing levels were as planned according to dependency.

Is the service effective?

Our findings

At the last inspection in April 2015, At this inspection we found the provider had not done all that was reasonably practical to assess people's capacity. At this inspection we found the provider had taken appropriate action and was now meeting legal requirements.

In the PIR the provider told us, 'Residents are supported to understand and give consent. If a person lacks capacity, decisions may be made in their best interest by consulting families and professionals. People who use the service and their families and friends (where it is the wish of the individual) are involved in their assessments, care planning and reviews'.

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. (The application procedures for this in supported living settings are called the Deprivation of Liberty Safeguards (DoLS)).

The registered manager and staff had an understanding of the MCA and the DoLS application process. At the time of our inspection the registered manager told us no-one was subject to a DoLS authorisation and everyone had the capacity to make day to day decisions.

We asked staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff were aware of the five principles of the MCA and spoke about the need to always assume people have capacity or that decisions must be made in people's best interests. This meant the rights of people who used the service were protected.

Everyone we spoke with, spoke well of the general level of care received and told us that in the main, they felt well looked after by staff who knew their individual health and wellbeing care needs. Comments from people included; "I think they are decent people who are doing a job "and " If staff are unsure about what I want or how to help me, they always ask me what to do and I tell them." Comments from relatives included; "If they have any concerns they are very on the ball to get the doctor in" and " If she [name of person] is ill, staff promptly request a doctor to visit."

In the PIR the provider told us, 'Staff are trained and supported to provide person centred care and support from induction. All staff complete the Care Certificate during their probationary period. New staff are mentored by an experienced member of staff, learning is person centred around specific needs and preferences'.

Staff said they received a good induction which had prepared them well for their role. We saw the provider

had introduced the Care Certificate for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was also a comprehensive induction programme in place which gave staff plenty of opportunity to discuss their role and receive feedback on their performance.

Staff told us all the training they received was effective in giving them the skills to do their job well. We looked at the training records and saw staff had received a range of training which included; first aid, equality and diversity, moving and handling, person centred approaches, dementia awareness and safeguarding. The training record showed staff were mostly up to date with their required training. There were a small number of training updates to be completed by staff. The registered manager had already identified these and had plans in place to ensure staff completed the refresher training.

The registered manager and staff spoke about a training session called 'the virtual dementia tour'. This involved experiencing their surroundings with some of the effects of dementia built in by deprivation of senses. Staff said this had been powerful training. One staff member said, "It really opened my eyes to what it must be like and has made me think more when I work with people who have dementia, it must be so frustrating for people."

Staff told us they felt very well supported by the registered manager and other members of the management team. Staff confirmed they received supervision on a regular basis. They also said they had an annual appraisal. Records we looked at confirmed this. A small number of staff were overdue a supervision meeting. The registered manager had a plan in place to ensure these were carried out. This meant staff were supported to reflect on their practice and identify any training needs they may have.

People told us the food was nice and they had plenty to eat. One person said, "It was very nice, very tasty; always is." People told us they never had to wait long in the dining room to be served their meal. People appeared to be enjoying their meals and were given friendly support and encouragement to eat where needed. When people needed support and encouragement to eat their meal, staff sat down next to them and offered support. Staff were respectful and maintained people's dignity when any support was offered.

Staff said the food in the home was cooked well and was good quality food. Staff told us they ate at the home and always enjoyed whatever they had. Staff confirmed special diets were catered for and that food and drink were available at any time for people.

Staff said there were good arrangements in place that made sure people's health needs were met. We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included GP's, chiropodists and psychiatrists.

One staff member said, "If we need to accompany people to appointments the manager arranges this." Another staff member said they always sat with people who were poorly or nearing the end of life. They said, "We absolutely make sure people are not on their own."

Is the service caring?

Our findings

People told us they felt staff looked after them in a kindly, friendly manner and that they felt able to speak to them about anything that worried them. Comments from people included; : " I feel happy that I can tell staff at any time if I am not happy with anything" and "I feel confident that I am able to make decisions about my care and that staff listen to me "and " I think they are decent people who are doing a good job." One relative told us, "We have no concerns whatsoever, all of the family are very happy with the care she is receiving. Staff are very caring and always helpful."

In the PIR the provider told us, 'Staff receive training in privacy, dignity and confidentiality during induction. This is monitored and discussed at supervisions'.

Throughout the visit, the interactions we observed between staff and people who used the service were friendly and respectful. We observed staff gently assisting people whilst maintaining their dignity and independence. An example of this was when we saw staff asking a person if they needed any assistance rather than presuming that they wanted it.

People looked well cared for, well presented, clean and tidy which is achieved through good care standards. People were dressed with thought for their individual needs and had their hair nicely styled. People appeared comfortable in the presence of staff and enjoyed the relaxed, friendly communication from staff. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with any care interventions.

Staff talked about how they ensured people's privacy and dignity was maintained and gave good examples of how they did this. Staff also spoke of the importance of maintaining independence for people who used the service. One staff member said, "It's good to encourage people to do as much as they can for themselves; gives them some pride."

It was clear staff had developed good relationships with people and spoke caringly about them. Staff had received training in equality and diversity and we saw they treated everyone respectfully. Staff told us they worked to ensure positive relationships were developed between them and the people they supported. They explained that it was important for them to get to know people's histories and background. They said this enabled them to provide care and support in a person centred way.

Staff spoke of the way they involved people who used the service in the development of their own care plans. They said they had care plan reviews with people to ensure the care that was planned was what people wanted. Staff told us they made sure people were at the centre of all the decisions about their care and support.

Is the service responsive?

Our findings

We spoke to the activities co-ordinator who showed us the November and December activities timetable which had a varied and interesting variety of activities on offer. These include in-house activities: Reminiscing and news sessions, various game and activities, nail painting, Film evenings, Exercise sessions. During December there was a full programme of festive events scheduled and these included Hand bell ringers, Sing a longs, Singers (family and friends) a Brass band and party days.

The activities co-ordinator told us they attend Leeds wide co-ordinators meetings where activity co-ordinators from different homes, get together to share ideas and good practice. They said "attending these meetings keeps my knowledge fresh".

On the first day of inspection we observed people interacting on a 1-1 basis with the activity co-ordinator by reading the news and drawing. A coffee morning session was also going on in the lounge area. One person told us, "There is lots to do, I like the exercise sessions. If there are no activities organised, we play dominoes." Another person said, "It is good on a Monday because we have the hairdresser in the morning and nails done in the afternoon." One relative told us, "Yes there are enough activities and I am invited, many of which [name of person] does not go to. I would like to see a bit more encouragement to attend."

In the PIR the provider told us, 'Wherever possible family are included in assessment, care planning and reviews'.

Records showed people had their needs assessed before they moved into the service. This ensured the service was able to meet the needs of people they were planning to admit to the service. We looked at care plans and assessments and saw these were comprehensive and included people's likes and dislikes and life stories.

We looked in detail at the care plans for four people who used the service. The support plans were written in an individual and person centred way, which included likes and dislikes. Staff were provided with clear guidance on how to support people as they wished. There was clear evidence of personal preferences in the care records. This included statements such as; 'I enjoy people chatting to me and singing songs' and 'I like to be independent in my choices.'

Staff showed good knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person. It was clear they knew people and their needs well. For example, one staff member spoke of the importance of being quick with personal care for someone who felt the cold.

Staff told us the care plans were reviewed on a regular basis to reflect any changes in people's needs and said they found the care plans informative and clear.

All the staff we spoke with said they thought people who used the service had enough to do and enjoyed the

activity on offer. They also said they respected the wishes of those who preferred not to join in group activities. One staff member said, "Some people prefer their own company and you have to respect that."

The home had systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at the record of complaints received in the last 12 months. It was clear from the records people had their comments listened to and acted upon.

We saw the service collected their written compliments received and these were shared with the staff team. Compliments included; 'I am writing to express my sincere gratitude and thanks for the help, care and attention my [name of family member] received' and 'Care and attention received were second to none.'

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of care and support staff. Staff told us they felt supported and valued by the registered manager and management team and enjoyed working at the service. Their comments included; "I really love my job", "It's a brilliant team to work in" and "The residents really make the job for me, I so like them all." It was clear from speaking with staff they were aware of their roles and responsibilities and were supported to fulfil them. Staff demonstrated a commitment to the people who used the service and ensuring the service ran smoothly for them.

One person told us, "The registered manager has made significant good changes and she is very approachable." Another person said, "I raised a concern a few months ago and it is all sorted. She dealt with it and we feel we were kept informed and we are happy with the result."

Staff we spoke with said communication and support within the service was good. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said the registered manager and senior management team maintained a visible presence in the home and often spent time with staff and people who used the service. One staff member said, "[Name of registered manager] is out and about all the time, has meals with the residents, chats to everyone and finds out what's going on."

People who used the service and their relatives were asked for their views about the care and support the service offered. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning and improvement. The care provider sent out annual questionnaires to people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in 2015 and these showed a high degree of satisfaction with the service. Where improvements had been identified these had been acted on. For example a number of people said they did not know who their key worker was so the registered manager had ensured people were properly introduced and given each person a photograph of their keyworker.

We saw there were regular 'relatives' and 'residents' meetings where people were encouraged to contribute and discuss matters. We saw feedback from the annual surveys was discussed and people were given the opportunity to express their views and make suggestions. Other topics included food choices, menus and activity.

Records we looked at showed the registered manager and provider made checks that the quality and standard of care was maintained and improved on where needed. We saw that all medications were stock checked daily by staff. We saw care plan checks were completed and the results of these discussed with staff in their supervision sessions or staff meetings. The registered manager said they wanted to encourage staff and develop their skills in care. We also saw a monthly health and safety check was carried out which included a check of the premises and any equipment used.

The registered manager told us they had good support from the deputy care operations manager who visited frequently to check standards and the quality of care being provided; this included checks on staffing, staff training and medication.

The registered manager said they submitted a monthly report to their manager covering all aspects of the service delivery. We saw this included safeguarding, accidents and incidents, medication issues and agency staff usage. The registered manager said they then discussed this in their supervision meetings each month with their manager to ensure any actions needed were implemented and communicated to the staff team. Head of quality and compliance also received monthly reports from the registered manager who then attended the service four times a year to measure against these findings. Evidence was seen regarding improvements made in the service in relation to these reports.

The registered manager had implemented a session for all staff to be involved in called '15 minutes'. This project included all levels of staff whether admin, management, kitchen or care staff. This project enabled all staff to have at least 15 minutes spontaneous chat with people they support in the home. People told us of how they enjoyed different staff just sitting and chatting to them throughout the day. One person told us, "I really enjoyed talking to the cook, we chatted and I told them about my favourite pudding and the next day it was on the menu." Another person told us, "I enjoy having the 1-1 time I can talk about what I want." Staff told us how they enjoyed the time out to be able to sit with a cup of tea and talk to people about their life stories. The registered manager told us this was working really well and staff are coming up with new and creative ways to engage with people.