Colin Limited

Olive Place

Inspection report

37 Etta Street
Deptford
London
SE8 5NR
Tel: 0208 694 6902
Website: www.colincarehome.co.uk

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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

Overall summary

We carried out this comprehensive inspection on 8 and 9 October 2015. The inspection was unannounced. The last inspection of this service on 24 October 2013 found no breaches of regulation.

Olive Place is a residential care home in Deptford, South East London. It provides accommodation and personal care for people with mental health needs. The maximum number accommodated is three people. The home is a two-storey terraced property located on a residential street.

The home 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.

Summary of findings

Risks assessments were in place to safeguard people from avoidable harm. Staff knew how to protect people from abuse and procedures to follow should abuse be suspected. Medicines were kept securely and people received medicines as prescribed.

Staff were supported to provide good care for people. There were enough staff available to meet people's needs. Staff received supervision and training. Staff team meetings were held regularly.

People's health needs were assessed and they were supported to access healthcare services.

People were supported to have sufficient food and drink.

People and their families told us that staff were kind and caring. Staff knew people well and supported them with their independence. People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberties Safeguards.

People's privacy and dignity were protected. Care records were personalised and reflected current needs and aspirations. Families felt informed and involved. People felt that staff knew and understood them.

The provider had quality monitoring systems in place. People understood how to make a complaint. The provider sought the views of people, families and staff to improve service provision.

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 safe.

The provider ensured that safeguarding procedures were in place. Staff knew how to identify and respond to allegations of abuse. All staff received safeguarding training.

Risks to people were assessed, managed and reviewed. There were enough staff to meet people's needs

People told us they felt safe.

Good

Is the service effective?
The service was effective.

Staff were supervised and received training and support to meet people's needs. Management and staff acted in accordance with the Deprivation of Liberties Safeguards and the Mental Capacity Act 2005.

People were supported to access healthcare services.

People said they enjoyed their food and chose what they ate and drank. People had sufficient to eat and drink to maintain good health.

Good

Is the service caring?
The service was caring.

People and their relatives told us that the staff were respectful and kind.

People had access to information about services and activities.

People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

People were involved in the planning of their care and chose the activities they participated in.

The provider had a complaints procedure and people knew how to make a complaint.

People told us the staff listened to them and they felt understood.

Good

Is the service well-led?
The service was well led.

There was a registered manager in post.

The provider had effective quality monitoring processes in place which were used to improve the delivery of care and support.

Good

Olive Place

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 8 and 9 October 2015 and was unannounced. It was carried out by one inspector.

Prior to the inspection we reviewed the information we held about the service, including notifications that we had received. Notifications are information about important events the provider is required to tell us about by law. We used this information to plan the inspection.

During the inspection we spoke with the three people who lived at Olive Place. We also spoke three staff, the registered manager and the proprietor. Following the inspection we spoke with two family members and to health and social care professionals.

We read the care records, risk assessments, medicines administration and health records of each person. We looked at staff training records, personnel files, supervision records, shift rotas and team meeting minutes.

We undertook general observations of how people were treated by staff and were supported with activities.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I've always felt safe here. That is one thing I never have to worry about." Another said, "I like living here. I'm happy not scared." Relatives of people living in Olive Place told us they were confident in the ability of the service to protect their family member from harm. One relative said, "Safety comes first. Staff know what makes [person's name] vulnerable and make sure they can be free but safe." Another relative told us, "I have never had cause for concern in this care home."

Staff received training in safeguarding people and demonstrated a clear understanding of how to keep people safe. Staff recognised different types of abuse and their individual responsibility to report it. For example they explained how they would become aware of signs of neglect, self- harm or financial abuse. One staff member told us, "I would report my concern straight away. The process is simple: manager, social services and CQC. Families also need to know." Safeguarding issues were regularly discussed at team meetings and in supervision.

Safe recruitment practices were in place. The provider had procedures to ensure that suitable staff were employed to provide care and support. Staff records showed that necessary checks were made prior to employment commencing. These included suitable qualifications, verified references and Disclosure and Barring Service (DBS) checks. The DBS provides information about a person's criminal record and whether they are barred from working with vulnerable adults. New staff completed a probation period to safeguard people against the risk of being cared for by unsuitable staff.

Staff completed risk assessments which described how they protected people from avoidable harm. Risks assessed included managing travelling independently and behaviours which challenge. Care records showed that risk assessments were reviewed with people, healthcare professionals and social workers. People whose medical conditions put them at risk were supported with risk assessments that guided staff responses to keep them safe. Care records showed that staff had followed these guidelines.

People were protected because staff were aware of the procedures to be followed in the event of an emergency such as a fire. They were able to explain the evacuation procedure. Each person had an individualised personal emergency evacuation plan (PEEP) which explained the support people needed to be safe in the event of a fire. For example one PEEP stated "If [person's name] is in their comfy chair they may refuse to leave their bedroom. The staff should close the bedroom [fire] door. The senior member of staff should notify the fire brigade immediately." This meant that staff knew what action to take and when to take it in order to keep the person safe.

People told us there were enough staff throughout the day to meet their needs. We observed people receiving individual staff support to go out to the community on both days of the inspection. A person told us, "I can always do stuff with staff when I want." A relative said "[Person's name] is independent but not always motivated. So they need staff to encourage them. Sometimes they are not as able as they'd like and staff are always there to help. I have never thought the home was short of staff."

Medicines were managed safely. People received the right medicines at the right dose and at the right time. Staff were able to detail the care home's procedures for administering medicines, reporting errors and recording refusals. The registered manager conducted regular audits to identify any errors. We saw that appropriate action was taken when errors were detected. A record of medicines received and returned showed that all medicines were signed in correctly and that none were returned. We checked records against stocks held and found them to be correct.

Some people were prescribed 'medicines to be given 'when required'. Staff had guidelines on the circumstances in which they should support people to receive these medicines. Care records showed that staff followed these guidelines.

Good

Is the service effective?

Our findings

People and their relatives told us that staff met their individual needs and they were happy with the care provided. One person said, "Staff know about my life and my history. They know what I like and what I don't. We have goals for my future". A relative told us, "The staff are 'on the ball'. They know their stuff. They support the people in the home well. I have definitely seen progress".

People were supported by staff who were trained to perform their roles effectively. One member of staff said, "I discuss the needs of people with my manager. We then look at the skills I have and how I need to do develop. Then we book training." Another member of staff told us, "We have challenging behaviour training that is specific for individuals in our home. It emphasises what we know to be successful".

People were supported by staff with up-to-date skills and knowledge because staff received regular training relevant to their roles. Training was planned and evaluated with staff during appraisal. Training included safeguarding; challenging behaviour; mental capacity; medicines and infection control.

People were supported with communication appropriate for their individual needs. A visitor told us, "From my observation, the staff vary how they communicate depending on who they are talking to. With [person's name] they are upbeat and jokey but with [person's name] they are much more sensitive and quietly spoken. I think it works really well."

One member of staff said, " We focus on communicating clearly with each person and ask questions to make sure they and we understand". Another member of staff said, "The more we communicate the more is shared and gets opened up. That way we improve our ability to support people"

Staff were supported in their work. They received regular supervision sessions and twice yearly appraisals. A member of staff said, "I have one-to-one supervision meetings with my manager every two months. They are really productive. We discuss the people, my personal development and any problems I have." Another member of staff said, "I actually enjoy supervision. It's good. We talk about problems and solve them. We look at how I can improve my skills and develop my career. We discuss things like safeguarding and making choices."

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Staff received the training and guidance they needed in caring for people who may lack capacity to make decisions for themselves. The registered manager and care staff were aware of, and understand their responsibilities under the MCA and DoLS and applied that knowledge appropriately. Staff were mindful that they needed people's consent when they provided care.

People told us they chose their meals and enjoyed the food they were offered. One person told us, "I choose what I want each day. My favourite is curries and we make that together. I eat fruit but sort of need to be reminded." A relative said, "The dinners are varied and appetising, I have never seen or been told anything untoward about meals."

People who chose to, were supported with specific dietary plans developed in partnership with healthcare professionals. One person told us, "I tried to lose weight for so long. But it wasn't until I came here that I dropped my waist size. We met the GP and staff convinced me to stop going to fast food shops and eat a lot better. I have more money by eating better food. I'm loads lighter and really, really pleased".

People had free access to drinks and snacks throughout the day. One person said, "I make my own snacks, sandwiches and the like. I help myself to drinks. No need to ask."

People accessed healthcare services for planned appointments. One person told us, "I see my GP regularly. The staff come with me and we talk about it afterwards." Records showed that a person with diabetes was supported with specialist eye testing and foot treatment.

Good

Is the service effective?

They had weight and fluid intake charts along with a nutrition plan. The person was supported with a risk assessment that advised staff to seek medical advice if they observed a number of symptoms.

People also had access to healthcare professionals when needed. One person explained how staff supported them to attend an opticians appointment to rectify a problem with their glasses." Another person said, "My legs can get really stiff. I don't like it. I talked to the staff and they sorted out for a massage therapist to come and do sessions in my room. My legs feel better for days afterwards."

Good

Is the service caring?

Our findings

People told us that the staff who supported them were kind and caring. One person said, "The staff are good. They are kind to me and the others. There's nothing I can say bad about them" Another person told us, "I like the staff. I think they get me….they sit and talk and listen and seem interested."

There was a friendly and warm atmosphere in the home and we observed jokes and laughter shared between people, staff and visitors. A relative told us, "They [staff] are always pleasant." We observed staff speaking with people calmly and facing the person they were speaking to. We heard staff asking questions to ensure they understood what was being said.

Staff knew people well and understood what was important to each person. They were able to tell us about people's interests, hobbies and backgrounds and the information was in care records.

People told us that their relatives and visitors were made to feel welcome by staff. One person told us, "When my family come to see me the staff are always really nice. They say, 'hello, would you like a cup of tea' and everyone feels easy". A relative said, "The staff are always friendly every time I go there. Nothing is too much trouble for them." There were no visiting restrictions. "A relative said, "We visit as and when and that's fine with everyone."

People made decisions about their care and treatment. People participated in the development of care plans and that these were reviewed and amended as needs and preferences changed. For example one person received fortnightly home visits from a healthcare professional but had decided that they would prefer to have their appointments at a clinic instead. Staff subsequently supported the person's travel to the appointment which they attend independently. This meant the person was supported to choose how their health needs were met.

We observed people actively involved in making decisions regarding the support they wanted for the activities they chose to do on both days of the inspection. For example, one person wanted support with preparing a meal in the evening but wanted to shop for some of the ingredients independently. Another person wanted staff to support them to go to the bank.

People were treated with dignity and respect. A person told us, "The staff are polite. They treat me with respect. They always speak nicely." Another person said, "The staff and the manager are always respectful to me, always." A relative told us, "The staff are professional in what they do. They are courteous and polite to [person's name]. They are always respectful in their manner and tone." The registered manager said, "Dignity and respect for people underpins everything we do here. Staff have training about dignity and rights and we discuss choices, capacity and independence in our supervisions and team meetings. I regularly work alongside staff observing practices and ensuring compliance with our policies on respect and dignity. I have never needed to take action." Team meeting records showed that people's respect and dignity had been discussed by staff.

People's privacy was protected. A person told us, "staff knock on my door and ask can they come in". A visitor said, "I think the people are definitely given their privacy. Their doors are always knocked before staff go in." A relative told us, "[Relation] likes to sleep in late some days. That's never a problem. When they don't want to be bothered staff don't bother them."

People's bedrooms were personalised and their belongings and mementos displayed as they wished. People chose how they wanted their furniture arranged. A person told us, "I didn't like the layout before. I could see the TV alright but I couldn't look at my posters and look out of the window at the same time. I talked to [staff] and we changed things around a few times and now it's fine."

People's care records were stored appropriately and could only be accessed by staff.

Good

Is the service responsive?

Our findings

People received personalised care and support. People told us that staff knew their individual preferences and supported them to make choices about their care. One person said, "Staff help me plan what I'm going to do. We discuss what things there are and then we discuss whether I can do them by myself or if I want support." Another person said, "The staff talk to me about everything. At the beginning of the day I tell them that I want a shower and we take time deciding what clothes I will wear." A relative told us, "The staff are flexible and creative. They can adapt to [person's] mood and changes of mind without any fuss at all". A visitor said, "Staff always ask the people what they want, how they want it and when".

People's needs were assessed before they came to live at Olive Place. Care plans were developed from people's needs assessments and risk assessments. These were person centred and reflected peoples preferences about their care and support. For example, one person liked to change the way they were addressed dependent upon their mood. This was reflected in the person's care plan and evidenced in daily handover records. This meant that staff were responsive to the person's wishes.

Staff supported people's behavioural needs in line with their care plans and risk assessments. Guidelines were written with the involvement of people, their relatives and healthcare professionals. One relative said, "Mental health and challenging behaviour are sensitive issues. But we discuss them openly, make plans and the staff go back over them when something happens. If changes need to be made they're discussed too". Professionals we spoke with told us that they had no concerns about the responsiveness of the care provided to individuals".

People's care records were accurate and reviewed regularly. Staff updated records throughout the period of our inspection. This ensured that information about people's needs was current and correct.

People were supported to maintain their independence and given support when they wished. One person told us, "I like to go shopping by myself. But sometimes I like to shop far away. When I do, staff and me go together so I don't get lost". Another person said, "I like my room to be nice and tidy and just so. But sometimes I need staff to lend me a hand. That's never a problem".

People were supported to continue their previous hobbies and to pursue their interests. One person told us, "I like computers and I have a laptop. I wanted to learn more about how to use it. The staff helped me to enrol on an IT course at college and now I have certificates to show what I can do." Care records showed that after one person expressed an interest in gardening they were supported to join an adult education floristry course and use their skills in the care home's garden.

One to one meetings were held each month between people and staff. In one meeting a person requested support to give up smoking. In response a member of staff made a referral to the local smoking cessation team. At the time of the inspection the person was meeting with a smoking cessation therapist to discuss the options available to support them.

People held residents meetings each month where ideas for activities were discussed. One resident told us, "Last month we talked about a daytrip to the seaside. And last week we went to Brighton. It was a great day out." A family member said, "I think the residents meetings are a good idea."

People had opportunities to make their views known about the service they received. Staff had explained the complaints policy to people in individual meetings. Records of staff team meetings and staff supervision meetings showed that the manager emphasised to staff the importance of people understanding the complaints policy. No complaints had been received since the last inspection. People told us they knew how to raise concerns. A person said "I'd talk to the manager or tell my care coordinator". Another person told us, "I know what to do. I can tell the staff or the manager or you guys [CQC] and it will get sorted. But I'm alright. I don't have anything to complain about". Staff told us that any complaints made to them would be reported to the registered manager.

The care home had a suggestion box for comments and feedback from people, their families and visitors. The box was routinely checked by the manager. Questionnaires were also sent to families requesting feedback on how they thought the service was performing and could improve. A relative told us, "the home is open to feedback and I give it when I'm there. When I suggest something to staff it's as good as done".

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post who had been registered with the Care Quality Commission since November 2014. He was also the registered manager of another home operated by the provider nearby. The manager demonstrated a clear understanding of their role, the vision and values of the organisation and his expectations of staff.

People and relatives said the home was well run. One person told us, "He [the manager] is lovely. He's a very nice man, always friendly and chatty. You can talk to him any time." A relative said, "He is a good manager. He is approachable and makes himself available." A visitor said "He has created a genuinely caring environment."

Relatives said they were kept informed. One relative said, "I talk to staff when I visit the house, but they invite me to meetings too and phone me with any developments." Another said, "Yes I know what's going on the home. They are good at letting me know." Twice yearly questionnaires were sent to families, with a plan to action comments developed by the manager.

Staff said they felt supported. A member of staff told us, "When I have had issues he has been brilliant. Shifts and workloads have been changed and he's always asking if there was anything else he could do. He always says we have to be flexible and support each other and he leads by example." Another said, "He encourages me to think about my career in care. That makes me want to get experience by trying new things and taking on more responsibilities."

The manager promoted an open culture to improve the service for people. Team meeting minutes showed that staff were given the opportunity to raise concerns and share ideas about improving the service. One member of staff told us, "team meetings are productive. The manager says what we've done well and what we need to improve on and we all chip in with how we think we can do it."

The proprietor and the manager carried out regular checks of the quality of service provision and planning. The proprietor and registered manager conducted separate audits with the findings acted upon. For example an audit in July identified that electrical appliance testing had not been scheduled. The manager acted promptly to ensure tests was undertaken. Staff carried out a programme of daily, weekly and monthly checks of the environment and care records. There was evidence that appropriate action had been taken when shortfalls had been identified. A visitor said "I think the home always tries to improve and get better. They really make the effort with people."

The manager analysed patterns of accidents and incidents These investigations were used to update risk assessments and care plans in partnership with people. Incidents were discussed at team meetings to ensure that all staff were familiar with the appropriate responses. .