

# Joseph Rowntree Housing Trust

## Olive Lodge

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Olive Lodge is a residential care home providing personal and nursing care to 36 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

People said they felt safe and secure living at the home, and they felt it was clean and tidy.

People said they felt there were enough staff to meet their needs. Staff were recruited safely, and they knew how to protect vulnerable people from abuse and harm.

People's medical and physical health needs were met by trained, knowledgeable staff. Staff worked with external healthcare agencies to meet people's needs and ensure they received their medicines as prescribed.

People said staff were kind and caring. Staff were able to describe how they protected and promoted people's independence, privacy and dignity.

Care plans took into account people's individual routines, preferences and cultural needs. Care plans were reviewed regularly.

There were a wide range of activities on offer which people said they enjoyed. The registered manager had built a wide network of links within the local community to ensure people were actively involved in and engaged with the people and facilities available in the local area.

The registered manager used the provider's quality assurance processes and procedures to monitor and improve the service people received.

People said they were confident in raising concerns and that their views would be listened to. There were regular meetings and an annual survey used to gather feedback on service performance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

### Rating at last inspection

The last rating for this service was good (published 14 December 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Olive Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Olive Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an adult social care inspector

#### Service and service type

Olive Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted the local authority for feedback. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with six members of staff including the registered manager, team leaders, care workers and catering staff. We

spoke with a visiting health professional and two volunteers from the community. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and processes in place to protect people from abuse. There was also a confidential whistleblowing line for staff to raise anonymous concerns. Staff we spoke with said they knew how to access it.
- People we spoke with felt the service was safe, and staff were confident they knew how to identify and report potential abuse. One person said, "I think it's safe and clean, I can't fault that."
- At the last residents' survey, 100% of respondents said they felt the service was safe.

Assessing risk, safety monitoring and management

- There were appropriate procedures in place to assess risk and monitor the safety of people and the premises.
- There were regular health and safety checks carried out, and there were also inspections carried out by accredited third party contractors, for example legionella water check certificates and gas safety certificates which were valid at the time of the inspection. There was also a full fire safety risk assessment.
- People had individualised risk assessments which followed national guidelines, for example the falls risk assessment tool, waterlow skin damage tool and the malnutrition universal support tool (MUST). People also had individual personal emergency evacuation plans which guided staff on how to support people in the event of a fire.

Staffing and recruitment

- People and staff said there were enough staff to meet people's needs. Some people said staff were not always as quick as they would like, however they said their needs were always met. One person said, "When I first came in here I inadvertently pulled my alarm bell cord, that's a while ago, staff were there immediately."
- We reviewed recruitment records and found there were appropriate background checks in place to ensure suitable candidates were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. Medicines records were detailed and complete.
- We reviewed systems and processes around storage and disposal of medicines and found they were safe.
- Staff had received medicines training and competency checks were carried out on a regular basis by a qualified individual to ensure staff remained competent to administer medicines.

#### Preventing and controlling infection

- The environment was visibly clean and tidy, with no malodours observed.
- Staff received training in preventing infection, and they wore personal protective equipment to reduce the risk of infection.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated appropriately. Where necessary, lessons learned were shared with staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were assessed appropriately before using the service so that the provider was assured their needs could be met.
- This included recording information about people's social and health professional networks as well as their life and medical histories as well as their personal preferences around their daily routines.

Staff support: induction, training, skills and experience

- People we spoke with said staff were competent and trained to meet their needs. One person said, "I think staff are well trained. Feel very safe and secure. Some nights when I first came I wasn't too sure but as time went on realise how good it is. I think they are well picked special people. I feel they are friends as well."
- Staff said they felt they had the right levels of training and support to meet people's needs. One staff member said, "Training and support is very good. I like the e-learning, it keeps you up to scratch. We get competency checks, supervisions, one to ones. Discuss any issues we might have. Like to think we have a good team, we can all communicate with each other."
- There was a programme of training the service considered to be mandatory, and regular supervisions and spot checks were carried out to ensure staff had the right skills and support.

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

- People we spoke with said the food was good and that they were supported to eat and drink enough. Comments included, "I like the food. Very different, changeable so that's good. We always get a biscuit offered with drinks. Morning and afternoon tea trolleys" and "There is a tea trolley that comes around in the morning and then one this afternoon."
- We spoke with catering staff who demonstrated how they met people's dietary needs and took people's preferences into account. Where people required specialised diets, this was recorded in their care plans.
- There was also a feedback book so people could write compliments or complaints about the meals served.

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

- The service was pleasantly decorated with spacious communal areas and a large communal garden which people were encouraged to use.
- People had personalised their rooms to be as homely as possible.

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

- People we spoke with said staff were proactive in getting them to necessary appointments and looking after their physical health. One person said, "They are good at arranging appointments. They help me with my tablets when its necessary. I think they know my routine, I've been here a year now, it's all falling into place."
- Care plans recorded interactions with health and social care agencies with relevant information for staff or guidelines to follow.
- We spoke with a visiting district nurse who said "Staff are knowledgeable. They make sure there are no bruises or bleeding, they are spot on with communication".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- DoLS applications were made and tracked appropriately in line with best practice guidance.
- MCA and best interest decisions were made for specific decisions. We found some instances where it was not recorded who else had been involved in the assessment alongside staff as per best practice guidelines. The registered manager contacted the health professionals involved to confirm they had been consulted in the decision making process following the inspection.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People said staff were friendly and caring. Comments included, "I do think it's a very good place. Very kind staff. Everybody seems to be settled which is good", "Staff are very helpful. Can't speak highly enough of them. Always treat me with respect. They know how far to go with banter", "Staff are pleasant and friendly".
- People said their religious and cultural needs were respected by staff. People were supported to access local religious and community facilities. One person said, "I have communion here, they (clergy) come in here if you want them to."

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

- People said they were confident they could express their views and they would be listened to. One person said, "If I had a problem I'd go see the registered manager. She is a good manager. She is always pleasant. I think she would sort things out."
- There was information available on how to access an advocate if necessary. An advocate is someone who helps a vulnerable person make important decisions about their care.
- Care plans contained communication logs where families and relevant people were informed about people's wellbeing and any incidents that had taken place.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they would protect and promote people's privacy and dignity. One staff member said, "We make sure they are covered up, firstly ask, do you want to, if they are agreeable always keep people covered with towels, make sure doors are shut, curtains are shut, maintain it as much as they can. Some people don't want you to leave the room some people do so just follow their wishes."
- People said staff helped them to maintain their independence. One person said, "They encourage you to do what you can. Staff are always respectful".
- Care plans contained good information on what people could and could not do for themselves, and how they wanted staff to support them.
- One member of staff said, "I like it here, we are enablers rather than doers, it's really important for older people to keep their independence, if you know they can do something don't take it away from them."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- There was a wide range of activities on offer, both regular and for special occasions. People said they enjoyed the activities on offer.
- Comments included, "They always offer us different activities. The children were in yesterday. I do enjoy it. There is a salon, we have our hair done every week on a Monday. If there are any specialties in between they will arrange it for you to go. They do lots of events. There is a MacMillan day. Tombolas and things like that. They get the community involved, people go to [supermarket] shopping; they find it easy. Church on a Sunday if you need. Pretty good. Wouldn't criticise any of that side. It's really good", "There are a lot of activities, I don't always go but they are there if you want to, they bring a paper round to tell you what's on. They bring me a copy of the sheet; you have the choice".
- During the inspection we observed a visit by children from a local nursery, which was a regular event. People were visibly engaged by the activity and said they really enjoyed it. During the inspection there was also a chocolate tasting session. We spoke to staff from the nursery who said the registered manager was proactive in organising links with the nursery so that people using the service and children would benefit from the visits.
- There was a well-stocked library with IT facilities. A vetted volunteer from the community organised the library and provided IT lessons. They also wrote a regular 14-page newsletter for people containing jokes, local history, poems, quizzes, photos from recent events and riddles.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans generally contained good person-centred information. The registered manager was in the process of transferring paper care plans on to an electronic format.
- Care plans were written with people's goals in mind, for example maintaining independence and mobility or managing any pain they had to ensure they were comfortable.
- Some of the care plans we reviewed required rewording, the registered manager agreed and said they would update the care plans following the inspection.
- Care plans were regularly reviewed in line with people's changing needs or as part of a routine to ensure they were reflective of people's current needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was compliant with the AIS. Information was available in a variety of formats.
- Care plans contained detailed information on people's communicative abilities and how staff were to support them to access information.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place, and people said they were confident they knew how to raise complaints.
- We reviewed the complaints file and found there were no formal complaints since early 2018 however complaints prior to that were responded to appropriately and in line with the provider's policy.

End of life care and support

- Staff had received training in end of life care. Staff understood their role as part of a multi-disciplinary team alongside other health and social care agencies in delivering end of life care.
- People had end of life care plans in place, and if they did not wish to discuss an end of life plan, this was recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Working in partnership with others

- The registered manager had made efforts to build extensive links with the local community in order to improve the lives of people using the service.
- This included hosting events with the local arts society, membership of the local civic society and the local dementia forum, regular visits from the local police, links with the local supermarket and buying locally sourced produce from the butchers and bakers.
- They had also hosted charity fundraising events in partnership with local charity shops and national organisations such as MacMillan and we saw photographs from these events of people enjoying the day. There were regular events such as coffee mornings for the community and seasonal events such as valentines day held at a local pub. We spoke with a volunteer who told us how the registered manager was proactive in using community links to integrate the home with the community.

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

- There were meetings held with people so they were able to bring issues to the registered manager and learn about things going on in the service. One person said, "They have meetings for residents. They asked us if there is anything you don't like they try and put it right. They listen to the residents."
- There was a regular newsletter sent out with information about what events were going on and any relevant information, as well as an activities timetable.
- There was a survey sent to people using the service. At the last survey, results were positive across a majority of areas. There was no staff survey conducted in 2018, as there was one due to be conducted in 2019.

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

- Staff we spoke with said they were confident in the leadership of the service, and that there was a positive working culture.
- Comments included, "The registered manager is a good manager. Approachable, can go to her with any issues. She is totally hands-on, she comes out on the floors. Never had a manager like her!", "[Name] is a good manager, very approachable. She would get issues sorted out. We have team meetings. It's a two-way

conversation; we have very vocal staff. Things will be solved if you mention it."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy and procedure in place. Where incidents had occurred, relevant stakeholders were notified.

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

- There were quality monitoring processes and procedures in place to monitor the service and make improvements. These included regular audits in areas such as medicines records and health and safety checks, as well as mock CQC style inspections and regular visits from the provider's quality team.
- The registered manager understood their obligation to provide CQC with notifications about significant events such as deaths, injuries or disruptions to service provision as required by law.