# The Olive Services Limited

# Blossom Place

## 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 |

## Overall summary

This inspection took place on 3 September 2015 and was unannounced. We last inspected Blossom Place on 16 July 2014. At that inspection we found the service was meeting all the regulations that we assessed.

Blossom Place provides accommodation and personal care for up to 14 people with mental health needs. It is set in a small cul-de-sac and is made up of two unit/blocks and an office building. Block A supports eight people and Block B supports six people. At the time of this inspection the home was providing care and support to 13 people.

There was a registered manager in post at the time of our inspection. 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 using the service said they felt safe and that staff treated them well. Safeguarding adult's procedures were robust and staff understood how to safeguard the people

# Summary of findings

they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service, for example, mental health awareness, promoting choice and independence and understanding the recovery path. The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People and their relatives, where appropriate, had been involved in planning for their care needs. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's care files included assessments of their dietary needs and preferences and they were being supported to have a balanced diet. Staff encouraged people to be as independent as possible. There were regular meetings where people were able to talk about things that were important to them and about the things they wanted to do. People were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of people using the service through annual surveys. The manager recognised the importance of regularly monitoring the quality of the service provided to people. Staff said they enjoyed working at the home and they received good support from the manager.

# 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?**

Good

The service was safe. There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. People using the service and staff told us there was always enough staff on shift.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

**Is the service effective?**

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other health care professionals when needed.

**Is the service caring?**

Good

The service was caring. Staff were caring and spoke with people using the service in a respectful and dignified manner. People's privacy and dignity was respected.

People and their relatives, where appropriate, had been involved in planning for their care needs.

There were regular residents' meetings where people could talk about things that were important to them and about the things they wanted to do.

**Is the service responsive?**

Good

The service was responsive. People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Staff encouraged people to be as independent as possible. There was a programme of activities for people to partake in if they wished to.

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

**Is the service well-led?**

Good

The service was well-led. The provider took into account the views of people using the service through surveys.

The manager recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the manager.

# Blossom 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 unannounced inspection was carried out on the 3 September 2015. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We spent time observing the care and support being provided. We looked at records, including four people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with nine people who used the service and the relatives of three people using the service. We also spoke with five members of staff, the deputy manager and the registered manager.

Before the inspection we looked at the information we held about the service including notifications they had sent us. We also received feedback from two care coordinators about the service provided to people using the service at Blossom Place.

Good

# Is the service safe?

## Our findings

People using the service told us they felt safe and that staff treated them well. One person told us, “I do feel safe here, why wouldn't I, it is my home.” Another person said, “I feel safe here because there are staff.” A third person said, “Staff are always around and can see us and ask if everything is okay so this makes me feel safe.” A relative said, “My relative has mentioned that they feel safe there and that they are being well looked after.”

The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager told us the deputy manager was the safeguarding lead for the home. We saw a whistleblowing and safeguarding adult’s flow chart that included the contact details of the local authority safeguarding adult’s team and the police. The manager told us this flow chart provided guidance for staff on whistleblowing and reporting safeguarding concerns. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and all staff had received training on safeguarding adults from abuse. The training records we saw confirmed this. Staff told us they were aware of the organisation’s whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel files for five members of staff. We saw completed application forms, these included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment. Each file contained interview questions and answers, evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification. The manager told us the home worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

People using the service, the staff and manager told us there were always enough staff on shift. One person using the service said, “There are always plenty of staff around when I need them.” Four staff told us they felt there was sufficient staffing in the home. The manager showed us a staffing rota and told us that staffing levels were arranged according to the needs of the people using the service. They said if extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. The deputy manager also told us staffing levels were increased if people were experiencing a crisis and need extra one to one care. On the day of the inspection we noted that two extra staff were on shift. Staff said this was to support two people to attend review meetings with their care coordinators.

Assessments were undertaken to assess any risks to people using the service. There was a chair lift in place for the use of some people using the service. One person said, “The chair lift works well for me as I need help getting up the stairs.” We found that individual risk assessments had been undertaken for people with mobility problems. These risk assessments gave instructions to staff on what support people required. For example, one person required that a walking frame was available for them at the bottom and the top of the stairs. A call bell system was in place. We observed that staff responded quickly when the call bells were activated.

Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. We saw a folder that included a fire risk assessment for the home and records of weekly fire alarm testing, servicing of the alarm system and reports from fire drills. A first aid box and fire instructions were seen in each block. Training records confirmed that all staff had received training in fire safety and first aid.

Medicines were stored securely in locked cabinets in a locked room in the office building. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of staff qualified to administer medicines. We checked the balances of medicines stored in the cabinets against the medicine administration records for seven people using the service and found these records were up to date and accurate, indicating that people were receiving their medicines as prescribed.

Good

# Is the service safe?

Some people had been prescribed controlled medicines. We looked at the home's systems for storing, administering and monitoring controlled drugs. Controlled medicines were stored in a locked cabinet and quantities of medicines held were recorded and monitored. The MAR had been signed by two members of staff each time a controlled medicine was administered. Medicines audits were undertaken by managers or team leaders on a weekly and monthly basis.

Good

# Is the service effective?

## Our findings

Staff had the knowledge and skills required to meet the needs of people who used the service. People said staff knew them well and knew what they needed help with. One person said, "The staff seem to know what they are doing, and they are trained to do it."

Training records showed that all staff had completed an induction programme and training that the provider considered mandatory. This training included first aid, food hygiene, medicines, manual handling, safeguarding adults, health and safety and infection control. Staff had also completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and training specific to the needs of people using the service for example, mental health awareness, promoting choice and independence, managing challenging behaviours and understanding the recovery path. The deputy manager was a registered mental health nurse. Another member of staff told us they had recently qualified as a registered mental health nurse.

Staff told us they had completed an induction when they started work and they were up to date with their training. They had been well trained by the organisation and they were aware of people's preferences and interests, as well as their health and support needs. They received regular supervision and an annual appraisal of their work performance. They were well supported by the manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. One member of staff said, "Since I started working here, in March 2015, I have had lots of training and regular supervision. This has helped me to understand people's needs and equip me with the skills I needed to support them."

The manager demonstrated a good understanding of the MCA and DoLS. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. The DoLS protect people when they are being cared for or treated in ways that deprive them of their liberty. They told us that most people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005. At the time of the inspection the manager had made three applications to the local authority to deprive people of their liberty for their protection. They told us they were awaiting a response from the local authority.

We looked in the care files of four people using the service. We saw capacity assessments were completed for specific decisions and retained in their files. In one person's file we saw that best interests meetings had been held for them because they refused medical treatment. This issue had been followed up at each review with the psychiatrist and referrals had been made to other professionals. A daily record sheet documented the homes liaison with the person's relatives and a range of professionals including the GP and hospital outpatients.

People's care files included assessments of their dietary needs and preferences and they were being supported to have a balanced diet. These assessments indicated their dietary requirements, food likes and dislikes, food allergies and their care and support needs. Staff told us they prompted people towards independence by encouraging them to cook for themselves. One person's care coordinator told us staff preserved their client's limited independent living skills for example by supporting them to make sandwiches and drinks. People said they enjoyed the food provided to them. One person told us, "The food here is lovely, there's lots of choice and the times are flexible, you can have something kept for you if you are not hungry at that exact moment." Another person said, "They do these brilliant double-cheese burgers that everyone loves." A third person said, "The staff help me if I need to make tea whenever I ask, I like tea, they help me to make toast as well because I like toast."

People were supported to access care from a range of professionals for example, chiropodists, opticians and dentists. One person using the service said, "I see the GP here and the GP is involved in my care as I have a lot of health problems." We found that contact with health care professionals for example their GP, hospitals, dentist, and chiropody and care co-coordinators from the local mental health team were recorded in people's care files. Staff told us they accompanied people to their appointments and

Good

# Is the service effective?

shared information with the care coordinator. A care coordinator told us they provided support to several people currently using the service. They saw their clients regularly and staff supported people to attend care programme approach (CPA) reviews and other health care appointments.

Good

# Is the service caring?

## Our findings

People using the service and their relatives told us staff treated them in a respectful and caring way. One person said, “The staff here are polite and friendly. I can have visits at any time as long as it is not too late as some people might be sleeping.” Another person said, “Its lovely here, the staff are really caring.” A third person said, “I am reminded to call my family here which is good, because sometimes I forget.” A relative said, “Staff are always polite and respectful, I feel that they are kind and compassionate professionals.” Another said, “The staff do a fantastic job there and have a really good relationship with my relative.” A third relative said, “The staff are very friendly and caring, I feel they genuinely care and it’s more than the money for them.”

People told us about regular residents’ meetings where they were able to talk about things that were important to them and about the activities they wanted to do. We looked at the minutes from the last three residents’ meetings. These meetings were well attended by people using the service and their comments and suggestions had been recorded. Issues discussed at these meetings included activities, food preferences, keeping fit and healthy and why are medicines important. One person using the service told us they found the residents meetings really useful. It gave them a chance to get together, express themselves and to hear other people’s views.

We observed staff speaking with and treating people in a respectful and dignified manner. Staff appeared to know all of the people using the service well. They were observed to give people time and space to do the things they wanted to do. They respected people’s choice for privacy as some people preferred to spend time in their own rooms. Support was delivered by staff in a way which met people's needs, for example staff were observed assisting people in daily living activities such as preparing meals and tidying up around the home. One person using the service said, “‘There are ramps and things to make it easier for me to get around because of the wheelchair I am in.” We observed that staff actively listened to people and encouraged them to communicate their needs. We also saw staff managing a person whose behaviour required a response in a calm and supportive way.

Staff told us how they made sure people’s privacy and dignity was respected. They said personal care took place in people’s en-suite bathrooms. They said they knocked on people’s doors before entering their rooms. We observed staff knock on doors and ask if it was okay to come in before entering people’s rooms. One person using the service said, “Staff always knock on the door and ask me if they can come into my room. They don’t come in without asking.” One member of staff said that most people using the service were independent and did not require any support with personal care, however on occasions they might prompt or remind people to have a bath, purchase toiletries, shave or change their clothing. Staff also told us they made sure information about people using the service was kept confidential at all times. We saw that this information was kept in locked cabinets in each block.

People using the service and their relatives told us they had been consulted about their care and support needs. One person said, “I feel I know about my care here, more than I did in my last place. The staff know about my physical health conditions and do check-ups on me to make sure I am okay.” A relative said they felt involved in planning their relatives care. Staff called them if anything had happened and I attended regular meetings with their relative at the home.

Good

# Is the service responsive?

## Our findings

People told us they were provided with a service user guide when they moved into the home. We saw copies of the service user guide in people's bedrooms. The guide ensured people were aware of the homes aims and objectives, smoking, fire evacuation, access to health care professionals, staffing, key working, care planning, visitors, making complaints, and advocacy services which could be arranged. People told us they were happy with the support they received from staff and they were allocated named key workers to co-ordinate their care. One person said, "The staff understands my needs and what they need to do for me on a personal level, so I trust them." A relative said, "Everything is satisfactory, its excellent I would say, the staff keep me updated regularly, I get invited to meetings and I am informed if there are incidents."

Assessments were undertaken to identify people's support needs before they moved into the home. We looked at four peoples care files and found detailed pre-assessment documents in all. The person most recently admitted to the home told us they had visited the home before deciding to move in. This gave them a chance to find out about the home and to tell staff about their care and support needs. Information contained in the care files indicated that people using the service, their care coordinators, their keyworkers and appropriate healthcare professionals had been involved in the care planning process. The files included care and health needs assessments, care plans, risk assessments, crisis management plans, and support people required with personal care and key worker review reports. The files were well organised and easy to follow.

Care plans and risk assessments included detailed information and guidance for staff about how people's needs should be met. Care plans were reviewed regularly and reflected any changes in people's needs. For example one person's care plan had been updated following a hospital admission and a referral had been made to the falls clinic. The plan included information on supporting the person to use a walking stick to aid their mobility. Care was delivered in a way that ensured people's safety and welfare. We found that staff had been proactive when one person refused to attend a hospital and GP appointment, this resulted in the GP visiting the person at home.

Staff told us there were daily handover meetings and a daily record log was in place to share and record any immediate changes to people's needs. They said this helped to ensure people received continuity in their care. A care coordinator told us the home provided them with updated care and support plans prior to each care program approach (CPA) review and sent them reports regarding significant events. Staff also made contact with them if they had concerns that any person using the service was showing signs of relapse in their mental health. Another care coordinator told us they received regular updates regarding their clients support plan. The staff always followed what was recorded in the care plan and they let them know if there are any changes so they could review the plan.

We saw a program of activities in each block. Social activities included arts and crafts, movie and pub nights, meals out, swimming, bowling and bingo. During the inspection we observed people being encouraged to attend a local community group. People were also supported with their independent living skills with activities such as cooking, going to the bank and shopping. A care coordinator told us, "My client is very happy at the home. They are regularly offered opportunities to partake in activities such as shopping for personal items, going to the post office and making drinks and snacks." We saw displays of photos taken at social events including a pub outing and a recent barbecue. People's care plans included a daily activity list. These included encouraging people to clean their rooms, do their laundry and engage in activities and community outings.

The home had a complaints procedure in place. Each person using the service was provided with, and had signed for as received, a "residents charter of rights" when they moved into the home. This included the home complaints procedure. People said they knew about the home's complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Good

# Is the service well-led?

## Our findings

Throughout the course of this inspection it was clear from people using the service, their relatives, the manager and staff we spoke with and the care coordinators we contacted that the ethos of the home was to improve people's confidence in their own abilities. A relative said, "The manger is good, always polite and seems to have a good relationship with the staff, it's more like a kind of family." A member of staff said, "I like working here, what makes me happy is when I see people doing things for themselves. The aim of this home is to provide rehabilitation and support people with their independent living skills so that that can move into their own homes. Although some people have lived here for a long time and are older we are working with care coordinators and health care professionals to consider if independent living would be appropriate for them." Another said, "I like it here, it's a really good place to work." A third member of staff said, "The management are really supportive. I feel I can talk about anything with them."

Staff felt they could express their views at team meetings and handovers. One member of staff told us there were regular staff meetings and managers were open to feedback. They talked about people's needs and what the team needed to do to support them. They could also raise issues with the manager during their regular daily walk about. We saw that staff meetings were held every month. These were well attended by staff. Items discussed at the August meeting included infection control, a new person using the service, medicine records, care planning, and staff concerns.

The provider took into account the views of people using the service expressed through surveys. The manager showed us a survey completed in January by people using the service specifically about the type of seating they would like in their home. The manager showed us some seating that had been obtained on a trial basis to see if people liked it and if it was suitable for their needs. They said people were still considering if this seating or something similar would be appropriate. They had recently distributed "have your say" questionnaires to people using the service, their relatives, and staff and health care professionals. They said they would collate information from the questionnaires to draw up a report and an action plan and use this to make improvements at the home.

The manager showed us records that demonstrated regular audits were being carried out at the home. These included health and safety; maintenance, infection control, medicines, fire safety and care file audits. We saw monthly quality monitoring reports prepared by the manager for the provider. The reports covered areas such as incidents and accidents, hospital admissions, care programme approach reviews, complaints, activities, staff training, supervision and appraisals and a record of the audits carried out at the home. The manager told us the provider visited the home on a weekly basis. Any issues identified in the quality monitoring report were discussed and action was taken to address them. We saw reports from unannounced spot checks. The manager said they carried these out to make sure people were receiving good quality care at all times. We saw that accidents and incidents were recorded and monitored. The manager told us that accidents and incidents and any quality issues identified during spot checks were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. This was confirmed in the minutes of team meeting we saw.

The local authority that commissioned services from the provider told us they carried out an audit of the service in January 2014. This was to ensure that people who used the service were safe, that they received support to attain their individual goals and aspirations and that the service was compliant with regulatory requirements. Some recommendations were made following the visit which the manager had addressed. The local authority said there were no current concerns about the service.