

# 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 ●

# Summary of findings

## Overall summary

This inspection took place on 27 October 2017 and was unannounced. 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. At the time of this inspection the home was providing care and support to 12 people.

At our inspection on 3 September 2015 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

The home had a registered manager in post. 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.

People told us they felt safe living at the home. There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. People said there was enough staff on duty to meet their care and support needs. Robust recruitment procedures were in place. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met. Staff had completed training specific to people's needs, for example, mental health awareness, anxiety and depression. Action was taken to assess any risks to people using the service. People had crisis plans in place with information for staff about actions to be taken to minimise the risk of relapse in their mental health. Staff monitored people's mental and physical health and where there were concerns people were referred to appropriate health and social care professionals. Staff encouraged people to be as independent as possible.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider took into account the views of people using the service, staff and health care professionals through surveys. There were regular residents and staff meetings where people using the service and staff were able to talk with the registered manager about what was happening at the home. The provider recognised the importance of regularly monitoring the quality of the service they provided to people using the service. Staff said they enjoyed working at the home and they received good support from the registered manager.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at all of the information we had about the service. This information included the statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law. We also received feedback from the local authority that commissions services from the provider. We used this information to help inform our inspection.

This inspection was carried out on the 27 October 2017. The inspection was unannounced and carried out by one inspector. During the inspection we spent time observing the care and support provided. We looked at records, including three people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with three people and asked them for their views about the service they were receiving. We also spoke with three members of staff, a kitchen assistant, the administrator and the registered manager.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe enough here. The staff look after me." There were safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Training records confirmed that all staff had received training on safeguarding adults from abuse. Staff told us if they thought safeguarding concerns had not been properly handled they would report their concerns to the local authority and the CQC. Staff also said they would use the provider's whistle blowing procedure to report poor practice if they needed to.

People using the service and staff told us there was always enough staff on duty. One person said, "There are plenty of staff here." Another person commented, "There is always enough staff here even at the weekends and at night." We observed a good staff presence and staff were attentive to people's needs. A member of staff said, "We always have enough staff. The manager will put extra staff on duty when we are supporting people with activities in the community or to health care appointments." The registered manager showed us a rota and told us that staffing levels were arranged according to the needs of the people using the service. If people's needs changed additional staff cover was arranged.

Robust recruitment procedures were in place. We looked at the recruitment records of three members of staff. Records included a completed application form, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification. The registered manager told us and records confirmed that 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.

Action was taken to assess any risks to people using the service. Individual risk assessments had been completed, for example on non-compliance with medicines, alcohol and substance misuse and risk of harm to self and others. Risk assessments included risk management plans with information for staff about actions to be taken to minimise the chance of risks occurring. There were arrangements in place to deal with foreseeable emergencies. Staff told us they knew what to do in the event of a fire and training records confirmed that all staff had received training in fire safety. People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. We saw a folder that included records of weekly alarm testing and servicing of the alarm system. The home was clean, free from odours and routine maintenance and safety checks had been carried out on gas and electrical appliances.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. One person said, "The staff help with my medicines and I get them every day at the same time." The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. MAR's were completed in full and there were no gaps in recordings. Training records we saw confirmed that all staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the

registered manager and a local pharmacist.

## Is the service effective?

### Our findings

People said staff knew them well and knew what they needed help with. One person told us, "I have been here a few years now. The staff know me well enough by now and what I need help with."

Staff had the knowledge and skills required to meet people's needs. The registered manager told us that new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Training records confirmed that all staff had completed an induction when they started working at the home and training the provider considered mandatory. This training included health and safety, fire safety, safeguarding adults, infection control, moving and handling, the administration of medicines, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also completed training relevant to the needs of people using the service, for example mental health, depression and anxiety awareness. A member of staff told us, "The training I had on mental health awareness has helped me to recognise the signs and symptoms for example of anxiety or depression and the different ways we can support people when they are not well. This might include reassurance, letting people have their own space or supporting them to access professionals at the community mental health team."

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. We found that the supervising body (the local authority) had authorised applications to deprive some people using the service of their liberty for their protection. We saw that the authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed.

People's care plans included sections on their diet and nutritional needs. These indicated their likes and dislikes and the support they needed for example with shopping and cooking. One person told us, "We get meals prepared for us every day by the chef. The food is not bad. I really like the shepherd's pie. I can make a snack or a cup of tea any time I want to." Another person told us, "Yeah the food is okay, can't complain. It's Friday so it's fish and chips today." A kitchen assistant told us, "I go around in the mornings and show people the two options on the daily menu. I ask them if they are happy with what's on offer or if they would like something different. One person has asked for pasta today instead of fish and chips or salad."

Staff monitored people's mental and physical health and where there were concerns people were referred to appropriate health professionals. One person said, "I see the community psychiatric nurse regular and I can see the GP if I need to." The registered manager told us that people had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as a

GP, dentists, opticians and chiropodists when required. We saw that people's care files included records of all appointments with health care professionals.



## Is the service caring?

### Our findings

People spoke positively about the staff. One person said, "I get on very well with the staff. I never have any problems with any of them." Another person told us, "The staff are nice enough, I would say they are caring towards me." A third person commented, "I like the staff and the manager. They make sure I am okay."

People told us they had been consulted about their care and support needs. They had key workers to co-ordinate their care and they were happy with the support they received from staff. One person said, "I have a keyworker. We talk about me and what I need. I also see my care coordinator about what I need." Another person said, "I have a care plan and a keyworker and a social worker that I meet with. I can talk to them about what I need."

People told us their privacy and dignity was respected. One person said, "Oh yes the staff are very respectful. If they want to come into my bedroom they always knock on the door first and ask me if they can come in." Throughout our inspection we observed staff speaking to and treating people in a respectful and dignified manner. A member of staff explained how they made sure people's privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. They told us that most people using the service were independent and did not require any support with personal care; however on occasions they might prompt people to purchase toiletries, wash or change their clothing. Where people needed support with personal care they encouraged them to do as much as they could for themselves for example by brushing their teeth or choosing the clothes they wanted to wear.

People told us they attended regular residents meetings where they were able to talk with staff and the registered manager about what was happening at the home. One person said, "Yeah the meetings are good. We talk about what we want and we get what we want too." We saw the minutes from the last two residents meetings. The meetings were well attended by people using the service and their comments and suggestions had been recorded. During the September 2017 meeting people said they would like different sauces at meal times. Issues discussed at the October 2017 meeting included meals, ideas for activities for promoting dignity, a Halloween party was arranged and some people had volunteered to make pumpkin pie. People that attended arts and craft sessions agreed to paint some decorations for the party. People confirmed with us that they liked new sauces the chef had introduced and they were looking forward to the Halloween party.

People using the service were provided with appropriate information about the home in the form of a 'Service user's information pack'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives, where appropriate when they moved into the home.

# Is the service responsive?

## Our findings

People told us the service met their care and support needs. One person said, "There is always something to do here." Another person said, "I would say I am well looked after."

People's health care and support needs were assessed before they moved into the home. Care plans and risk assessments were developed following these assessments. Care files included detailed information and guidance for staff about how people's needs should be met. For example we saw assessments of people's physical and mental health needs and details of health care professionals to contact in the event of a relapse in their mental health. Care files had been reviewed by the registered manager, staff and people using the service on a monthly basis to reflect any changes in people's needs. For example we saw keyworker and progress reports were regularly completed relating to people's physical and mental health needs, medicines, finances and activities. These reports included the views of people using the service.

The home had a complaints procedure in place. People we spoke with told us they were confident their complaints would be listened to. One person said, "I know about the complaints procedure. Any time I am not happy I talk to the manager and she listens to me and sorts things out." The registered manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

People were able to partake in activities that met their needs. Social activities included beauty therapy, IT sessions, arts and crafts, movie and pub nights, meals out, swimming and bingo. Some people attended day centres during the week or visited family members. During the inspection we observed one person engaging in an arts and crafts session with staff. This person showed us their work and told us they liked the movie nights and meals out. Another person told us they went swimming and went out to cafes and pubs supported by staff. People were also supported with their independent living skills with activities such as cleaning, cooking and shopping.

Staff told us that one person who used the service regularly attended church on Sundays and another person liked to read the bible. Another person had regular visits from family members who sometimes brought them food in keeping with their culture. The registered manager and staff told us that none of the other people using the service had any diverse needs or wishes however they would be happy to support people to express themselves and support them to do whatever they wanted to do.

The registered manager told us that all of the people currently using the service were able to communicate their needs effectively and could understand information in the current written format provided to them, for example the service user's information pack and the complaints procedure. This was confirmed with people we spoke with. The registered manager said that if any person planning to move into the home was not able to understand this information they would provide it in different formats for example compact disc, different written languages or through interpreters. They told us they were in the process of developing an access to

information policy for the service.

## Is the service well-led?

### Our findings

One person using the service told us the home was well managed. They also said, "The manager is alright. She is here all the time and I can talk to her when I want to."

The home had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Our records showed that statutory notifications were submitted to the CQC as required. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. Throughout the course of this inspection it was clear from the registered manager and staff we spoke with that the ethos of the home was to improve people's ability to do things for themselves and become more independent. A member of staff said, "I really like working here, it's very rewarding. I like seeing people happy, learning how to do things for themselves and becoming more independent."

Staff told us they were well supported by the registered manager and there was an on call system in operation that ensured management support was available when they needed it. One member of staff said, "The registered manager is very good. Her door is always open. If I need any help she will support me. She is very caring about the residents and the staff." Staff felt they could express their views at team meetings. One member of staff told us, "We talk about people's needs, for example what is going well for people and what needs to improve. We can also discuss things like training or activities and the manager keeps us up to date with what's happening at the home."

The provider recognised the importance of monitoring the quality of the service. We saw records confirming that regular audits were carried out at the home. These included medicines, health and safety; infection control, fire safety and care file audits. We saw monthly quality monitoring reports prepared by the registered manager for the provider. The reports covered areas such as Deprivation of Liberty Safeguards applications, complaints, care plan reviews, incidents and accidents, maintenance, 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 where any issues identified in the quality monitoring report were discussed and action was taken to address them.

The provider sought the views of people using the service, staff and health care professionals through satisfaction surveys. We saw a report and an action plan from the 2017 survey. People using the service suggested that they employ a designated activities member of staff. Staff requested a pay rise. A health care professional commented that a person using the service wanted to see more male staff working at the home. The action recorded that an activity champion had commenced work in July. Staff received a pay rise in August and more male staff had been recruited to work at the home since March 2017.

The local authority that commissions services from the provider told us they carried out visits to the home in April and June 2017. Some recommendations were made following the visit which the manager had addressed. The local authority said they had no current concerns about the service.