Colin Limited

Olive 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

We conducted an inspection of Olive Place on 22 January 2017. We previously inspected the service on 8 and 9 October 2015 and found the service was meeting the regulations inspected. At our previous inspection this service was rated good. At this inspection the service remained Good.

Olive Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care for up to three people with mental health needs and there were three people using the service when we visited. The home is a residential property and communal areas include a lounge, dining and kitchen seating area and a separate smoking room. People had access to a secure garden.

At the time of our inspection there was no registered manager at the service. 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. The previous manager had recently left the service and a new manager had been appointed and was working at the service when we visited. They were in the process of submitting their application to be the registered manager to the CQC.

Risk assessments and care plans contained a good level of information for care staff about known risks and guidance about how they were expected to mitigate these. However, we found mental health care plans were not always in place where required.

People were protected from abuse because staff understood how to keep them safe, including an understanding of the processes they should follow if an allegation of abuse was made. People received their medicines safely. There were enough suitable staff to meet people's needs.

People told us and we observed that staff were kind and patient. Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs. Care staff ensured people's privacy and dignity was respected and promoted and people confirmed this was happening.

People were supported with their nutritional needs. Care records contained information about people's dietary needs. Care was delivered in line with relevant legislation and standards.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). Care records were signed by people using the service giving consent to their care and support.

People told us they were involved in decisions about their care and received the support they wanted.

Complaints were investigated and responded to in a timely manner. People were supported to engage in activity programmes.

Staff received training to ensure they had the skills and knowledge required to effectively support people. There was an induction programme for new staff which prepared them for their role. However, care staff had not received regular, formal supervision sessions in approximately six months.

Quality assurance processes were thorough. The acting manager was in the process of completing various audits after being appointed.

The provider had a vision to deliver high-quality care and support. Staff demonstrated that they were clear about the values of the organisation and how these supported their work.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 22 January 2018 and was unannounced. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission as well as the previous inspection report. A notification is information about important events which the service is required to send us by law.

We spoke with three people using the service. We spoke with two care workers and the manager of the service. We also spoke with one person's social worker. We looked at three people's care records, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they were safe at the service. Comments from people included, "It's safe here, it feels like home" and "I feel secure, the staff take care of me."

Risks to individuals were not always appropriately recorded. We saw detailed risk assessments which covered specific risks relevant to the person's physical health needs so staff could help them to safely manage these. These included specific care plans relating to known health conditions, the risks associated with people smoking as well their risk of falls. Risk assessments contained details of the level of risk as well as actions care workers could take to help mitigate these. We found care plans were developed taking into account people's risk assessments.

However, we did not find mental health care plans for two people using the service who had mental health issues. We spoke with the manager about this. She told us both people were seen by a range of healthcare professionals at regular Care Programme Approach (CPA) meetings. The Care Programme Approach is a package of care used to plan people's mental health care which involves professionals including mental health nurses and psychiatrists. Whilst care workers had access to these comprehensive reports, they did not have access to care plans that included guidance for care workers about how to support people with the risks associated with their mental health conditions. Care workers were aware of changes that had been made to people's care as a result of these meetings and were also aware of the risks they posed both to themselves and others. We also spoke with one person's social worker and they explained that they felt the person's mental health needs were being well managed by care staff. We spoke to the manager about the lack of individual mental health care plans for these two people. She explained that whilst there were risk assessments in place relating to people's mental health needs and challenging behaviours as well as the reports from the latest CPA meetings, it was her intention to create specific mental health care plans that incorporated all relevant details. She explained that she was already aware of the need to prepare these care plans but had not yet had the chance to do so.

People's medicines were managed and administered safely. Medicines were delivered on a monthly basis for named individuals by the local pharmacy in 28 day blister packs. Medicines were stored safely for each person in a locked cupboard.

We saw examples of completed medicine administration record (MAR) charts for three people for the month of our inspection. We saw that staff had fully completed these. We checked the medicines available for three people and counted the amounts stored. We saw these tallied with the records kept. We saw copies of weekly medicines checks. The checks we saw did not identify any issues and included a check of the amounts of medicines stored. Staff followed good practice and used guidelines to support people with their medicines, including PRN protocols. A PRN protocol explains how people should receive their medicines that were to be taken only when needed, such as pain relief.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and safely administer medicines.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Staff told us what they considered to be the biggest risks to individual people they cared for and they demonstrated an understanding of how to respond to these risks. They understood how to respond in emergency situations and explained that a member of senior staff was always on call 24 hours a day in the event of an emergency and if necessary, they would contact the emergency services. People had Personal Emergency Evacuation Plans (PEEPs) in place. We also saw there were records of weekly checks of fire safety equipment as well as regular fire drills. This helped to ensure that staff and people using the service knew what to do in order to evacuate the building in the event of an emergency.

Staff were knowledgeable about safeguarding procedures which meant that people were protected from potential harm and abuse. People were supported by staff who recognised the signs of potential abuse and knew how to protect people from harm. The provider had a safeguarding adults policy and procedure in place. Staff told us they would report their concerns to the manager, including physical, emotional and financial abuse. They were also aware of the provider's whistle blowing policy. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. The provider also had measures in place to minimise the risk of financial abuse. There were clear procedures in place and care staff were required to record the details of any financial transactions they had completed on people's behalf together with the receipts to evidence expenditure, which were then reviewed by the manager.

The provider ensured sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. We spoke with the manager about how she assessed staffing levels. The manager explained that initial assessments and information received from the local authority were used to assess people's dependency needs. She explained that all people currently using the service were considered to have low dependency levels, and that depending on the activities that were planned for the day, usually two staff members were sufficient. There were two staff members on duty on the day of our inspection and this appeared to be sufficient as people's needs were being met. Care workers told us there were usually two of them on duty, but there were occasions where there was only one member of staff on duty. They considered this to be too low, but explained they could always contact another staff member if they required further assistance.

The provider used safe staff recruitment procedures. Appropriate checks were carried out by the provider which ensured that people were supported by suitable staff. Records showed that staff were required to undertake criminal record checks and to provide two references before they started working with people using the service. The service also carried out identity and visa checks which meant that people were supported by staff who had permission to work in the UK.

Systems were in place to ensure infection control at the service. We observed that communal areas were kept clean and odour free. Staff understood their responsibilities regarding infection control and provided hygienic care. We observed care staff washing their hands prior to assisting people with food preparation. Records showed staff received training on infection control and food hygiene matters. When we spoke with care workers they demonstrated a good level of knowledge on good infection control practices. One care worker told us, "I'm always washing my hands throughout the day".

The provider learnt and made improvements when things went wrong. Systems were in place for monitoring incidents and accidents. Staff suitably recorded any incidents and notified the manager who took action as necessary. The manager analysed accidents and incidents to determine if there were any underlying factors that caused the incidents. This meant that lessons were learnt and actions were taken to prevent accidents

and incidents taking place in the future. For example, we saw evidence of learning as result of one person's challenging behaviour.

Good

Is the service effective?

Our findings

Peoples' rights were protected in line with the Mental Capacity Act 2005 (MCA) as the provider met the requirements of the Act. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting the requirements of the MCA. Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent. Care records included comprehensive consent forms that demonstrated that people were being provided with care in accordance with their valid consent. Consent forms indicated that care staff were allowed to be involved in the preparation of people's care plans and allowed them access to people's medical information. One person's movements were restricted for their own safety. We found a valid authorisation had been obtained from the local authority which permitted care staff to do so and that this was the least restriction option to keep the person safe. Care staff were aware of the reasons for the authorisation and were clear about the risks to the person's safety and that the person required supervision as a result.

Staff had the necessary support to ensure good care for people. One person said, "Staff are trained to take care of us. They've been trained in how to give us our meds, how to cook, everything." Records showed that staff had attended mandatory training courses, including infection control, medicines management, the Mental Capacity Act 2005 (MCA) and fire safety. Staff could access additional training to meet people's individual needs. For example, care staff told us they received training in people's specific medical conditions for example, epilepsy, so they knew how to respond appropriately to these.

Records and feedback from the management team showed new staff underwent an induction programme in line with national training standards. This included a minimum of two days of initial training and a period of supervised work before working independently. New care workers were expected to follow the requirements of an induction checklist that was signed off by the manager before they started working with people. The induction consisted of training in the organisation's online system, an awareness of their policies and procedures, mandatory training modules such as medicines administration as well as the allocated of a 'buddy' who provided informal support to the person.

Staff told us they felt well supported and received regular informal developmental discussions with the manager, however, formal supervision of their competence to carry out their work had been delayed by a period of six months. We were told that formal supervisions sessions were supposed to take place every two months, but due to recent staff changes, there had been a significant delay in this happening. Care staff told

us "I've had discussions with the manager and the old manager about my development, but these weren't formal sessions" and another care worker told us "I've been really well supported since I joined. I haven't had a proper supervision session, but they've given me loads of their time." We spoke with the manager about the delay to supervision sessions and she explained that she was aware of the delay and was in the process of scheduling these.

People were supported to eat and drink enough and commented positively on the food provided at the service. People commented that, "We get whatever food we want" and "The food is beautiful." There was information in care plans detailing people's nutritional needs, any risks and what support they needed in this area of their lives. Where people had specific conditions associated with their dietary intake, there was specific advice in place. Where necessary, people were regularly seen by external healthcare professionals and their advice was incorporated into people's plan of care.
People were assisted in the preparation of their meals. On the day of our inspection we saw people chose what they wanted to eat and prepared their meals with the assistance of care workers. People told us they were involved in the preparation of a weekly shopping list and assisted care workers to purchase items. On the day of our inspection we saw one person had attended the local supermarket with a care worker. The care worker told us the person "Likes to do the shopping with us" and was "very involved in the running of the home".

The service worked in partnership with external health care agencies to ensure that people had care and treatment they needed. Regular Care Programme Approach (CPA) meetings took place with external professionals including social workers, mental health nurses and psychiatrists. The Care Programme Approach is a package of care used to plan people's mental health care which involves professionals including mental health nurses and psychiatrists. Upon completion of these meetings, the person's consultant produced a report that was kept within the person's care records and the contents of these were followed to ensure that people's individual needs were met.

People had separate healthcare files which included up to date information from healthcare practitioners involved in meeting people's physical health needs. For example, people's hospital and GP appointments were recorded and any advice given was recorded and followed. These files also contained people's hospital passports which were documents designed to be taken with people if admitted to hospital in order to ensure that medical staff understood people's needs. We saw these documents had been recently completed with a good level of detail about people's healthcare needs and medicines history as well as detail of their support needs and any relevant risks. People told us they had received dental and optical care since living at the service. One person told us "They help you with everything here. They've sorted out my teeth and arranged an optician's appointment. They're very good at reminding you about these things so you don't miss an appointment."

The service assessed people's needs and choices so that care and support was delivered in line with relevant legislation and standards to achieve effective outcomes. Care was delivered in accordance with internal policies and procedures in a number of areas, including medicines management, safeguarding vulnerable adults and infection control. Policies identified the procedures to be followed and relevant legislation and standards that staff had to adhere to. For example, the infection control policy made reference to the Health and Safety (Sharp Instruments in Healthcare Regulations) 2013 and the Public Health (Control of Disease) Act 1984 (as amended) among many others.

We spoke with the manager about the provider's compliance with legislation and standards. The manager explained that she worked to ensure that all care staff were given up to date training that was delivered in accordance with current standards and legislation. For example she stated that all care workers had been

trained in the Mental Capacity Act 2005 to ensure they were aware of their responsibilities in complying with this legislation. She also explained that all policies and procedures had recently been updated to ensure that care was provided in accordance with the latest guidance.

Good

Is the service caring?

Our findings

People gave positive feedback about their care workers. People told us, "They're really good here", and "They're really kind and caring." People told us they were treated with kindness and compassion by the care workers who supported them.

Care staff had a good knowledge of people's life histories and the circumstances regarding their physical health and personal lives, that had led to them requiring care. Care workers explained that they obtained details about people's past and present from the referrer which was usually a local authority and these details were included in people's care records. People's care plans also included details about people's personal ambitions for the future which included details of the personal relationships they wanted to maintain and develop, and how care staff could help support them to do this. When we spoke with care workers they knew details about people's family members, details about people's friends and personal relationships. One care worker explained that one person was having difficulty with one personal relationship they were having and they provided advice in relation to this. The care worker told us, "We really care about the people living here and want to make sure they're okay as relationships can be stressful."

People had support to maintain their independent living skills. Care staff gave us examples of how they promoted people's independence. One staff member said they assessed people's ability to do things for themselves and only helped where a person required support to carry out activities. This included the assistance people required with cooking. We observed one person asking for help in preparing their lunch and saw care workers assisting and supervising them as well as providing them with encouragement. One care worker told us, "I always give people a boost when it comes to cooking so they build their confidence and feel like giving it a go again."

The provider ensured that people were treated with respect and their privacy was maintained. One person told us, "They're very respectful here." Staff provided us with examples about how they ensured people's privacy and dignity were respected. One care worker told us, "I would never go into a person's room without knocking and hearing them say 'come in' first" and another care worker told us, "We really talk to people here, so I would never break anyone's confidence unless I really had to for their safety."

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. The management team conducted six monthly reviews of people's care and took action to deal with any requests that people made. Resident review meetings took place every month. These meeting were arranged to discuss issues affecting the running of the home including meals and any upcoming activities. We saw minutes were kept of these meetings and any requests were actioned.

We found that people had support to address their cultural needs. We saw specific details were queried and recorded in people's care records in relation to the cultural food they liked and care workers told us they had learned to prepare these for people. People were also supported to attend their place of worship where they had expressed a wish to do so.

Good

Is the service responsive?

Our findings

People were involved in developing their care, support and treatment. One person told us they had regular reviews to discuss their care plan and needs. They told us, "I can't remember what's in my care plan, but they did ask me loads of questions about what to put in it and I am getting the care I need" and another person told us, "I can look at my care plan if I want. They asked me what to write in it." People had monthly meetings with a dedicated key worker who provided in-depth individualised support that the person needed. For example, the person's key worker would provide support in making applications for benefits or to arrange healthcare appointments as well as reminding them these were taking place.

Care records were personalised and described how people preferred to be supported. Assessments covered areas including people's physical and mental health and routines. Care records also included details of their likes and dislikes, and other preferences regarding how they wanted their care to be delivered. We saw evidence that people's care records were reviewed within six months. Risk assessments and care records were updated after a six month period and these included updated details about people's needs. One care worker told us, "Reading people's care plans is really important, but nothing beats having lots of good conversations with them and paying attention to them. I can sense when [one person] is in a good mood or a bad mood, or if [the person] hasn't slept well. You get to know people like they're your family when you're working here."

People were supported to access the community by going to places of their choice such as the local shops, the gym, or cinema or a London attraction. On the day we visited people were being supported to go shopping.

Care records included information about people's involvement in activities. This included details of people's likes and dislikes in relation to activities as well as an activities timetable that had been devised with the person. We spoke to people about their involvement in activities. They explained they could leave whenever they wanted and liaised with care staff about the support they needed to attend activities. The manager explained that they worked to provide people with the support they needed to access places of interest, but this was sometimes dependent on how people were feeling that day and whether they could pose a risk to other people as a result. The manager said "Where we can safely take people to places of interest, we will." For example one person had expressed an interest to visit some London landmarks as well as museums. The registered manager was explaining the efforts she was making in arranging these visits as well as the success she had previously had in arranging previous visits to places that interested the person.

The provider had a policy and procedure to handle people's complaints and we saw this was used to good effect. The provider's complaints procedure was discussed with people during monthly residents meetings as well as key worker meetings and this ensured people were aware of their right to complain. We spoke with people about the complaints process and they told us they knew who to complain to and felt their complaints were taken seriously. One person told us, "I have complained about stuff in the past and they did do something about it."

We saw complaints were logged with details of the complaint as well as consequent action taken to deal with these. The manager explained it was her responsibility to review complaints to ensure any changes were made as necessary. She explained that she also reported the details of any complaints to the director of the service so he was aware of any issues and any action required.

Good

Is the service well-led?

Our findings

The service promoted and supported an open culture. People who used the service and staff that we spoke with during the inspection spoke highly of the manager. Staff told us they felt the manager was very proactive and acted and listened on any concerns the staff team raised. One staff member said, "She hasn't been here long, but she's really very good." Staff told us they felt supported by the manager and told us they were comfortable raising any concerns. Observations of interactions between the manager and staff and people using the service showed she was open and positive.

Care staff demonstrated they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Care staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result.

Quality assurance systems were in place to monitor the quality and running of the service being delivered. The previous registered manager had completed audits such as regular health and safety audits and medicines audits. The new manager was continuing to complete these, but was also undertaking a further comprehensive audit of all areas of the service to determine which areas required further attention. She was already aware that supervisions had not taken place for some time and was working to schedule a suitable time for these and was also aware of the lack of mental health care plans to ensure these issues were addressed.

There were suitable systems in place to obtain people's views on how care was being delivered. Monthly residents meetings took place at the service where people and care staff could discuss matters affecting the service and their care. We saw the minutes of the last meeting held and saw these contained details of discussions surrounding activities and meals. The manager explained that she would ensure that all required actions were undertaken before the next meeting where she would feedback on progress.

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring people's confidentiality.

The law requires that providers of care services send notifications of changes, events or incidents that occur within their services to the Care Quality Commission. We checked and found that since our last visit we had received appropriate notifications from the service.

The manager told us about the values which were communicated to staff. She explained the service was very focussed on people having choices and as much independence as possible and the feedback from staff confirmed this was the case.

The provider worked with members of the multidisciplinary team in providing care to people. This included the mental healthcare professionals including people's mental health nurses and their consultants and social workers. Where issues were identified, improvement plans were put in place.