

Healthcare Homes Group Limited

Olive House

Inspection report

Olive Avenue
Newton Flotman
Norwich
Norfolk
NR15 1PF

Tel: 01508471718

Website: www.healthcarehomes.co.uk

Date of inspection visit:

01 October 2019

02 October 2019

Date of publication:

19 November 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Olive House is a residential care home providing personal care to 41 people aged 65 and over at the time of the inspection. Some people living in the home were living with dementia. The service can support up to 45 people. Olive House is a purpose-built single storey care home, all bedrooms had en-suite bathrooms. There was one main dining room and several lounge areas.

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

A task focused culture and staffing issues impacted on the ability of staff to provide support in a way that recognised and met people's individual needs and preferences. This included in some instances the support provided to people to engage in activities. A lack of truly collaborative care planning with people, and those involved in their lives, meant that care plans did not fully reflect people's needs.

People's care and support was monitored through established systems. However, these systems had not always identified all the issues found at this inspection, including issues relating to staff culture. When areas for improvement had been identified these had not always been used to drive forward the improvements required.

Risks to people were not always correctly identified or assessed. Robust actions had not always been taken to mitigate identified risks to people, however this had a limited impact from this on people's safety and no one had come to any harm as a result. People did not always receive support from enough staff. There were periods where people were left in communal areas without staff support readily on hand. People, relatives, and staff shared some concerns with us regarding insufficient staffing levels in the service. The general environment was clean and tidy, however we noted areas of malodour throughout the service. The provider was carrying out some refurbishment to the service, this had included replacing stained and dated carpets. Systems were in place to safeguard people from the risk of abuse, in most instances these had operated effectively. People received their medicines as prescribed.

People's needs were assessed prior to using the service, although we identified some gaps in preadmission assessments. People's care plans did not always show that best practice guidance had been considered and implemented in relation to identified needs. There was mixed feedback on how well people were supported to stay hydrated. People spoke positively about the food on offer and their feedback regarding the menu was sought. However, we identified some improvements needed to people's meal time experience. People's health needs were not always well supported due to poor communication within the service. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. There was mixed feedback regarding staff knowledge and

competence.

People's dignity and independence was compromised by a task focused staff culture and staffing issues. People were not always well supported with their personal care which impacted on their dignity. People were not always provided with the support they needed to maintain or improve their independence. The task focused culture and staffing levels also impacted on the time staff took to fully listen to and involve people in the care and support provided to them.

People were supported by staff who were well intentioned and kind in their individual interactions. A system was in place to provide people with an opportunity to discuss their care. People and relatives told us they felt able to discuss any concerns with the registered manager and that these would be responded to. The management team were open, honest, and keen to make improvements to the service so that people provided good quality care. The registered manager engaged in learning and development. They had already identified some issues within the service and were taking action to make the improvements required. The management team were open to issues raised during the inspection and took prompt action to start to address issues identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 8 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to person centred care and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-Led findings below.

Requires Improvement ●

Olive House

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 one inspector, an assistant inspector 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.

Service and service type

Olive House 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 sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the regional director, registered manager, head of care, the cook, a housekeeper, and three care assistants. We also spoke with a visiting health professional. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and further records relating to the running of the service. We spoke with two professionals who regularly visit the service.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Whilst risk assessments were completed, not all risks had been fully identified and corresponding care plans did not always sufficiently detail how risks would be managed.
- Where mitigating actions had been identified as needed, some actions were not always taken. Weekly risk assessments of weights for three people at risk of malnutrition had not always been carried out. Two people's records did not always show regular repositioning was carried out as required to mitigate the risk of skin breakdown. However, other actions to address these risks had been taken, this included liaising with other health professionals. For the three people they had been supported to gain weight.
- Most risks relating to the management of the environment had been assessed and responded to. For example, regular safety checks on fire and water safety were carried out. However, some external doors had not been secured and posed a risk of people leaving or entering the property without staff knowing. We also found a cleaning trolley with harmful substances left unsecured in a corridor.
- We discussed the risks identified. The provider took immediate action to ensure the property was secure. Following our inspection, the registered manager took additional steps to address the issues relating to people's weight and repositioning.

Staffing and recruitment

- A staffing assessment tool was in place to help determine staffing levels in the service. However, two people, two relatives, and four staff raised concerns about staffing levels. One person said, "There's continuous pressure on staff. I have waited for up to 45 minutes during the day. The night staff are good. They respond quickly." Two staff told us whilst they felt people's basic care needs were met that staffing levels impacted on their ability to provide person centred care.
- During our visit we observed staff were often not present in the communal lounge where people were sitting. On several occasions we observed people requiring support, but staff were not present to provide this.
- The management team had discussed staffing levels with people and staff. They had recently increased the amount of staff on the morning shift and were in the process of making additional changes to increase staffing levels in the home. A staff member told us the changes made to the morning shift had made some positive improvements.

Preventing and controlling infection

- Housekeeping staff understood the importance of infection control and proper infection control procedures. The general environment appeared clean and tidy. However, we noted areas of malodour in communal areas and two people's bedrooms. We also noted some staining to carpets in people's

bedrooms.

- The regional director told us they were in the process of refurbishing the home and we noted some carpets had already been replaced. A member of the house keeping team told us they had difficulty cleaning chairs in the service, but the provider was purchasing some equipment to assist with this task.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. We found one occasion where staff had not reported a safeguarding concern and this had impacted on the ability to effectively investigate and respond to the concerns. The registered manager had taken appropriate steps to address the non-reporting of this incident.
- Where safeguarding concerns had been identified we saw these were reported appropriately and actions taken in response. Information for staff on how to identify and report safeguarding concerns was accessible.

Learning lessons when things go wrong

- Systems were in place to log incidents that occurred in the service. These systems also supported the registered manager to review and identify themes and trends in relation to incidents that occurred and people's care needs.
- Some improvements were required to the written analysis of incidents that occurred. This was because the analysis was descriptive of the incident but did not fully collate concerns, themes or consistently identify actions taken in response.

Using medicines safely

- People's medicines were managed safely. Processes were in place for the ordering and return of unused medicines.
- People's care records provided guidance on their medicines. People's medicine administration records showed people received their medicines as required. One person told us, "I have a morphine patch changed weekly and the staff give me paracetamol when I need them. The medicines routine is very good."

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Recognised national tools were used to assess people's needs in relation to nutrition and skin care. However, guidance within assessments and care plans did not always demonstrate understanding and awareness of best practice guidance and associated standards. For example, care plans regarding skin integrity did not identify other areas of people's care needs that may impact and how these could be addressed.
- Pre-admission assessments had been carried out, however we found for two people some areas of their pre-admission assessments had not been completed. For one of these people the pre-admission assessment process had not ensured that the service's subsequent assessments addressed their key needs.

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

- Most drinks were accessible to people in their rooms, however we found for one person their drinks weren't accessible. A full cup of tea had been placed out of their reach and we heard them calling out for a drink. Health professionals told us they were not always confident staff supported or encouraged people with their drinks as they had found people with hot drinks given but not drunk. We observed people did not always have drinks readily to hand in communal areas. People we spoke with did however confirm drinks were readily available and they could access enough fluids.
- People talked positively about the food and had regular opportunities to shape what was on offer. One person told us, how they liked a certain meal cooked in a particular way and how staff had made sure this happened.
- We observed the lunch time meal and found some improvements could be made to enhance people's enjoyment. There was limited interaction between people and staff. For much of the main meal we observed staff not present in the dining room. For one person their drink was out of reach and no staff were present to assist them. For another person staff missed giving them their main meal and the person had to wait ten minutes for this to be rectified.

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

- The general environment was well decorated and maintained.
- Some people in the home were living with dementia and there was limited signage in place, including on people's bedrooms doors to help assist them with navigating around the building. The regional director and registered manager, told us people living in the home did not have a significant cognitive impairment and so the lack of signs would have limited impact. They told us they would review this to help ensure these needs could be met in the future.

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

- Staff supported people to access a range of health care services, such as chiropody, physio therapy and nursing. However, there was potential for poor communication to impact on people's health care needs being met. Healthcare professionals told us that actions to manage people's health care needs were not always clearly communicated and did not always take place. One person told us they were not always notified of healthcare appointments in advance.
- Oral health and mouthcare assessments were completed, although these were not always detailed. For example, they did not include when people had seen their dentists and when this might be required. For another person staff had failed to identify that the person was in need of support to address some dental issues.

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.

- Staff understood their responsibilities regarding the MCA. There was reference to people's ability to make decisions regarding specific areas of their care and supported. Staff had acted to verify if anyone had the proper legal authority to make decisions on behalf of people in the service. Mental Capacity assessments and best interest decisions had been documented where required.
- We identified one incident where staff had not recorded their decision making regarding one person's capacity in relation to a healthcare appointment. This had not resulted in any negative outcome for the person and when discussed staff were able to evidence their thinking behind the decision. However, this was not in keeping with the requirements of the MCA.
- The registered manager understood their responsibilities under DoLS and had made applications appropriately. However, poor communication and pre-admission processes had failed to clarify and explore for one person that a DoLS application was required. The registered manager took action to address this during our inspection visit.

Staff support: induction, training, skills and experience

- Staff had received up to date training in a range of areas, such as dementia awareness, record keeping, infection control, MCA and DoLS. Staff told us training provided was useful and informative.
- Staff told us they felt supported by their colleagues and the management team to undertake their role. New staff received an induction, and staff told us this had provided them with the information they needed. One member of staff said, "[It's] surprising how much you learn in the space of five days."
- People and relatives told us they felt staff were competent in their roles. However, health professionals told us they felt staff did not always understand people's care needs and how to manage these. The regional director told us they had recently introduced a competency assessment process for staff in a range of areas, such as specific health conditions and skin care, to help them better assess and support staff learning and development.

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 now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staffing issues, a task focused culture, and a lack of attention to detail impacted on people's dignity. Areas of malodour, particularly in some people's rooms impacted on people's dignity. People were not always well supported in regard to their personal care which compromised their dignity. One person told us, "I had my last shower a couple of weeks ago. I did ask if my shower could be in the afternoon rather than in the morning and now it keeps getting put off. I feel so much brighter and fresher when I've had a shower."
- Staff were not always mindful of people's privacy. One person told us about a situation in which they felt staff had not been mindful of their privacy. A health care professional told us staff sometimes entered people's rooms without seeking prior permission and sometimes this compromised people's dignity and privacy.
- Staff did not always support people to be as independent as possible. One person required adapted cutlery to help them to eat more effectively. We found this was not provided on both occasions during the person's lunch time meal. A healthcare professional told us they felt staff did not always understand or prioritise the importance of supporting people to maintain or improve their independence.

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

- Support offered by staff often appeared task centred. This at times meant staff did not always listen and act on people's views regarding their day to day care. A health care professional told us they observed some staff at times did not always explain and involve people in the support provided.
- A resident of the day system was in place which did offer people an opportunity to regularly discuss their care. Most people told us they felt staff listened to them and sought their consent prior to supporting them.

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

- Staff were well intentioned and kind. Relatives told us about individual staff members who had taken the time and effort to make their relative feel special. We observed individual staff interactions that were caring. One person told us, "Most of the staff are brilliant in every sense of the word." A relative said, "Kind and caring, all the staff are brilliant."
- Staff had received training in equality and diversity. People had life histories in place which contained some information on people's history, culture, and any religious or spiritual beliefs.

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 now deteriorated to requires improvement. This meant people's needs were not always met.

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

- A task focused culture and staffing issues appeared to impact on the ability of staff to provide detailed person-centred care. One staff member told us, "You kind of feel you've got to be quick because I've got to go to so and so." Another staff member said, "Not enough person centred care the staff just do not have time. I am not knocking the staff but some days they are so pushed for time, [staff] just help [people] with what they need, and some people just want someone to sit with them." These issues were also raised as a concern by healthcare professionals.
- We found examples where staff had failed to take in to account people's individual needs and ensure these were met. For example, staff had failed to ensure one person had the correct continence care in place. For another person staff had not identified their mental health needs and planned how to meet these. A third person told us how their personal care needs were not being met as they would like.
- Care plans were not always accurate and did not always reflect people's individual needs and preferences. Some people were living with dementia, their care plans did not provide specific information about their condition, how this impacted them, and how staff could support these needs.
- A resident of the day system was in place which provided people with an opportunity to discuss their care. However, care plans and the support provided did not always evidence people's full involvement in their care

The support provided did not always meet people's needs and preferences. Care plans did not ensure the supported provided met people's preferences and individual needs. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During our inspection we raised the above issues with the registered manager who acted to address immediate concerns during our visit. We saw an action plan was already in place to increase people's involvement in the care planning process.

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.

- Communication care plans were in place. These identified conditions that might impact on people's ability to communicate. However, we found for people living with dementia the service had not fully assessed how they could better support people to understand the menu options available to them.

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

- We observed there was limited interaction between people and staff. On the first day of our visit we observed only a small number of other people engaged in the activity on offer. We noted several people throughout the day not engaged in any activities.
- People's interests and hobbies were also assessed as part of their care. However, it was not always clear how people were supported to engage in activities that were important to them. For one person we noted that staff had not fully engaged with them to support them in activities they liked.
- An activities co-ordinator was in post and arranged regular activities. We noted that they also spent time with people who preferred not to participate in group activities. People, relatives, and staff were positive about the activities offered.

Improving care quality in response to complaints or concerns

- A complaints process was in place. The registered manager responded to concerns or complaints although we noted these were not always consistently logged within the complaints system.
- People and relatives told us they knew how to raise concerns. They felt these would be listened to and acted on. One person told us, "[Registered manager] is very good. I would just see her and talk about things if needed."

End of life care and support

- At the time of our inspection the service was not supporting anyone at the end of their life. Most people had end of life care plans in place, although these were not always detailed and did not provide information on people's spiritual and cultural needs.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance systems were in place to monitor the performance and quality of the service. Regular audits on a range of areas were carried out. The governance system in the home had identified several concerns, but not all the concerns including the task focused culture, that we had identified during our inspection. This meant it was not always clear how effectively quality assurance systems were operating.
- A service development plan was in place; however, this had not always incorporated actions that had been identified as part of other audits or quality monitoring. This meant it was not clear how the management team were monitoring and ensuring identified actions were taken. We found some issues noted in provider and external quality checks had not been actioned.
- Governance processes and systems had not worked effectively to maintain the standard of the care found at the service's previous inspection.

Governance systems were not effective and had not maintained a good standard of care. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some actions were already underway to make improvements although at the time of our inspection it was too early to assess how effective these would be.
- Staff were clear about their roles and responsibilities. Most people and relatives told us they felt the service was well managed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a task-based culture within the service which hindered the day to day delivery of person-centred care. Staff had not always fully assessed people's needs or viewed people in a holistic manner.
- Staff told us morale overall was positive but staffing pressures could sometimes impact on stress levels. Staff told us they worked well together and were inclusive.
- Staff, people, and relatives felt the management team were open and approachable. A relative told us, "The manager is excellent. She just wants everyone to be happy. She's always around and available and approachable, easy to talk to about anything." However, three out of the four people we spoke with told us

they were not sure who the registered manager was and did not have contact with them.

- The management team had acted to increase the involvement of people and their relatives in the service. People's involvement and participation in the provision of meals in the service had improved. Regular resident and relatives' meetings were held where the service was discussed, although some people told us they were not aware of these. The registered manager was also putting in place a board of people and relatives to review the service delivered and changes made.

Continuous learning and improving care; Working in partnership with others

- The registered manager had a reflective and open approach. They were committed to the service and making any improvements necessary. They worked with the local authority and other stakeholders to help improve the care delivered. For example, following some concerns raised about the management of falls in the service the registered manager had signed up to be part of health programme to reduce falls.
- The registered manager took part in other external learning forums to help keep their knowledge up to date.
- The service had good links with the wider community. For example, it took part in a community lunch scheme and a local toddler group visited the home on a regular basis. The service had also started to develop a pen pal scheme with other services to help people develop friendships and reduce social isolation.

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

- The registered manager was open and honest when incidents occurred in the service. Duty of candour requirements were met.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care How the regulation was not being met: The support provided did not always meet people's needs and preferences. Care plans did not ensure the supported provided met people's preferences and individual needs. Regulation 9 (1)(a)(b)(c)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: Governance systems were not effective and had not maintained a good standard of care. Regulation 17 (1)(2)(a)(b)(f)