

P & P Community Services Ltd

Olive House

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

We carried out an unannounced inspection on the 5 June 2015.

Olive House is a care home registered to accommodate one person. Its services focus mainly on caring for adults who have a learning disability. The service is situated in High Barnet, in a residential area. The service consists of four flats, three with five bedrooms and a bedsit for one person.

At the time of our inspection there was a registered manager in position. 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.’

At our last inspection in November 2013 we found the service was meeting with the standards inspected.

We observed how care was being delivered and saw some excellent interactions between staff and the person using the service. We saw that staff were caring, kind and showed compassion.

Summary of findings

People were treated with dignity and respect and their privacy maintained. We saw that staff spoke in a calm manner and explained what they were doing before supporting the person using the service.

People were given choice and their individual needs were being met by the service, this included working with other healthcare professionals. The person using the service was involved in their day to day care and made decisions about what type of care they wanted.

People's nutritional needs were met by the service and they were encouraged to take part in meal preparations.

Staff supported people to maintain their safety.

Assessments were undertaken to identify any risks to

identify any risks to a person's safety and management plans were in place to address those risks. Staff received appropriate training and regular supervision. They told us they felt supported by their manager.

People confirmed that they felt safe and supported by staff. There were sufficient numbers of staff on duty to meet people's needs. People received their medicine as prescribed and medicine management systems were in place.

We saw that the provider had a number of auditing systems to monitor the quality of the service. Audits included areas such as cleanliness and infection control, and health and safety of the building.

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?

The service was safe. People were protected from the risk of infection because the provider had systems in place to ensure the environment was clean and safe

People consistently received their medicines safely and as prescribed.

Staffing numbers were sufficient to meet people's individual needs and recruitment checks ensured staff were suitable to work at the service.

Staff were aware of safeguarding adults procedures and reported any concerns as required.

Good



Is the service effective?

The service was effective. Staff understood the Mental Capacity Act 2005 and Deprivation of Liberty safeguard and the impact of this on the people they cared for.

Staff received regular supervision and support. They told us they felt supported by their manager. People's nutritional needs were met by the service.

People were referred to other healthcare professionals to assist the service with meeting their individual needs.

Good



Is the service caring?

The service was caring. People were cared for by staff who were caring and kind.

People were involved in their care and their preferences were taken into account.

Good



Is the service responsive?

The service was responsive. People took part in activities of their choice and were supported by staff.

The service had a complaints procedure and people were supported to feedback any concerns they might have.

The service supported people to maintain contact with family and friends who were able to visit anytime.

Good



Is the service well-led?

The service was mostly well-led. People were protected from the risk of poor care and treatment because the service had systems in place to monitor the quality of the service.

People knew the manager and they were able to approach her with their concerns.

Good



Olive House

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 5 June 2015 and was unannounced. The inspection was carried out by an inspector. The service is used by one person.

Prior to the inspection we reviewed information we held about the service. This included notifications received by the service and other information of concern, including safeguarding notifications. Before the inspection, the

provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We observed interactions between staff and people using the service. We spoke with staff, including the registered manager and senior staff and two healthcare professionals. We reviewed care records and risk assessments for the person using the service. This included support plans in relation to the care provided by the service. We reviewed staff training records and personnel files for three staff.

People who used the service told us that they were happy with the care provided by the service. We saw that their independence was encouraged by the service and that they were free to come and go as they pleased.

Is the service safe?

Our findings

We spoke with people using the service who told us that they felt, “safe and happy,” living at the home. We observed that staff interacted positively with people using the service. Healthcare professionals felt the service was safe.

Medicines were stored safely in a cabinet. Medicines administered were recorded on a medicine administration chart (MAR), we noted that this was up to date. We saw from the care plan that people were involved and medicines were explained and signed and dated by people using the service, including any recent changes. This also detailed the reasons for the medicines and how this helped their condition. This was confirmed by the person using the service. Staff we spoke with knew about the medicines prescribed and how this helped the person to manage their health needs. However, we noted that the thermometer used to ensure that the room temperature was within the required limit was broken. This put people at risk of receiving medicines that are ineffective or might do them harm. The registered manager told us that they were aware of this and that a staff member would be replacing this on the day of our inspection.

People were protected from the risk of acquiring an infection. There were hand washing facilities available in the kitchen and bathroom and a hand washing leaflet displayed in both areas. Hand sanitisers and paper towels were also available. During our inspection we saw that colour coded mops and buckets were used to reduce the risk of cross infection when cleaning the various parts of home. The cleaning schedule covered daily, weekly and monthly cleaning routines for staff. We saw that the service had achieved excellence in infection control practices after taking part in an assessment process. This scheme approved by Hertfordshire council awarded a certificate of completion following an assessment carried out in partnership with Hertfordshire council. We saw that substances used for cleaning the home were stored in accordance with Control of Substances Hazardous to Health Regulations and were kept in a locked cupboard.

People's independence was encouraged by the service. We saw that risk assessments were in place for the person using the service. These had been reviewed and updated

and included a range of identified risks. We saw that the service had an environmental risk assessment which had been reviewed in February 2015. We noted that staff had signed to show that they had read the risk assessment.

There were systems in place for dealing with emergencies. We saw that the service had 'my purple folder' in place for the person using the service. This included an 'emergency grab sheet' which contained some relevant information about the person, such as current health condition and contact details. However, key information about whether the person had an allergy had not been completed. Therefore other healthcare professionals may not have up to date information about the person in an emergency. The provider told us that information about allergies was documented in their care plan.

We noted that the service had a fire procedure, which included guidance for staff on what to do in the event of a fire. We saw that reminders for health and safety checks were displayed on the wall in the office. This included expiry dates for necessary checks to ensure the building was safe. For example, checks relating to the safety of the gas and electricity supply, portable appliance testing and fire equipment.

People were protected from the possible risk of abuse because staff demonstrated a good understanding of how to safeguard people using the service. Staff and records confirmed that staff had received safeguarding training. Staff were able to tell us the signs and types of abuse they would look for that would indicate that the person using the service may be subject to abuse and the actions they would take. This included reporting in the first instance to the manager and if not satisfied with actions taken by the provider they would contact the relevant authorities, including the local authority safeguarding team, police and CQC. There was a policy for managing people's monies, we saw that expenditure was documented and a system for checking and monitoring money spent. This involved people using the service who signed to verify that they had been given money.

We observed interactions between staff and people using the service and saw that they were not prevented from taking part in activities of their choice as there were sufficient staff on duty to meet their needs.

Is the service safe?

We saw that there was a centralised system for recording incidents and learning following an incident. For example, changes were made to the way the service supported the person using the service within the community, following a significant incident.

We looked at the personnel files of three staff. We saw that staff had been subject to the necessary checks to ensure they were safe to work with people using the service,

including criminal records checks, proof of identity and address and verifying references from previous employers. However, reference details for one person had not been verified to ensure the address and contact details were correct. We informed the registered manager about this and they told us that they would review this and update their records accordingly.

Is the service effective?

Our findings

People were given choice and their likes and dislikes were taken into account. The person using the service told us, “I get to do things I like,”

The service had a staff supervision and appraisal policy in place and we saw that staff had received regular supervision and an annual appraisal in accordance with this. Staff confirmed that they had received supervision and said they felt supported by their manager. One staff member commented, “I definitely do,” to the question of whether they felt supported by their manager. Each staff member had a supervision agreement in place, detailing what they can expect. Records showed that staff had completed an induction prior to commencing work.

We saw that the person using the service was able to come and go as they pleased and make decisions about their care. Staff were aware of the need to ensure that best interest decisions were made where people lack the capacity to make decisions about their care and treatment. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty safeguard and understood how this impacted on the person they cared for.

The registered manager provided us with a staff training matrix. This showed that staff had completed training in areas such as first aid, infection control, food hygiene, safeguarding of adults and moving and handling. There was a refresher training programme and staff had attended these, this included managing challenging behaviour which was delivered by the funding authority.

Staff had worked with the person using the service for some time, they were able to tell us about their preferences and likes and dislikes. We observed staff interaction with the person using the service throughout our visit. We saw that the person was able to express their views and communicated their needs to staff.

We saw that there was a menu board which was used by the person using the service to tell staff what they wanted. Staff had a good knowledge of the person's likes and dislikes and we saw that their meal choices were displayed using pictures. This was confirmed by the person using the service who agreed to show us around their home. They told us that staff bought the food they liked and encouraged them to eat healthy. Fridge and freezer temperature checks were completed and expected readings were displayed on the doors of each appliance. However, we found a faulty thermometer in the fridge. Staff had recorded a morning reading of one degree and an afternoon reading of two degrees for the fridge. However, at 17:30pm we found that this was six degrees above the expected range of one to five degrees. The registered manager, who was present at the time, told us that the thermometer was faulty and they were in the process of purchasing a new one. This was then checked using the thermometer from the freezer and we saw that this was within the required range.

People had access to healthcare services. We saw evidence of a yearly medical check completed by the GP. This covered checks such as weight, blood pressure and respiration. We saw that the person using the service had a health action plan (HAP), this listed healthcare visits, such as dentist, GP and other medical appointments. However, we noted that some areas of the HAP were incomplete and areas such as, 'health overview' were dated August 2011. This may have put the person using the service at risk of receiving care that was inappropriate and did not meet their needs. The registered manager told us that this would be reviewed and updated. We also saw that last optician appointment was two years ago.

Is the service caring?

Our findings

People were well cared for by staff. The person using the service told us that staff were kind, caring and patient. We spoke with healthcare professionals who told us that they felt staff were caring and the person using the service was heavily involved in their care.

We saw that people using the service were treated with dignity and respect. We observed staff engaging with them in conversations, and speaking to them politely. Staff were also aware of when the person wanted space and took direction from them as to whether they wanted to engage in conversations. We saw staff were respectful and attentive to people in a positive way and responded to people's individual needs appropriately. Staff gave us examples of how they ensured people's privacy and dignity were maintained. For example, staff told us that they would not enter people's rooms without their permission even if the person was out in the community, they would contact the person to ask their permission before entering their room. This was confirmed by the person using the service.

Staff were aware of people's preferences and understood people's individual needs. For example, we saw that the person using the service had been involved in choosing the

colour of their room and art design of their choice. This was evident throughout the building when we were shown around by the person who pointed out colour schemes chosen by them.

Staff knew about people's interests and past histories, this helped them to better understand the needs of the people they cared for. Care plans and other support documents were signed, this showed that the person using the service was involved and had consented to their care and treatment. The person using the service confirmed that staff involved them in their care and obtained feedback.

The person using the service was involved in decisions about their care, we saw evidence of this on the day of our visit. The person using the service told us that staff asked them what they wanted to do and discussed this with them. We reviewed care records for the person using the service. We found that they had a care plan which had been reviewed. This included information about the person's likes and dislikes for food and completing household chores.

The person using the service had regular contact with friends and relatives and they were able to visit their relative anytime. The person using the service confirmed that their relative was involved in their care. This was also documented in their person centred care plan, 'my circle of support.'

Is the service responsive?

Our findings

The people using the service took part in various activities. They told us about the activities they enjoyed and that staff supported them to achieve these. Staff were able to tell us how they supported people. One healthcare professional told us that staff were meeting the needs of people using the service.

The people using the service were encouraged to take part in activities of their choice such as socialising and meeting up with friends in the community. This was confirmed by the person using the service who also told us of about some of the other activities they liked to do. We saw that the person had a weekly activities schedule on the wall in the office. Staff told us that this would change according to what the person wanted to do.

Staff encouraged people to be independent and participate in household chores. The person using the service told us that they would assist with cooking their meals, including helping with the washing up and cleaning.

People's individual needs were met by the service. The person using the service had a person centred care plan which had been developed in January 2014. This covered areas such as, 'hopes and dreams for the next few years,' 'things that are important to me' and 'good things about me'. We saw that the service supported the person in a particular area. This detailed how the person should be supported, in a number of different ways. Healthcare professionals told us that yearly care plan approach meetings took place.

The service had a complaints policy and we saw that this was displayed on the notice board in the office. However, this incorrectly directed people to the Commission if people were not happy with the outcome of their complaint. We informed the registered manager about this who told us that she would update the policy.

Is the service well-led?

Our findings

Staff spoke positively about the registered manager and told us they felt supported by her. They felt able to raise concerns with the manager who they said was approachable. Healthcare professionals told us they felt the service was well-led.

Staff understood their roles and responsibilities. We saw an audit tool showing areas of responsibility for staff displayed in the office. Colour coded dots were used to show which staff were responsible for different aspects of the service.

Staff knew about whistle blowing and understood what to do and the external authorities to approach should they not be happy with the outcome of their concerns.

The provider had recently carried out a refurbishment of the home for a period of nine months and had recently returned to the home after a period of staying at a temporary address. The registered manager told us that they wanted to improve the environment for the person using the service. The provider had emailed the inspector but had not submitted a notification of change as required. This was subsequently submitted following our inspection.

People using the service contributed to improving the environment and were asked their views before changes were made. Annual surveys were carried out with the person using the service and healthcare professionals. The service also arranged, 'talk time' daily and in the evenings. This allowed the person using the service to express their views about their care and make changes to ensure their needs were met. We saw that the person using the service had been involved in choosing the colour scheme throughout the home. This included the redecoration of their room and bathroom and art design of their choice. This was evident when we were shown around by the person who pointed out colour schemes chosen by them.

We saw that the provider had been awarded a certificate of excellence in the prevention and control assurance scheme. A scheme approved by the service funding authority. As a member of this association the provider is given access to training, including a list of approved training providers and sharing best practice.

Although the registered manager and staff were aware of the new Regulations, they had not updated key documents. We saw that the old Regulations under the Health and Social Care Act 2008 was displayed on the office notice board and an infection control fact sheet referred to the previous Regulations and was dated October 2010. The registered manager told us that they would update all documents as necessary. We asked to see key policies and procedures, however, these were not available at the time of our inspection. The registered manager told us that policies and procedures were left at the head office. These were subsequently sent by email to the Commission. This included policies relating to recruitment, medicine management and infection control policies procedures.

Systems were in place to ensure that people using the service received quality care. Weekly fire alarm and electrical checks took place and three monthly fire drills, the latest being in April 2015.

Quality visits were carried out by senior management. We saw that there had been three in the last 12 months. The last was completed in June 2015 and prior to this quarterly. This included health and safety, management and administration and included areas such as food labelling and medicines. The audits carried out had resulted in the provider producing an action plan, the latest in June 2015. We saw that the provider had produced a table detailing improvements to be made. Monthly spot checks covered the environment, staff, activities and daily cleaning. This had involved the person using the service who fed back their comments on the quality of the service.