

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 ●

Summary of findings

Overall summary

This inspection took place on 21 June 2016 and was unannounced.

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 provider, P & P Community services Limited also manages four similar services across London.

The service had a registered manager. 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 the last inspection, the service was rated as overall Good.

At this inspection we found the service remained Good.

We observed some good interaction between staff and the person using the service and staff respected the person's choices and preferences.

People were safe from the risk of abuse because staff knew the signs to look for and what action to take should they suspect any abuse, including reporting any concerns to the relevant authorities.

Risk assessments identified risks and how these should be mitigated. Medicines were managed safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient numbers of staff on duty to meet people's needs. Staff felt supported in their role and received training relevant to their job.

People's nutritional needs were met and staff knew their likes and dislikes and preferences for care.

Further information is in the detailed findings below.

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

We carried out a comprehensive inspection. This inspection took place on 21 June 2018⁷ and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in and that the person using the service was happy for us to visit them at home. The inspection team consisted of an inspector.

Before the inspection we gathered and reviewed information we held about the service. We spoke with the person using the service, two support workers and the registered manager. We reviewed the care records for the person using the service including a care plan, various risk assessments, and daily care records. We looked at recruitment and supervision records for four staff members. We also reviewed policies and procedures in respect of how the service was operated.

We observed interactions between staff and the person using the service.

We also obtained feedback from a health and social care professional.

Is the service safe?

Our findings

The service had a safeguarding policy and procedure in place. Staff we spoke with knew how to protect people from abuse and knew the signs to look for, including any unexplained bruising or a change in mood, outbursts and becoming agitated. Staff were aware of who they should report any concerns to should they suspect abuse, in the first instance to their line manager and if not happy to the local safeguarding authority or the Police. Staff were aware of the whistleblowing procedures and told us of the importance of reporting any concerns of poor practice. Staff received training in safeguarding, including yearly refresher training.

Risk assessments were in place and there was a system for reviewing these. Risk covered areas such as smoking in the house, risk of absconding and going out into the community. For example, when the person went out to the local shops staff would call after 10 minutes to check that they were alright. Risks were also assessed when the person was on holiday. The registered manager told us they had recently reviewed the smoking risk assessment and now needed to update it to reflect the person had reduced the number of cigarettes they smoked.

There were enough staff on duty to meet the needs of the person using the service. The service employed five full time staff, including support workers and seniors. During our visit we observed that staff provided one to one care to the person using the service.

Safe recruitment practices were followed before employing staff to work with the person they cared for. This included necessary checks such as staff identity, criminal record and references to ensure staff had the right skills, knowledge and were safe prior to providing care to vulnerable people using the service.

Medicines were managed safely. Medicine administration records were up to date, apart from one entry which had not been signed as given. We observed that the staff member had entered the office at the time the medicine was due to be administered but had forgotten to sign the MAR. The registered manager told us that she would remind the staff member of the importance of signing the MAR when administering medicines. The person using the service confirmed they were aware of the medicines they took and reasons why. We saw that the staff kept an up to date list of the medicines and reasons why they were administered. The list was signed by the person using the service and staff to show that their medicines had been explained to them. There was a register for controlled drugs and records kept showing when these had been administered. There were the required two signatures showing that the medicine had been given and witnessed, and this was audited weekly by the registered manager.

There was a process for recording and acting on incidents and accidents. Records showed that the last incident took place in October 2016, and related to an accident the person using the service had had whilst out in the community.

The building was well maintained and all the necessary safety checks had been completed, including gas, electrical, fire and tests for legionella in the water. There was a system in place to ensure that these were renewed at the relevant due date. This ensured that the premises used by the service provider were safe to

use for their intended purpose and used in a safe way.

We observed that the environment was clean and well maintained. Infection control procedures were followed by staff and the relevant protective equipment was in place.

Is the service effective?

Our findings

Staff received monthly supervision and yearly appraisal. Staff we spoke with told us they felt support by the registered manager. Staff received training and undertook a six week induction training programme to enable them to effectively carry out their role. The induction included going through a workbook using the Care Standard model (which is a set of fundamental standards for health and social care) and reading the care plan and risk assessment. We reviewed the training plan which the registered manager told us had been updated in May 2017. This showed that staff had completed refresher training in areas such as first aid, infection control, food hygiene, medicine administration, Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and health and safety.

As part of their induction new staff were observed by the registered manager and given guidelines for working with the person. This includes how to communicate in a positive way, for example, "You cannot use 'no', you must give [name] an option and eventually [name] will make their own decision." We observed staff doing this on the day of our visit and saw that the person responded positively.

We checked whether the service was working within the principles of the MCA. 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. Staff worked within the MCA principles and had completed training in MCA and DoLS, including refresher training carried out on-line. Records reviewed confirmed this.

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 DoLS. The person using the service had capacity and was able to tell us about the care they received. The registered manager told us that a DoLS was in place as the person was receiving 24 hour care, and was at times subjected to restrictions to keep them safe. Records showed that a standard DoLS application had been made in May 2015. We spoke with the funding authority DoLS team who confirmed that they had received an application and that the person was on the waiting list.

We saw that the person using the service was encouraged to make healthy choices and had a menu displayed in the living room of the foods they liked, "I like cereal for breakfast," the person told us. They also told us about the menu board, which they said helped them to make a choice, as these were all the foods, "I like." We observed this on the day of our visit. This was confirmed by the registered manager who told us that the person was given a choice of meals all cooked from fresh as they did not like frozen meals. The registered manager said, "[name] likes to choose [their] own food." Records showed that the person's daily food and drink intake was recorded in a menu book. Records showed there was a system in place for checking the fridge and freezer temperatures. This ensured that the food and drink stored was safe to eat. The registered manager was aware of the need to ensure that the recording of the fridge temperature was

accurate.

Records showed that the person using the service had access to healthcare professionals as and when this was needed, including GP, dentist and consultant psychiatrist.

Is the service caring?

Our findings

The person using the service told us that staff were caring and kind, "Sometimes." They said that most staff were helpful and supported them with when they needed it.

Care plans were in place and these had been reviewed yearly, or earlier following a change in need. Areas covered included a brief background history of the person, including their health, family relationship, the things they liked to do, medicines and reasons why these were required.

Staff understood the person's needs and how to support them. They knew their likes and dislikes and preferences for care.

We observed that staff communicated positively with the person using the service and respected their privacy. For example, when we first arrived at their home the person told us that they would like the opportunity to talk to us before we spoke to staff and this was respected by them. Staff respected the person's need to be private and gave them space to express their views.

We observed that there were constant interactions between staff and the person using the service, who on the day of our visit was comfortable in staff's presence, and felt confident to tell staff what they wanted to do on that day and to express their views. We observed that staff respected the person's choice and assisted them accordingly.

Staff encouraged positive relationships with family and friends. The person using the service told us that they received visits from their relative and often met up with a friend. This included going for walks to the park and visiting the local café. The friend often visited and staff cooked for them. The person using the service would sometimes visit their friend in return. We saw records and which confirmed this.

The service had an equalities and diversity policy and procedure. Although the person using the service did not have any specific cultural or religious needs, the registered manager told us that this would be accommodated should this need arise.

The registered manager was aware of the need to request an independent advocate where this was required, including where the people lacked capacity to do so. This ensured that the people's human rights were protected.

Is the service responsive?

Our findings

The service provided personalised care which was tailored to suit the person's individual needs. The person using the service told us they decided what they wanted to do and would ask staff to come along. "I have a choice but I like staff to come. I invite them."

The service was responsive to the person's needs. Records showed that where concerns had been raised the service worked with the person and other services to ensure their needs were met. For example, after the person expressed concerns about their health the registered manager arranged for a series of tests to be taken, including arranging an appointment with a private consultant. Although the person did not attend this appointment, the registered manager had responded to the person's anxiety about their health concerns.

Care plans documented the person's needs and how they should be supported. These included a profile page detailing the history of their move to Olive House, including personal care, medical health and eating and drinking preferences.

The person was enabled to make choices and their independence was encouraged. We were invited by the person using the service to see their bedroom and saw that this was personalised with pictures of their choice and decorated in a colour of their choice. They told us that everything was the way they liked it and showed us how they liked things to be stored, such as their shoes, so they, "knew where they are." We observed that other areas of the home were also decorated to the person's choice, including the bathroom and kitchen. They told us that they loved animals and we could see that this was a decorating theme throughout the home. They also owned a pet rabbit which they named after a famous actor. The registered manager promoted independence by encouraging and assisting the person in carrying out daily living activities such as cleaning their room and washing the dishes, and visiting friends. The person using the service confirmed that they went out without staff at times and carried out these daily tasks.

The person had a life and leisure experience plan which included pictures of holidays and a monthly review summarising how the month had gone. The registered manager told us that following a review with the person using the service the number of holidays increased at their request. This showed that the person was involved in planning their care and support.

The person participated in activities of their choice. They told us about their weekly activity which included going shopping on a Monday and attending to their allotment in the afternoons. In an enthusiastic manner they told us about the vegetables they grew, "Tomatoes, potatoes, turnips and lettuce." On the day of our visit we observed that they went out with staff to the local shops. The registered manager told us, "We do anything [name of person using the service] wants to do." They told us that the staff rota was organised based on the activities the person liked to do.

Handovers took place and involved staff going around the building and checking to see if there were any issues. Daily records provided staff with an update of events throughout the day. These included reporting

on activities, meals, medicines, personal care, the person's mood and living skills. Staff knew the person they cared for well and were able to tell us about the signs to look for that would indicate that they were becoming unwell.

The service had a complaints policy, which we saw was displayed in the office. The policy detailed timeframes of how people's complaints would be dealt with. Although there had been no formal complaints about the service, we noted that informal complaints were documented and the outcome discussed with the person using the service. The registered manager was made aware that this required updating to ensure that it contained the correct information in relation to the role of CQC and contact details of the Local Government Ombudsman. They told us that this would be updated accordingly.

Feedback about the service was taken on board and changes made as a result. For example the person using the service asked for the service user guide to be changed from 'welcome to Olive House,' to 'client user guide.' and this had been amended. The person also had involvement in ensuring the staff recruited were suitable to work with them and understood their needs. This included being part of the interview panel and asking specific questions about what they liked to do and how they would support them. This was confirmed by the person using the service and staff.

Is the service well-led?

Our findings

There was a registered manager in post who managed their time between this and another service run by the provider based in Potters Bar.

Staff told us that the registered manager was supportive and approachable. We observed that the service had an open door policy, whereby the person using the service felt able to come and ask staff for their help as they were becoming anxious. Staff responded positively, by explaining in a calm manner how they would support the person.

The service carried out six monthly health and safety audits. This included reviewing areas such as records and staff training. Monthly safety checklists were gone through. These included checking trip hazards, emergency lighting, water temperature and equipment. Monthly medicines checks were also carried out. Boots pharmacy visited the service in November 2016 and stated that the service had a robust process in place for the safe ordering of medication. The provider had followed the advice from the pharmacist, and developed a 'medicine as required' (PRN) protocol for Paracetamol and updated the medicine administration record to show the person's allergy status. Boots also recommended that staff had access to e-learning. Records showed that these actions had been completed by the provider.

The registered manager told us they participated in an infection prevention and control assessment each year, organised by Hertfordshire county council. This year the service was rated as five star (excellent). The assessment focused on the ability of the service to maintain good infection control practice, including the use of personal protective clothing and having appropriate policies and procedures. Yearly visits from the local authority environmental health were facilitated by the service, the last being in July 2016. This ensured that the environment was safe and clean.

Records showed that the registered manager carried out a quarterly quality assurance audit of the service. These showed that in March 2017 the registered manager had picked up that not all risk assessments had been reviewed. This was followed up in June 2017 where it was found that risk assessments had all been reviewed. This meant that the systems in place to monitor the service had been effective in identifying and addressing issues found.

Questionnaires were sent out in January 2017 to health and social care professionals and relatives. Feedback was positive. A social worker described the work provided by the service as good and encouraged them to keep this up. The person using the service also provided feedback stating that they liked all the staff and 'happy with the support.'

Compliments about staff support from the person using the service included, 'had a fantastic day,' following a trip to Camden town. They thanked staff at Olive House for a lovely holiday and for their support during a hospital admission in December 2016.

A healthcare professional who works closely with the service told us that in their opinion the service seemed well managed and was meeting the needs of the person they cared for. They also told us that the person was more settled than ever before. Whenever there was an update or change to the person's needs, this was reported to them. The service worked in partnership with other agencies to ensure people's needs were met.