

Healthcare Homes Group Limited

Olive House

Inspection report

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22 November 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Olive House is a residential care home providing personal care to older people, some were living with dementia. The service can support up to 45 people and 40 people were resident when we visited. Olive House is a purpose-built single storey care home, all bedrooms had en-suite bathrooms. There is one main dining room and several lounge areas. There is access to safe outside space.

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

People were living in a purpose-built care home that was well designed for access, but was in need of upgrade. There were plans in place to address this. Cleanliness was evident with good systems in place to prevent infections. This will further be enhanced by the developments planned for the laundry.

Care planning had improved, however there was a need for consistency in care plans when reviewed. The system used required several paper sections to be updated when needs had changed. This will not be an issue once the transfer to electronic recording is complete.

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

People told us they were happy at Olive House and felt well cared for. People received prescribed medication safely. There were sufficient, suitably recruited staff that knew people well.

A new manager had recently been appointed. There were effective systems in place to monitor, respond and drive improvements within Olive House. People were involved and listened to.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement. [Published 19 November 2019]

At our last inspection we found breaches of the regulations in relation to people having unmet needs from staff, infection prevention and control and management oversight. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Olive House

Detailed findings

Background to this inspection

Inspection team

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors 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 without nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new manager had been appointed and was present at our visit.

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. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 15 November 2022 and ended on 22 November 2022. We visited Olive House on 15 November 2022. We toured the premises and observed care and support in communal rooms. We spoke with 3 people during the visit, 9 members of staff, including the manager, head of care and a newly appointed area manager. We examined records relating to care delivery, medicine management, staff recruitment and deployment and records relating to how the registered provider of the service monitored service delivery.

We sought feedback by email from those staff not on duty after our site visit, however no staff responded. Our expert by experience telephoned 2 people at the service to discuss their lived experience. They also spoke to 4 relatives of people supported.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to appropriate COVID-19 precautions being taken. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely. A relative told us, "Yes staff do wear masks, gloves and aprons, depending on what task they are doing."
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.
- Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe in the company of the staff that cared and supported them. One person told us, "Yes I do feel safe here, I have been in a home before for a few weeks. This is a nice home." We saw that people were comfortable and at ease with staff. A relative told us, "I would say yes [relative] is safe. [Relative] always says they are happy and feels confident with the staff."
 - People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. There were policies covering adult safeguarding, which were accessible and understood by staff.
 - Staff had received up-to-date safeguarding training appropriate to their roles. They understood the procedures they needed to follow to make sure people were safe and told us they would report any concerns to management or external agencies if needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff had a proactive approach in ensuring people maintained their independence where possible. People's needs, and any associated risks were assessed, monitored, and regularly reviewed. However, due to the repeat forms in the care planning we found that not all sections had been updated with the latest

changes. This could have potential for impact. We are aware that the paper system was immanently being replaced with an electronic system that would ensure this could not happen as the updates would synchronise.

- People's care records provided information about their health needs and how these should be managed and met. This helped staff to understand the impact of people's conditions and to make timely referrals when needed. A relative said, "I think they meet [relative's] care needs. They informed me about any health care issues due to their anxiety and the infections they had during the 18 months they have been a resident."
- Where accidents and incidents had occurred, these were regularly reviewed to identify any trends and actions to mitigate risk. Where required, care records were updated following an incident to help reduce the risk of reoccurrence.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were sufficient staff deployed to keep people safe and for the level of support people required. This included the employment of staff who led activities.
- People had a consistent team of staff to support them which enabled continuity of care.
- Safe recruitment and induction training processes were in place. Appropriate recruitment checks had been carried out so suitable staff were employed.
- This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. References were also sought from previous employers.

Using medicines safely

- Staff made sure people received information about their medicines in a way they could understand. One person told us, "They bring it [medication] round like clockwork. They help with my insulin if I cannot manage it."
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People's medicines were administered safely by staff who were trained to carry out the task and had their competency checked.
- People had individual medication administration records to ensure they received their medication as prescribed. These were regularly audited.
- There were PRN protocols (as required) medicine guidelines in place, with personalised details of the signs the person may show, indicating when they needed those medicines.

Visiting in care homes

- People were able to receive visitors inside the care home. We saw several visitors and relatives at the service.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us the staff were friendly, supportive and caring towards them and we observed this during the inspection. One person said about the staff, "The staff are really kind to me, they take their time and listen to me."
- Staff engaged well with people, their interactions were supportive and enabling. People were calm and at ease in the company of the staff. It was evident from people's body language and reactions such as smiling and laughing they enjoyed being with the staff and were relaxed. A visitor said that their relative, "Always had a laugh with the staff."
- Staff received equality and diversity training supporting them to treat people equally and fairly whilst recognising and respecting their individuality. Staff treated people appropriately. One person told us, "They [staff] take their time and talk to me about football."
- People's protected characteristics in relation to their equality and diversity needs such as age, disability and religion were considered as part of the ongoing assessment and care planning process and reflected in their care records. Care plans were centred around each person as an individual.

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

- People shared examples with us of the positive and enabling approach of the staff towards them. They told us how the staff encouraged and supported them to make decisions about their health, care and support arrangements. One person said, "They get the GP when I ask or the nurse lady. I prefer to be in my room with my things around me."
- People were respected and equal partners in their care arrangements. They were involved as much as they wanted to be in managing their care support.
- Relatives and representatives acting on behalf of people where appropriate to do so confirmed they had been involved in ongoing care arrangements. One relative shared that, "We had a meeting initially to discuss [relatives] care plan and a review this year."

Respecting and promoting people's privacy, dignity and independence

- We saw that staff treated people with dignity, talking to them in a polite and respectful manner and their privacy was respected. People were given time to listen, process information and respond.
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff supported people to maintain and increase their independence wherever possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we found the provider had not ensured care plans met people's needs and wishes. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

- Assessments had been completed prior to people receiving care and support to ensure the service could meet people's needs. People's choices, preferences and what was important to them were reflected in their care records.
- People's care records contained information that identified people's care needs and the support required to maintain their independence. Care plans were personal to each person but were not always consistent. When a change had occurred, the care plan format required to be updated in several sections. This was not always consistent. This was fed back to the manager who agreed to act. Additionally, care plans were to become electronic, therefore any updates would be synchronised in the system.
- Staff maintained daily records which reflected the support provided and enabled them to monitor people's care. The records reflected people's wellbeing and mood as well as activities completed. Monitoring records such as repositioning and continence care were diligently completed.
- Staff knew people well, which helped them recognise and adapt the support to changes in routine, needs and mood. For example, staff had monitoring charts relating to two people recently discharged from hospital who required specific health monitoring.
- People were supported to maintain relationships and friendships that were important to them which reduced the risk of social isolation and becoming withdrawn. There were activities taking place in groups and on an individual basis.
- At the time of our inspection, no one using the service was receiving end-of-life care. However, this was part of people's plans. People had RESPECT forms in place. These are documents completed with people regarding advanced wishes relating to how they would like their end of life planned. A relative told us, "Yes I believe they did support [my relatives] care needs, especially towards the end, with very sensitive end of life care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the

Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Each person's preferred method of communication was highlighted in their support plans, which enabled staff to communicate with people in the way people preferred and understood.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. Records showed where concerns and formal complaints had been received, they had been responded to in a timely manner with lessons learnt to prevent reoccurrence, in line with the provider's complaint procedures.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had not ensured effective governance systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

- People were considered equal partners in their care and a person-centred culture was visible in the service.
- Staff treated people as individuals, upholding their rights and encouraging and supporting them to live a full life.
- People were supported by staff to have access to the appropriate care that they needed, taking into account their personal choices and preferences. People's decisions were respected and acted on.
- Feedback about the service was encouraged by management and where people, relatives and staff had shared their views, their comments were followed up, acted on accordingly and used to develop the service.
- People and relatives confirmed they were asked for their views on the quality of the service being delivered and their feedback was acted on. Relatives spoke of online meetings, and questionnaires being sent to them. One relative shared, "Information and communication needs improving. There have been 4 managers since my relative moved here." The new manager was meeting people. A person said, "The manager has only been here for a few weeks. We had a resident's meeting a couple of days ago."
- Regular staff meetings took place. We attended a whole staff meeting that was scheduled on the day of our visit. The new manager introduced themselves to the staff group and spoke of developments planned.

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

- Overall people, relatives and staff were positive about the leadership and direction of the service.
- However, there were some inconsistencies in care planning which we shared with the provider and the

need to have an ongoing environmental upgrade. There were plans set to address both these issues.

- Staff understood their roles, responsibilities and duties. Staff performance was monitored through one to one supervision and competency checks. This underpinned professional development, best practice and well-being.
- Quality assurance processes were in place. The management team monitored the safety and quality of the service. This included regular checks and audits for example, medicine administration, care records and accidents and complaints.
- The service had notified CQC of significant events and incidents, in line with their legal requirements and responsibilities as a regulated service provider.
- The provider and management team were aware of the duty of candour and their responsibilities to be open and honest with people and their relatives in the event of something going wrong or a near miss.

Continuous learning and improving care; Working in partnership with others

- Regular management meetings, actions plans and audits of the service provided oversight which ensured any trends and patterns were identified and addressed.
- Staff and the management team worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.