

Lancashire County Council

# Olive House Home for Older People

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Olive House Home for Older People is a care home providing accommodation for persons who require personal care for up to 44 people. The service provides support to older people and younger adults who are living with physical disabilities, dementia, or mental health. At the time of our inspection there were 29 people using the service. The home accommodates people across 2 floors in one building.

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

Risks were not always managed safely. Infection control practices were not always safe. Medicines storage needed assessing. We made a recommendation about this. People were safeguarded from risk of abuse and people felt safe. Adequate staffing was in place, and although recruitment practices were safe, records relating to recruitment needed improving. We reviewed some examples of lessons learned, though work was needed to strengthen this.

Staff supervisions were not happening in line with the provider's policy, the provider had put a plan in place to address this over the next 3 months. Appropriate staff training was in place and people were supported with food and fluid intake, though records relating to this was not always completed. People's needs were assessed, and people were supported with their health care needs. Although some adaptations had been made to the home to meet the needs of the people living there, further improvements were needed.

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, though we found that people who lacked capacity did not always have the appropriate paperwork in place to support restrictions in place. We made a recommendation about this.

Equality and diversity was respected and staff completed training in this area. People's privacy and dignity was respected, and records were securely stored. Staff were kind and people were able to express their views.

Complaints were not always handled in line with the homes policy. Records were not always person centred. People told us they were involved in their care planning, and they were able to make everyday choices. Records relating to people's communication needs required more detail. An activities coordinator supported people to take part in activities and people were supported to have visits from loved ones. The service was not supporting anyone who was end of life at the time of the inspection.

Shortfalls in governance were identified during the inspection. This included poor recording and ineffective audits. Necessary information was being sent to the local authority and CQC. The management team was aware of their responsibility under the duty of candour and spoke about being honest when things go wrong. People and staff spoke positively about the management and the service worked in partnership with the local authority and various health teams. Meetings with staff, people and their relatives were taking

place and some surveys had been carried out.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (12 September 2019).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service and concerns shared about a mental health unit that had opened since our last inspection, medicines management and general concerns over the management of the service. On arrival to the service, we were informed the mental health unit was in the process of closing.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Olive House Home for Older People on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to risk, infection control, staff supervisions, complaints and governance at this inspection. We have also made recommendations relating to medicines and depriving people of their liberty.

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 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 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 caring.

Details are in our caring findings below.

**Good** ●

### 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 Home for Older People

## **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 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 4 inspectors (which included a medicines inspector).

#### Service and service type

Olive House Home for Older People is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Olive House Home for Older People is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at 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 a registered manager in post. However, the registered manager was

on annual leave at the time of inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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 (PIR). 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 this information to plan our inspection.

#### During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 7 members of staff, including the assistant care managers, the senior operations manager, care workers and the activities coordinator. During the inspection, we visited both floors of the home and we reviewed a range of records. This included reviewing 4 people's care records in detail. During the inspection we also looked at 9 people's medicines records, storage of medicines and various medicines documentation. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

# 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks were not always appropriately assessed and monitored. Wardrobes were not always securely fixed in place and records relating to legionella (specifically flushing of empty outlets) was not as clear as it could have been. This meant we could not clearly identify which empty rooms had been flushed.
- Records relating to Personal Emergency Evacuation Plans (PEEPs) needed updating. The cover sheet referred to a service user that no longer resided in the home. For one service user, although they had a PEEP, they were not listed on the cover sheet, and one service user did not have a PEEP. Having incorrect information can put people at risk.
- People's weights were not being monitored effectively, and food and nutrition records were not always being completed when necessary.

Systems were either not being followed or robust enough to demonstrate safety and records relating to risk was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection with an action plan to address these concerns.

### Preventing and controlling infection

- Infection prevention and control measures were not always safe. We found unlabelled/communal toiletries in multiple bathrooms which posed an infection risk.
- Wet towels were found on the floor of communal bathrooms and we found 4 communal loofahs in communal bathrooms, which posed an infection risk.
- Cleaning records were not in place for bedrooms and cleaning records were not always being completed, which means we could not be assured cleaning duties were taking place as often as they should be.
- In the laundry we picked 5 random pieces of clothing and found that 3 of these items were not labelled. This means people were at risk of not getting their own clothes back.

The provider had failed to ensure appropriate processes were being followed regarding IPC practices. This put people at risk of infection and significant harm. This was a breach of Regulation 12 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection, and ensured these concerns were shared with the operations cleaning manager to implement necessary changes.

### Visiting in care homes

- People were supported to have visitors in line with current government guidance

### Using medicines safely

- With one exception records showed that people received their medicines safely and at the right times.
- People's protocols for administering 'when required' medicines were updated each month but did not contain detail as to why medicine for pain relief was needed.
- Staff who gave medicines were trained and their competency was checked by managers.
- Medicine audits were effective because managers had taken appropriate action in response to an identified issue.
- Medicine cupboards were clean and tidy. However, we asked the home to review the security of some medicine storage facilities and improve the way it monitors the medicine fridge temperature.

We recommend the provider review the security of medicine storage facilities and review the way they monitor medicine fridge temperatures.

### 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.
- A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff received safeguarding training and were able to provide examples of what they would report as a concern.
- People told us they felt safe. Comments included, "Yes, I feel happy and safe" and "I feel safe here and very much looked after".

### Staffing and recruitment

- Staffing levels were safe. We found adequate number of staff on duty to meet people's needs.
- Recruitment practices were safe.
- Paperwork relating to recruitment needed to be improved. One staff members recruitment file contained another staff members i.d. and the application form did not allow for full employment history to be recorded. These issues are consistent with general/wider governance issues we identified, which is covered in more detail in the well-led section of this report.

### Learning lessons when things go wrong

- Some lessons learned were taking place and being recorded, though further work was required to improve this. The senior operations manager told us they would look to drive improvement in this area.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were not supervised in line with the provider's policy. We found a number of staff had not had a recent supervision.

The provider had failed to ensure systems and processes were being followed to ensure that staff were being appropriately supported. This placed people at risk of harm. This was a breach of Regulation 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider put an action plan in place to ensure all staff have a supervision in the next 3 months, prioritising those staff that had not had a recent supervision.

- Staff had their competencies checked in areas such as medicines administration and moving and handling.
- Various training courses were available for staff to provide them with the skills and knowledge required to meet people's needs and training compliance rates were high in most areas.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Necessary DoLS referrals were not always being made. We found 2 examples of people that needed a DoLS referral but had not had one. The provider responded immediately and ensured that the necessary

DoLS referrals were made during our inspection.

We recommend the provider reviews their systems to ensure that necessary DoLS referrals are made when required.

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

- People were supported to maintain a balanced diet; however, fluid intake charts were not always completed and people's weights were not always consistently being taken, this is covered in more detail in the safe domain.
- We witnessed a mealtime experience and found staff interaction were positive and people appeared calm and happy.
- One person told us, "The food is very nice here, I have no complaints".

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

- People's needs had been assessed and preadmission assessments were in place.
- People's care plans contained information relating to people's health conditions.
- The provider had policies and procedures for staff to follow, which reflected CQC regulations and relevant guidance.

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

- Staff ensured people were supported with their healthcare needs.
- People had oral health care plans in place.
- The service worked with a variety of health and social care professionals including podiatrist, local safeguarding team, district nurses, GP, dieticians, falls management, speech and language team, opticians, respiratory nurses, physiotherapist, and social workers,

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

- Some adaptations had been made to the home to meet the needs of the people living there. However, further simple improvements could be made to improve the home for people living with dementia by ensuring things such as toilet seats were more easily recognisable and memory boxes by people's doors were being used. During the inspection the provider ordered appropriate toilet seats.
- There was some appropriate signage around the home, which helped promote people's awareness.

# 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 good. The rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People's equality and diversity needs were respected.
- The theme of equality and diversity ran through various policies, however there was not dedicated equality and diversity policy in place for people, the provider told us they would implement this without delay.
- Staff had completed training in equality and diversity and the home had a dedicated dignity champion.
- Care staff were kind and considerate when speaking to people. Relative's comments included, "I think they are personal and caring, we come every day and we see that they are treating people as individuals" and "I think they (staff) are great."
- Staff supported people to be as independent as possible and respected their privacy and dignity. One person told us, "The staff always ask me how I am and if I want the door leaving open, they are very polite".
- A data protection policy was in place and people's personal information was securely stored.

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

- People and their relatives were able to express their views.
- An assistant care manager told us how they would support people to access advocacy services should this be required.

# 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 good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Although systems and processes were in place to ensure complaints were received and acted on appropriately, these were not always being followed.
- The home had a complaints file, and although complaints and concerns raised by family members were resolved, the complaints process had not been followed. Complainants were not always recorded and for those recorded there was not always clear records of actions taken to resolve the issues.

We found no evidence people had been harmed. However, the provider had failed to ensure systems and processes were being followed to ensure complaints were being appropriately logged and resolved. This was a continued breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to advise training would be provided to all necessary staff to ensure they had a robust knowledge of complaints management.

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

- People's records relating to their care were not always person centred as they did not always contain necessary information as covered throughout this report.
- People told us they were able to make everyday choices.
- People were involved in creating their care plans. One relative told us, "Yes, we got involved in completing the care plan with mum and my sister."

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.

- The assistant care manager understood the need to ensure people were able to access information in a format suitable for them, however, paperwork relating to people's communication needs were not always as detailed as they could have been.
- In some care plans we found no evidence of fully exploring how staff were communicating with residents that have identified communication issues. The provider told us care plans would be audited and

information added where needed to ensure peoples communication needs had been clearly investigated and recorded.

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

- People were supported to take part in activities. The service had an activities coordinator who planned a variety of activities for people living in the home.
- People's comments included, "They have activities, they had a celebration this weekend for our new King. They played bingo this morning. The thing is they don't force it on you, if you don't want to do it, you don't have to" and "The activities are very good here, we have bingo, snakes and ladders, dominoes. I enjoy the games".
- People were supported to have visits from their loved ones. One relative to us, "They have made us as a visiting family feel welcome and have been clear about helping us when we have questions."

End of life care and support

- Nobody was in receipt of end of life care at the time of the inspection.
- The service had an end of life policy in place and staff received training in this area.
- We saw some evidence that some people had end of life care plans in place.

# 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 good. At this inspection the rating has changed 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

- We identified concerns around the governance of the service. Various documents in relation to people's care, cleaning records, audits, policies, staff supervisions and the management of the service were either not completed/not in place, not up to date, had not been regularly reviewed or were not accurate.
- Some of the audits that were carried out did not always identify the issues we found at this inspection and were therefore not robust enough. Some of the audits did identify the issues we found, however these issues had not been resolved.
- Some documents were not easily accessible or available on site. However, we acknowledge that the registered manager was on annual leave and that the provider is in the process of going paperless, but the process in which this was happening, and the storage of records could have been more organised.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection with an action plan to address these concerns.

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; Continuous learning and improving care

- The registered manager reported accidents, incidents and concerns to the CQC and the local authority.
- The management team was aware of their responsibility under the duty of candour and spoke about being honest when things go wrong.
- Some lessons learned were taking place, though this was not consistent, the senior operations manager told us they would look to strengthen their work on lessons learned.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service promoted a positive open culture.
- Feedback from staff, people and relatives about the management was positive. Staff comments included, "I can't fault the management team, they support me and I would be lost without her" and "The manager is

great and very approachable".

- Staff worked in partnership with the local authority, various other agencies and health professionals when people, needed support from external agencies.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Meetings for staff, people and their relatives were taking place.
- Surveys for staff were conducted October 2022 and the results had been analysed with an action plan put in place. Surveys for people and their relatives was conducted in January 2023 and results were mostly positive.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risk relating to people's weight, food and fluid intake, and the environmental were being appropriately assessed and managed. This put people at increased risk of harm.</p> <p>Regulation 12(2) (a) (b) (d)</p> <p>The provider had failed to ensure all necessary processes were being followed and paperwork was in place regarding IPC.</p> <p>Regulation 12(2) (h)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to ensure systems and processes were being followed to ensure complaints were being appropriately logged and recorded.</p> <p>Regulation 16 (2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were not always completed and up to date and quality assurance systems were not</p>



robust. This put people at risk of harm.

Regulation 17(2) (a) (b) (c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff received regular supervisions and appraisals. This placed people at risk of harm.

Regulation 18 (2) (a)