

# Joseph Rowntree Housing Trust

# Olive Lodge

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

Olive Lodge is a residential care home providing personal care to up to 40 people, some of whom may be living with dementia. The service accommodates people in a single adapted building, over two floors. At the time of the inspection 34 people were living at the service.

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

People told us they felt safe and both relatives and healthcare professionals spoke positively of the service. Risks of abuse to people were minimised because the service had safeguarding systems and processes. Staff understood safeguarding reporting processes. The service was adhering to current UK Government guidance relating to the management of Covid-19.

Pre-employment recruitment checks were undertaken and there were sufficient staff on duty. People were supported by staff who had the skills and knowledge to meet their needs. Staff understood their role and received a continual training package. Nutritional risks were identified and managed. Staff at the service worked together with a range of healthcare professionals to achieve the best outcomes for people and followed professional advice to achieve this.

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. There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority.

People were supported by staff that were caring, compassionate and treated them with dignity and respect. Staff understood the needs of the people they supported and were clearly committed to providing people with the best possible quality of life. All the feedback we received from people living at the service was positive about the care they received and the staff that supported them.

Paper care records needed reviewing to ensure they were as up to date as the electronic plans and contained the most accurate information about people's assessed needs. Daily walkaround checks needed to be completed more frequently and medication audits more thoroughly to identify areas for improvement.

There were however other systems in place to measure and monitor the quality and safety of the service and other audits had been completed regularly. There was a clear staff structure in place and staff understood their roles and responsibilities. Staff felt valued by the management team and told us Olive Lodge was a good place to work.

People and their relatives felt that concerns and complaints would be listened and responded to. Accidents, incidents and complaints were used as opportunities to learn and improve the service. People had the opportunity to be involved in an activities programme if they wished. People were supported at the end of

their lives through advanced care and treatment planning.

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

This service was registered with us on 20 January 2020 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 13 August 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

The service was effective.

Details are in our effective 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Olive Lodge

## 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

One inspector undertook this inspection.

#### Service and service type

Olive Lodge 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 Lodge 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a manager in post who was in the process of registering with CQC.

Inspection activity started on 10 May 2022 and ended on 13 May 2022. We visited the home on 10 May 2022.

#### What we did before the inspection

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 reviewed information we had received about the service since it registered with us. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided and received feedback from one relative. The manager was on leave during the inspection however, we spoke with eight members of staff including the deputy manager, deputy director of care, compliance officer, kitchen and care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and training. We also reviewed records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a number of documents including; the provider's policies, audits, and meeting minutes.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were cared for by staff who understood how to recognise signs of any abuse.
- Staff knew what action to take to protect people, should they have any concerns for their safety.
- The provider had put policies and procedures in place to manage and review any safeguarding concerns, should these arise.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being were assessed and managed in consultation with them, and where required, their relatives and professionals.
- Risk assessments gave detailed guidance to staff on how to minimise the risks identified. These included, cognition, the risk of choking, diabetes, fall management and the risk skin breakdown. A visitor said, "I have visited over the COVID-19 period and would say I believe people to be safe with all the procedures in place."
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Staff completed fire system checks in accordance with the providers policy and procedures. Staff had completed Personal Emergency Evacuation Plans (PEEPs) for people which included consideration of specific risks such as the persons mobility, visual and hearing impairments to consider and for other types of risks or disabilities. This provided assurance risks to people were being assessed and managed effectively.

Staffing and recruitment

- People's needs were reviewed regularly to help ensure that staffing levels were sufficient. The manager monitored staff deployment and ensured safe staffing levels were maintained.
- Staff were attentive and able to respond promptly to the needs of people. We saw there were enough staff working to meet people's needs and staff were spending meaningful time with people. One relative told us, "There seems to be enough staff, even at weekends. I have never seen staffing as an issue when I visit."
- Staff recruitment was safe and all essential pre-employment checks were completed. These checks included Disclosure and Barring Service (DBS) checks, written references and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were not always stored, managed and administered in line with good practice guidelines.
- For example, most medicines were within a locked cupboard in people's rooms. The temperature of the room was not routinely recorded to determine if the medication was kept within the correct temperature

range. Some medicines required refrigeration, yet daily temperature checks were not consistently recorded.

- We found 'as and when' protocols to tell staff, when to give these medicines, why it was required and in what dose were not consistently recorded.
- Regular checks of medicine administration records were completed; however, these checks had not identified the issues we found. We have addressed our findings in the well-led section of this report.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date. The registered provider had ensured visiting arrangements were aligned with government guidance and we observed visitors in the service on the day of inspection.

#### Learning lessons when things go wrong

- People's relatives told us staff promptly contacted them in the event of any change of care and consulted them about the most appropriate way to support their family members.
- The manager had put systems in place to review any untoward incidents.
- Staff gave us examples showing how learning was communicated to them effectively, to reduce risks to people further.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were completed by the manager or deputy manager before people came to live at the home. This ensured people's needs could be met and provided the basis for writing the care plan.
- We checked four care plans and each contained an assessment of the person's care and support needs.
- People's choices were reflected in their care plans which staff followed.
- The service considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills they needed to carry out their roles and responsibilities. People and their relatives confirmed this to us. A relative said, "I believe the staff are well trained and competent."
- Staff completed a comprehensive induction. Staff new to care were supported to undertake the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us, and the training matrix showed, all staff were up to date with their training. This included areas such as moving and handling, safeguarding and first aid.
- Staff received regular supervision and were happy with the support they received from their line manager.

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

- People were supported by staff to maintain good hydration and nutrition.
- Where people might be at risk of poor hydration or nutrition, care records detailed actions such as, monitoring the person's food and fluid intake and where required, liaising with health care professionals.
- Staff understood people's individual risks relating to food and drink and supported people to have their meals in a way that minimised the risks. One member of staff commented, "We understand [person's] dietary need."
- One person told us, "Food is very good indeed with plenty to choose from."

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

- The environment was suitable and accessible for people who lived there. A person said, "I like it, it's a very nice place."
- The home was fully accessible using a passenger lift. Stairs and corridors were wide and well-lit to enable people to move freely around the building. Communal areas included various rooms and lounges where

people could spend their time.

- An enclosed garden offered a 'peaceful' place for people to relax and spend time with their relatives and friends. A person using the garden had a call bell with them in case they needed assistance. One person said, "I like using the garden when the sun is out, it's very relaxing and peaceful."

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

- The provider recorded information about people's healthcare needs and any support they would need regarding these.
- There was information about key healthcare professionals, such as people's GPs and who to contact if staff were concerned about people's health. The manager liaised with the district nursing team and GP when required to enable people to get support and help from the relevant healthcare team.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made, and staff acted in accordance with DoLS authorisations. Where DoLS decisions had been approved, the necessary consultation had taken place. This had included the involvement of relatives and multi-disciplinary teams, for example for meeting peoples personal care and medical needs.
- Staff had received MCA training and our observations confirmed staff promoted choice and acted in accordance with people's wishes. One staff member told us, "I always ask people everything, from what they want to eat to how they want to dress that day."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 were relaxed and comfortable when chatting with staff. We saw people smiling, talking and laughing with staff. One person told us, "I think the staff are lovely, they are so kind."
- Relatives were also positive about the caring approach taken by staff. One relative told us, "[Person] is always shown kindness by staff, they are all friendly and the manager is very caring".
- Staff told us they valued the opportunities they were given to get to know people living at the home, and the relationships they had built with people. One staff member said, "The best thing about working here is the people, they are just wonderful."
- Staff were able to tell us about people's histories, their likes, dislikes and individual preferences.

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

- People told us they received care how they wished and in line with their preferences.
- No concerns were raised by people about involvement or contributing to their care or making decisions about their daily lives. All said staff listened to them and respected their thoughts and opinions.
- We observed staff were caring, kind and patient with people, predicted what they needed and were sensitive to their wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect, and their independence was promoted. One person said, "I like to look smart every day and the fantastic laundry service helps me to do that. My clothes are there and back in the day, it's wonderful."
- People were cared for by staff who understood their rights to privacy and dignity. Staff took action to promote this by knocking on people's doors to seek permission to enter people's rooms and by ensuring people's curtains were closed before providing personal care.
- Staff members showed warmth and respect when interacting with people. We observed staff taking the time to communicate with people.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Every person at the service had an electronic care plan personalised to them. This showed their care needs, risk management and personal preferences. People also had a paper-based care plan, which did not always reflect the most up to date information. We have addressed our findings in the well-led section of this report.
- Records showed care plans were periodically reviewed and reflected any changes in a person's care needs.
- People's care plans had information about their previous occupations, interests and lifestyle choices described. This helped staff to understand people more and to aid in conversation.
- Verbal and written handovers were completed at the start and end of each shift, these gave an overview of the care people had received and summarised any changes in people's health and well-being.

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.

- People's communication needs were identified, and their preferred methods recorded in their care plans. This enabled staff to communicate with them effectively. Where spectacles or hearing aids were required, the care plan identified the appropriate support the person needed.
- Where required, information and documents could be provided to people to assist their understanding, such as in larger print, easy read and in their preferred language.

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 maintain relationships that were important to them. Many people went out with their families.
- One person said, "There is always something to do here, sometimes I want to do it and sometimes not. They don't press you."
- A second person said, "I know there are activities but I prefer to stay in my room, watch TV or read the newspaper. The staff know that."
- Activities co-ordinators were employed at the home. A variety of activities was planned for people and a notice of these was on display for people to see, then decide whether they wished to join in or not.

#### Improving care quality in response to complaints or concerns

- Systems were in place to review any complaints or concerns to reflect on how care quality could be improved as a result.
- People and their relatives told us they felt comfortable raising any concerns and had confidence that the management team would act on them. A relative said, "If I had a concern, I know who to raise it with, and am confident it would be taken seriously and acted on."

#### End of life care and support

- People could live out their lives at the home if this was their wish and their needs could be met.
- People's end of life wishes were included in their care plans. These included their preferences with regard to any religious or spiritual beliefs, wishes at the point of death, and funeral arrangements.
- No-one living at the home was receiving end of life care at the time of the inspection.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Some quality assurance systems were not always effective. We identified shortfalls relating to some care plan documentation where the electronic and paper care plans did not correspond.
- Daily walkaround checks had not been routinely completed and medication audits had not identified the shortfalls we found.
- Whilst we did not find these shortfalls placed people at immediate risk, the deputy director of care, with the support of the deputy manager and compliance officer committed to address this immediately after the inspection.
- Other audits pertaining to the safety and quality of the service had been completed regularly and actions had been taken where issues had been identified.
- The management team had oversight of the service as there was a scheme of delegation in place which meant staff had clear lines of responsibility and accountability. Staff were clear about their own responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, their relatives and staff told us they had confidence in the leadership at the service. A relative commented that the manager was always available for them. They told us, "The manager is good. I am always listened to." A staff member said, "[manager] is very approachable and always listens to staff."
- Staff spoke of a positive working environment despite significant pressures and challenges due to a recent rise in Covid-19 cases in people and staff. One member of staff said, "I think it's an excellent place to work. There has been plenty of support and strong staff morale during Covid-19."

Continuous learning and improving care

- The manager reviewed all aspects of the service. They sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement at Olive Lodge or other homes the provider owns.
- The provider kept up to date with national policy to inform improvements to the service. Staff told us the provider had been proactive with updates regarding the COVID-19 pandemic and this ensured that government guidance was followed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibility in relation to the duty of candour and the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.
- Records reviewed showed that when accidents or incidents had occurred, relatives or those acting on their behalf were informed as soon as possible. No concerns were raised about communication when we spoke with people's relatives or representatives.

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

- People were encouraged to share their views on the care provided and a suggestions box was in place to support this. Staff gave us examples showing how suggestions people made regarding meals choices had been actioned.
- Relatives said they were invited to let staff know what they felt about the care provided.
- A relative described how they had come to the decision that the home was the right setting for their loved one. They explained, "We visited a lot of the local homes. After a while you immediately know whether it's the right home or not. This is definitely the right place."
- Staff's views on how people's care could be further developed had been obtained through surveys and discussion with senior staff. Staff told us these included suggestions to further develop people's care plans, as people's needs changed.

Working in partnership with others

- The home worked in partnership with others. When people required specialist support or advice, health and social care professionals had been consulted. For example, advice had been sought from GP and speech and language therapist (SALT) regarding people's diet.