Rayson Homes Limited

# Ann S Proctor House Care Home

## Inspection report

23-24 Summerhill
Shotley Bridge
Consett
County Durham
DH8 0NQ

Tel: 01207502818

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15 August 2017

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20 September 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Outstanding |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 15 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

Ann S Proctor House is a care home located in Shotley Bridge. It is registered for the regulated activity of accommodation for persons requiring nursing or personal care. It can accommodate up to 14 people who have a learning disability. At the time of our inspection 11 people were using the service.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained Good.

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.

People told us the service kept them safe. People's support needs were regularly reviewed to identify any risks to them. The premises and equipment were regularly reviewed to ensure they were safe for people to use. People were safeguarded from the types of abuse that can occur in care settings. People's medicines were managed safely. Staffing levels were monitored to ensure they were sufficient to provide safe support. The provider's recruitment processes minimised the risk of unsuitable staff being employed.

People were supported to access external professionals to maintain and promote their health. Staff were supported with training and regular supervisions and appraisals. People's rights under the Mental Capacity Act 2005 (MCA) were protected and promoted. People were supported to maintain a healthy diet.

People, their relatives and friends consistently gave very positive feedback on the service. We saw numerous examples of very kind and caring support and interactions between people and staff. The manager and staff said providing high quality, personalised care was at the heart of what the service did. People had very close but professional relationships with people. The emphasis and ethos of the service was of it being people's home. Principles of equality and diversity were applied by staff when planning and delivering care. Staff encouraged people to be as independent as possible while also being available to provide support when needed. Independence was emphasised in people's care plans. People's privacy and dignity was protected at all times. Policies and procedures were in place to support people to access advocacy services should this be needed.

People received personalised care based on their assessed needs and preferences. People were supported to access activities they enjoyed. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service. Staff said they felt supported in their role

and involved in the running of the service. The manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was regularly sought from people using the service and their relatives. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service remains Good. | **Good** |
| **Is the service effective?**<br>The service remains Good. | **Good** |
| **Is the service caring?**<br>The service remains Outstanding. | **Outstanding** ☆ |
| **Is the service responsive?**<br>The service remains Good. | **Good** |
| **Is the service well-led?**<br>The service remains Good. | **Good** |

# Ann S Proctor House Care Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 August 2017 and was unannounced. This meant the provider and staff did not know we would be visiting.

The inspection team consisted of an adult social care inspector 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.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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

We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Ann S Proctor House Care Home.

During the inspection we spoke with six people who used the service. We spoke with one relative and one friend of people who used the service. We looked at three care plans, medicine administration records (MARs) and handover sheets. We spoke with four members of staff, including the manager and support

workers. We looked at three staff files, which included recruitment records. We also looked at documents concerned with the day to day running of the service.

Good

# Is the service safe?

## Our findings

People told us the service kept them safe. One person told us they had some mobility equipment to move around safely inside and outside the home.. A member of staff we spoke with said, "We all work together, and hard, to keep people safe."

People's support needs were regularly reviewed to identify any risks to them. Where risks arose plans were put in place to reduce the chances of them occurring. For example, one person was at risk of falls and steps had been taken to reduce the risk of this occurring including installing extra handrails on staircases. Assessments were also used to help people with positive risk taking so they could live their lives as freely and safely as possible. The service used recognised tools to assess risks to people. Records confirmed that assessments were regularly reviewed to ensure they reflected people's current level of risk.

The premises and equipment were regularly reviewed to ensure they were safe for people to use. Required test and maintenance certificates were in place. Accidents and incidents were monitored by the provider and manager to see if improvements could be made to keep people safe. Plans were in place to support people in emergency situations and provide a continuity of care should the service be disrupted. Regular fire drills were carried out. Staff had worked with police to complete missing person protocols to minimise the risk to people when they were out in the wider community.

People were safeguarded from the types of abuse that can occur in care settings. Staff had access to a safeguarding policy which provided guidance on how to report any concerns they had. Staff said they would not hesitate to report issues and were confident action would be taken to keep people safe. There had not been any safeguarding incidents since our last inspection but the manager told us how these would be investigated.

People's medicines were managed safely. Medicines were safely and appropriately stored, with regular checks of stock undertaken to ensure people had access to them when needed. Staff received training to support people with medicines, and regular competency checks were carried out. Medicine administration records (MARs) we reviewed were correctly completed with no gaps or errors. Protocols and records were in place for people 'using as and when required' (PRN) medicines and time sensitive medicines such as warfarin.

Staffing levels were monitored to ensure they were sufficient to provide safe support. Staffing levels at the service varied as some people used local day centres and staff attended with them. Usually there were three support workers at the service during the day and one overnight with another sleeping overnight but available if needed. The manager assessed people's dependency levels on a monthly basis to ensure staffing levels were adequate to meet them. No one we spoke with at the service raised any concerns about staffing levels. Staff said absence through sickness and holiday was always covered. One member of staff said, "There are always enough staff and they put extra on if we are busy."

The provider's recruitment processes minimised the risk of unsuitable staff being employed. Applicants

were required to set out their employment history, provide written references and proof of identity. Checks were also carried out with the Disclosure and Barring Service (DBS). A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people.

Good

# Is the service effective?

## Our findings

People and their relatives and friends told us staff had the skills needed to provide effective support. One person's friend told us staff were able to spot symptoms of the person's health condition and take action to help them even when the person couldn't say what was wrong.

People were supported to access external professionals to maintain and promote their health. One person we spoke with told us staff helped them to attend hospital visits. Another person said they were visited at home by professionals involved in their care. Care records contained evidence of close working between staff at the service and external professionals. These included GPs, orthotic services, dieticians, wheelchair services, podiatrists and learning disability nurses. This meant people had access to professionals involved in their care when needed.

Staff received mandatory training in a number of areas, including moving and handling, infection control, fire safety, medicines and health and safety. Mandatory training is the training and updates the provider deemed necessary to support people safely. Additional training was provided in areas including dysphagia awareness, equality and diversity and dementia awareness. The manager arranged for external professionals to attend to deliver training to help ensure staff were aware of latest best practice. For example, we saw that training had recently been delivered by speech and language therapists and infection control nurses. Training was regularly refreshed to ensure it reflected latest practice. Staff spoke positively about the training they received and said it gave them the skills needed to support people at the service. One member of staff said, "We get training here and it's focused on what people want."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Minutes of these meetings confirmed they were used to discuss the provider's policies and procedures, training needs and any other issues staff wanted to raise. Staff we spoke with said they found these meetings useful.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one was subject to a DoLS authorisation and everyone had capacity to make their own decisions. People had consented to their own care, and this was clearly recorded in people's care plans. The manager and staff were knowledgeable about when capacity assessments might be needed and how people's rights under the MCA should be protected. We saw staff asking for permission before supporting people. One person we spoke with said, "They (staff) always ask us."

People were supported to maintain a healthy diet. People's dietary needs and preferences were clearly recorded in their care plans. People were regularly weighed to ensure their nutritional health. Where appropriate advice had been sought from dieticians and other professionals to help develop nutritional care plans. People were encouraged to participate in meal preparations, and spoke positively about food and drink at the service. One person told us, "I can have what I want and the manger knows what I like and don't

like." Another person said, "I get a drink whenever I want, either I make it myself or the staff make it."

Outstanding ☆

# Is the service caring?

## Our findings

People, their relatives and friends consistently gave very positive feedback on the service. One person we spoke with said, "The staff are canny." Another person we spoke with told us, "Staff are lovely here." A third person said, "The staff are kind."

One person's relative told us, "We are over the moon with [named person's] care. He tells me he is happy and we are always made welcome when we visit." We spoke with another person's friend, who said, "It's like visiting home, I couldn't praise the staff enough. I never worry about [named person] because I know the manager will always ring me if there is any change at all."

We saw numerous examples of very kind and caring support and interactions between people and staff. For example, one person who was going out for the day was collecting some of their money from a safe in the manager's office. They had initially forgotten to collect their money so were reminded by a member of staff. When they said how much they were taking the member of staff joked, "You haven't won the lottery, mind!" This caused the person to burst out laughing and respond that they would win one day. In another example we saw staff talking with another person before they left to do some shopping in town. The person said they were looking forward to buying a new mug, and when they returned were happy to show staff what they had purchased. When we started the inspection the manager introduced us to people in the lounge and explained what we would be doing. One person joked, "We keep the manager right!" which the manager agreed with.

The manager and staff said providing high quality, personalised care was at the heart of what the service did. The manager said, "We are an honest, open and caring home. Care, for all it is only a four letter word, has a massive meaning. I expect staff to be active in their caring values." Staff told us they were motivated to come to work and provide the highest quality of care possible. We asked staff what the best thing was about working at the service. One member of staff told us, "Making sure people are well looked after and having a good life." During the inspection we spoke with a former member of staff who continued to regularly visit the service. They told us they continued to visit because of the bonds they had made with people and staff at the service.

People had very close but professional relationships with people. In most cases staff had been supporting people for several years, which meant they were well known to one another. This allowed staff to engage in personalised, meaningful and caring relationships with people at the service. For example, we saw one conversation in which a member of staff was reminiscing with a person about an important event in their lives. However, staff always acted professionally. People were addressed by their preferred names, staff asked for permission before delivering support and always knocked on people's doors and waited for a response before entering.

The emphasis and ethos of the service was of it being people's home. To that end, staff had helped people to customise and personalise their rooms but also to treat communal areas as their own. For example, staff had helped one person to arrange and organise their games and football memorabilia in their room. They

had also helped the person draw up a list of fixtures for the team they supported so they could follow the results. Other people had personal effects and photographs in their rooms.

Throughout the inspection we saw people moving freely around the building and accessing facilities such as the kitchen or garden whenever they wanted. One person we spoke with showed us where they liked to sit in the lounge and dining room and described the chairs as belonging to them. People were encouraged to follow their own daily routines, which were discussed during care plan reviews to see if staff could support them in any way. For example, one person liked to watch films late at night but because the TV signal in their room was not always good they were supported to watch them in the lounge where they also liked to speak with night staff.

Principles of equality and diversity were applied by staff when planning and delivering care. People were actively involved in planning and reviewing their own care. People's care plans began with the statement, 'No decision about ME without ME!' The care planning process emphasised the importance of treating people at the service as individuals and empowering them to live their lives as they wished. For example, people were supported to maintain relationships with partners in the wider community. Some people at the service continued to practice their religion and were supported to do this by regular visits from clergy or by staff attending church with them.

Staff encouraged people to be as independent as possible while also being available to provide support when needed. Independence was emphasised in people's care plans. For example, the personal care plan for one person set out what they liked to do for themselves and how this could be encouraged. During the inspection we saw staff offering verbal encouragement and support to people carrying out tasks such as preparing themselves drinks or getting ready to go out for the day. Some people liked to be involved in running the house by carrying out tasks such as washing up, drying dishes, laying the table and helping to prepare food.

During the inspection staff encouraged people to participate in the inspection by showing us things that were important to them, and people were happy and proud to show us around their home. People's relatives had keys to the service with people's permission, and they were encouraged to visit whenever they wished.

People's privacy and dignity was protected at all times. When people indicated they would like support with something staff approached them and asked discreetly how they could help. If staff needed to discuss people's support needs they did so privately and away from communal areas so people's privacy was protected.

At the time of our inspection no one was using an advocate. Advocates help to ensure that people's views and preferences are heard. However, policies and procedures were in place to arrange this should it be needed.

Good

# Is the service responsive?

## Our findings

People received personalised care based on their assessed needs and preferences. One person told us how they were free to do what they wanted at the service. Another person told us how staff supported them to maintain relationships with people in the wider community. A third person told us they liked to dress themselves and had their own adapted chair that helped them to stand up. One person at the service liked to keep track of the date and which staff were working by writing it down. Staff had arranged for a whiteboard to be installed in the dining room so they could complete this on a daily basis and involve other people at the service.

Before people started using the service they were assessed in a number of areas, including health needs, daily living, nutrition and mental health. Where a support need was identified care plans were drawn up based on the type of support the person wanted. For example, one person's mental health care plan set out how staff could support them to communicate using pictorial story boards. We saw this happening during the inspection, which helped staff to deliver the support the person wanted. Another person had a detailed care plan in place detailing their daily routine and how staff could reassure them during episodes of behaviours that can challenge. People's life histories, like, dislikes and interests were also detailed in care plans. This helped ensure staff had information on things that were important to people.

Handover meetings took place when new staff came onto shift to help ensure they had the latest information on people. Care plans were regularly reviewed to ensure they reflected people's current support needs and preferences.

Most of the people using the service had lived there for several years. There was also a low turnover of staff, which meant people were supported by staff who knew them very well. This meant staff were very familiar with people's support needs and were able to tell us in detail about people's preferences. One person's friend told us, "The staff change how they support [named person] as his needs change".

People were supported to access activities they enjoyed. One person told us they liked to attend a weekly club, then showed us photographs they had of a holiday they had enjoyed with staff and other people using the service. We asked if they had enjoyed this and they said, "It was brilliant." They also showed us photographs of a pet therapist visit to the service, and said everyone had enjoyed it. Another person said they went dancing with their partner, and staff supported them to do this. A third person said they also enjoyed dancing and had done this at a recent party at the service. People told us they liked to go out and access services in the wider community and also enjoyed activities at the service. One person said they liked to read the newspaper every day. Another person said they liked to knit and sew. During the inspection several people at the service left to visit a local day centre, which staff said happened daily.

Procedures were in place to investigate and respond to complaints. No complaints had been received since our last inspection in July 2015. People were made aware of complaints policy when they started using the service, and it was also on display in communal areas. Throughout the inspection we saw staff asking people if everything was okay, and during care plan reviews people were asked if they had any issues they

wanted to raise.

Good

# Is the service well-led?

## Our findings

Staff spoke positively about the culture and values of the service. One member of staff said, "It's a lovely, friendly home." Another member of staff said the service was, "Very homely." Staff said they were supported by the manager and said the service was well-led. One member of staff told us, "The manager is really good at her job and I feel confident in her." One person we spoke with said the manager was always there to help when needed and gave a specific example of an issue they had received support with.

Staff said they felt supported in their role and involved in the running of the service. The manager told us they also tried to involve people living at the service as much as possible. For example, when new staff were recruited and working a probationary period people's views were sought before they were offered permanent jobs. The manager said this was done to ensure people were happy and comfortable with staff. The manager had created and maintained links with a number of external agencies to help drive improvements at the service. This included the local authority, neighbouring services and local nurses who all helped provide training and updates on best practice. The service also had links with two local churches, which helped ensure people could access religious services when they wished to.

The manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of care plans, medicines, finances, slings and hoists and wheelchairs. Where issues were identified records confirmed that remedial action was taken. For example, a medicine audit found that the pharmacist was not always sending enough medicine for people to take with them during visits to the day centre. The pharmacist was contacted and the prescription amended to reflect this. The provider carried out regular quality review visits, and the manager said they were always available with advice and support. The manager said, "They are there to support with anything and to share learning." The service engaged positively with external audits. For example, an infection control nurse carried out an audit in May 2016 and identified some areas for improvement. This had all been addressed when a follow-up visit was carried out.

Feedback was regularly sought from people using the service and their relatives. The manager had a one to one meeting with people every two months to ask if there were any issues they wanted to raise or recommendations for improvements. For example, at one person's meeting they said they were excited about their upcoming birthday and the meeting was used to help plan a birthday party for them. Resident meetings were also held every two months. Minutes from these meetings showed they were used to discuss activities and ask whether people had any complaints or issues they wanted to raise. Feedback was also sought from staff at regular staff meetings.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.