

# Ablecare Homes Limited

## Patron House

### Inspection report

212 Stoke Lane  
Westbury-on-Trym  
Bristol  
BS9 3RU  
Tel: 0117 9682583  
Website: [www.ablecare-homes.co.uk](http://www.ablecare-homes.co.uk)

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We undertook an unannounced inspection of Patron House on 17 November 2015. When the service was last inspected in September 2013 no breaches of the legal requirements were identified.

Patron House provides accommodation for people who require personal care up to a maximum of 12 people. At the time of the inspection there were nine people living at the home.

A registered manager was in post at the time of the inspection. 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.

The service had not ensured that staff were adequately trained and assessed as competent in the administering of medicines. This placed people at risk. We also found that the appropriate pre-employment checks on staff had not always been completed.

# Summary of findings

There were sufficient staff on duty and people felt safe at the service. Staff spoke positively about the training they received and how this assisted them in being skilled and knowledgeable in their role.

The registered manager had ensured the Deprivation of Liberty Safeguards (DoLS) had been applied for when appropriate. The conditions of the authorisations had been facilitated. DoLS is a legal framework to lawfully deprive a person of their liberty when they lack the capacity to make certain decisions in regards to their care and treatment. When a person lacked capacity to make a particular decision a process was followed in line with the Mental Capacity Act 2005 (MCA). However, it was not always clear who was involved in making the best interest decision or what the outcome of the process was.

People were provided with activities within the home which we saw people enjoying during the inspection. Activities were also offered in the community. This enabled people to pursue their interests and hobbies.

People told us that staff were kind and caring. We observed positive relationships between staff and people at the home, for example when engaged in conversation or involved in an activity.

The service was responsive to people's needs. Care records were personalised and gave detailed information about the person's history and preferences. Family and friends were welcomed to the home and could visit at any time. People were able to give feedback about the home at meetings and in surveys.

Staff said that Patron House was a positive place to work. Staff had regular meetings and were encouraged to give their views and opinions to improve the service. The registered manager and the provider had systems in place to monitor and review the quality of the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of this report.

# Summary of findings

## 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 consistently safe.

People were not fully protected as staff had not had sufficient training in the administering of medicines.

Recruitment procedures were not safe as they were not consistently completed.

Staffing levels were sufficient to ensure people's safety.

Requires improvement



### Is the service effective?

The service was effective.

Staff received appropriate training and were supported in their work.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutrition and hydration needs were met.

People's healthcare needs were met by working in partnership with a GP and other health care professionals.

Good



### Is the service caring?

The service was caring.

People spoke positively about the staff and told us they were caring.

Staff had kind and caring relationships with the people who lived at the service.

People's visitors were welcomed at the home.

Good



### Is the service responsive?

The service was responsive.

People's care plans were person centred, this ensured that people's individual needs were met.

Activities were provided for people within the home and in the community.

A complaints procedure was in place and people felt able to raise concerns.

Good



### Is the service well-led?

The service was well led.

The home had a positive culture which reflected the values of the provider.

Staff were encouraged to give their views and opinions.

Good



# Summary of findings

There were systems to monitor the quality of the service provided.

# Patron House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was carried out by two inspectors. The inspection took place on 17 November 2015 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and information we had about the service including statutory notifications. Notifications are information that the service is legally required to send us.

Some people in the home were living with dementia and were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home such as undertaking observations. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with five people living at the home, the registered manager and five members of staff. This included the deputy manager, care staff and the cook. We also met with a representative of the provider. We looked at three people's care and support records and three staff files. We looked at records relating to the management of the service such as meeting minutes, audit reports, recruitment and training records, staffing rotas, medicines records, records of accidents and incidents.

# Is the service safe?

## Our findings

Medicines at the home were ordered, stored and disposed of safely. However, we found that staff had not always been trained adequately or assessed as being competent in the administering of medicines. Staff told us that the registered manager delivered the medication training for new staff. Staff medication training records indicated that new staff had been shadowed a minimum of three times in administering medicines by the registered manager. Other parts of the training that were outlined on the form such as in-house training, pharmacist training, induction and supervision had not always been completed.

The registered manager confirmed there was no formal assessment made to determine that staff were competent in the administration of medicines as outlined in the home's policy. The policy stated 'staff will only be permitted to administer medication to residents once they have been suitably trained and deemed competent by the person in charge'. Therefore there was a risk that staff did not have the correct skills and knowledge to administer medicines correctly and safely to people.

We looked at examples of people's Medicine Administration Records (MAR). These were mostly completed correctly. However, two people's MAR did not give important details such as the date, their name, GP details and any allergies. This was not in line with the home's policy and procedure for handling medications which detailed the information which must be contained on the MAR.

We found a medication administration error on a MAR chart for 6 November 2015. The registered manager told us that staff should report medication errors through the communication book. In this instance it had not been reported in the communication book and the registered manager was unaware of the error. The home's policy stated that 'any errors should be reported to the registered manager immediately.' People are at risk if an error is not reported correctly as the required action or advice would not be taken promptly.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014

Staff records did not provide evidence of a robust recruitment process. There were relevant records such as an employee checklist, application forms, references and interview notes. However one member of staff had

commenced employment in September 2015 before all the appropriate pre-employment checks had been completed. Staff were required to have an enhanced Disclosure and Barring Service check (DBS) before employment has started. A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. At the time of the inspection a DBS certificate had not been received for one member of staff. The provider's recruitment policy detailed that if this check has not been completed within two weeks of one being requested, that it will be followed up and the registered manager informed. This had not happened, which meant the staff member's suitability for the post had not been fully assessed before they started work.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2015.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. Staff told us that staffing levels were at a safe level. One person we spoke with said, "There is enough staff on duty." We observed that people's needs were met in a timely manner. We reviewed the staff rota for the previous six weeks and saw that the number of staff on duty was consistent with the planned staffing levels.

Staff understood the terms safeguarding and abuse and their responsibilities in reporting any concerns. They described safeguarding as "Keeping vulnerable adults safe" and had received training in safeguarding. They demonstrated the knowledge they had acquired by describing and explaining what the different types of abuse were and the need to follow the 'No secrets' guidance.

We reviewed the information relating to falls and accidents. Risk assessments had been undertaken and the records detailed the activities or circumstances where the person may be at risk and the preventative action to be taken. For example, one person told us "I can't go out on my own, as I fall. I need someone with me." The risk assessment detailed the mobility aids and support needed by staff in order to be safe. The registered manager completed a monthly audit to assess if any trends or patterns emerged in order to reduce the risk to individuals by implementing methods of prevention. For each fall or accident, details included a time chart, the location within the home and a body map

## Is the service safe?

detailing any injuries sustained to the person. Actions taken following an occurrence were recorded and demonstrated the steps the home had taken to reduce the risk of future incidents.

The home had an inspection by the fire and rescue service in October 2015. The necessary recommendations from

this report had been outlined in an action plan and the required work was underway. There was a personal emergency evacuation plan for each person at the home. This explained what the person was likely to do in the event the alarm was raised and the required action by staff to keep that person safe.

# Is the service effective?

## Our findings

We observed effective care being delivered to people and staff demonstrated they had individual knowledge of people. One staff member told us, “The care plans give a good picture of people’s needs and the support they require.” Two people told us they received good care and it met their needs as they felt that staff knew them well.

Staff we spoke with were positive about the training they received and felt they had gained sufficient skills and knowledge to undertake their role effectively. One member of staff told us, “The training is really good here.” We reviewed the training record which demonstrated that staff had received training in areas such as moving and handling, dementia care, basic life support, and safeguarding. The registered manager told us how the moving and handling training had been delivered specifically for people living with and without dementia. The registered manager explained that this gave staff the skills to effectively support people at the home living with dementia. Staff said that the registered manager and the provider were supportive of additional training.

There were arrangements in place for supporting staff. Staff said the registered manager was readily available if they had any concerns and they met together on a regular basis. This included supervision meetings when staff had the opportunity to talk about their work and development. Records showed that the frequency of these meetings varied and was not consistent. The registered manager acknowledged this and told us that meetings were being rescheduled because of staff absence earlier in the year.

The home had an induction programme which was aligned with the requirements of the care certificate. We saw a copy of the workbook that new staff completed. It covered areas such as safeguarding, person centred care, communication and equality and diversity. New staff were expected to complete the certificate within three months of commencing employment. Staff retained their workbooks to allow them to progress whilst not at the service.

The registered manager understood their responsibility with regards to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment or need protecting from

harm. The registered manager had made applications for DoLS when appropriate and at the time of our inspection they were eight people currently in the service being lawfully deprived of their liberty.

The service could demonstrate that they had complied with the conditions set out in each person’s DoLS authorisation. The local authority who approve the DoLS authorisations can set out one or more conditions that the service is required to facilitate to ensure that the person’s needs are met in the least restrictive way. There was an audit system for checking that any conditions relating to a DoLS authorisation were complied with. Information about this was included in people’s records. For example, one person’s records showed they were offered and participated in a variety of activities, which was a condition of the DoLS authorisation.

Records showed that staff had received training in DoLS and the Mental Capacity Act 2005 (MCA). Staff we spoke with understood the MCA and how the principles of the act applied to their roles. Staff gave us examples that they offered choice of what clothes to wear and what people would like to drink. Where people found it difficult to make choices they were supported in an individual way, for example by using visual prompts as opposed to verbal prompts.

When people did not have the capacity to make a certain decision, records in their care files detailed the process of how this had been established. However, when a best interest decision was necessary the records did not always show what the outcome was or who was involved in making that decision. This was brought to the attention of the registered manager.

People’s health care needs were monitored and any changes in their health needs or well-being prompted a referral to their GP or other health care professional. Staff told us that the community nurse and the GP from the local practice visited every six weeks and this was evident from people’s health records. The registered manager told us they had a good working relationship with the GP who knew the home and people well.

People told us they liked the food and they could make choices about what they ate and drank. One person said, “The food is good, it is good quality.” The cook told us the food was wholesome and fresh. The menu was displayed in the hallway in both written and picture format. This



## Is the service effective?

assisted people living with dementia to make an informed choice. The menu showed variety and offered a cooked breakfast option daily. The cook was aware of people's likes and dislikes, dietary needs and any known allergies. These were also documented in people's care records. Cultural food preferences were offered to people as and when they wished. Cold drinks were available at all times in the

communal lounge; people were regularly offered a choice of hot drinks and wine was available at the lunchtime meal. The mealtime observation showed when people did not want what was on offer that an alternative was arranged. People's weights were recorded regularly and the registered manager audited this to ensure any concerns in relation to weight were identified.

# Is the service caring?

## Our findings

People commented positively about the care they received. One person said, “Staff are alright” and another person commented, “I’m happy with the care, staff are friendly.” A staff member told us, “We are a small team and have got to know people well, staff know what people like and enjoy doing.” The relationships that we observed between staff and people were friendly and supportive.

People’s care records included an overview of the person, their life history and background. There was information guided by pictorial prompts that showed individuals’ preferences, views and important information about them. This gave staff the information they needed to ensure they knew people well, for example what food people liked and how much support they needed at mealtimes. Staff were observed speaking with people about things that they liked, for example music and deciding what songs to listen to in the lounge.

We observed staff spend time with someone who did not want to go to the dining room for lunch. Staff spent time listening to the wishes of the person and encouraging them to make a choice of what they would like to do. Staff acted on their decision by bringing what the person wanted to have to eat into the lounge.

People were supported in a way that promoted their independence. We observed a member of staff give verbal

reassurance to a person who was hesitant when they rose from a chair and went to walk with their frame. The staff member gave encouragement saying things such as, “Take your time” and “Get your balance first” without needing to give physical assistance. Another person spoke to us about how they went out on the bus and were happy not to have support but knew it was available if needed.

People’s privacy and dignity was respected. We observed staff knock on people’s doors and wait to be invited in before entering. We saw that some people wished to have their door left open and this was respected.

A ‘dignity tree’ had been set up in the home in December 2014. ‘Leaves’ had been completed by people and their relatives to show what dignity meant to them. Comments were made about the kindness of staff and staff making people feel happy. A relative had mentioned the importance of clothes being returned to the right person after laundering. The tree was a creative way of the service getting feedback from people about what dignity meant to them individually.

People could be visited by their friends or relatives at any time of the day and there were no restrictions on people visiting the home. One person told us, “My family can visit, they take me out” and another person commented, “People can visit me when they like.”

# Is the service responsive?

## Our findings

Staff told us that they were responsive to people's needs by involving people in the planning of their own care and "Being aware of how people make their choices known." One person told us, "I can make my own choices and staff listen to them." At lunchtime we observed a staff member being responsive to a person who had been brought the dessert they had wanted but had changed their mind. The staff member suggested an alternative which was to the person's liking.

Care records contained a checklist at the front to ensure all sections were completed and up to date. Records showed that care plans were monitored and reviewed monthly. The records were individualised and detailed the likes and dislikes of people. They gave background history, family details and information about interests and hobbies. This enabled staff to have an overall picture of the person; this is especially beneficial in aiding communication when people are living with dementia and may not be able to tell staff themselves. When we spoke with staff they demonstrated that they knew people's individual preferences. For example a member of staff told us that when a particular person said they would like a coffee it did not necessarily mean that they want a coffee but they would like a hot drink. Therefore staff offered the person a choice of hot drinks so that they received the drink they actually wanted.

We observed that people's rooms were different and had personal items to make them individual. In one person's care records we saw that they had requested the key to be able to lock their room and this had been given. One person had been given the key code to the door and this had been risk assessed so they could come and go as they pleased.

People and staff were offered the services of a counsellor who came to the home every four to six weeks. This gave people the opportunity to talk through any concerns they had with someone independent of the home.

In the hallway we saw a weekly timetable of activities offered during the morning and afternoon. During the

inspection we saw the activities scheduled for the day taking place and people joining in. One person commented, "The activities are OK, you don't have to join in." There was a list of dates for trips offered to local places of interest in the minibus. In the quiet lounge there were photos of the recent activities both within the home and in the community. Information was provided on the noticeboard of an upcoming Christmas gift sale that was due to take place at the home and of religious services held in the area. People told us about a local church service they regularly attended. One person commented, "I really enjoy it." The registered manager told us they had training last year from the mental health team on how to provide activities specifically suitable for people living with dementia.

People at the home had regular meetings together so they could give feedback. The minutes of a meeting in November 2015 recorded people giving their views on the new cook and feedback on the meals. People had said they wished to have more variety as there was repetition of meals. The cook explained that the menu was on a three weekly cycle and if someone did not want was offered then an alternative was prepared. In October 2015 the home had completed a survey with people called 'Feeling safe'. This looked specifically at how safe each individual felt in various areas. This survey recognised that what makes people feel safe will be different for each individual.

People told us they felt able to raise concerns or issues. One person told us, "I can speak to the manager or I can speak to anyone if I have any problems." Another person said, "The manager is approachable, things get done." People said they had not needed to make a complaint but were aware they could if they wished to. They told us they would raise this with staff or the registered manager. The complaints procedure was available to people, friends and family. It detailed the steps the provider would take to investigate the complaint and what the complainant could do if they were not satisfied with the outcome. We reviewed the complaints record, where one formal complaint had been received and resolved in 2015.

# Is the service well-led?

## Our findings

The registered manager was available to people and staff throughout the inspection. We observed good relationships between the registered manager, staff and people.

Staff told us, “It is a good company to work for”. They said the provider’s value ‘to train staff so they can be informed and provide a quality service’ was being put into practice. Staff told us about the culture of the home which included “Treating people as you would like to be treated, giving people choice in their lives and to getting to know people as individuals”. This reflected the provider’s vision which we viewed in their statement about the services they deliver.

Messages and information were communicated through a communication book. The staff had regular handovers at the changing of shifts; this included verbal and written information. At morning handover, duties were clearly allocated to individual staff members on the staff daily allocation sheet. The reverse of the sheet stated it should be completed by the senior on duty. This was to ensure daily tasks were completed, for example fridge temperature checking, medication and general cleaning duties. The allocation sheets we reviewed for November 2015 showed that this check had not been completed, the deputy manager informed us the tasks had been completed but not recorded and this would be rectified immediately.

Records showed that staff meetings were being well attended. At a staff meeting in November 2015 matters were communicated to staff to keep them up to date with developments such as training and the planned kitchen refurbishment. It was evident that staff had the opportunity to contribute their views and opinions. For example, the staffing ratios at night had been discussed and actions agreed in order to monitor and review the current arrangements.

Questionnaires were given to people who lived at the home and to relatives, friends and others in February 2015. The results had been analysed and were positive overall however some comments had been made in relation to the provision of activities and meals. An action plan had been

produced in May 2015 to address these comments. The registered manager said that staff had supported people who lived at the service to complete the surveys. This meant that the feedback was not always anonymous and the direct involvement of staff may make it difficult for people to give their views about the service.

Staff questionnaires were sent out annually; these were being sent to staff at the time of the inspection. Exit questionnaires were being introduced in order to gain feedback from staff when they left the service to identify potential areas for improvement.

The registered manager had a system of audits in place to monitor and review different aspects of the home such as health and safety. A representative of the provider visited the home weekly and met with the registered manager and deputy manager to conduct an information sharing meeting. From the minutes we saw that areas such as staff training and admissions were discussed. These meetings showed effective communication between the provider and registered manager on wider organisational matters. Actions arising from the meeting were recorded and progress checked at the following meeting. The provider undertook a monthly audit of the five key questions that are used in the Commission’s inspection process and where improvements were identified an action plan was created with the outcomes recorded.

The registered manager had recently been selected as a finalist at the 2015 Care & Support West awards in the Registered Manager category. These awards were to recognise people who had demonstrated and promoted the values of dignity and personalisation within the care setting in which they work. The registered manager was also currently undertaking an MSc in Health & Social Care and the deputy manager was currently undertaking the Level 5 Diploma to further their skills and knowledge.

The registered manager demonstrated they understood the legal obligations in relating to submitting notifications to the Commission and under what circumstance they were necessary. The service had completed and returned the Provider Information Return (PIR) within the timeframe allocated.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not fully protected against the risks associated with medicines as staff had not been consistently assessed as being competent to administer medicines.

Regulations 12(2)(c)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The provider had not ensured that all staff employed had the correct pre-employment checks.

Regulations 19 (1)(a) (2)(a) (3)(a)