

Ablecare Homes Limited

Crossley House

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection was unannounced and took place on 24 and 25 June 2015. A previous inspection on 30 November and 1 December 2014 had found six breaches of regulation. At this inspection we found that action had been taken in response to these breaches; however further improvements were required in two areas relating to audits and record keeping.

The home provides care for older people, some of whom are living with dementia. At the time of our inspection there were 14 people living at Crossley house.

There was a manager in post at the home, although at the time of our inspection they had not yet begun the registration process with the Commission. The previous manager had deregistered with the Commission in May 2015.

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.

Summary of findings

At our previous inspection on 30 November and 1 December 2014, we found six breaches of regulation. These included concerns relating to record keeping and auditing of medicines. Although action had been taken to improve in these areas, further improvements were required.

Errors had been made in stock taking of medicines which meant there was a risk that concerns would not be identified through the audit process. Records relating to food and fluid intake showed significant improvement; however gaps in recording were still found. The manager was aware of the importance of clear record keeping and was taking action to address issues, including providing training for staff.

People in the home benefitted from kind and caring relationships with staff. This was evident in interactions where people shared laughter with staff and received reassurance when it was needed. Friends, relatives and staff alike were positive about the home and the changes that had occurred in recent weeks, since the findings of the previous inspection.

Staffing levels had increased since the last inspection and this meant people's needs were met effectively. Staff reported that the increased staffing levels allowed them to spend more time with people on care tasks not directly related to their personal care.

Staff understood people as individuals. Their needs were well described in their care plans and we observed staff supporting people in accordance with their plans. Friends and relatives were able to be involved in planning people's care where appropriate.

Staff reported feeling well supported and felt able to approach senior staff with any concerns or issues. Staff received regular supervision, which provided opportunity to discuss their performance and development needs. An induction programme for new staff had been introduced based on the Care Certificate. The Care Certificate is a nationally recognised set of standards that new staff are expected to meet in order to equip them fully for their role.

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 safe.

Improvements had been made since the last inspection in relation to medicine management.

Staffing levels had been increased which meant people were safe and their needs met.

Staff understood their responsibilities to report any concerns about people in the home and had received training in safeguarding adults.

There was guidance in place to support staff in providing safe care.

Good



Is the service effective?

The service was effective in most areas; however more needed to be done to ensure consistent record keeping.

Issues relating to people's mental capacity were considered in care planning.

Staff received good support to carry out their roles.

People's nutritional needs were monitored and assessed.

Requires improvement



Is the service caring?

The service was caring.

People benefitted from positive relationships with staff.

Friends and relatives were welcomed in to the home and their views taken into consideration.

Good



Is the service responsive?

The service was responsive.

Staff understood people as individuals with their own wishes and preferences.

People received the appropriate support from healthcare professionals when concerns about their health were identified.

People had opportunity to take part in a range of activities.

There was a procedure in place to respond to complaints.

Good



Is the service well-led?

The service was well led in most aspects; however improvement was required in how the home was monitored. Particularly in relation to the auditing of medicines.

Requires improvement



Summary of findings

Staff were positive about the management arrangements and reflected on the progress that had been made since the last inspection.

Crossley 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.

This inspection took place on 24 and 25 June 2015 and was unannounced.

The inspection was carried out by one inspector. Prior to the inspection we reviewed all information available to us, including any information of concern and all notifications. A notification is information about important events which the provider is required to tell us about by law.

People in the home were not able to answer specific questions about their experiences of living in the home; however we made observations and spoke with three friends or relatives. We spoke with three members of care staff as well as the manager.

We looked at care records relating to three people in the home. We also viewed other records relating to the running of the service such as audits and staff records.

Is the service safe?

Our findings

The service was safe. Action had been taken to improve the administration of medicine since our last inspection on 30 November and 1 December 2014. At this time we found a breach of regulation.

Since the last inspection, a new system of administration had been introduced, which overall would reduce the risks of errors occurring. A monitored dosage system had been introduced which meant that people's medicines were already placed in individual packs according to time and day, when they arrived from the pharmacy. This significantly reduced the risks of people receiving the wrong medication or receiving it at the wrong time of day.

All staff had received 'medication awareness training', and further training was booked with the dispensing pharmacy.

We did however find some concerns with the stock checking and audit process, which we have reported on under 'well led'.

At our last inspection, we found that staffing levels were insufficient to ensure people's safety and wellbeing.

We found that suitable action had been taken to increase staffing levels from two members of care staff to three, on both day time shifts. Staffing had also been increased overnight and an activity coordinator had been recruited. On the day of our inspection, as well as this level of care staff, there was a deputy manager and the manager in place. Staff reported that this had been a positive improvement in the home and they now had more time to spend with people outside of care tasks.

During our inspection we observed that there were staff available to meet people's needs when required. For example, one person was anxious about a particular personal care task, a member of staff was available immediately to support this person. In the lounge, we observed throughout the day that a member of staff was available. For much of the day we saw that the activity coordinator was based in the lounge interacting with people and on hand if any issues occurred.

Staff had been trained in safeguarding adults and understood their responsibility to protect people in their

care. Staff explained the action they would take to report any potential safeguarding concerns and identified other agencies that they could go to if necessary under whistle blowing procedures.

There were processes in place to ensure that recruitment was safe. This included obtaining DBS checks (Disclosure and Barring Service). These checks identify whether a person has any criminal convictions or whether they are barred from working with vulnerable adults.

When we inspected the home in November 2014, we found that not all areas of the home were sufficiently clean.

When we returned to the service in June 2015, we found improvements had been made. All shared areas of the home were clean, including bathrooms, toilets and kitchen. One person showed us their room and it was clear that it had been recently cleaned and well kept. Staff commented on how general cleanliness had improved over the last few months.

There were pedal operated bins in bathrooms which were lined and of a type in line with current infection control guidance. The manager had also introduced monitoring forms on display in the bathrooms to show when the room had been attended to. These records showed that the rooms had been cleaned on a regular basis. Further work was to be completed in replacing and updating some equipment that was marked and chipped in places. This included a bath in the downstairs bathroom.

There were individual risks assessments in place for people to guide staff in providing safe support for them. These included assessing a person's risk of falling and the measures required to ensure their safety. We also saw risk assessment for individual situations such as people who smoked and how this could be managed safely. One person had a support plan which identified that they should be encouraged to use a stick when walking. We observed staff encouraging this person to use their stick during our inspection.

Records were kept of any accidents and incidents that occurred in the home and these were analysed on a monthly basis to help identify any trends or patterns.

Is the service effective?

Our findings

When we visited the service in November 2014, we found that records were not always complete.

When we returned to the service in June 2015 we found that improvements had been made; however more needed to be done to ensure that records were accurate and could be used effectively to monitor people's care and support. The manager told us as part of their action plan arising from the last inspection, all staff were being trained in the importance of record keeping and the standards that were expected of them. During our inspection we saw that this training was taking place. The progress being made in record keeping was reflected in the records for people's oral care and food and fluid charts. For example, we saw examples of oral care charts for the months of April and May 2015 with very little recordings made on them. In the charts for June 2015, more recordings were being made with fewer gaps noted.

A similar progression was noted in the recordings on people's food and fluid charts. These had become more consistent over the weeks prior to the inspection. Recordings were also more detailed, for example with the amount of fluids being more consistently detailed.

In the case of one person for whom there had been nutritional concerns, the manager told us the dietician had been involved in supporting the person. However the records kept about this person did not fully reflect this involvement so it was difficult to ascertain how well the person's needs had been met. Although significant progress had been made in the quality of record keeping, further improvements were required to ensure that people's care could be monitored effectively.

People's nutrition was monitored. People's weight was recorded on a regular basis and used as part of a standardised risk assessment to help identify those at risk

of malnutrition. These risk assessments were reviewed on a regular basis. People's food and fluid intake was monitored and recorded on a chart. We observed that people were frequently offered snacks and drinks throughout the day.

Staff received good support and training to enable them to carry out their roles effectively. Staff were positive about the support from management. Staff confirmed that they had one to one supervision sessions, which were a chance to discuss their training and professional development needs. We saw records of some staff member's supervision as evidence of this. Staff also confirmed that they felt able to approach the manager for support in between these times.

An overall record of staff training was kept and this showed that staff received training in topics such as safeguarding adults, moving and handling and health and safety. Staff also told us they were supported to work towards relevant qualifications, such as NVQs (National Vocational Qualifications).

A new programme of induction had been produced for any staff joining the home. This was based on the Care Certificate. The Care Certificate is a nationally recognised set of standards that new staff are expected to meet in order to equip them fully for their role.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty safeguards. This is legislation that protects the rights of people who are unable to make decisions about their own care or treatment. Applications had been made to the local authority where it was felt that a person needed to be deprived of their liberty in order to ensure they were cared for safely. When the outcome of the application was known, this was notified to the Commission in line with legislation.

People's mental capacity was considered as part of planning their care. For example we saw that issues relating to a person's capacity were considered in the administration of medicines

Is the service caring?

Our findings

The service was caring. People in the home weren't able to answer specific questions about their experiences of living at Crossley house; however we observed that people were happy and content. We observed warm and positive relationships between people and staff, for example through sharing laughter or receiving comfort and reassurance when needed. One person was anxious about when an expected visitor would arrive and so staff phoned the visitor with them to check when they would be there. This reassured the person. One person told us how staff had made an anniversary celebration particularly special for their relative.

Friends and relatives told us they were happy with the support care and support provided by staff. Friends and relatives were able to visit when they wished which meant that people could maintain relationships that were important to them. One friend of a person in the home commented on how well a person's appearance was taken care of and how this had improved recently, since the arrival of the new manager.

Relatives were able to be involved in planning people's care where appropriate. For example, one person's family had been involved in writing a particular support plan relation to nutrition; this included reference to having snacks available throughout the day. Staff knew the details of this plan and told us about how they would support the person. A supply of this person's snacks was kept in the kitchen.

Relatives and friends told us they felt able to approach staff and raise any concerns or issues. We observed open and warm relationships with friends and relatives who were welcomed in to speak with the manager at any time. Relatives were invited to provide feedback through a 'visitors book'. Positive comments had been made in this book, including 'very welcoming – residents happy, a nice place to be' and 'staff very attentive – made a real effort'.

Staff told us that due to improvements made in other areas of the service, they had more time now to spend with people outside of care tasks. Staffing levels had increased since the last inspection and this allowed more time for staff to sit and spend time talking with people. We observed during our inspection that staff sat with people in the lounge in between undertaking care tasks. We observed that the manager and other senior staff were closely involved in people's care. People were able to freely come and talk to the manager and the manager responded by giving time to interact. For example, one person came to see the manager and the manager offered to varnish their nails. This was an interaction that the person clearly enjoyed.

Guidance was provided in support plans to identify how people were able to maintain their independence as far as possible. For example in one support file we read how it was important for a person to choose the clothes they wished to wear for the day. The aspects of their own care routine that they could complete independently were identified. We observed one person being supported to walk downstairs in a way that both promoted their independence and ensured their safety.

Is the service responsive?

Our findings

When we inspected the service in November 2014 we found that people weren't always supported to receive care from healthcare professionals when required. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

When we returned to the service in June 2015, we found that people received support when required. During our inspection there was a person for whom staff had concerns about their health and wellbeing. We observed that staff made contact with the person's GP to report and discuss their concerns. When staff remained concerned about the individual, further calls were made to the GP to seek further advice.

We also found other examples of where people had been supported to see healthcare professionals and ensure their health needs were met. For example, for one person there were concerns about their weight and nutrition. There was advice from the dietician available in their support file. There was space in people's care records to record when advice had been sought. This evidenced, for example that the GP had been contacted when there were concerns about a person having a chest infection.

Staff understood people as individuals with their own needs and preferences. Staff took time to find out about people and their lives prior to arriving at Crossley house. For example, we heard that one person had been employed as a cleaner prior to living at the home. This person had been given their own cleaning equipment to use around the home. Staff also supported this person by writing down some shift patterns for them when the person requested them; this helped reduce their anxiety. We also

observed the manager refer to aspects of a person's previous life, such as other countries they'd lived in. This showed that effort had been made to understand people as individuals with their own unique life experiences.

In people's files we saw that information was recorded about the aspects of their care that were important to them. For example in one person's support plans, it was recorded what time they preferred to be in their own room at night. Files also contained a 'this is me' leaflet which was completed to varying degrees in the files we viewed. This leaflet contained important details about a person's life, which would support staff in providing a person centred approach to care.

Since the last inspection in November/December 2014, a member of staff responsible for activities had been employed. We observed this member of staff in the lounge for much of the day coordinating activities such as singing and other musical activities. People engaged in these activities and we observed them smiling and clapping along. Information about planned activities was on display on the notice board. Staff spoke positively in terms of how the activity coordinator had impacted on the home.

People also had opportunity to be involved in aspects of running the home that they enjoyed and reflected their own personal interests. Staff told us that one person enjoyed helping with laundry and we later observed this person helping staff to fold clean towel ready for storage. Another person enjoyed getting the dining room ready for meal times.

There was a complaints procedure in place and this was on display so that visitors to the home could access it if they needed to. There had been no recent formal complaints, although friends and relatives told us they felt able to raise any issues or concerns if they needed to.

Is the service well-led?

Our findings

The service was well led in most aspects; however more needed to be done to ensure the monitoring of the service was fully effective.

There was a manager in post at the home although at the time of our inspection they had not begun the registration process with the Commission. The manager told us that the company's quality assurance and training manager had been spending a lot of time at the home recently to support them with the handover from the previous manager. There was also a deputy manager in place to support the day to day running of the home. The deputy manager had been given clear responsibilities such as ensuring monitoring record keeping amongst staff. This meant there was a clear structure in place to support the manager in their role.

When we visited the service in November 2014, we found that audits were not fully effective in identifying issues relating to the service. Particularly in relation to infection control and medicines.

When we returned to the service in June 2015, we found that two full infection control audits had been completed since our previous inspection. An audit was carried out in December 2014 by the quality assurance and training manager. This had generated an action plan that was monitored through a further audit in June 2015. The June audit showed that the majority of the action plan had been completed.

We also saw that a regular stock check was taking place in relation to medicines. However, we found that further attention was required to ensure that this audit was effective. For example, in one MAR chart we saw a gap where a medication had not been signed for. In another case, we saw that a record relating to the use of a

medication that required particular arrangements to ensure their safe use, had not been signed for in the record book. This meant that the running total for the stock level of this medication was incorrect.

We checked the stock levels of a further two medications and saw that stock levels were incorrect according to the last stock check. However on further investigation, it was found that stock levels were as they should be but there had been an error in how the last stock check had been conducted. This meant there was a risk that errors would not be identified.

Other audits that took place included a regular review of open safeguarding records to look for any recurring issues or themes.

Staff and visitors consistently commented on the improvements that had been made since the last inspection and in particular since the manager had come in to post. Staff confirmed they had regular meetings with the manager and gave examples of when their concerns had been listened to and acted upon. One member of staff commented that concerns had been reported at one staff meeting about one of the carpets in the home. Arrangements had been made promptly to clean it.

Staff spoke in positive terms about working in the home and used phrases such as "I love working here". Staff also reflected positively on the change in atmosphere over the last few months since the last inspection. This showed that the current arrangements in place for managing the home were working well to effect changes in both the running of the home and the attitudes of staff.

The manager was aware of the need for the commission to be notified of certain events, in line with legislation. For example when an allegation of potential abuse was made or when authorisation had been given to deprive a person of their liberty. We also observed that the rating given to the service at our last inspection was on display in the home.