

Axiom Crossroads Care Limited

Bircham House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This announced inspection took place on the 30 June 2015. This was the first inspection of the service.

Bircham House is registered to provide personal care to people who live in Bircham House extra care scheme. At the time of our inspection 22 people were receiving a personal care service.

The service had a registered manager in post. They had been registered since 2014. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the scheme. 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 scheme is run.

The providers' policy on administration and management of medicines had not been followed by staff which meant that people may not receive their prescribed medicines. Audits that had identified issues in medicine management had not been reviewed to check that the required action had been taken.

Summary of findings

People's needs were assessed, but the information in the care plans was not detailed enough to ensure staff could support people and meet their needs in line with their preferences.

Risks to people's safety had not always been assessed. Staff had no recorded information on how to deal with incidents should they occur, but they were aware of the actions they should take.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that people who used the service had not had their capacity to make day-to-day decisions formally assessed.

Accidents and incidents had not been recorded and therefore these could not be monitored to prevent further occurrences.

The recruitment process ensured that only suitable staff were employed to provide care to people using the service. There were sufficient staff to meet the needs of people receiving a service.

The provider had quality audits in place to monitor the safety and wellbeing of people using the service. However they had not always ensured that, where issues had been identified, the action plans had been completed.

The risk of harm for people was reduced because staff knew how to recognise and report abuse.

People's privacy and dignity was respected by all staff. People were aware that there was a complaints procedure in place.

Staff felt supported by the managers and that they were able to discuss any concerns.

We found 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 the full version of the 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 always safe.

Staff were not consistently following safe practices when they administered or recorded medicines which meant people may not receive their medicines as prescribed.

Risks to people's safety were not always recorded or managed effectively.

The recruitment process ensured that only suitable staff were employed to work in the service.

Sufficient numbers of staff were employed to meet the care and support needs of people.

Requires Improvement



Is the service effective?

The service was not always effective.

People's capacity under the Mental Capacity Act 2005 had not been assessed to ensure decisions that were taken were in their best interests.

People received care from staff who had received appropriate training.

Requires Improvement



Is the service caring?

The service was caring.

Staff were kind, and treated people with respect.

People were involved in the decisions about the planning of their care.

Good



Is the service responsive?

The service was not always responsive.

Care plans did not provide detailed and up to date information on how to support people's care and support needs

People were encouraged to remain as independent as possible.

People were aware of how to raise any concerns or complaints.

Requires Improvement



Is the service well-led?

The service was not always well led.

Although audits had identified areas for improvement, a system was not in place to show that the required actions had been taken.

Staff felt supported by managers and were able to discuss any concerns.

Requires Improvement



Bircham 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 was undertaken by one inspector and took place on 30 June 2015. The inspection was announced. We gave 24 hours' notice of the inspection because the service is small and the registered manager is not based in the office. We needed to be sure that they would be in.

Before the inspection we asked the provider to complete and return 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 any improvements they plan to make. The provider completed and returned the PIR form to us and we used this information as part of our inspection planning.

We looked at other information that we held about the service including notifications, which are events that happen in the service that the provider is required to inform us about by law.

During the inspection we spoke with five people who used the service and one relative. We spoke with two members of care staff, the care manager and the registered manager of the service. We observed how staff treated and spoke with people.

As part of this inspection we looked at three people's care plans and care records. We looked at two staff recruitment files, accident and incident reports, complaints and compliments, medicine administration records, quality monitoring and audit information and policies and procedures.

Is the service safe?

Our findings

Staff told us that they had received training in the administration of medicines and that their competency was assessed. This was confirmed by the registered manager. The provider had a policy in respect of the administration of medicines. We found that this policy had not always been followed and as a result we could not be confident that people were receiving their medicines as prescribed. The most recent audit undertaken in February 2015 had identified concerns with how staff administered and recorded medication.

People we spoke with told us that staff prompted or assisted them with their medicines, one person said, “They’re [staff] very good at prompting me about my medication [medicines].” Another person said, “They [staff] come and see that I am taking my medication [medicines] at the right time.” We looked at the medication administration records (MARs) of four people and noted that where people were prescribed one or two tablets, the amount administered had not been recorded on the MAR. In addition, the MAR did not always provide specific instruction about how a medication was to be administered. One person required eye drops but there was no information to inform staff how many eye drops should be administered and if this should be administered to one eye or both eyes. The MAR also provided administration instructions for one medication twice. There was no information on the MAR to inform staff that one medication should be administered at least 30 minutes before other medications or food. Staff spoken with were not aware of this requirement.

This was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that it was the policy of the company that accidents and incidents had to be recorded and information sent to the head office to be collated. There was an accident in 2015 that had been formally recorded. We looked in the communication book and saw that there had been at least three additional accidents and incidents that had not been recorded. These had not been formally recorded and as a result, they had not been investigated and action had not been taken to ensure occurrences were prevented.

This was a breach of Regulation 12 (2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

There were risk assessments in place for moving and transferring people, the environment and for people who chose to smoke, together with an agreement signed by the person. There were, however, no risk assessments in place where people had behaviour that challenged themselves or others. We saw that there was information in two people’s files that said that they could become “aggressive”. There were no further details in respect of this, although staff we spoke with were able to tell us what was meant by ‘aggressive’ and what they would do if the issue arose.

People told us they felt safe using the service. One person said, “I keep my door locked. There’s always someone [staff] here. I also have my lifeline here too.” Staff told us that people were kept safe because the main door was locked (phone entry) and they could lock their own front doors.

Staff told us they had received training in safeguarding people and were able to tell us about protecting people from harm. One member of staff said, “I would tell [the care manager] or go up higher. There are posters on the walls that show the [phone numbers for the] helplines.” The staff we spoke with understood what signs of abuse to look for and were confident in how to escalate any concerns they had in respect of people’s safety. One member of staff said, “We’ve been told we can go to the safeguarding team or the police if we need to.” Staff told us there was a policy about safeguarding that was kept in the office and that they had access to it.

Staff were aware of the whistleblowing policy and about the importance of reporting any poor practice. They had the necessary phone numbers and one staff member said, “I know about whistleblowing and understand it is confidential.”

People told us that the staff provided them with the care they needed and that they arrived and stayed for the correct amount of time. Information provided by the registered manager showed that there had been no missed calls for people who used the service, and people confirmed this. We saw that there were enough staff to meet people’s personal care needs. One person told us they had used their emergency call bell and staff, “Came straight away. They were very good”. One staff member said, “We

Is the service safe?

are a small team, but it's not a huge service." A member of staff was available 24 hours a day and additional staff were available where it had been identified that people required two staff to support their care needs.

We looked at the recruitment files for two care staff, who had been employed within the last four months and noted

that safe recruitment practices had been followed. This meant people's needs were met by staff who were of good character and physically and mentally fit for the role. New staff confirmed they had not started work until satisfactory employment checks were completed.

Is the service effective?

Our findings

The registered manager and care manager had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They knew what steps needed to be followed; however there was no system currently in place to assess people's capacity to make formal decisions about their care, support and consent. We saw that there were at least two people using the service who had not had a mental capacity assessment and best interest meeting to ensure that they were protected.

Staff told us they had received some training in the MCA, and were able to explain about people's rights and decisions. No-one was subject to any restrictions and people we spoke with confirmed it.

The registered manager stated that staff who had been recruited attended an induction training programme, which provided all the mandatory training expected by the provider. They then worked with more senior staff until they were competent to work alone. Competency was assessed by the care manager through observations, such as medicine administration and moving and repositioning people. Staff told us that they had received an induction

and the relevant training, such as fire training, safeguarding and first aid, needed to do their job. However staff said they had not received any training in managing behaviour that challenges people or others.

Staff told us that they were supported by face to face supervision meetings with the care manager on a regular basis. One staff member said, "I get supervision every six to eight weeks. It's useful to have time with [care manager]. If there are any concerns with tenants [people who use the service] they can be discussed."

Staff told us they received a range of training that supported them with their roles. One member of staff said, "I have just updated all my training. Most of it is on line. We are using the Care Academy." Training records showed that staff had attended training which included safeguarding, moving and positioning and infection control. One person told us, "The staff are well trained." Another person said, "They [staff] know their business."

Information from the questionnaires sent by the CQC showed that all those people who responded said they would recommend the service to other people. People told us the staff and managers communicated well and they knew the care they should receive and when.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, “The carers are very good. Moving here is one of the best things I’ve done. They encourage me to get out and about. I wasn’t eating [in the community] but I found this place and I was accepted. I’ve now put on over two stones.” Another person said, “They’re [staff] always very kind. If they don’t know, you tell them what you want.” A relative told us that it was a good service and the staff were friendly.

During our inspection we saw positive interaction between staff and people using the service. We heard as people were encouraged to make decisions and choices about things such as when to go for lunch or whether they wanted the inspector to visit them.

People confirmed that they talked to staff about the information used to create their care plans and they had made decisions about the care that they wanted from the staff. For example one person told us their care plan

recorded that they wanted to shower twice a week and another told us they had been asked if they wished to be cared for by a male or female staff member. Both people confirmed their choices had been provided.

Staff were able to take the time to develop trusting relationships, and understood and respected confidentiality. One person said “When she [staff member] comes in she helps me up and straight into the bath. She knows me very well.” People told us they felt the staff treated them with respect and we saw that was the case in the way people were spoken with and that staff knocked on people’s doors and waited to be invited in. People said the staff ensured their dignity was protected when providing personal care. One person said, “They look after my dignity and privacy, especially as every day they have to sort out [medical procedure].”

Most people were able to advocate on their own behalf or had a relative who would speak up for them if it was necessary. The registered manager said that, if necessary, an independent advocate would be sought to help anyone if they wanted it. Information and phone numbers of advocates were available in the office.

Is the service responsive?

Our findings

Although the care staff knew the needs of people, we found that care plans contained limited information. They had not always been updated after a review had identified a change to a person's care needs. This could lead to inconsistent care being provided. For example, there was minimal information about one person who sometimes got up during the night, had hallucinations and could become agitated. There was no information about how to care for this person during these episodes and what to do afterwards. Staff were aware and explained how they supported the person. The care manager confirmed that care plans had been reviewed, but we saw that the information had not been updated in the plans, and that risk assessments had not been written where necessary. Therefore the care plans were not a clear reflection of people's needs and did not provide staff with accurate information.

People told us that they were encouraged and supported to make choices and have as much control and independence as possible. One person told us, "If I can help myself I do. They [staff] help me when I need it. It's a good arrangement." Another person said, "It's all written down and I was involved in those decisions."

Staff responded to people's changing needs and supported them to remain as independent as possible; however people's needs were not always recorded. We saw that one person had requested an extra visit from staff but this had

not been recorded and the care manager had not been informed. This meant the person's needs had not been reassessed to ensure the correct level of care was being provided.

People were protected from the risks of social isolation and loneliness because social contact with other people in the complex was provided through activities that encouraged people to maintain hobbies and interests. One person said, "In the last few months I have attended art therapy once a week and I run an art group downstairs for people who like to do painting and drawing." We saw that staff encouraged people to go to the dining room for lunch or into the lounge where bingo was underway. Some people told us they were very happy in their flat and that their friends and family visited regularly.

People told us that they attended meetings where they could raise any concerns or they would report any concerns to the care manager directly. They were confident that any issues they raised would be dealt with. Everyone we spoke with had no concerns and were aware of the complaints procedure. One person said, "If I needed to make a complaint I would see [care manager] about my care and [housing manager] about the housekeeping side. They would sort it out." One relative said, "I know who to talk to [if they needed to make a complaint] and I would not be afraid to ask." No complaints had been received in the last 12 months, but there had been three compliments made about the service.

Is the service well-led?

Our findings

The service was not always well led, as although there were policies and procedures in place, these were not followed. For example since accidents and incidents were not recorded as per the provider's policy, the registered manager was not able to analyse these and monitor them to identify for trends. This meant they were not used as a way of identifying areas of improvement in the service. When additional assistance had been requested by people, the correct procedure had not been followed. Although information had been written in the communication book by care staff, this had not been seen by the care manager and meant people did not have their care reviewed. One occurrence had been in relation to one person who had been identified as requiring two members of staff when moving them in the hoist.

Records we saw during the inspection showed that the registered manager and care manager had completed a number of quality audits and produced actions as a result of their findings. These included management of medicines, care plans and risk assessments. We noted that the actions identified following the medication audits had not been followed up.

There was a registered manager in post at the time of the inspection who was supported by a care manager. People knew the care manager and all the staff who provided them with their care and support. People were comfortable with all the staff that worked with them and there was a good rapport between them.

Staff said the management were open and transparent and staff were aware of their roles and responsibilities. One

member of staff said, "[The care manager] is here three days a week but is always available and can be contacted if needed." Another staff member said, "I find [care manager] really supportive and approachable. I have always gone to her with any issues for the tenants [people who received the service]."

Staff said they attended and received the minutes of regular staff meetings and that they were useful because time was set aside to discuss a variety of things including people who used the service, policies, procedures, rotas and updates on previous issues.

There were different ways in which people could feed back about their experience of the care they received. Every year a satisfaction survey was undertaken. Information in the 2015 telephone survey showed there were positive comments from people in relation to their care needs being met and about the staff, who listened and treated them with dignity and respect. Meetings held by the landlord gave people the opportunity to discuss any care issues. One person said, "At the tenant meetings we discuss outings and other things and we are asked if we are happy here and about the care. They do answer the questions we ask."

Staff were clear about the values held by the service that ensured people were supported to be as independent as possible. One staff member said, "There are lots of components in making the scheme successful. Preserving independence for each tenant and maintaining their dignity and pride. I treat them like they are my relatives." One person told us, "I told [care manager] that I might need more help but I'm quite happy at the moment. I'm living here confidently."

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	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had not protected people against the risk of unsafe use and management of medicines. Regulation 12 (2)(b)(g).</p>

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Accidents and incidents had not been reported or investigated to prevent further occurrences.</p> <p>Regulation 12 (2)(a)(b)</p>