Bole Aller House Limited

Bole Aller 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?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

This unannounced inspection took place on 27 October 2015. We returned on 28 and 29 October 2015 as arranged with the registered manager. This inspection was brought forward in response to receiving information of concern about reoccurring medicine errors and staffing arrangements. Our last inspection in April 2014 found the service to be meeting all of the Health and Social Care Act 2008 regulations.

Bole Aller House is situated in a rural area between Broadclyst and Cullompton. Accommodation is provided in two separate houses, plus a converted stable block and self-contained bungalows. The home provides support and accommodation to people primarily with a mental health need, although people may also have a learning disability. A minibus and transport is available. Bole Aller House Ltd is a subsidiary of Allied Care Ltd. At the time of our inspection there were 19 people living at Bole Aller House.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 did not always receive their medicines as prescribed. There had been several medicine errors during 2015, which were reported to the local authority by the registered manager. In May 2015, the Care Quality Commission asked the registered manager for assurances that improvements would be made to medicine management due to the errors which had occurred. They provided us with a comprehensive report setting out the measures being put in place to mitigate future risks of medicine errors. However, despite these measures, further medicine errors had occurred. This placed people at risk of a deterioration in their physical or mental health.

Recent changes to staffing arrangements did not ensure all people were able to engage in meaningful activities. For example, people were isolating themselves or there was evidence of a deterioration in their mental health and associated behaviours. Staff retention was also a problem, with turnover being higher than expected. This had also impacted on the service' ability to meet people's needs. Both these issues had impacted on staff morale.

Activities formed an important part of people's lives. However, people were not getting out as much as they would like due to both the staffing arrangements and not having enough drivers available. Some people were getting out to go shopping and to have a meal, but others were spending increasing amounts of time not engaged in activities. This was impacting on their mental health.

Audits were conducted to assess the quality and safety of the service people received. However, despite these audits, there continued to be problems with staffing arrangements to meet people's specific activity needs, staff retention and morale and medicine errors had continued to occur.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes.

Care files were personalised to reflect people's individual preferences. Their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were strong, caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate.

There were effective staff recruitment and selection processes in place. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture.

We found a number of 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 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?

Requires improvement

Aspects of the service were not safe.

People did not always receive their medicines as prescribed.

Recent changes to staffing arrangements did not ensure all people were able to engage in meaningful activities.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

There were effective recruitment and selection processes in place.

The premises were adequately maintained and a maintenance programme was in place.

Is the service effective?

Good

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Requires improvement

One aspect of the service was not responsive.

Activities formed an important part of people's lives. However, people were not getting out as much as they would like due to both the staffing arrangements and not having enough drivers available.

Care files were personalised to reflect people's personal preferences.

Summary of findings

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Requires improvement

Aspects of the service were not well-led.

Audits and systems were not effective as they had not picked up quality and safety issues which were impacting on people.

The organisation's visions and values centred around the people they supported. However, the limited availability of meaningful activities due to staffing arrangements was impacting on people's general well-being.

People's views and suggestions were taken into account to improve the service.

Staff spoke positively about communication and how the registered manager worked well with them.

Bole Aller 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 unannounced inspection took place on 27 October 2015. We returned on 28 and 29 October 2015 as arranged with the registered manager. This inspection was brought forward in response to receiving information of concern about reoccurring medicine errors and staffing arrangements. Our last inspection in April 2014 found the service to be meeting all of the Health and Social Care Act 2008 regulations.

The inspection team consisted of two inspectors.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with 10 people receiving a service and eight members of staff, which included the registered manager.

We reviewed four people's care files, five staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from three health and social care professionals.

Requires improvement

Is the service safe?

Our findings

People did not always receive their medicines as prescribed. There had been several medicine errors during 2015, which were reported to the local authority by the registered manager. In May 2015, the Care Quality Commission asked the registered manager for assurances that improvements would be made to medicine management due to the errors which had occurred. They provided us with a comprehensive report setting out the measures being put in place to mitigate future risks of medicine errors. These measures included a more robust auditing system, two staff always being present when administering medicines and a change to a Biodose system. Biodose is a monitored dosage system which accommodates both liquids and tablets. The 'pods' have the photo of the person and each pod lifts out to be used as a medicine pot with the names of each medicine printed on the top of each pot. However, despite these measures, further medicine errors had occurred. These errors were with medicines which could not be stored in the Biodose pods. This placed people at risk of a deterioration in their physical or mental health.

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

Daily audits had picked up the medicine errors quickly and the service had acted appropriately, such as contacting the GP, out of hour's services and local authority safeguarding team. Medicines were administered by staff who had received medicines training and there was a system to ensure they had the required updates. We asked to see the medicine competency assessments which would confirm staff were fit to manage medicines. These assessments could not be found despite the registered manager saying they had been completed. Where staff had made medicine errors they were withdrawn from administering medicines until they were re-trained. On occasions the service had also followed the organisation's disciplinary procedure where staff had made more than one medicine error.

Staff confirmed people's basic needs were met, but felt there were insufficient staffing numbers to ensure people were engaged in meaningful activities. People living at Bole Aller House did not raise any concerns about staffing levels. One person commented: "I think there is enough staff, my needs are met." The registered manager explained the home's staffing arrangements. Weekday daytimes there were three staff on shift. These were supported by the registered and deputy managers, two activity workers, a cook, cleaner and maintenance team. However, at weekends there was no cook, cleaner, maintenance staff. The registered manager was only on site if undertaking a shift. The activity workers did some shifts at the weekends. Nights were covered by two waking night staff. The registered manager explained that until recently there were also two 'cover' shifts, which enabled people to go out in the local community. These cover shifts had been cut and as a result people were not going out as much which was starting to have an impact on them.

We spoke with the area manager, who explained that the home's staffing budget far exceeded the hours people were funded for and as a result the organisation had discontinued the cover shifts. The idea was to adjust how staff worked across the daytime to ensure people's needs could be met. These adjustments had not yet been made and as a result some people were not engaged in activities which were meaningful for them. This had started to impact on their mental health. For example, people were isolating themselves or there was evidence of a deterioration in their mental health and associated behaviours. Staff retention was also a problem, with turnover being higher than they expected. This had also impacted on the service' ability to meet people's needs. Existing staff were working increasingly long hours to cover shifts and as a result staff sickness had increased. These issues were impacting on staff morale. Staff had been deployed from one of the organisation's sister homes and agency staff had been agreed and used on occasions. In addition, further staff were planning to leave, including the registered manager. This meant that by the end of November there would be further staff vacancies to fill. However, the organisation was actively recruiting to cover the staff shortfalls, including successfully recruiting a new manager who will register with the Care Quality Commission.

This was a breach of Regulation 18 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

People felt safe and supported by staff. Comments included: "I have no worries and the staff are nice"; "The staff check the temperature of the bath water to make sure it is safe"; "They (the staff) treat me very well here" and "I feel safe here."

Requires improvement

Is the service safe?

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, access to knives, medicines management and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had guidelines in place for staff to follow if a person was feeling anxious. These guidelines had been developed with support from key health and social care professionals to ensure staff were adopting best practice. Some people also had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities and display behaviour that others find challenging.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

The premises were adequately maintained and a maintenance programme was in place. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. This demonstrated that people were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

Is the service effective?

Our findings

People did not comment directly on whether they thought staff were well trained. However, people were happy with the staff who supported them. One indirect comment included: "The staff look after me very well."

Staff spoke about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going basis. For example, GP, psychiatrist and learning disability and mental health practitioners.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), autism awareness, mental health awareness, communication, positive behaviour support, dementia and first aid. Staff had also completed, or were working towards, varying levels of nationally recognised qualifications in health and social care.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager. Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. Two people were subject to DoLS at the time of our visit.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. There was supporting evidence of how people's capacity to consent had been assessed and best interest discussions and meetings had taken place.

People were supported to maintain a balanced diet. People commented: "The food is alright, very nice" and "The food is first class." People were actively involved in choosing the menu with staff support to meet their individual preferences. Care plans and staff guidance emphasised the

Good

Is the service effective?

importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutritional intake with the need to consult with health professionals involved in people's care. People's weights were monitored to ensure their general well-being. People had been assessed by the speech and language therapist team in the past and staff had followed their advice. Speech and language therapists work closely with people who have various levels of speech, language and communication problems, and with those who have swallowing, drinking or eating difficulties.

Good

Is the service caring?

Our findings

We spent time talking with people and observing the interactions between them and staff. Interactions were good humoured and caring. Staff involved people in their care and supported them to make decisions. Comments included: “This is the best place I have lived, where I am happiest”; “I am happy here” and “The staff are really caring.”

Staff treated people with dignity and respect when helping them with daily living tasks. One person commented: “I have my own bedroom and bathroom. I am happy.” Staff told us how they maintained people’s privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care. Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific decisions about what food to buy. One person commented: “I love living here. I am very independent.”

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them which provided them with reassurance.

Staff gave information to people, such as when lunch would be ready and when trips out were due to take place. We observed staff communicated with people in a respectful way. Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people’s specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. One staff member commented: “I am passionate about what I do, people come first.” Staff demonstrated how they were observant to people’s changing moods and responded appropriately. For example, if a person was feeling upset. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. They were able to speak confidently about the people living at Bole Aller House and knew each person’s specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

Requires improvement

Is the service responsive?

Our findings

Activities formed an important part of people's lives and formed part of their care plan. However, people were not getting out as much as they would like due to both the staffing arrangements and not having enough drivers available. One person commented: "I feel bored because I am not getting out enough." Some people were getting out to go shopping and to have a meal, but others were spending increasing amounts of time not engaged in activities. This was impacting on their mental health. For example, one person liked to go out to buy a newspaper, but staff were collecting it for him instead due to the inability to meet his request. Another person preferred not to go out in groups and as a result had not been out recently. Staff felt these people were isolating themselves which was impacting on their general well-being and sense of purpose. Staff comments included: "People are not getting out, they are isolating themselves, staff are leaving and morale is low"; "The cover shifts enabled people to lead fulfilled lives. It saddens me"; "People who shout the loudest get to go out" and "I am not able to do my job anymore. It's like waiting for God here."

This was a breach of Regulation 9 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. People were encouraged to identify specific goals to aid their wellbeing and sense of value. For example, one person's goal to lose weight. They commented: "I have lost four and a half stone. I am going shopping tomorrow with staff support to buy my food. I do a menu plan for the week."

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, social activities and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

There were regular opportunities for people, and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where complaints had been made these had been dealt with appropriately by the registered manager in line with the organisation's procedure.

Requires improvement

Is the service well-led?

Our findings

Audits were completed on a regular basis as part of monitoring the service provided. For example, the audits reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, some of these had been followed up. For example, care plans were reviewed. However, despite these audits, there continued to be problems with staffing arrangements to meet people's specific activity needs, staff retention and morale and medicine errors had continued to occur.

This was a breach of Regulation 17 of the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014.

The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and learning disability and mental health practitioners. Regular medical reviews took place to ensure people's current and changing needs were being met. However, health and social care professionals felt that although staff were welcoming and approachable they were unable or willingto accept professional advice and guidelines. They cited communication as a barrier at times and messages being misunderstood. Professionals also felt there was a lack of structure for people to enable them to lead positive lives.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was in part embedded in Bole Aller House through talking to people using the service and staff and looking at records. However, the limited availability of meaningful activities due to staffing arrangements was impacting on people's general well-being.

Staff spoke positively about communication and how the registered manager worked well with them, encouraged team working and an open culture. Staff commented: "X (the registered manager) is very supportive" and "You can always go to X (the registered manager)."

Staff confirmed they had regular discussions with the registered manager. They were kept up to date with issues affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues and the registered manager ensured they spent time with people on a regular basis. For example, to identify particular food choices and to update people about new staff. In addition, surveys had been completed by people using the service, relatives, staff and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. In response to the surveys, requests had been followed up, including different food choices being made available. This demonstrated the organisation recognised the importance of gathering people's views to improve the quality and safety of the service and the care being provided.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

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
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People did not always receive their medicines as prescribed due to reoccurring medicine errors. This placed people at risk of a deterioration in their physical or mental health. Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing There were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs. Regulation 18 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care Care and treatment did not always meet people's needs or reflect their preferences, which was impacting on their mental health. Regulation 9 (1) (b) (3) (b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems to assess, monitor and improve the quality and safety of the service were not effective. Regulation 17 (1) (2) (a) (b)