Care Quality Commission

Adiemus Care Limited

The Squirrels

Inspection report

Warley Road
Great Warley
Brentwood
Essex
CM13 3HX
Tel: 01277 224308

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on 9 November 2015 and was unannounced.

The Squirrels provides accommodation and personal care and is registered for up to 58 older people, some of whom have needs associated with dementia. On the day of our inspection, 43 people were using the service including two people on short stay visits.

There was a registered manager in place. 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 appropriate systems in place to keep people safe and staff followed these guidelines when they supported people. There were sufficient numbers of care staff available to meet people's care needs and people received their medicine as prescribed and on time.

Summary of findings

The provider had a robust recruitment process in place to protect people from the risk of avoidable harm. Staff had been recruited safely and had the skills and knowledge to provide care and support to people.

People were treated with kindness, compassion and warmth by staff who knew them well and who listened to their views and preferences. Their dignity and well-being was respected.

People's health and emotional needs were assessed, monitored and met in order for them to live well. The service was individualised and person centred. The service worked closely with relevant health care professionals. People received the support they needed to have a healthy diet that met their individual needs.

People were able to raise concerns and give their views and opinions and these were listened to and acted upon. Staff received guidance about people's care from up to date information about their changing needs.

There was a strong manager who was visible in the service and worked well together with the team. People were well cared for by staff who were supported and valued.

Management systems were in place to check and audit the quality of the service. The views of people were taken into account to make improvements and develop the service.

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.

There were enough staff who were recruited safely and with the correct skills to provide people with safe care.

People were safe and staff understood what they needed to do to protect people from abuse.

Systems and procedures to identify risks were followed so that those risks to people's health and well-being were minimised.

People received their medicines safely.

Good

Is the service effective?
The service was effective.

Staff knew how to meet people's day to day personal and health needs.

Staff received effective support and training to develop the skills they needed to carry out their roles and responsibilities.

Systems were in place to make sure the rights of people who may lack capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) was in place and appropriately implemented.

Good

Is the service caring?
The service was caring.

Staff treated people individually and provided care and support with kindness and courtesy.

People were treated with respect and their privacy and dignity was maintained.

Staff were warm, caring and friendly and committed to the people they cared for

Good

Is the service responsive?
The service was responsive.

People were involved in discussing their personal, health and social care needs with the staff. They had choice in their daily lives and their independence was encouraged.

Staff understood people's interests and actively supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints appropriately.

People's needs were met by staff who understood and followed guidance about their health and social care needs.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

The service was managed by a strong and effective team who demonstrated a commitment to providing a good quality service.

Concerns and issues could be raised and talked about in an open way.

There were systems in place to seek the views of people who used the service and use their feedback to make improvements.

The Squirrels

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 took place on 9 November 2015 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service and has experience of dementia care.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law.

During the inspection we spoke with 10 people who used the service and four people's relatives. We also received information from a social care professional who regularly visited the service. We used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the registered manager, the deputy manager, the administrator, the chef, housekeeper and eight care staff.

We looked at seven people's care records and four staff recruitment files and examined information relating to the management of the service such as staff support and training records and quality monitoring audits.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person said, "The staff are very helpful, they look after you, they're the best – they ask you if you're alright. One person visiting their relative at the service told us, "I feel everything is ok, I'm not really conscious of anything that's giving us concern."

Staff understood how to protect people from harm and how they would deal with any concerns should they hear or see anything unusual or of concern. They were able to give examples of how they would apply this knowledge in practice. For example if people became withdrawn, appeared anxious or fearful, or they observed unexplained bruising, or a change in someone's personality.

Staff were confident that the registered manager would deal with any safeguarding issues quickly in order to keep people safe. We saw that the registered manager recorded and dealt with incidents and safeguarding concerns and sent notifications to the relevant authorities and the Commission in a timely way.

There were systems in place for assessing and managing risks. The records we looked at showed us that the manager identified and measured the level of risk to people so that this could be managed safely. All of the staff we spoke with knew people's needs and how to manage risks to their safety. One person told us, "I couldn't go anywhere without holding onto that frame, I wouldn't feel safe – they tell me off if I'm not using it."

Care plans contained clear guidance for staff on how to ensure people were cared for in a way that supported them to keep safe. Risk assessments had been carried out which identified how the risks in their care and support were minimised. For example, those prone to falls had mats adjacent to their beds so that they fell on a soft surface. Other people had mats that alerted staff when they stepped out of bed so that staff could assist them in a timely way. One person who the staff told us had had an increase in falls from their bed was referred to the falls clinic and also to a specialist for a review of their needs.

In one of the care plans we looked at, we saw that a person had not been weighed monthly as advised by the dietician. The registered manager told us the person was refusing to be weighed as they found the process distressing. Alternatives were considered and the use of an arm calliper was being considered as this was a less intrusive option.

Our observations and conversations with staff demonstrated that guidance had been understood and followed. Staff supported people to walk and move around the building safely, maintaining their independence through prompts and encouraging words whilst they were walking. The garden was secure with level pavers and a low gradient ramp making it easier to access the garden. One person told us, "I enjoy walking out each morning when I get up."

People were safe in the service as there were arrangements in place to manage and maintain the premises and the equipment both internally and externally. We saw that health and safety, maintenance including slings, hoists and beds, fire drills, accidents and incidents and people's emergency evacuation plans were in place for the safety of people and staff in their environment.

However, in the laundry, we noted that the door to the tumble dryer was being propped closed with a stick as it was broken. The registered manager told us it was waiting for a new door and confirmed that this had been fixed three days after our inspection. We were told that some staff were not putting people's clothes into the correct bags for washing (for temperatures 40 degrees and under) This may result in contamination and clothes being ruined as a result of being washed with bedding at high temperatures. The registered manager took immediate action and confirmed to us the next day that a notice had been issued to staff including agency staff as a reminder to follow the correct infection control procedures.

There were sufficient staff on duty to meet people's needs. We saw that staff were not rushed and assisted people in a timely and unhurried way. The manager explained how they assessed staffing levels based on the needs and occupancy levels in the service so that everyone had the right level of care.

People we spoke with and their relatives had different views about the amount of staff on duty to support them. One person using the service told us, "Definitely staff are here, they're very good people – they're talkative, they look after you." Another said, "Whenever I want a carer there's not always one around." A person visiting their relative told us, "We were here at the weekend, there were staff around." One person said, "They're lacking in staff."

Good

Is the service safe?

During our inspection, we observed staff relaxed and unhurried in carrying out their duties. Staff told us that they felt there was sufficient staff around. The staff had a good mix of skills and experience to meet people's individual needs.

We observed a number of call bells sounding throughout the day, particularly during the morning whilst people were still in their rooms. Members of staff were seen to be responding promptly to people's call bells and there appeared to be good communication between members of staff. We observed call bells present in people's rooms but not always within reach which we discussed with staff members to understand why and they explained that some people could not use them.

Recruitment processes were in place for the safe employment of staff. Relevant checks were carried out as to the suitability of applicants before they started work in line with legal requirements. This included obtaining satisfactory references and a Disclosure and Barring Service (DBS) check to ensure staff were safe and suitable to work at the home.

There were, however, some gaps in the employment history of two staff within their personnel files. The registered manager was able to demonstrate that they had explored reasons for the gaps in the applicant's previous work history. However, a written record was not kept of these discussions, which providers were required to do. The registered manager gave assurances that the written record would be updated and later confirmed that this had been completed for all staff.

We observed two senior members of staff carrying out the administration of medicines at the lunchtime medicine round. They were competent at managing and administering people's medicine. They did this in a dignified manner, speaking to people about what medicine they were having and supported them in taking it. One person told us, "I take my medicine four times a day and they stay with me whilst I take them."

There were appropriate facilities to store medicines that required specific storage, such as medicines that were required to be kept in a fridge. Medicines were safely stored and administered from a lockable trolley.

Records relating to medicines were completed accurately and stored securely. People's individual medicine administration record sheets had their photograph and name displayed so that staff could identify people correctly before giving medicines to them. This minimised the risk of people receiving the wrong medicines. Where medicines were prescribed on an as required basis, clear written instructions were in place for staff to follow. This meant that staff knew when 'as required medicines' should be given and when they should not.

Good

Is the service effective?

Our findings

Staff were able to demonstrate their knowledge and understanding of the assessed needs of all the people who lived at the service. They were able to give us examples of what people liked and disliked as well as situations that made people happy or caused them distress. One family member told us, "[Relative] seems very happy, they seem very relaxed, not so withdrawn." We saw staff assisting different people during the day to move and transfer from armchairs to wheelchairs and they did this confidently and respectfully assuring the person as they went along.

For people who could not communicate their needs verbally, staff understood their facial expressions and body language to make sure people's needs were met. Staff had the skills and knowledge to communicate and engage with people in an individual way to meet their social, health and cultural needs.

There was a structured induction programme for staff in preparation for their role. This included training in the necessary skills for the role, shadowing experienced staff and also getting to know people's needs and how they liked them to be met. One staff member said, "Everyone has been so kind and I have learnt a lot from them just by doing the work."

The staff told us that good training and support was arranged for them by the manager. The manager had an initial teacher training qualification known as PTTLS (Preparing to Teach in the Lifelong Learning Sector) and provided staff with ongoing learning and development. Most learning was provided by completing an online training programme which included safeguarding adults from abuse, dementia care, diet and nutrition and equality and diversity. Practical training was provided in moving and handling people and health and fire safety.

All care staff had or were working towards their level two certificates in what is now known as the Qualifications and Credit Framework (QCF) to improve their skills and knowledge. Some staff had been trained up as 'champions' in dementia and diabetes care and had a role of promoting best practice in the service. A member of staff told us how they had undertaken their own research and training in age related dementia care in order to improve their knowledge about keeping people safe.

Staff received appropriate individual and group supervision and records were maintained on file identifying points for learning and improvement. Annual appraisals took place which was documented in the staff files we looked at. Staff were able to be effective in their role as they were supported and respected and had the opportunity to improve their practice.

The registered manager was attending the 'My Home Life' programme (a UK-wide initiative that promotes quality of life and delivers positive change in care homes for older people) run by Age UK and Essex County Council. The registered manager followed through the principles of this programme by running group supervision sessions and assisting the staff to think about their behaviour and approach and how this affected people who used the service.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We saw that systems were in place to protect the rights of people who may lack capacity to make particular decisions and, where appropriate, for decisions to be made a person's best interests.

People's capacity to make day-to-day or significant decisions was taken into consideration and acted upon when supporting them. We saw capacity assessments had been completed, for example, when someone could not consent to their personal care being given. We also saw that for one person a mental capacity assessment had been completed to enable a significant decision to be made – that of where they chose to live. A Preferred Place of Care (PPC) document had been drawn up to agree that the person wished to remain at the service to receive end of life care.

The manager had made appropriate DoLS referrals to the local authority where required to protect people's best interests. Three had been approved and another nine were being applied for. Records and discussions with staff showed that they had received training in MCA 2005 and DoLS but in order to keep staff aware of their responsibilities, refresher training had been planned.

Staff demonstrated that they understood the requirements of the Acts by their interaction and behaviour with people which we observed throughout the inspection. A member

of staff told us about helping a person with hearing and sight difficulties to make informed choices about what they would like to wear by encouraging them to feel the clothing whilst describing the colours.

During lunch we observed staff asking for consent to support people to cut up their food and people being supported to make choices around food and drink. Staff were heard throughout the day to ask consent when assisting people with everyday tasks.

We saw people had been consulted and that they had consented, where able, to their plans of care. Person centred care plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest. One member of staff told us, “Even if there was something in the care plan I would still ask as people’s preferences can change.”

Discussions had taken place with people and their families in relation to making important decisions such as whether they wanted to be actively resuscitated in the event of a cardiac arrest. We saw that a ‘Do Not Actively Resuscitate (DNAR) order had been completely in some people’s care files.

People liked the food provided. The menu was planned a month in advance with regular favourites and new dishes added for people to try. The different meals on offer provided a balanced diet and the cook knew people’s favourite food as well as their individual dietary needs. One person told us “I’m always hungry, most of the time I have enough, you can ask for more.” We noted that the person initially declined a desert but a member of staff offered them a small amount which they accepted and were seen to eat with enthusiasm. Another person said, “I like cottage pie, the food is variable but I enjoy it most of the time.”

People had a choice of where they wanted to take their meals, whether in their room, at the dining table, in the lounge, and who they would like to sit with. One person told us “I used to go to the dining room but I tend not to go there now, the dining room is too large, I find it claustrophobic. That’s why I prefer now to eat in my room, it’s my choice.”

The majority of people ate together in the main dining room where food was served directly from the kitchen. All the staff assisted with serving lunch. We saw that lunch time was a positive experience for people as they appeared calm and socialised with other diners and interacted with members of staff.

We saw staff supporting people with their lunch in a respectful and unhurried manner. One person who had a poor appetite was offered lots of encouragement to eat by the staff and the chef. They told us, “The staff here are amazing.” Drinks were served to people individually. People were able to eat independently with the aid of specialist equipment such as plate guards.

However, the experience for one person was not as pleasant as it could have been as they were seated at a table alone by a staff member and facing the wall, making it difficult for them to interact with other people. We spoke with the registered manager about this who told us that they would raise this with the staff so that they gave consideration to where people sat in the dining room to maximise their enjoyment during meal times and provide opportunities for social interaction.

A written menu was available in the dining room but no pictorial menu displaying food choices as an aid to supporting people living with dementia to make choices about what they would like to eat. The registered manager told us that this had been available in the past and they would consider this again for the future. A staff member told us “I know generally what people like if they can’t tell me; if they don’t want it they will push it away.”

Tea, coffee, soft drinks and biscuits were distributed regularly on the trolley and a fruit bowl was available throughout the day.

Risks to people’s nutritional health were assessed, recorded and monitored so that they maintained a healthy lifestyle and wellbeing. When risks were identified, people were referred to relevant healthcare professionals such as the dietician or GP. One social care professional told us, “The staff are very good at keeping records so we know how people have been. People are very well cared for.”

People’s day to day health needs were met through ongoing assessment and the involvement of people themselves, their family and clinical and community professionals such as the district nursing service, dietician, occupational therapist, and optician and GP service.

Good

Is the service effective?

People's sensory needs were taken into account and hearing aids were checked and glasses were cleaned for people so that they could hear and see better. One person told us, "They look after my hearing aids and make sure I've put them in the right way." One family member told us "My [relative] has their hair done every Friday, they had their feet done last week and that's regular, spa day, nails painted, feet massaged. The optician came in – they had new glasses and their name's engraved on them."

Good

Is the service caring?

Our findings

When we asked people if they felt that staff had time to support and listen to them one person told us, "One or two do listen and talk and understand things." Another person said, "They're very good actually – they say do you want that washing in time to wear on a special occasion". If you want anything done in particular they are helpful." One person visiting their relative told us "They're very professional and friendly, they know what they're doing, and they do it with interest and a smile."

During our inspection, we spent time observing the interaction between staff and people who used the service. There was a calm and relaxed atmosphere. We were told by people who used the service that the staff were kind and caring. One person said, "They [staff] come into my room and say do you want anything and they bring me a drink – that's rather nice. They are helpful." One family member said, "The staff seem to have a lot of caring capacity. If you ask a staff member for something they always come back to you."

The staff checked regularly that people they were supporting were OK and knocked on people's doors before entering their rooms showing respect for their personal space. Staff spoke with people as they went past and helped them with a task or activity. We saw that touch; hugs and kisses were used appropriately by staff members which provided reassurance and security to people. One person was greeted by staff in their own language which showed respect for the person and made them smile.

All of the interactions we saw were warm, caring and friendly. The staff supported people in a way that maintained their dignity and privacy. We saw that a person who had become incontinent was attended to very quickly and discreetly by a member of staff. As they were leaving the room, the staff member noticed that the person was getting distressed and began singing to them. The person joined in with the song, as did a number of other people, which created a sociable and inclusive atmosphere.

The staff spoke about people and to people in a respectful and knowledgeable way. They called people by their preferred names when talking with them and when referring to them in conversation with other staff. Staff knew the social history of people who used the service, what they liked and their preferences. Subsequently, staff could engage in conversation with people which made them smile and laugh and helped them remember their past. Staff spoke warmly and with compassion when speaking with us about people who used the service. One staff member, in response to a person saying they were a bit down today, said, "I think you need a big cuddle" and proceeded to do just that. The person was appreciative of this and smiled and said, "That was nice."

Staff involved people in their care and helped them to maintain their physical and emotional independence. People were encouraged to make choices and decisions about everyday tasks, activities and important decisions in their lives. Decisions people made were listened to and respected and the staff and registered manager communicated with people in a respectful and non-judgemental way.

The service maintained good contact with relatives and friends and people from the community. There were various entertainers throughout the month including a dog show and visits by a mobile shop. Trips out included a pub lunch, garden centre, Sainsbury's café and to a church service.

One person said, "It makes my week, going out, it's lovely." One relative said, "I go along with them every week without fail, I give them a hand, always after lunch for tea and cakes."

A social care professional told us, "I am always made to feel welcome at The Squirrels by all the staff I meet." A relative told us "We looked at ten homes but we knew as soon as we came here – all very friendly, they spoke to [relative] and their face lit up, it was really just a nice homely type of welcome."

Good

Is the service responsive?

Our findings

People's relatives were visiting on the day of our inspection. They were generally positive about the communication they had with the registered manager and staff and felt informed and involved in their relatives care. One family member said, "The staff are very caring and considerate." Another family member said, "They assessed my [relative] and I did come in and go through their care plan with them."

For people who could talk with us, they told us that they had been involved in discussing their needs and wishes with the staff. However, one person using the service said, when asked about being involved, "Not always no, I would like to be a little bit more."

The records we saw were written in a clear and accessible way. They contained a photograph of the person and sufficient information about their health and social care needs, preferences and their background history for staff to respond and meet their needs appropriately. People's mobility, falls, continence, moving and repositioning and personal grooming were detailed in order that staff could respond to their needs appropriately. Risks to people's health and well-being were recorded daily and reviewed weekly so that any concerns could be dealt with. Staff received guidance about people's care and their changing needs from health care professionals and put this into practice.

We saw that records reflected the person centred approach that the service had. For example, information about who people were was written in a document called 'Let's meet the resident' so that staff knew who people were and their backgrounds. In some of the files we looked at, people's life histories were not so detailed. The registered manager told us they were working with people's relatives to gather more information about them for their records. One person had their pet dog Daisy with them when they moved to the service. A 'Lets meet the resident' had been completed for Daisy.

People's faith was acknowledged and they were assisted to attend a religious venue of their choice. Preferred Place of Care documents were in the files we looked at which showed where people wished to spend the last days of their life.

The care plans were reviewed on a monthly basis so that staff had up-to-date information on the care and support people required. Staff were actively updated about any day to day changes to people's needs in handovers between shift changes. Daily notes were written in a respectful and personalised way.

Care staff had a good understanding of how people preferred to spend their time and what they liked to do. Staff communicated well with people who used the service talking to them about day to day tasks, asking their views and opinion on things that mattered to them. One relative said, "I just feel that this home is alive, there is something every day going on, also there's a mixture of people."

People were supported to engage in social activities of their choice and a range of leisure interests were on offer. Two activity coordinators provided a programme of activities across the week. These included arts and crafts, a quiz, pamper sessions, hairdressing, music, themed reminiscence, baking and sensory activities. Individual activities also took place so that people had one to one time with staff. One person said, "We went to the garden centre, after the hospital today," Another person said, "[Staff member] took me to mass to listen to the music."

We observed a session of 'Oomph' (a seated exercise programme set to music) taking place in the lounge area. People appeared to enjoy the session and there was a good level of engagement where people smiled, clapped and sang along to the music and were encouraged to move with gentle movements to assist joint mobility. Throughout the session, a small number of staff got involved, however, other staff watched from a distance missing an opportunity to spend time with people.

In the afternoon, a number of people were participating in planting window boxes. One person told us, "I like gardening, I watch gardening programmes on the TV." We saw people reading newspapers and doing puzzles and chatting with each other and staff sitting with people who needed one to one time talking about things that interested them.

The service operated a clear complaints procedure for recording and responding to concerns. People told us that they could speak to the staff or the registered manager if they had a complaint to make. The registered manager told us that they dealt with comments and complaints as and

Good

Is the service responsive?

when they happened but, if they were easily solved, did not record them. We saw that the registered manager had dealt with written complaints appropriately by investigating them and providing an outcome of their findings.

Good

Is the service well-led?

Our findings

The service had a clear vision and philosophy and was meeting their aims as set out in their statement of purpose which stated: 'Wanting everyone to enjoy life to the full never forgetting that all our residents are individuals and we treat them with dignity, privacy and respect while offering freedom of choice and as much independence as possible.'

There was a well-established registered manager in post who was supported by a deputy, an administrator and a relatively consistent team of care, housekeeping and maintenance staff. There was on-going support and involvement from the provider. One relative said, "The doors always open, it's good to know you can talk about anything at all – we're more than happy."

The registered manager was very visible in the service. They had established good working patterns and had clear expectations of how the service was run and delivered. Staff told us that they thought the registered manager and deputy were approachable and if they had issues they would feel confident they could take them to a senior person and that it would be dealt with.

We saw that staff understood their role and responsibilities and what was expected of them and worked well with the registered manager, other staff and visiting professionals. One staff member said, "Good communication is the main thing to remember." For example, meetings were held with the staff and chef so that feedback on people's preferences and changes to diet could be discussed.

Staff, people who used the service and relatives were involved in the development of the service. Meetings and regular communication took place on an on-going basis. There were also opportunities to meet with people who used the service and their relatives more formally four times a year. The most recent meeting had been in August 2015.

The notes from meetings and responses from the satisfaction surveys were publicly displayed on a board in the main entrance hall with action plans drawn up which showed that the service was transparent and open. Issues related to social activities, meals, cleanliness, the laundry and children's toys. We saw that action had been taken in response to people's views such as the request for an exercise programme which was now in place, toys were now available for children during family visits and desserts now included three choices - custard, cream or ice cream at every meal.

People could be confident that information discussed about them and held by the service was kept confidential. Care plans were available to the staff and were put away after use so that they were not left on display.

Staff we spoke with felt confident to air their views and concerns and the manager listened, responded to issues with documented action plans and proposed changes in response.

The registered manager, supported by the staff such as the maintenance person, undertook audits which included care plans and risk assessments, health and safety of the premises and equipment and fire drills on a weekly and monthly basis. Checks on the competency of staff to carry out their duties such as the administering of medicines were completed. The registered manager measured and reviewed the delivery of care and used current guidance to inform good practice. However, some areas of the service such as staff recruitment and the use of laundry equipment had not been audited to check for safety. The registered manager agreed to add these to their quality assurance process in order to make improvements to people's care and wellbeing and to the service as a whole.