

Bole Aller House Limited

Bole Aller House

Inspection report

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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 ●

Summary of findings

Overall summary

Bole Aller House is a care home which is registered to provide support and accommodation for up to 23 people with mental illness and/or learning disability. The home is situated in a rural area between Exeter and Cullompton. Accommodation is provided in two separate houses, plus a converted stable block and self-contained bungalows. Bole Aller House Ltd is a subsidiary of Allied Care Ltd. At the time of this inspection there were 15 people living at the home.

Why we inspected: This was a scheduled/planned inspection based on previous rating. The inspection had been brought forward by a few months due to complaints and concerns we received about the service.

People's experience of using this service:

People told us they were happy living at Bole Aller. A person told us, "I love it here".

The management team had worked with health and social care professionals to address the issues that had resulted in recent concerns and complaints about the service. They had reviewed their procedures, investigated issues, and had made changes and improvements to improve the care. They had admitted to making mistakes, and had learned lessons. The improvements had resulted in people now receiving safe care.

Improvements had been made to the administration of medicines. The service had been visited by their local pharmacist a few days before this inspection who found safe systems of medicine administration and storage were in place.

They had also made improvements to their admission procedure to ensure people are carefully assessed before they move in to ensure their needs can be met.

There were sufficient staff employed with the skills and knowledge needed to meet people's needs. Staff were well supported and spoke positively about the management team.

Support plans provided information for staff on all aspects of people's health and personal care needs. Staff knew people well and understood how they needed to be supported. Staff were caring, patient and treated people with respect.

Rating at last inspection: At our last inspection, the service was rated "Good". Our last report was published on 19 January 2017

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective
Details are in our Effective findings below

Is the service caring?

Good ●

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led
Details are in our Well-Led findings below.

Bole Aller House

Detailed findings

Background to this inspection

Start this section with the following sentence:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the records held on the service. This included notifications. Notifications are specific events that the provider is required to tell us by law. We reviewed the Provider Information Return (PIR) submitted by the registered manager. This told us what the service had achieved and what they intend to develop in future. We require the provider to submit this annually and it provides us with information to plan our inspection.

During the inspection we spoke with nine people who lived there, five staff and also the area manager. (The registered manager was on leave at the time of this inspection). We looked around the home.

We also looked at

- ☐ Two people's care records
- ☐ Medicines administration records
- ☐ Staff recruitment, induction, supervision and training records.
- ☐ Staff rotas
- ☐ Records of accidents, incidents and complaints
- ☐ Records relating to the maintenance and safety of the building, including the fire log book.
- ☐ Audits and quality assurance reports

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ Systems were in place to ensure staff recognised and took appropriate action if abuse was suspected. Policies and procedures were in place and staff knew where to find guidance on the actions to take and who to contact. Staff told us they would not hesitate to speak out if they had any concerns, and had confidence in the manager and providers to take the right actions.
- ☐ The service had notified all relevant agencies when concerns about possible abuse had been raised. They had worked with local agencies to ensure concerns were investigated and actions taken where necessary to address issues and ensure people were safe.
- ☐ People were protected from financial abuse because safe procedures were followed. Accurate records were kept of all financial transactions and monies held on behalf of those people who needed assistance with their weekly spending allowances.

Assessing risk, safety monitoring and management

- ☐ Risks to people's safety and wellbeing were assessed and managed. Risk assessments were in place for all anticipated risks. Staff knew each person well and understood how each person needed to be supported to reduce risk and help them stay safe.
- ☐ People who had the capacity to make decisions about their lives were not restricted by staff, even when the decisions may be unwise or unsafe. Staff supported people to lead active and independent lives by giving advice on how to stay safe, and offering support where needed.
- ☐ People lived in a safe environment. Risk assessments had been carried out on the environment and use of equipment. Equipment had been regularly serviced and checked.

Staffing and recruitment

- ☐ There were sufficient staff employed to safely meet the needs of the people living at the home at the time of this inspection. Staff told us there had been insufficient staff in the recent past, but the number of people living in the home had recently fallen. At the time of this inspection staff felt the ratio of staff to people living in the home was sufficient to give each person the individual support they needed. A member of staff told us "It's fine. Sometimes we are short due to sickness but we cover it."
- ☐ People were protected from harm or abuse by safe recruitment procedures. New staff were not allowed to work with people until checks had been carried out, references taken up, and the provider had assured themselves through an interview process that the applicant was suitable for the post.

Using medicines safely

- ☐ Safe systems were in place to ensure medicines were stored and administered safely. Staff were trained in medicines management and further training was planned for the near future. Competency checks had been carried out regularly to ensure staff continued to follow safe practice.

- ☐ Medicines were safely received, stored, administered and returned when they were no longer required.
- ☐ Prior to this inspection the home had received a visit from their local pharmacist to check they were following safe procedures. Their report showed there were no major concerns. Some minor issues highlighted by the pharmacist had been acted on promptly.

Preventing and controlling infection

- ☐ People lived in a clean and safe environment. A cleaner was employed to clean most communal areas. People living in the home were encouraged to keep their own bedrooms clean and tidy, with support from staff if needed.
- ☐ Staff had received infection control training and followed safe infection control procedures. Protective equipment such as gloves and aprons were available for staff to use where there was a risk of cross infection.
- ☐ There were sufficient laundry facilities to ensure all washing was carried out promptly.

Learning lessons when things go wrong

- ☐ Where issues had arisen, there was an ethos of speaking up and recognising a mistake had occurred, investigating what happened and learning from it. For example, before this inspection some medicine administration errors had occurred. These had been spotted quickly and actions were taken immediately to ensure people were safe. The errors were investigated and actions were taken to reduce the risk of similar errors occurring again. Staff responsible for the errors were not allowed to administer further medicines until they had been retrained and their competency had been checked.
- ☐ Accidents and incidents were reported and monitored by the registered manager to identify any trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs were assessed before they moved to the home. Support plans had been drawn up and agreed with the person.
- ☐ Support plans were easy to read and contained sufficient information on every aspect of people's lives and their support needs. The plans were regularly reviewed and updated. Changes to support plans were discussed in staff meetings and staff were expected to read the plans to make sure they understood the changes.

Staff support: induction, training, skills and experience

- ☐ People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs.
- ☐ New staff had completed induction training at the start of their employment. Staff who were new to care were also expected to complete a qualification known as the Care Certificate. This is a nationally recognised qualification designed to ensure all care staff have a basic knowledge and understanding of their roles.
- ☐ Staff training was recorded and monitored by the provider to ensure staff completed training on all topics the provider had identified as essential. Staff received regular refresher training.
- ☐ Staff were supported to gain relevant qualifications and to receive training in additional topics they required to ensure people's needs were understood.
- ☐ Staff received regular supervision and an annual appraisal. Staff told us they felt well supported. A member of staff said, "It is a lovely place to work. We've got a great team. The managers are so supportive".

Supporting people to eat and drink enough to maintain a balanced diet

- ☐ People were supported by staff to maintain good nutrition and hydration. People told us they enjoyed the meals. A person told us the meals were "Very good". Another person said, "It's very good" and went on to tell us about the meal they expected to have at lunchtime. Daily menus were displayed in the dining room in the main house in picture format.
- ☐ People were offered choices and suitable alternatives if they did not like the meals offered. Staff knew each person's likes, dislikes and dietary needs.
- ☐ People were encouraged to help with menu planning each week. People also helped staff to do shopping, and prepare meals.

Staff working with other agencies to provide consistent, effective, timely care

- ☐ Staff worked closely with other health and social care professionals to ensure people's needs were met.

- Where people's needs had changed and staff recognised they were no longer able to meet those needs, and they had worked with other professionals to help people move to new services that were better able to meet their needs.

Adapting service, design, decoration to meet people's needs

- Bole Aller provides a range of living accommodation to suit people's needs. People could move to other bedrooms or accommodation in the home as their needs changed. For example, people who had recently moved into self-contained bungalows in the grounds of the home had become happier and more independent following their move.
- At the time of this inspection the flats in the annex known as the Stables were not in use as the widows were in a poor state of repair. We were told the provider was planning to have new windows installed in the future. Other areas of the home including the gardens were well maintained, although staff told us no decorations had been carried out in the last year.
- People were supported to personalise their bedrooms. People could purchase items of furniture if they wished, if they did not like the furniture supplied by the provider. People were encouraged to bring items and personal effects to make their rooms feel homely.

Supporting people to live healthier lives, access healthcare services and support

- People had received support to maintain their health with regular access to GP's, dentists and other services.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had received training and understood the principles of The Mental Capacity Act 2005.
- Support plans contained information about each person's capacity to make choices and decisions.
- People were involved and consulted about their care. Where people lacked capacity to make important decisions about their lives, staff understood and followed the procedures they must take to ensure people's best interests were respected and followed.
- At the time of this inspection there were three people living there whose liberty was restricted.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ We observed staff treating people with kindness and respect. A person told us "It's one big happy family here." Another person said, "I love it here" and went on to tell us how the staff supported them to do the things they wanted to do each day.
- ☐ Staff spoke passionately about ensuring people were treated with respect at all times, both in the home and when out in the community.
- ☐ Staff had received training on equality and diversity. People were treated as equals, regardless of their backgrounds, beliefs or disabilities.
- ☐ Where people became anxious, staff understood their needs and showed patience, kindness and reassurance. Staff understood how to support people who showed signs of anxiety or anger.
- ☐ Staff showed understanding and patience to help people make choices and decisions. For example, a member of staff understood how difficult it was to decide on an item of furniture. They spent many months helping the person find and choose the right item.
- ☐ Staff described a close working relationship with colleagues and good teamwork to make sure people received the support they needed. Staff were flexible and willing to change their working day to suit people's needs, for example if people wanted to go out somewhere which would take longer than the member of staff's normal working day.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were supported and encouraged to speak out and express their views. Staff helped people to say why they were anxious or upset, and helped them to find a solution. For example, staff supported two people who had an argument to individually express their views, and to find ways of helping them address their individual issues and differences.
- ☐ Meetings were held in the home each month for people living in the home. People were encouraged to speak out in these meetings to make decisions about daily life in the home, such as menus, activities, and staying safe.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff spoke with pride about their jobs. Staff were particularly proud about their achievements, where they had made a positive difference to people's lives. For example, they had supported some people to gain confidence, learn new skills, and to move from Bole Aller to live independently in the community. They had also supported some people currently living in the home to plan towards living independently by setting goals, helping them learn new skills, and helping them find employment in the community.
- ☐ People were supported by staff who understood the importance of respecting people's privacy and dignity.

- ☐ All records containing information about people living in the home were kept locked when not in use to maintain confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People were encouraged to have as much involvement as possible in drawing up their support plan and reviewing it.
- ☐ Support plans explained in sufficient detail the things people could do, and the things they needed staff to support them with.
- ☐ People were given information in a format they could understand.
- ☐ People were supported to lead active lives. An activities person was employed who worked alongside people in a variety of ways according to their individual interests and preferences. Activities were mainly on a one to one basis, and included taking people out for shopping trips, going out for coffee or for meals, cinema and outings. People also went out from time to time on group outings. A recent group outing to a local pub for a meal had been much enjoyed by everyone.
- ☐ People were encouraged to keep in touch with friends and family.
- ☐ People were able to maintain their personal faiths and beliefs, for example by supporting people to attend church services if they wished.
- ☐ We saw people and staff being treated fairly and equally. The provider told us they had policies and procedures in place to ensure they met their responsibilities under the Equality Act

Improving care quality in response to complaints or concerns

- ☐ People knew how to make a complaint and they were confident their complaints would be listened to and acted upon. For example, a person made a formal complaint on the day of our inspection. They were given a complaints form to complete, and given reassurance and guidance on the process.
- ☐ Where people had made formal complaints, records showed they were investigated thoroughly and fairly. People's concerns had been listened to, and where possible, actions had been taken to address the concerns.
- ☐ The complaints procedure was also discussed in resident's meetings. Minutes showed the complaints procedure had been explained and people had been encouraged to speak out and reassured their complaints would be listened to.

End of life care and support

- ☐ There were no people close to the end of their lives at the time of this inspection.
- ☐ Support plans contained only limited information on people's end of life wishes. The assistant manager told us they plan to gather better information on each person's end of life wishes in the next few months.
- ☐ Further training for staff was planned on end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Bole Aller House Ltd is a subsidiary of Allied Care Ltd. At the time of this inspection the registered manager was on leave. The area manager was present on the first day of the inspection and they told us they visited the home on a regular basis to offer support and provide oversight and monitoring on behalf of the provider.
- ☐ The provider had systems in place to monitor the service, identify areas where improvements were needed, and to take actions where needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ Staff praised the registered manager and assistant manager for their management of the service. Staff received regular supervision, and were given support and information through staff meetings, handovers and informal support each day. A member of staff said, "The managers are very approachable. We can always ask for advice".
- ☐ Staff told us they enjoyed their jobs. They were positive, motivated, and talked about a close working relationship between the staff. A member of staff said, "It's a lovely place to work. We've got a great team".
- ☐ Regular checks were completed by the staff, registered manager and provider to make sure people were safe and that they were happy with the service they received.
- ☐ The registered manager had reported all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ People and staff were encouraged to air their views and concerns.
- ☐ People were supported to have good links with the local community.

Continuous learning and improving care, and working in partnership with others

Before this inspection we received some concerns about the service. These included medicine errors, and concerns and complaints about the care some people received. These were investigated by the local authority and by the provider. During this inspection we found that actions had been taken to address the issues raised. These included tidying and reviewing records, retraining staff, and regular spot checks on staff. The area manager told us they had learned from their mistakes, and recognised they had admitted some

people whose needs they were unable to fully meet. The service had worked with health and social care professionals to make sure people received support to find new accommodations and services that better met their needs. The management team had reviewed their admission procedures and told us they will be taking greater care in future to admit only those people they are confident they can meet their needs.