Allied Backup Project Limited

The Old Bakery

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

The inspection took place on 2 March 2016 and was unannounced. We last inspected the service in December 2013 and no breaches of regulation were found.

The Old Bakery is registered to provide accommodation with personal care for up to four people with learning disabilities. Three people lived at the service when we visited.

The service has a registered manager. 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.

Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with each person's wishes and preferences.

Staff supported people to improve their independence and lead busy and fulfilling lives. This included increasing their skills and confidence through supporting people to be involved in their local community.

People had their needs met by staff who had an in-depth knowledge of their communication, care and health needs. The service had a regular training programme to ensure staff had the right knowledge and skills.

People's care records were detailed, easy to read and understand about how to support each person. Care plans had been developed with the person, where possible, and those close to them . Staff used a variety of methods to support people to communicate and provide each person the information they needed to make choices. For example, using pictures and symbols in an easy read format.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity, relatives and health and social care professionals were consulted and involved in decision making about people in their 'best interest'.

People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. People had become more active, two people had been supported to lose some weight. This had improved their wellbeing and helped them to maintain their mobility. Staff worked closely with local healthcare professionals such as the GP, community nurse and members of the local learning disability team. Health professionals said staff were proactive and sought advice appropriately about people's health needs and followed that advice.

Staff had completed safeguarding training. They demonstrated a good awareness of the signs of potential abuse and knew how to report concerns. Detailed risk assessments were in place for each person with clear

actions identified to reduce risks as much as possible. People received their medicines safely and on time. Accidents and incidents were reported and included measures to reduce risks for people.

The provider had a written complaints policy and procedure, although no complaints were received. Information about how to raise concerns or complaints was provided in a suitable format for people. People and a relative said they wouldn't hesitate to speak to the registered manager about any problems.

The culture at the service was open, and promoted person-centred values. Staff worked proactively with other professionals for the benefit of the people they supported. The provider had a range of quality monitoring arrangements in place. These included audits of care records and medicines management and regular health and safety checks. They made continuous improvements in response to their 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?

Good

The service was safe.

People were protected because staff knew how to recognise signs of potential abuse and how to report suspected abuse.

People's risks were assessed and actions taken to reduce them as much as possible.

People received care and support at a time convenient for them because staffing levels were sufficient. Staff had been safely recruited to meet people's needs.

People received their medicines on time and in a safe way.

Is the service effective?

Good

The service was effective.

People were cared for by skilled and experienced staff. Staff had regular training and received support with practice through supervision and appraisals.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to lead a healthy lifestyle and have access to healthcare services.

Staff recognised any deterioration in people's health, sought professional advice appropriately and followed it.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate towards people, and had developed warm and caring relationships with them.

Staff supported and involved people to express their views and make their own decisions, which staff acted on.

People were treated with dignity and respect and care was organised around people's needs.

Is the service responsive?

Good

The service was responsive.

People received personalised care from staff who knew each person, about their life and what mattered to them.

There was a varied programme of activities. People were encouraged to socialise and pursue their interests and hobbies.

People and their relatives felt confident to raise concerns. There was a complaints process, although no complaints had been received.

Is the service well-led?

Good

The service was well led.

There was a registered manager, the culture was open, and promoted person centred values. Staff worked proactively with other professionals for the benefit of the people they supported.

People, a relative and staff expressed confidence in the registered manager, the home was well organised and run.

People, relatives and staff views were sought and taken into account in how the service was run.

The provider had systems in place to monitor the quality of care provided. They made continuous changes and improvements in response to findings.

The Old Bakery

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 March 2016 and was unannounced. One inspector visited the service. Prior to the inspection we reviewed information about the service. This included information we held about the service, previous inspection reports, and any notifications received. A notification is information about important events, which the provider is required to tell us about by law.

We spent the day with the three people who lived at The Old Bakery and accompanied them to a community group in the morning at their local church. Only one person could verbally communicate with us, so we observed interactions between staff and people throughout the day. We met with the provider, registered manager and two care staff. We spoke with a relative and with two volunteers working at a community group we visited. We looked at three staff records, which included training, supervision and appraisal records. We looked at quality monitoring information such as health and safety checks, cleaning schedules and audits.

We contacted local health and social care professionals such as GP, dentist, learning disability nurse, and psychiatrist and received a response from two of them.

Good

Is the service safe?

Our findings

People were protected because staff had good awareness of how to keep people safe and protect them from avoidable harm. A relative said they felt very confident the person was safe and well looked after. A health professional said people felt safe with staff who were kind and gentle in their approach with them.

Staff had completed safeguarding training, they demonstrated a good awareness of the signs of potential abuse and knew how to report concerns. Staff said they would have no hesitation in reporting any concerns to the registered manager, and if needed, to an external agency. Contact details about how to contact the local authority safeguarding team were on display in the staff office. No safeguarding concerns had been identified since we last visited the service. Staff supported people with their monies and recording systems were in place to account for any expenditure, which reduced the risk of financial abuse.

People were supported by a stable, skilled and experienced team of staff who knew each person well and provided continuity of care for them. The registered manager explained that continuity of care for each person was really important. Each person's individual support needs were assessed and care provided in line with their needs. There were enough staff to ensure people's care was organised around their wishes and preferences.

There were two staff on duty five or six times a week and one or two staff on duty at other times during the day, depending on people's plans. The staffing levels meant that each person had dedicated one to one time each week, where a member of staff supported them to do what they wanted. For example, one person liked to go shopping and go out in the car, another person went walking with a member of staff. If one person went out, the second member of staff remained at home with the other two people, and all three people regularly went out together.

At night there was a sleep in member of staff, who was rarely woken, as people slept well. The staff team worked flexibly to cover sickness and staff leave, and the service did not use agency staff, which meant people had continuity of care from staff they knew. Where extra staff were needed, for example, for going on holidays or to attend an appointment, they were provided. The registered manager worked in the home and had a dedicated 12-18 hours a week for management time. Staff said they had enough time to support people's care needs and ensure each person had a good quality of life.

Detailed risk assessments were in place for each person with clear actions identified to reduce risks as much as possible. For example, one person had been referred to a speech and language therapist because of difficulties chewing and swallowing their food. Their care plan incorporated the advice given about cutting food up into small pieces so the person found it easier to eat.

Personalised risk assessments balanced the risk for individuals with the freedom to have new experiences. For example, staff were trained and confident in managing a person's epilepsy and took their emergency medication with them whenever they went out. Their care records had a detailed protocol on how to manage a seizure, which meant the person's medical condition was not preventing them going into the

community.

Environmental risk assessments were completed for each area and showed measures taken to reduce risks for people. For example, all chemicals and detergents used in the home were risk assessed and securely stored. There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment of the home. During our visit, the lounge was being decorated and people had recently had their rooms decorated. The provider hoped to improve the bathroom next and provide a separate shower.

Household electrical and gas systems were regularly serviced and tested. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and fire exits were undertaken. A written contingency plan was in place in the event of a major emergency requiring evacuation of the home. People participated with staff in regular fire drills, so they were used to practising fire evacuation. There were individual risk assessments about each person communication needs and their likely response in the event of a fire. However, the risk assessments seen did not included all the details the emergency services would need to support each person in the event of a fire. Following the inspection, the registered manager contacted us to confirm they were completing a more detailed personal emergency evacuation plan (PEEP) for each person. These would take into account all the information about the person the fire service would need.

People received their medicines safely and on time. Staff were trained and assessed to make sure they had the required skills and knowledge to support people with their medicines. None of the people who lived at the home could manage their own medicines. All medicines were kept in a securely locked cupboard. Staff completed a medication administration record (MAR) to document all medicines taken. We checked people's medicines and found that all doses were given, as prescribed, and remaining doses were present. MAR charts were checked daily so any
discrepancies or gaps in documentation were immediately followed up. Any medicine errors were reported with action taken to improve medicines management and increase people's safety. Where there were any changes in people's medicines, the registered manager provided detailed written information about changes for staff.

People were cared for in a clean, hygienic environment. Staff had suitable housekeeping cleaning materials and equipment and followed cleaning schedules. Staff washed their hands before and after providing personal care and personal protective equipment such as aprons and gloves were provided. These measures reduced the risks of cross infection.

Accidents and incidents were reported and were reviewed by the registered manager, who identified any additional measures were needed to reduce risks for people. For example, one person who was unsteady on their feet was referred to an occupational therapist for advice, about ways to reduce their falls risks.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed. All staff had police and disclosure and barring checks (DBS), and checks of qualifications and identity and references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People had their needs meet by staff who had an in-depth knowledge of their care and health needs. When staff first came to work at the service, they undertook a period of induction. This included working alongside more experienced staff to get to know the person and how to support them. All new staff had a probationary period to assess they had the right skills and attitudes to ensure good standards of practice. The registered manager planned to introduce the national Skills for Care Certificate, which is a detailed training programme and qualification for any new staff.

The provider had a training programme to ensure staff had the right knowledge and skills and supported them to gain qualifications in care. Staff undertook regular update training such as safeguarding adults, health and safety, medicines management and moving handling. They also undertook training specific relevant to the needs of the people they supported. For example, epilepsy and autism training. They also had opportunities to undertake qualifications in care and staff had level two and some had level three qualifications. The registered manager was just commencing a level five qualification in leadership and management.

Staff were supported in their practice through regular one to one supervision. Staff said they valued the opportunity to talk through any issues. Staff had an annual appraisal where they received feedback on their performance and discussed their future training and development needs.

Staff promoted choice and sought people's consent for all day to day support and decision making, such as food and drink choices and how they wished to spend their day. 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 people 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). These 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Mental capacity assessments were completed and, where a person was assessed as lacking capacity to make a decision, people who knew the person well and other professionals, were consulted and involved in making 'best interest' decisions. For example, one person had recently had minor surgery. The consultant, the person's GP, staff at the home, and an independent advocate were consulted about whether the proposed surgery was in the person's 'best interest' and those consulted agreed it was. This decision making

was in line with the requirements of the MCA.

None of the people who lived at the home were able to safely leave the home unless they were accompanied by a relative or staff member. The registered manager had made a Deprivation of Liberty Safeguards application to the local authority DoLs team for each person living at the home, as they were under the supervision of staff at all times. They were still awaiting contact by a member of the local authority DoLs team to arrange people's individual assessments.

Staff had undertaken appropriate training of the Mental Capacity Act 2005 (MCA) and demonstrated a good understanding of how this applied to their practice. The provider had a consent policy which was in accordance with the requirements of the MCA. People's consent for day to day care and treatment was sought. Staff described how they would recognise if a person (with limited verbal communication skills) gave their consent. For example, they could recognise from person's vocal sounds, demeanour and gestures, such as one person took staff by the arm to show them what they wanted and could clearly indicate when they didn't give their consent.

Each person had an assessment of their care needs and detailed care plans informed staff about the care and support they person needed. A detailed epilepsy protocol was available to instruct staff about how to manage the person in the event of a seizure. People's care records included information for staff on recognising and managing any signs of anxiety and distress. For example, that one person might become upset in a strange environment and pose a risk to themselves or others. Their support plan detailed how staff would recognise the person was becoming upset and what action to take to reassure them.

People saw a range of health professionals such as their local GP, specialist dentist, psychiatrist and members of the local learning disability team. One person was having regular injections and blood pressure monitoring. Where people's health needs changed, staff took appropriate action. For example, staff noticed when a person showed signs of a gum infection and arranged for their GP to prescribe antibiotics and for them to see a dentist.

Each person had a 'hospital passport' where key information was provided about their medical history, medicines and communication needs. This was to inform health professionals about their needs in case the person needed care in hospital.

A health professional said staff were organised and were always prepared for their visits and knew people really well. They said staff did all they could to support each person whenever they visited. They confirmed where decisions needed to be made about people's treatment, a 'best interest' discussion was held. Another professional said staff at the home met people's health and emotional wellbeing needs.This meant the professional no longer needed to visit people at the home regularly, and only saw them occasionally at their clinic to monitor them.

People were supported to improve their physical health by being encouraged to eat a well-balanced diet and take more exercise. Care records included details of people's food likes and dislikes, for example, that one person liked salad, chicken, apples and pears but didn't like parsnips. Two people, who were overweight, were advised to lose some weight to improve their health. Staff described how they encouraged people to make healthy eating choices and always had fresh fruit available. A four week menu included lots of meals cooked from scratch which incorporated fresh vegetables. The registered manager said they chose healthier options such as lean meat when shopping. Both people had lost some weight over time, they were taking more exercise and had increased their fitness.

Good

Is the service caring?

Our findings

There was a family atmosphere at the home, people were relaxed and comfortable with staff. Staff knew each person well, treated them as an individual and were caring and compassionate towards them. Staff were patient, and gentle with people, they listened and observed people and could recognise when a person was worried or upset and responded immediately. People moved independently around the home, enjoyed watching TV in the lounge, listening to music in the conservatory and eating lunch together. People enjoyed spending time with staff and looked after one another. A health professional described staff as "attentive and sensitive " to people's needs.

People were supported by staff who knew what mattered to them. They spoke about people with warmth and affection. They knew about people's lives, their families, what they enjoyed doing and things that upset them. For example, when a person recently had to go to hospital for a procedure, staff prepared the person, by talking them through what would happen. They accompanied the person and remained at the hospital with them to reassure them until they were ready for discharge.

Staff treated people with dignity and respected their privacy. When entering people's rooms, staff knocked on people's doors and waited to be invited in. They were discreet when supporting people with personal care and ensured privacy when a person was using the bathroom. Staff acted in accordance with the person's wishes and preferences. For example, one person liked to go to bed independently and not be disturbed by staff, which staff respected.

Staff supported people to express their views and be involved in making decisions about their care and support, according to their ability. Staff used a variety of methods to support people to communicate and provided each person the information they needed to make choices. For example, showing the person the alternative flavours of crisps/yogurts to choose from at lunch time. Staff described how they could judge a person's mood and wellbeing by their body language and vocal sounds. They responded appropriately to calm, distract or reassure a person when they became anxious. The service had information about advocacy services and had involved an advocate where a significant decision about a person's treatment was considered. This meant the person had an independent representative to act on their behalf.

People's care plans were developed with the person, a relative or others who knew them well. Care plans included the use of easy read pictures and symbols to help the person understand them. One person found attending appointments made them anxious. When they were due for their injection, staff discussed with the person about how they would prefer have it. They asked the person whether they would like to go to the doctor's surgery or have a nurse visit them at home to administer the injection. The person decided they wished to remain at home and staff arranged for the nurse to visit them there.

On the day we visited, people were looking forward to attending the weekly coffee morning week at their local church. One person helped the other two people to get their coats on ready to go. When they arrived, they sat together and people enjoyed a drink and cake. One person went off to meet up with friends, they were smiling, excited and enjoyed the dancing. Staff supported another person to complete a jigsaw puzzle

and praised them for their achievement. The third person seemed happy to sit beside the member of staff and watch what was going on.

Staff dealt very sensitively and compassionately with a person who had recently lost a relative. They discussed the funeral with the person and asked if they would like to go. They accompanied the person to the funeral, arranged for them to choose flowers and supported them meeting up with relatives. This had made the day more bearable for the person.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive. Staff knew people well, understood their needs and cared for them as individuals. Each person had their own room which was individualised with things that were important for them.

People's care records included a detailed assessment of their care and treatment needs. Care plans and risk assessments focused on the individual needs of each person. Care plans were detailed, easy to read and understand and informed staff about how to support each person. For example, what support each person needed with their preferred morning and evening routines. This meant staff who did not know the person well would have the information they needed to support the person. People, as appropriate, relatives and other professionals were consulted and involved in reviewing and updating each person's care plan regularly. This ensured their care was still suitable for their needs.

Care records gave a real sense of each person, including what made a good day for them and things that made them anxious. For example, one person's records about bathing said, 'I love bubbles, staff help me, I like to splash about before washing' but 'I don't like wet slippery floors,' and 'I love music, especially Abba.' Staff had also identified this person didn't like to be with people they didn't know and reassured them during our visit. Daily records included care given and how the person had spent their day and about their wellbeing.

We asked about people's personal goals and ambitions and how staff were helping people to maintain or increase their independence or learn new skills. The registered manager gave some individual examples to demonstrate how they were doing this. For example, one person liked artwork and colouring but previously didn't like being interrupted until they had finished their picture. They described how staff, over time, had worked with the person, who could now put their artwork away when needed and come back and finish it another time. Another person was encouraged to take their dishes to the dishwasher, help with recycling and sometimes take their clean laundry to their bedroom. They also liked to choose the route when they went for a walk. Another person was very independent, they made their own bed each day, and changed their bedding weekly and laundered it. They also enjoyed helping in the kitchen, doing food preparation and helping to set and clear the table at mealtimes. People's care plans provided detailed instructions about how to support each person safely when helping with household tasks.

People were encouraged and supported to access their local community and keep in contact with friends and family. One person went on regular visits to their family home, staff drove halfway, and met the person's parent, so they didn't have such a long way to drive. Staff showed photographs of a person on a recent visit to their family, looking very happy meeting their sister's new baby. Another relative visited the person at the home every few months. The registered manager said they would take all three people on a holiday later in the year and were discussing where they might like to go with them.

Each person had one to one support to access the community regularly with a staff member. For example, one person liked to go shopping and for a coffee with a staff member. Another person liked going into

Honiton and was well known by local people, who stopped and had a chat with them. This person sometimes got tired, so staff carried a camping stool with them when the person went out, so they could rest whenever they needed to.

The provider had a written complaints policy and procedure which was on display in a suitable format for people. No complaints were received since we last inspected. Staff talked to people throughout the day and any worries, grumbles or concerns were noticed and dealt with straightaway. People popped in and out of the staff office whenever they wished to talk to staff or the registered manager. A relative said they wouldn't hesitate to speak to staff or the registered manager with any problems. Other professionals also praised staff for their individual approach to each person.

Good

Is the service well-led?

Our findings

The service was friendly, relaxed and homely, the ethos was of caring and gentle support. The registered manager worked alongside staff and acted as a role model. Staff said they worked well as a team and they found the registered manager approachable, supportive who set clear expectations of them. Staff enjoyed working at the service and said they were praised and encouraged for their work.

A relative said they felt able to talk openly and honestly to them about their family member's care. Professionals said the registered manager worked in partnership with them to support people's needs. One health professional said they thought people at The Old Bakery had benefitted from the stability of leadership and the continuity of care by staff who had known them for a long time. They said the registered manager and provider worked well together and they hoped the service would take on a fourth person to live there in the near future. When we asked staff, a relative and professionals whether there were any areas for improvement, they could not identify any. They said they were very satisfied with the service.

The registered manager had a range of systems for communicating with and involving staff. Each time a person's support staff changed, there was detailed communication about the change, which staff were required to sign to confirm they were aware of it. A communication diary was used to remind staff about people's appointments and for reminders to make phone calls. The registered manager used a whiteboard in their office to remind them about things they needed to do. For example, health and safety checks, updating acre plans and risk assessments. They used a training matrix to monitor and ensure staff attended all their required training.. This meant essential information about each person and the day to day running of the home were communicated between the staff team

Staff confirmed they were consulted and involved in decisions about the service and their views were sought and acted on. This happened during daily staff handover meetings and informal staff discussion such as when staff attended training days. One staff member said they could ring the manager anytime to discuss issues or seek support and advice. Regular individual staff supervision was used to reinforce the values and behaviours expected of staff. It was also used to discuss people's feedback and any lessons learned from accidents/incidents or other concerns.

The registered manager had a range of effective quality monitoring arrangements in place. These included regular audits of care records, medicines management whereby any issues identified were raised and discussed with staff. Staff completed written cleaning schedules which were completed for daily and weekly housekeeping tasks. Regular health and safety checks were undertaken with evidence of actions taken to address any repair and maintenance issues. Accidents and incidents were monitored so any themes or trends could be identified and steps taken to reduce risks. The provider visited the home regularly, spent time with people, talked to staff and met with the registered manager. This showed the service was committed to continual improvement.

There were a range of policies and procedures in place to guide staff which were regularly reviewed and updated. Currently, there was no whistleblowing policy, which would provide reassurance to staff they could

raise any concerns in good faith and have their anonymity protected. The registered manager said they would access a whistleblowing policy for the service, from the company who provided the policies.

The registered manager kept up to date with regulatory changes by getting the CQC monthly newsletter and using the website. They also had a range of informal contacts in adult social care. There were aware of any events that needed to be notified. A notification is information about important events, which the provider is required to tell us about by law.