Acceptus Healthcare Limited

Yaxley House

Inspection report

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Yaxley
Eye
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

Yaxley House provides accommodation and personal care for up to 34 people, some living with dementia. There were two units in the service, Yaxley was in the newer build and Peacehaven in the old build.

There were 34 people living in the service when we inspected on 19 September 2016. This was an unannounced inspection.

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

Improvements were needed in the staffing levels in the service and how staff were deployed to meet people's needs. The registered manager told us about how this was being addressed, including the recruitment of an activities coordinator and the relocation of the computer terminals to allow staff to update records without having to leave the communal areas. Whilst it is positive to note the improvements being made, we have recommended that the service seek guidance from a reputable source on staffing levels which takes into account the needs of people and the layout of the building.

Improvements were needed in the social activities and stimulation provided to people. Improvements were being made to the environment, however, we found that the limited use of signage made it difficult for people to navigate around the service and, for example, find their bedrooms. We have recommended that the service seek guidance from a reputable source to improve the environment to be more accessible for people living with dementia.

There were systems in place to store, obtain, dispose of and administer medicines safely and to maintain records relating to medicines management. However, documents were not fully completed to show that people had received their creams as prescribed. This had been identified as an issue by the service for improvements and actions were being taken.

There were systems in place to keep people safe, this included appropriate actions of reporting abuse. Staff were trained in safeguarding and understood their responsibilities in keeping people safe from abuse. Recruitment of staff was done safely and checks were undertaken on staff to ensure they were fit to care for the people using the service.

The service was up to date with the Mental Capacity Act (MCA) 20015 and Deprivation of Liberty Safeguards (DoLS). People's nutritional needs were assessed and met. People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff were trained and supported to meet people's needs effectively. People's nutritional needs were

assessed and met. People were provided with support to manage good health.

People were treated with respect and care by the staff working in the service. People were provided with personalised care which met their needs.

There was a system in place to manage complaints and use them to improve the service. There was an open and empowering culture in the service. Quality assurance processes were used to identify shortfalls and address them. As a result the service continued to improve.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Improvements were needed in how the staffing arrangements are assessed and deployed to ensure people's needs are safely met. The systems for the safe recruitment of staff were robust.

People were provided with their medicines when they needed them and in a safe manner. Improvements were needed in how the administration of creams were recorded.

There were systems in place to minimise risks to people and to keep them safe.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service.

The Deprivation of Liberty Safeguards (DoLS) were understood and referrals were made appropriately.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People's wellbeing and needs were assessed, planned and delivered to ensure their needs were being met. However, improvements were needed in the social activities provided to people and information, such as signage, to assist people to navigate around the service.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

Good

The service was well-led.

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and identified shortfalls were addressed promptly. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service.

Yaxley House

Detailed findings

Background to this inspection

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

This unannounced inspection took place 19 September 2016 and undertaken by one inspector 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. Our Expert had experience of caring for older people.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with 12 people who used the service and five relatives. We observed the interaction between people who used the service and the staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

We looked at records in relation to four people's care. We spoke with the registered manager, and 10 members of staff including care, administration, domestic and catering staff. We also met the regional manager and a service quality manager. We also spoke with a visiting health professional. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service. Prior to our inspection we also received feedback about the service from the local authority.

Requires Improvement

Is the service safe?

Our findings

The provider needed to improve how they demonstrated the number of staff, and how they were deployed meets the needs of the people using the service. One person's relative told us that the staffing levels, "Might be a bit tight in the mornings and evenings." One staff member said, "We could do with a couple more [staff], if someone needs help it leaves no one [staff] in the lounge, and there is no activities staff now, and staff have to have breaks." Despite this they added that they felt people's needs were met and they were safe. Another staff member explained how many people required the support of two staff with their personal care and required assistance with repositioning. Another staff member said, "Staffing is normally alright, but sometimes you need more, when challenging residents need to be assisted." One domestic staff member told us that they felt that there were enough domestic staff to ensure that the service was cleaned appropriately.

We saw staff were called away from assisting a person to eat their meal, when someone else needed help and other staff were busy with others. Staff updated care records on the computerised system, which required staff to leave people to update these. The registered manager told us that they were in the process of arranging for the computers to be placed in the communal areas so that staff were not taken away from people. They provided us with documentation which confirmed that they had taken action to do this.

Actions were being taken to ensure that staff vacancies were recruited to. During our inspection we saw a new domestic staff member going through their induction period. There was no activity staff member working in the service, the registered manager told us that they were actively recruiting to this role. However, in the absence of an activity coordinator the care staff were expected to provide meaningful activities to the people who used the service. No action had been taken to increase the staffing to ensure that the current vacancy was covered by sufficient staff numbers.

The minutes from a meeting in August 2016 showed that the staff were advised of their duties. This included that there should always be one staff member in the two communal areas, staff were to be more vigilant due to the number of falls that had occurred, call bells must be answered quickly, and one staff member should do activities during the day due to there not being an activities coordinator. The staffing levels over the two units in the service included one senior and two care staff on each for the day and evening shifts and during the night one senior care and one care staff on each unit. Therefore, the staffing levels did not reflect the expectations placed on staff and the needs of people using the service. We spoke with the registered manager and they told us that when care staff were not present, others such as domestic staff were asked to remain in the communal areas with people. However, we saw times when there were no staff in the communal lounges. For example, there was 20 minutes when there were 10 people in one of the lounges with no staff presence.

We fed back our findings to the registered manager and the regional manager. The regional manager assured us that they would raise this with the provider.

We recommend that the service seek guidance from a reputable source on staffing levels which takes into

account the needs of people and the layout of the building.

Records showed that checks were made on new staff before they were employed by the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that they were safe living in the service. One person said, "I feel safe here." Another person commented, "I'm alright here, there's always someone about." One relative said that the person was, "Absolutely safe here." Another told us, "[Person] is safe in the sense that [person] is in a secure environment; the basic care is good, but there's not much else."

There were cards which had been sent to the service thanking them for the care and support they had provided displayed in the entrance hall of the service. One stated, "Everyone who cared for and kept my lovely [person] safe, I would like to say a very big thank you. I will always remember your kindness to [person]."

Staff had received safeguarding training and were able to identify different types of abuse and what action they needed to take if they suspected someone was being abused. One staff member told us that their training included whistleblowing and the reporting of bad practice. They said, "I would report if I needed to."

We had received notifications from the service which identified that they had appropriately raised safeguarding referrals with the local authority, who are responsible for investigating these concerns. These included incidents between people who used the service. Records and discussions with the registered manager showed that actions were taken to reduce the risks of further incidents happening, such as contacting other health professionals for guidance and support, seeking medicines reviews and accommodating people in different areas in the service. One person's relative told us about how the registered manager had kept them updated about an incident and discussed with them the action that they had taken to prevent the possibility of any recurrence. They said that they felt that the service had acted in an appropriate and open way in the handling of this incident which had given them confidence in the management.

Care records included risk assessments which provided staff with guidance on how the risks to people were minimised. This included using mobility equipment, falling and acquiring pressure ulcers. The risk assessments were regularly reviewed and updated. When people's needs had changed the risk assessments were also updated. A visiting health professional told us that where there had been concerns regarding pressure ulcers these were reported on. Where people were at risk of or had falls, the service maintained regular contact with the doctor, advising of any increased risks, and made appropriate referrals to health professionals, reducing the risks.

Risks to people injuring themselves or others were limited because equipment, including hoists and fire safety equipment, had been serviced and regularly checked so they were fit for purpose and safe to use. There was guidance to tell people, visitors and staff how they should evacuate the service. On the day of our inspection visit a fire drill was held, this ensured that staff were aware of the actions that they should take to ensure the safety of people in event of fire. There were records in place to show systems to reduce the risks of legionella bacteria in the water in the service which minimised risks to people.

People told us that they were satisfied with the arrangements for their medicines administration. One person said, "They [staff] bring them [medicines] round, I think it is alright."

We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff. The staff member responsible for administering medicines explained how they ensured they gave people them as they preferred. For example, two people liked to get their medicines together, which was respected. We saw this was done with the staff member taking care to ensure that the right person got the right medicines.

Medicines administration records were appropriately completed. They identified which staff had signed to show that people had been given their medicines at the right time. However, we found that there were gaps in records which identified when people had been provided with their prescribed creams. The medicines audits also showed where gaps had been identified. We spoke with the registered manager about this and they told us that they had advised staff about the importance of completing them. This was confirmed in staff meeting minutes from April and August 2016.

Where people were prescribed medicines to be taken as required (PRN) there was guidance in the care records to guide staff when these should be administered.

People's medicines were kept safely but available to people when they were needed. Staff were provided with training in the safe management of medicines. Regular audits and checks on medicines were completed which ensured that any shortfalls were identified and addressed.

Good

Is the service effective?

Our findings

People told us that the staff had the skills to meet their needs. One person said, "They seem to be trained for what they have to do."

The service had systems in place to ensure that staff were provided with training and support and the opportunity to achieve relevant qualifications for their role. Staff told us that they were provided with the training that they needed to do their job and meet people's needs.

Staff told us that they were supported in their role. Records showed that staff were provided with one to one supervision and staff meetings. These provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people.

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 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). 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.

The registered manager understood when applications should be made and the requirements relating to MCA and DoLS. They told us how they had made applications to ensure that any restrictions were lawful. These were kept under review where required. We saw records which confirmed what the registered manager had told us. Staff were provided with training in MCA and DoLS. The minutes from a staff meeting in April and August 2016 showed that MCA and DoLS were discussed to ensure staff had an understanding of the requirements.

People told us that the staff asked for their consent before providing any care. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meals and where they wanted to spend their time in the service.

Care records identified people's capacity to make decisions. Best interest decisions were in place where this was necessary. For example one person's relative told us how the service had worked with them and the person regarding their personal care needs. Care records guided staff to ensure that they involved people in all decisions about their care.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. People told us that they were provided with choices of food and drink and that they were provided with a healthy diet. One person eating their breakfast said that it was, "Nice." Another person commented that they had chosen what they wanted to eat and said, "I've had porridge, just waiting for some toast now." People told us that they enjoyed their lunch and we saw that they chose from two options on the menu, where people did not want one of these options they chose an alternative meal. For example, one person had soup and bread and butter. One person said, "The food is very good." Another person told us, "The food is alright, I quite like it."

Where people required assistance to eat, this was provided on a one to one basis allowing people to eat at their own pace. However we saw that when one person was being assisted to eat their meal by staff, they were called away to assist others. People were provided with equipment to maintain their independence when eating, for example cutlery with larger handles making them easier to hold. One person who had used one of these told us, "I can hold it better."

One staff member told us that where possible staff could eat their meals with people which encouraged a positive social occasion, we saw that this staff member did eat their lunch with people at the dining room table.

People were provided with choices of hot and cold drinks throughout the day. This meant that there were drinks available for people to reduce the risks of dehydration. There were systems in place to monitor people who were at risk of dehydration and records of their fluid intake were kept.

Members of the catering staff were knowledgeable about people's specific dietary requirements and how people were supported to maintain a healthy diet. They told us how they used items such as condensed milk in foods to increase calorie intake, and also milk shakes and milk jellies were provided to help people keep a healthy weight. We saw several people drinking milk shakes during our inspection which confirmed what we had been told. The member of catering staff shared examples of good practice to encourage people to eat outside of the meal times and their knowledge of the specific things that a person liked and could eat.

People's records showed that their dietary needs were assessed and met. Where issues had been identified, such as weight loss and difficulty swallowing, guidance and support was sought from health professionals, including a dietician, and their advice was acted upon. For example, providing people with food and drinks to supplement their calorie intake.

One person said, "I see the doctor if I need to." People's health needs were met and where they required the support of healthcare professionals, this was provided. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People spoken with said that the staff were caring and treated them with respect. One person told us, "I like it here, the staff are very nice and kind to me." Another commented that the staff were, "All lovely." We saw them laughing and talking with staff. Another person said, "Living here is fine and the people are nice." We heard lots of laughter from one person's bedroom when staff were assisting them with their needs.

People's relatives also spoke positively about the caring attitude of the staff working in the service. One relative told us, "It's a small home, everyone knows everyone including the relatives and the relatives look out for each other." Another said, "They're very caring here, the staff are really helpful and friendly." Another relative commented, "Staff are very friendly and caring and go out of their way to help." Another said, "I get quite a lot of hugs from staff which is nice."

There were cards which had been sent to the service thanking them for the care and support they had provided displayed in the entrance hall of the service. These included comments, "A big thank you for you all at Yaxley for the care, love and friendship you have shown our [person]," "You treated [person] with love and care, for that we will always be grateful," "[Person] loved all the staff and we know they loved [person]," and, "Thank you for all your devoted care towards [person]."

There was a relaxed and friendly atmosphere in the service and people and staff clearly shared positive relationships. Staff communicated with people in a caring and respectful manner. They communicated in an effective way by making eye contact with people and listening to what people said. Staff talked about people in a caring and respectful way. They knew people well and understood people's specific needs and how they were met. One staff member said, "I love the residents and listening to their stories."

People's privacy was respected by staff who communicated with people discretely, for example when they had asked for assistance with their continence.

People's views were listened to and their views were taken into account when their care was planned and reviewed. Records showed that people and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes and preferences about how they wanted to be supported and cared for. People's care records provided information about their history which provided staff with knowledge of the person.

People's bedrooms were personalised which reflected their choices and individuality. One person invited us into their bedroom where they showed us where they stored their clothing and their en-suite toilet, they said, "I have got everything I need."

Requires Improvement

Is the service responsive?

Our findings

People told us that they felt that they were cared for and their needs were met. One person said, "It is very nice here." Another commented, "I get all the help I need."

Staff were attentive to people's needs and requests for assistance were addressed. However, there was limited time for staff to spend time with people other than when they needed help with their personal care needs.

There was an inconsistent approach to supporting people with their interests and activities. There was no activity coordinator working in the service, the previous staff member had recently left. The registered manager told us that they were recruiting to this role and the activities would be improved. Care staff were providing activities as well as their care role in the interim. This meant that activities were often cut short to enable staff to provide personal care support to people when they needed it. In addition there was limited time for staff to spend one to one time with people.

People commented about the social events that they could participate in. One person said, "Not a lot goes on here, it's very quiet." Another person told us that they did not like to participate in activities, "I just like to sit here in the corner." One person's relative commented, "The care staff do the best they can, but they don't have the time for the sort of one to one interaction with residents [living with dementia] which would help them."

Photographs displayed in the service showed that people had participated in activities, such as a flower arranging competition. There was a programme displayed, which included activities such as nostalgia, bingo, music, painting, sing along, and hand massage which could be provided daily. Staff told us that people chose what they wanted to do each day and sometimes it was different to the planned activity.

In one unit a staff member was stripping the wallpaper off the walls in the communal dining area and one person helped to pick up the wallpaper from the floor. Another person told us that they were enjoying watching the staff member. One staff member told us that this could have been done at night, but people enjoyed seeing the changes. People passed a balloon to each other and a staff member, which encouraged lots of laughter.

There were items around both units that people could handle to stimulate their senses, including hand muffs. A staff member told us that there were items inside such as beads that people could 'fiddle' with. Staff shared examples of activities that had taken place to minimise the risks of boredom. These included a themed tea party, staff took people for a walk and another staff member took a person to church.

There was an attractive enclosed garden with seating. People and relatives were complimentary about the gardens and how these had recently been improved. We saw people going into the garden when they chose to, one person busied themselves with moving the garden furniture around this area.

People told us that they could have visitors when they wanted them. One person's relative said, "We can come whenever we want to." This reduced the risks of isolation.

We saw that not all people's bedrooms had any signage which could distinguish their bedrooms from others, other than a small number at the top of the door. We saw one person walking around the unit and they said, "Where is my room?" We showed them to where their bedroom was and whilst we were walking with them another person asked a staff member where their bedroom was. There was some signage, such as written text, 'Lounge,' but there was no other signs such as pictures which would help people living with dementia to find the rooms that they wanted to go to. The registered manager told us they would look into making improvements in this area. In addition the planned and ongoing redecoration to the service would be more dementia friendly.

We recommend that the provider seeks guidance from reputable sources to ensure that the environment is suitable and accessible for people living with dementia.

Care records were maintained on a computerised system. The care plans provided staff with the guidance that they needed to meet people's diverse needs, including those living with dementia and who displayed behaviours that may be challenging to others. Staff knew the people they cared for well and understood various triggers which could cause people anxiety and distress.

Care reviews were held which included consultation with people and their relatives, where appropriate. This meant that people's views were sought and their care records reflected the most up to date information about their needs and preferences. One person's relative told us that they had recently been involved in a review of their relative's care. Another relative said that they were kept updated with any issues about their relative's wellbeing, "They always phone up if something has happened like a trip or a fall."

Daily care records included information about people, such as the care they had been provided with and their wellbeing. We saw staff updating these records on the computerised system throughout our inspection.

People told us that they knew how to make a complaint and that their concerns and complaints were addressed. One person's relative said, "[Registered manager] and [deputy manager] are absolutely brilliant, any niggle I have I can just phone up."

There was a complaints procedure in the service, which advised people and visitors how they could make a complaint and how this would be managed. The minutes from a family meeting in May 2016 showed that people were asked if they had any concerns or complaints about the service provided. Records of complaints and verbal concerns showed that they were responded to and addressed. People's concerns and complaints were used to improve the service and reduce the risks of similar incidents happening. For example, we saw staff records which showed that they had been spoken with about a person's complaint and given guidance to reduce future risks. When complaints had been received we saw that where upheld, people and/or their relatives were provided with an apology.

Good

Is the service well-led?

Our findings

There was an open culture in the service. People and relatives were involved in developing the service and were provided with the opportunity to share their views. The minutes from a family meeting in May 2016 showed that people's relatives were asked if they had any concerns. Satisfaction questionnaires were used to improve the service. The results of the satisfaction surveys showed that actions were taken as a result of their comments, such as making improvements in eliminating an odour in the service. People and relatives had also completed nomination forms for the registered manager of the year award. This showed that people's comments were valued and listened to.

Staff understood their roles and responsibilities in providing good quality and safe care to people. They told us how they were happy working in the service and the management were supportive. One staff member said, "I love working here. I've a lovely boss, the staff are good and it's a happy little home." Another staff member commented positively on the availability of the registered manager at weekends, should they need support. Another told us, "All of us work well together, we help each other." Another said, "The best thing here is the caring and team working." Another staff member told us that they felt that since the registered manager had started working in the service, "The home has become much more resident focused."

Staff were provided with the opportunity to share their views about the service in meetings and in daily discussions. Minutes of a staff meeting held in August 2016 showed that staff were kept up to date with changes in the service and with people's wellbeing. One staff member told us how their comments had been listened to and acted upon by the purchase of an additional piece of equipment to support people with their mobility, which they felt, "Made all the difference," to the provision of care and support to people.

The minutes from a kitchen staff meeting in April 2016 showed that improvements were identified and actions to be taken to address them, this included the improvements identified in the last food hygiene inspection. For example, the seal on the refrigerator had been replaced which showed that prompt action was taken to address shortfalls.

The registered manager understood their role and responsibilities and was committed to providing good quality care for the people who used the service. The registered manager had won a manager of the year award for 2016 from the provider. They told us that nominations and comments from people, including people who used the service, relatives and staff, were given to the provider which contributed to their award. We were sent some of the comments made which identified how the registered manager had been supportive to the staff working in the service, including in their professional development.

The service's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, falls, infection control, care records and unannounced night time visits. Where shortfalls were identified, for example during the night checks, these were followed up and addressed in discussions and supervision with staff and monitoring to check improvements had been made.

The monthly analysis on incidents and falls identified where actions had been taken to minimise future risks, for example removing the wheels from a person's bed to make it safer and contacting the manufacturers of pressure mats, when feedback had been received that there may be an issue with the call bell system, this had been replaced.

Records of 'mock inspections' showed that the provider had systems in place to monitor and assess the service and used the five domains, safe, effective, caring, responsive and well-led. These mock inspections included action plans which identified improvements needed and when these were to be done by. The action plans showed when tasks had been completed, for example, maintaining a record of verbal complaints/concerns, and central records of safeguarding issues. Other actions identified as needing improvement included adding a lock to the medicines refrigerator, which we saw had been addressed, and training for staff in Mental Capacity Act 2015 and Deprivation of Liberty Safeguards, which was saw had been actioned in the training records. This showed that the provider had systems in place to independently identify shortfalls and prompt action was taken to address them to improve the service provided.

The regional manager and service quality manager told us about improvements that the provider had made to give further quality support to registered managers. This included the development of the service quality team who were allocated to services and supported them to maintain a good quality service to people.