Allied Backup Project Limited

The Old Bakery

Inspection report

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Crediton
Devon
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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 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 Old Bakery is a two storey older building in Crediton, within walking distance of the town centre.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Rating at last inspection
At our last inspection on 6 March 2016, we rated the service as Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good.

People were supported by caring and compassionate staff. They supported and involved people to express their views, and acted on them. People were treated with dignity and respect and care was organised around people's individual needs. Staff supported people to be as independent as possible, and upheld their rights to privacy, dignity and a family life.

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 effective care from skilled and experienced staff, who had regular training and supervision.

People received personalised care from staff who knew what mattered to them. They were encouraged to socialise and pursue their interests and hobbies. There was a complaints process, although no complaints had been received.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

The service was well led by the provider and registered manager. The culture was open and promoted person centred values. 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 their findings.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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 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 announced comprehensive inspection took place on 8 October 2018. An inspector visited the service. We gave the registered manager 48 hours' notice we would be carrying out the inspection. This was because we needed to ensure people would be in and that the registered manager was available.

Prior to the inspection we reviewed information we held on our systems about the service. This included previous inspection reports, any notifications received and the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at statutory notifications sent in by the service. A statutory notification contains information about significant events, which the provider is required to send to us by law.

We met all three people who lived at The Old Bakery, we looked at two people's care records and their medicine records. Only one person could verbally communicate with us, so we observed interactions between staff and people throughout the day. This helped us to understand people's experiences.

We met with the provider, registered manager and with four care staff. We looked at three staff records, which included training, supervision and appraisals. We looked at quality monitoring information such as health and safety checks, cleaning schedules and audits. We looked at staff rotas and five staff files, which included recruitment records for new staff. We also looked at quality monitoring systems the provider used such as health and safety audits, daily, weekly and monthly checklists, and at equipment and servicing records. We sought feedback from commissioners, and health and social care professionals who regularly visited the home and received a response from two of them.

Good

Is the service safe?

Our findings

People's demeanour and body language around the home showed they felt safe and secure with staff they knew and trusted. Staff were aware of risks for people and how to minimise them. For example, by encouraging people to hold the handrail and go slowly up and down the steep stairs. A health professional said, "I have never had any reason to be concerned."

People were protected from abuse because staff had good awareness of how to keep people safe and protect them from avoidable harm. Each person had an easy read keeping safe booklet to remind them about keeping safe and telling someone if they felt unsafe. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. All staff said they could report any concerns and were confident they would be dealt with. No safeguarding concerns had been raised since the last inspection.

Personalised risk assessments included a detailed assessment of each person's needs and measures to reduce risks as much as possible. For example, that one
person was a bit unsteady on their feet and liked to hold a staff members hand to steady them.

Staff balanced risks for people with supporting them to lead active and fulfilling lives. For example, one person's community risk assessment showed they had difficulties with perception, which made it more difficult for them to judge kerbs and road markings. The person enjoyed regular nature walks with a member of staff, who guided them to avoid these hazards.

Environmental risk assessments highlighted potential hazards and outlined measures to minimise risks. For example, new non- slip flooring had been laid in the bathroom to reduce risk of slips, trips, and falls. There was an ongoing programme of regular checks, repairs, maintenance and redecoration to continuously improve the environment of the home. For example, following an external fire risk assessment, improvements had been made to the fire alarm system.

Accidents and incidents were reported and lessons learnt when things went wrong. The registered manager reviewed all completed forms to ensure all appropriate steps were taken to minimise risks. For example, when a person fell on a visit to a restaurant, each staff member thought the other was watching that person. Staff agreed in future, to agree in advance who was supporting whom when they arrived.

People and staff had regular fire drill training. Each person had a personal emergency evacuation plan showing what support they needed to evacuate the building in the event of an emergency. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and emergency lighting was undertaken.

People were supported by an experienced team of staff who knew each person well and provided good continuity of care. Staff worked flexibly to support people, so the service never needed agency staff. Each person's individual staff support needs were determined by their funding authority, and were regularly

reviewed. There was a minimum of one member of staff on duty always with up to three members of staff. This enabled staff to keep people safe and organise each person's day around their preferences.

A robust recruitment process was in place to ensure fit and proper staff were employed. All appropriate recruitment checks were completed such as police and disclosure and barring checks (DBS), and checks of qualifications. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines administered were well documented in people's Medicine Administration Records (MAR).

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People were cared for in a clean, hygienic environment. Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Regular checks on cleanliness of all areas of the home were carried out.

Good

Is the service effective?

Our findings

People received effective care and treatment to meet their health needs. Staff had the skills, knowledge and understanding they needed to care for people.

All staff had a qualification in care or were undertaking one. Staff training included first aid, fire safety, moving and handling, food hygiene, safeguarding vulnerable adults, and the Mental Capacity Act. The registered manager worked alongside staff to monitor their practice when they supported people living at the service. They held regular one to one supervision meetings with staff to identify any additional training and professional development needs.

The service had employed a new care worker. They worked alongside more experienced members of staff for their first four weeks. This helped them get to know people and how to meet their individual needs. They had completed the 'Care Certificate' programme, a national training programme for staff new to care.

Each person had a comprehensive assessment of their health needs. Staff recognised changes in people's health, sought professional advice appropriately and followed that advice. Staff worked closely with the local GP, and members of the learning disability team. People had annual health checks, in their own home, from the local learning disability nurse. They also had regular dental checks and chiropody. Each person had a 'hospital passport' which provided hospital staff with key information about the person, their medical history, preferences and communication needs.

People seemed to enjoy their meals and ate well. A weekly menu provided suggested meals and all meals were freshly prepared. Staff recorded people's dietary intake each day and monitored people's weight regularly, so they could respond to any concerns or changes. People were supported to improve their health through good nutrition and regular exercise. For example, one person on a weight reduction and regular exercise programme when we last visited had continued to lose weight. They had also increased their exercise, which had improved their general health, mobility and reduced their risk of developing diabetes. Their relative was very pleased with their progress.

People's consent to care and treatment was sought in line with requirements of the legislation and guidance. The Mental Capacity Act (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People were offered day to day choices, such as what time to get up, what to wear, meal choices and about how they spent their day. Care plans included details for staff to recognise where a person was not giving their consent. For example, that a person would scream loudly or bite their hands to indicate they did not want to do something. Where people lacked capacity to make major decisions, staff consulted with families, advocates and other health and social care professionals to make 'best interest' decisions about their care and treatment. For example, about proposed minor dental surgery for a person.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 and found they were.

The registered manager had submitted Deprivation of Liberty applications to the local authority DoLS team for all three people who lived there, and were awaiting their assessment. This was because they recognised people were subject to some restrictions. This was because none of the people who lived at the home could safely go outside without the support and supervision of a member of staff. This ensured people's legal rights were protected.

People's individual needs were met by the adaptation, design and decoration of the premises. For example, the registered manager had worked with a local builder to install a new bath, that a person was able to access more easily. Further improvements were needed in the garden area, to make it more accessible and add some sensory interest for people, which the registered manager planned to address.

Good

Is the service caring?

Our findings

Staff had developed positive and caring relationships with people, there was lots of gentle humour and laughter throughout the day. Staff were patient and calm, and adapted their pace to suit everyone. A health professional said staff were caring and sensitive to people's needs.

People and staff were in the kitchen chatting and laughing and there was a nice family atmosphere. When a person initiated contact with staff by touching or holding their hand, they responded immediately and gave them their full attention. When another person said, "[name] good boy," the staff member agreed and praised the person. Everyone loved music and dancing, one person became particularly animated when staff played them their favourite Abba songs. People's rooms were personalised. One person proudly showed us their newly decorated room, and named their favourite soft toys.

Families were welcome to visit the home whenever they wished. Staff supported people to keep in regular touch with family and friends. They helped people with birthday and Christmas cards and gifts, and through regular telephone calls and e mails. One person visited their parents regularly but always struggled communicating with them via the telephone. In the past year staff had worked with this person to improve their conversation. This has now improved so they had more meaningful telephone contact with their parents.

A person told us about their recent stay in hospital. Staff visited the person each day and spent time with them. They liaised with hospital staff and the learning disability nurse to support the person during their stay. This minimised the person's anxiety.

People were supported to express their views according to their ability. Families and professionals were also consulted and involved in making decisions about people's care and treatment. One person had no verbal communication skills so was unable to ask for food or drink. To overcome this, staff provided snacks and drinks for the person on the kitchen counter, so, they could help themselves whenever they wished.

The service had arranged for an independent advocacy service, to represent a person's interests, following the death of both parents. Staff arranged for the advocate to meet and get to know the person. The advocate attended their annual review meeting as their representative. This helped protect the persons human and legal rights.

Staff treated people with dignity and respected their privacy. They were discreet when supporting people with personal care. For example, staff knocked on a person's door to ask if they were ready for their bath. They encouraged a person to do as many aspects of their personal care they could manage, and helped them wash their hair. At lunchtime, staff made sure a person wore a protective covering to keep their clothes clean and used a large handled spoon, and bowl to eat independently.

People were supported to increase their daily living skills and independence according to their ability. For example, one person liked to change their bedding weekly, and help with washing and tumble drying.

People also helped with other household chores such as using the dishwasher and dusting. On the day we visited, people and staff were enjoying trying out a new recipe for fish pie. The staff member encouraged one person to help with preparing vegetables, and respected another person's wish to watch, but join in with the conversation.

People were part of their local community. They enjoyed attending a weekly coffee morning together at their local church hall. People were well known in the local town, people stopped to say hello in the street and welcomed them in shops.

Good

Is the service responsive?

Our findings

People received personalised care that met their individual needs. Staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person regardless of their level of disability or the support they needed. Staff organised their day around people's needs and wishes.

Person centred care plans identified what was important to a person's emotional and psychological wellbeing. For example, for a person with autism, staff were aware routine was very important for them. Any changes to their routine, such as social clubs closing for holidays or healthcare appointments could trigger high levels of anxiety. The person's care plan included detailed strategies to support the person proactively with these changes, which helped reduce their anxiety.

Staff knew people well, and could recognise subtle changes in mood or health and responded appropriately. For example, staff often recognised signs a person might be about to experience a seizure. This prompted staff to offer the person a peaceful quiet environment. This sometimes prevented their seizures or minimised their duration. A health professional praised how well staff managed this person's condition, which had become more stable. Another person enjoyed a fortnightly massage by a qualified therapist. This helped the person's emotional wellbeing and they enjoyed the one to one social interaction.

Staff supported people with their interests and hobbies. For example, one person liked doing puzzles, enjoyed learning rhymes and liked joking. Another person particularly enjoyed being outdoors and liked to smell and touch leaves. A third person liked drawing and art, and their pictures were proudly on display in their room.

People enjoyed regular trips out individually and as a group. On the day we visited, one person was going out for the morning with a member of staff to do some shopping. They were looking forward to having a coffee. People also enjoyed regular trips together to a local beauty spot with a picnic, and to a local restaurant.

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People's care plans were produced in an easy read format. They included pictures/symbols of what was important for the person in supporting them with their day to day needs. For example, that a cup of tea was used as a visual prompt for a person to take their medicine each morning. Each person had a detailed communication care plan. For example, a person's care plan showed when tired, they could become unsettled or vocal, and walk to the bottom of stairs. This indicated to staff the person was ready to go to bed.

Information about how to complain was available around the home in an easy read format so people,

families and visiting professionals knew how to complain. Day to day, staff could recognise when people were unhappy and responded immediately. The provider had a complaint policy and procedure and a complaint log was kept. No complaints had been received since the last inspection.

People and families were supported to express what was important for them about end of life care. An easy read end of life care plan was used to capture any views about advanced decisions or preferred funeral arrangements. Staff supported one person to visit their relatives grave regularly and take flowers. This comforted the person and gave them an opportunity to talk about and remember their loved ones.

Good

Is the service well-led?

Our findings

The service was well led. The service had 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.

People received good quality care because the registered manager and provider set high expectations about standards of care and led by example. The culture of the home was open.Staff and professionals said the registered manager was approachable and listened. One professionals said, "I have found him very helpful, approachable and very keen to work in partnership." The provider worked at the home one night a week and visited several times each week. They spent time with people, talked to staff and met with the registered manager.

The registered manager submitted a provider information return (PIR) which described what the service did well and what improvements were planned. They looked at ways to improve the service, by getting feedback from people. For example, people were consulted about the colour and style of the new lounge carpet and vinyl flooring in the kitchen.

Staff were involved in decision making about people day to day and at staff meetings. Daily staff handover meetings were held where relevant information about each person's needs were communicated. Communication books were also used to pass on information between staff. For example, in relation to people's health appointments.

The registered manager had a range of effective quality monitoring arrangements in place. Regular audits of care records, medicines management were done and any issues addressed with staff. Regular health and safety and infection control checks were undertaken with evidence of actions taken to address any risk or maintenance issues. For example, building work to address an area of damp. Further improvements were planned to provide a second bathroom and upgrade a bedroom, in anticipation of having a fourth person come to live at the home in the future. This showed the service was committed to continual improvements.

In the provider information return, the registered manager outlined ways in which they kept up to date with development in practice. They worked in partnership with local health and learning disability professionals, which helped them keep up to date about people's changing needs. They were a member of the social care institute for excellence. This provided them with invaluable information and updates about best practice, which enabled them to review and update their local policies and procedures. They registered manager received monthly CQC newsletter which kept them up to date with regulatory changes. The provider had displayed their previous inspection report in the home, in accordance with the regulations.