Ablecare Homes Limited

Crossley House

Inspection report

109 High Street
Winterbourne
Bristol
BS36 1RF

Tel: 01454777363
Website: www.ablecare-homes.co.uk

Date of inspection visit:
15 November 2016
16 November 2016

Date of publication:
03 January 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 15 and 16 November 2016 and was unannounced. The last inspection took place in June 2015 and the home received an overall rating of 'requires improvement'.

Crossley house provides care and accommodation for people living with dementia. There were 13 people living in the home at the time of our inspection; however two of these were in hospital.

There was a registered manager in place, however they were on leave at the time of our inspection. 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. There was a deputy manager in charge and also the quality and training manager supported the inspection.

People in the home were protected in line with the Mental Capacity Act 2005 (MCA). This is legislation that protects the rights of people who are unable to make decisions about their own care and treatment. There was evidence of mental capacity assessment relating to various decisions and a best interest decision made. Where people had LPA's in place, information about this was available in their file and they were asked to consent to people's care arrangements.

Medicines were stored and administered safely. However we found that there weren't clear instructions in place for all PRN ('as required') medicines. Clear instructions are important to set out exactly when PRN medicine should be given and what dose should be administered.

People in the home experienced happy and positive relationships with staff. Staff were responsive to people's needs, offering support and reassurance when people were upset and at other times sharing smiles and laughter. Activities that engaged people and which they clearly enjoyed were provided. Staff spent 1-1 time with people outside of care tasks; for example we saw one person clearly enjoying have their nails painted by staff and being encouraged to participate by choosing the colour of varnish.

Staff were supported in their role with training and supervision. New staff followed the Care Certificate which is a set of standards that all care workers are expected to achieve. Of the staff files we checked not all had received formal 1-1 supervision with their line managers; however staff were positive about their training and support and felt able to approach the registered manager at any time.

The home was well led by the registered manager and supported by other senior staff within the organisation. There were systems in place to monitor the quality of the service provided and this included gathering feedback from people and their relatives.

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 safe in all aspects.

PRN protocols were not in place for all 'as required' medicines. Medicines were stored and administered safely.

Staff were aware of their safeguarding responsibilities and understood the term whistleblowing.

There were enough staff available to meet people's needs.

There were risk assessments in place to guide staff in providing safe support.

Is the service effective?

Good

The service was effective.

The principles of the MCA were understood and followed.

Staff received support and training to carry out their role effectively.

People were supported to see healthcare professionals.

People were protected against the risks of malnutrition as their weight was monitored and nutritious meals provided.

Is the service caring?

Good

The service was caring. People experienced positive relationships with staff in the home.

We observed staff support people when they were upset and share smiles and laughter at other times.

People had opportunity to contribute their views and opinions in relation to the running of the home

Is the service responsive?

Good

The service was responsive.

Care was planned with people's individual needs and preferences in mind

A programme of activities was in place

There was a complaints procedure in place and we saw that complaints were investigated appropriately.

Is the service well-led?

Good

The service was well-led

There was a programme of quality monitoring and audits in place.

Staff were positive about the registered manager and felt they could raise issues or concerns at any time.

Crossley 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.

The inspection took place on 15 and 16 November 2016 and was unannounced. The inspection was undertaken by one inspector.

Prior to the inspection we looked at any information available to us such as information provided by the public and notifications from the service. Notifications are information about specific events that the home are required to send us.

During the inspection we carried out a Short Observational Framework for Inspection (SOFI). This is a tool to help us understand the experiences of people who are not able to communicate with us verbally.

We spoke with two relatives of people living in the home, three care staff as well as the deputy manager, quality and training manager and Director. There was a registered manager in place at the home, however they were on leave at the time of our inspection.

We looked at the care records for three people in the home as well as other records relating to the running of the home including quality audits, medicines records and incident and accident reports.

Requires Improvement

Is the service safe?

Our findings

Not everyone was able to speak with us verbally about their experiences of living in the home. However, we observed that people appeared settled and calm in the presence of staff. People accepted reassurance from staff when they became upset and at other time enjoyed smiles and laughter together. We observed one person seek reassurance on a number of occasions during our inspection.

There were sufficient numbers of staff to ensure people's needs were met. The deputy manager told us that the organisation were recruiting for staff and had experienced some difficulty in this due to the location of the home. We were told that due to the vacancies, use of agency staff had been required. However, where possible the same staff were used to ensure continuity of care for people in the home. Staff told us that the use of agency staff had not caused any difficulties and confirmed that the impact on people had been minimised by ensuring that agency staff familiar to the home were used.

We observed throughout our inspection that staff were able to spend time with people outside of care tasks. This ensured a calm and relaxed atmosphere and meant that staff were able to respond to people promptly if their support was required.

Staff were trained in and understood their responsibility to safeguard the people they supported. Staff told us they felt confident and able to report any signs that might suggestion a person was being mistreated. The registered manager had systems in place to audit and track any safeguarding concerns that arose within the home.

A 'Biodose' system was used for people's medicines. This meant the medicines arrived from the pharmacy with each dose of medicine packaged in trays; the trays had a photograph of the person the medicines were prescribed for. The quality and training manager told us they had chosen this system as they felt it reduced the risk of errors occurring. Medicines that were not able to be included in the Biodose system were labelled so it was clear who they were for and the date that the package had been opened.

Medicines were stored in a lockable medicines trolley to ensure that they could not be accessed by anyone who was not authorised to do so. Staff recorded the temperature of medicine storage areas to ensure that they were within the correct range so medicines remained effective.

Medicine Administration Records (MAR) were used to record the administration of medicines. Of the sample that we viewed, we saw that these were completed accurately. We observed staff administering medicines and saw that they checked the medicines against the MAR chart to ensure the correct medicine was being given. The member of staff also washed their hands regularly during the process to ensure good hygiene.

Some people had been prescribed medicines to be given when required. We found there were not always clear instructions in place to tell staff when these should be used. A clear protocol is important for when required medicines to help staff identify when they are needed, the frequency with which they can be given and the maximum dose. We also noted that for people who were prescribed creams, there were gaps in the

recording of when these had been administered. This meant it was not possible to tell if people were having creams applied as the prescriber had intended. The manager had identified this issue in their own audit.

There were risk assessments in place to guide staff in providing safe support for people. These covered various aspects of people's care, including the risk of falls. Measures were in place to ensure the risks were minimised. We did note however, that one of the measures described for a person to help prevent falls could potentially reflect a form of restraint by restricting the person's movement. We did not observe any practice during our inspection that suggested people were being restrained in this way. However, we discussed the importance of having clear instructions in care plans and risk assessments to avoid the risk of any misunderstanding amongst staff which could lead to restraint being used.

When new staff were recruited, checks were undertaken to ensure they were safe and suitable for the role. These checks included a Disclosure and Barring Service (DBS) check, which provides information about any convictions a person has and whether they are barred from working with vulnerable adults and children.

We saw that incidents and accidents were recorded and analysed on a monthly basis to identify any trends. This helped the registered manager to prevent reoccurrences. Where action was required to prevent reoccurrence, this was recorded. In one case, a person was going to be reassessed by the social worker following an incident. There were records in place relating to the maintenance of the building, this included for example maintenance of the lifts and testing of electronic equipment.

Good

Is the service effective?

Our findings

Staff in the home had understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is legislation that protects the rights of people who are not able to make decisions independently about their care and treatment. DoLS provides a framework to assess the needs of a person when it is felt that they need to be deprived of their liberty in order to receive safe care and treatment. When a person had a lasting power of attorney (LPA) in place, information about this was contained in the person's file.

We saw that mental capacity assessments had been carried out for various aspects of people's care such as staff supporting a person with their medication and the use of a recliner chair. In two of the care files we viewed they described how sensor mats and door alarms were in use to help staff meet the person's needs. These two individuals had anLPA in place who was able to consent to their use and had signed the care plan to show their agreement with it.

People were protected against the risks of malnutrition. We saw that a record of people's weight was maintained so that any concern about excessive weight loss could be identified and acted upon if necessary. For the records that we viewed, we saw that the person's weight had remained stable. People appeared to enjoy their midday meal and were given a choice of meals. We spoke with the chef who had a good knowledge of the dietary needs of older people. They told us that staff communicated with them well about the kinds of foods people liked.

People were able to see health care professionals when they needed to. For example we saw optician's prescriptions on people's files. In one case, we saw that a district nurse had visited regularly to attend to the dressings on a person's leg. Records were kept in each person's care file when a healthcare professional had visited them. Healthcare professionals were asked for their feedback about the service provided at Crossley house and we saw from the latest survey in March 2016 that they were positive about the care provided.

Staff told us that communication was good within the team and they got all the information they required at handovers. A daily record sheet was filled out at the end of each day for each person and this included key information such as any problems with the person's skin, their food and fluid intake, activities they'd taken part in and any professionals seen that day.

There was also information in people's files to highlight any particular health needs. For example we saw a records sheet describing the condition of people's skin and whether there were any concerns for staff to be aware of. For example, in one record we read that the person was susceptible to broken skin on their leg. There was also an assessment looking at people's oral health.

Staff confirmed they had regular training to support them in their role and felt this had given them the skills to carry out their role effectively. New staff to the home undertook the Care Certificate. The Care Certificate is a set of standards that care workers are expected to meet in carrying out their role. It covers a range of topics including safeguarding adults, working in a person centred way, privacy and dignity and mental health and

dementia. We saw from the home's training records that further training was provided in managing behaviour and positive behaviour support. We viewed the files of three members of staff to view their records of supervision. Supervision is a 1-1 session with a line manager to review the member of staff's performance and development needs. There were some records of supervision in each person's file, however there were large gaps between the supervision sessions. Staff did report that the registered manager and deputy were approachable at any time and so concerns could be discussed outside of 1-1 sessions. □

Good

Is the service caring?

Our findings

The service was caring. People in the home experienced positive, kind and caring relationships with staff. We observed staff speak with people in a respectful manner and offer reassurance when they became upset. For example, on one occasion a person became tearful; staff noticed immediately and approached them to offer reassurance, the member of staff then fetched some tissues for them and told them they were nearby if needed. Staff also noticed when a person was seated on a hard surface and encouraged them to sit on a comfier chair.

Relatives were positive about the care provided in the home. One person told us their relative always appeared happy when they visited and another said "you can't fault it". Relatives did comment however, that on occasion there was an issue with clothes being returned from laundry to the wrong person and therefore people wearing clothes that weren't theirs. People didn't appear upset or concerned about this but it could potentially impact on their dignity to wear other people's clothes.

A visitor record book was available to comment in and we viewed some positive comments from people, including 'lovely caring staff and home from home feel, could not have asked for better care' and 'lovely atmosphere, wonderful relationships between care staff and residents'.

We observed that people were engaged in activities such as singing along to music and generally appeared content and happy. Staff handed people an item to explore whilst they were seated in the lounge and one person in particular spent a great deal of time with this. Staff acknowledged people in the room by smiling at them and nodding along to music as they sang.

Where people were able to be independent with aspects of their care, this was made clear in their support plans. For example for one person we read that a person could make choices about what clothes to wear if staff gave them options to choose from. The person could manage parts of their care routine, for example drying their face after staff had supported them to wash.

People were encouraged to express their views in the running of the home by attending resident meetings. We were told that staff were available during these meetings to support those people who needed help to understand what was being said and to express their views. There was also a family support meeting fun by the home for relatives to attend; the aim of this was to support families in understanding dementia. For a future meeting, there was a mental health professional due to come and talk with families. We saw from the home's records that people had been asked to contribute their ideas and opinions in relation to the decoration of the home.

Good

Is the service responsive?

Our findings

People's care plans were clear and gave good information about the person's individual needs and preferences. People's files contained a leaflet from the Alzheimer's society entitled 'This is me', which gave important information about the person's interests, routine and their life before coming to the home. This helped staff to understand people as unique individuals. In one person's care plan, a particular way they liked to sleep at night, relating back to their life prior to arriving at the home. This showed how staff took in to account people's individual experiences and preferences in planning their care.

A pre- admission assessment was completed for people prior to entering the home so that their needs could be assessed and planned. The assessment covered aspects of the person's care such as the medicines they were taking, their mobility needs, oral hygiene and skin health.

People in the home could at times present with behaviours associated with their dementia that may be difficult for others. There was information contained in people's files to guide staff in how to respond. For one person we read that they could be supported to remain calm by being asked to help with activities such as folding the laundry. For another person, staff told us that sitting down with them and offering a cup of tea helped them when they were showing signs of being upset. During our inspection we observed staff with this person, supporting them in the way that had been described.

There was a programme of activities for people to take part in if they wished to do so. This was displayed on the notice board and we saw that it included events such as tai chi, gardening and singing. During our inspection we saw people taking part in a dice game. People were actively taking part and appeared engaged; one person was explaining to another service user what to do.

Outside of the organised programme we saw that staff provided activities to keep people stimulated and engaged. One member of staff offered to paint a service user's nails and encouraged the person to actively take part by choosing the colour of varnish. The person clearly enjoyed the activity as they answered that they didn't want anything "too dark" and held their hands out ready for their nails to be varnished. Another person was given some knitting to do and the person told us they enjoyed this. The person's relative explained that the person had always enjoyed knitting and staff had encouraged them to take it up again.

We saw that special occasions were celebrated for people living in the home; there were notices on the board celebrating people's birthdays and we heard one member of staff arrange with the chef to make a birthday cake for a person for the next day.

There was a complaints procedure in place and we saw an example of one complaint that had been investigated accordingly. It was clear from the records that a thorough investigation had taken place.

Good

Is the service well-led?

Our findings

The service was well led. There was a registered manager in post and recently appointed deputy. The service was also well supported by senior staff in the organisation with weekly visits from the Director and regular visits from the quality and training manager. At the time of our inspection, the registered manager was on leave. There was a deputy manager in place and they were receiving regular support from the organisation whilst the registered manager was unavailable. This regular involvement meant that senior staff within the organisation knew the home well and were aware of any concerns and issues.

There were systems in place to monitor the quality and safety of the service provided. This included a programme of audits. There was an infection control audit in place and medicines stock take carried out on a weekly basis. The latest infection control audit had generated a number of action points for completion. There were notes attached to the audit to show when the actions had been completed. For example, we saw that particular areas of the home that had required extra cleaning had been completed on the same day as the audit. A weekly 'manager's audit took place which looked at aspects of the home such as whether information on the notice boards was up to date.

Regular visits from the quality and training manager looked at the home's performance against the Key Lines of Enquiry (KLOEs) that are covered during inspections by the CQC. When necessary, action plans were created that were followed up at subsequent visits. For example after one recent visit, an action plan had been created in relation to medicines to contact the pharmacy and update MAR sheets.

There had been family and friends survey carried out in March 2016 which helped the manager identify any areas for improvement as well as highlight aspects of the service that were working well. The results of this survey showed that people were generally very pleased with the care and support provided at the home. Comments included, 'we think care staff are lovely' and 'absolutely exemplary, a well-motivated team'.

Staff told us they felt well supported by the registered manager and other senior staff and felt able to approach them at any time with queries or concerns. Staff were also positive about the organisation as a whole and felt that providing good quality care was important to them. We saw from the organisation's quality monitoring records that staff had received a message with their payslips earlier in the year to say 'our residents do not live in our workplace, we work in their home'; the aim of this was to encourage staff to think in this way and provide respectful care. This approach was reflected in our observations during the inspection, when people were welcomed in to the area where the manager was based at any time. Staff then acknowledged them and spent time talking with them.

The Quality and Training manager, present during the inspection told us that they had recently attended the Great British Care Awards National Final, where the home had been selected as a finalist in the registered manager category.

The registered manager was aware of their responsibilities in line with legislation. We saw that notifications were made when required, so that CQC were kept informed of important information about the running of

the home. We also observed that the homes rating from their previous inspection was on display.