Bole Aller House Limited

Bole Aller House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 6 December 2016. We returned on 12 December 2016 to complete the inspection.

We carried out an unannounced comprehensive inspection of this service in October 2015. Breaches of legal requirements were found. We returned on 10 and 15 March 2016 and undertook a focused inspection to check whether requirements had been met. We found improvements had been made. However, we found two further breaches due to people not always receiving their medicines as prescribed; written guidance was not available to support staff to give people some of their medicines in a safe and consistent way and the provider had not acted on external advice about the implementation of written guidance for staff to follow when administering medicines. This inspection found improvements had been made.

Bole Aller House is situated in a rural area between Broadclyst and Cullompton. Accommodation is provided in two separate houses, plus a converted stable block and self-contained bungalows. The home provides support and accommodation to up to 23 people primarily with a mental health need, although people may also have a learning disability. A minibus and transport is available so people can access the community. Bole Aller House Ltd is a subsidiary of Allied Care Ltd. There were currently 13 people living at Bole Aller House.

At the time of our inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. However, there was a manger in post who had applied to the CQC to become the registered manager at the service. During the two dates of our inspection they had a 'fit person' interview with a registration inspector. They have since been registered by CQC as the registered manager of the service.

Medicines management had improved greatly since our inspection in March 2016. People's medicines were now managed so they received them safely.

People were safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff were motivated and inspired to offer care that was kind and compassionate. People engaged in a wide variety of activities on site and spent time in the local community going to specific places of interest.

There were effective staff recruitment and selection processes in place. Staffing arrangements were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately.

Staff spoke positively about communication and how the manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and make continuous improvements.

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.

Improvements had been made to medicines management and medicines were safely administered.

People were safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

People's risks were managed well to ensure their safety.

Staffing arrangements were flexible in order to meet people's individual needs.

There were effective recruitment and selection processes in place.

Is the service effective?

Good

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service was caring.

People said staff were caring and kind.

Staff relationships with people were caring and supportive. Staff

spoke confidently about people's specific needs and how they liked to be supported.

People were able to express their views and be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

Care was personalised and care files reflected personal preferences.

Activities formed an important part of people's lives.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Is the service well-led?

Good

The service was well-led.

Staff spoke positively about communication and how the manager worked well with them and encouraged their professional development.

People's views and suggestions were taken into account to improve the service.

The organisation's visions and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

Bole Aller 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 on 6 December 2016. We returned on 12 December 2016 to complete the inspection.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with eight people receiving a service and 10 members of staff, which included the manager. We spent time talking with people and observing the interactions between them and staff.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service. After our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from two professionals.

Good

Is the service safe?

Our findings

Medicines management had improved greatly since our inspection in March 2016. People's medicines were managed so they received them safely. Appropriate arrangements were in place when obtaining medicine. The home received people's medicines from a local pharmacy on a monthly basis. When the home received the medicines from the pharmacy they had been checked in and the amount of stock documented to ensure accuracy.

Medicines were kept safely in locked medicine cupboards. The cupboards were kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered and written guidance was available for staff to follow. People were asked if they needed any medicines which were prescribed 'as needed' (known as PRN), such as pain relief. We observed a person receiving PRN paracetamol due to struggling with cold symptoms. Medicines recording records were appropriately signed by staff when administering a person's medicines. Thorough checks were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.

People confirmed that they felt safe and supported by staff at Bole Aller House and had no concerns about the ability of staff to respond to safeguarding concerns. When asked if they felt safe. People commented: "They (staff) keep me safe" and "I never worry about talking to staff if I am worried."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff records confirmed staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed they knew about the provider's safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for behaviour management, emotional well-being, poor dietary intake and accessing the local community. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, people had positive behaviour support plans in place for staff to follow if an incident occurred. A positive behaviour support plan is a document created to help understand and manage behaviour in adults who have learning disabilities/mental health needs and display behaviour that others find challenging.

People felt there were sufficient staff to meet their needs. Comments included: "I think there are enough staff here to keep us safe" and "It is much better here now. People go out more." Staff confirmed that

people's needs were met promptly and they felt there were sufficient staffing numbers. Comments included: "The staff situation is better. Staff are more reliable and turn up for their shifts"; "The staffing levels are good" and "We have a good team now. Not like before. Spending more time with people." We observed people's needs were met promptly during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in activities, such as bingo and people were seen to access the local community.

The manager explained that during the daytime there were five members of staff on duty. These were supported by a cook, maintenance staff and an activities coordinator. The team were supported by both the manager and their deputy. At night there were two waking night staff. We asked how unforeseen shortfalls in staffing arrangements due to sickness were managed. The manager explained that regular and bank staff would fill in to cover the shortfall. This was so people's needs could be met by the staff members that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. The on-call responsibilities were shared between members of the organisation's management team.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

The premises were adequately maintained through a maintenance programme. Fire safety checks were completed on a daily, weekly, monthly and annual basis by staff employed by the service and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People were protected because the organisation took safety seriously and had appropriate procedures in place.

Good

Is the service effective?

Our findings

People said staff were well trained. People commented: "The staff are great. So helpful. They have really helped me a lot. Good bunch" and "The staff are well trained. The staff are helping me through something at the moment."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, communication, moving and handling, medicines, nutrition and first aid. In addition, staff had completed specialist training specific to people's individual needs. For example, epilepsy, behaviour management and diabetes. Staff had also completed varying levels of nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "Our training is always being refreshed"; "I received all the training when I started here. I have all I need" and "I had a lot of training when I started and also did shadow shifts."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the management team when it came to their professional development. Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GPs, psychiatrists and social workers. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. People also had health action plans. A

health action plan is a personal plan about what people need to do to stay healthy. It lists any help that they might need in order to stay healthy and makes it clear about what support they might need.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The 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. Three people had DoLS authorisations in place at the time of our inspection. Staff adopted least restrictive options. For example, people were encouraged to access the local community to engage in particular activities of their choice.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for behaviour management and the need for dental work.

People were supported to maintain a balanced diet. People were actively involved in choosing what they wanted to eat with staff support to meet their individual preferences. For example, one person was vegetarian and they chose their menu on a weekly basis. The service always ensured they had fresh fruit and vegetables available which was bought at a local market on a regular basis. One person commented: "I enjoyed my lunch." Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. For example, one person was prescribed supplementary drinks due to poor nutritional intake. Their weight was closely monitored to ensure timely contact with other professionals.

Good

Is the service caring?

Our findings

Interactions between people and staff were good humoured and caring. The atmosphere was relaxed and happy. We observed how staff involved people in their care and supported them to make decisions. For example, how they wanted to spend their day. People commented: "The staff are very caring. I like living here"; "The staff are kind" and "We can have a laugh."

Staff treated people with dignity and respect when helping them with daily living tasks. People were keen to show us their bedrooms. These gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as DVD's, various ornaments and pictures. People confirmed their privacy and dignity were respected by staff. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, supporting people to make specific activity decisions. People were completing a variety of activities and accessing the local community during our inspection.

Staff supported people in an empathic way. They demonstrated this empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care and support. For example, all staff emphasised the importance of choice and people being involved and in control of their lives.

Staff gave information to people, such as when activities were due to take place. They communicated with people in a respectful way and were caring and supportive in their approach. Staff spoke confidently about people's specific needs and how they liked to be supported. They were motivated and inspired to offer care that was kind and compassionate. For example, how they were observant to people's changing moods and responded appropriately. For instance, if a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. Staff recognised effective communication as an important way of supporting people, to aid their general well-being.

Staff showed a commitment to working in partnership with people. They spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in their day to day lives. Staff gave us examples of how people had been empowered to develop new skills. For example, one person did voluntary work at a local charity shop.

Staff were able to speak confidently about the people living at Bole Aller House and each person's specific interests. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything. People confirmed they were completely involved in planning their care and chose what support they received from staff.

Good

Is the service responsive?

Our findings

People received personalised care and support specific to their needs, preferences and diversity. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their well-being and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. Staff commented that the information contained in people's care plans enabled them to support them appropriately in line with their likes, dislikes and preferences. Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical health needs, personal care, communication, social activities and eating and drinking.

Activities formed an important part of people's lives. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest. For example, on the second day of our inspection, people were playing bingo. Everyone appeared to enjoy this and were winning prizes. The staff were actively involved in this activity and the atmosphere was good humoured. People also enjoyed activities away from the home. For example, shopping, meals out, trips to Paignton zoo and Bristol. People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. One person was supported to see their mum, who lived far away, every three to four weeks.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system and easy read versions were displayed in the different parts of the home. People confirmed they would not hesitate to raise a complaint if they needed to. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where complaints had been made, there was evidence of them being dealt with in line with the complaints procedure.

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post. However, there was a manger in post who had applied to the CQC to become the registered manager at the service. During the two dates of our inspection they had a 'fit person' interview with a registration inspector. They have since been registered by CQC as the registered manager of the service.

Staff spoke positively about communication and how the manager worked well with them, encouraged team working and an open culture. Staff said, "The manager is excellent. He deals with things"; "The management are great, so supportive. They are always available to speak to" and "It's much better here now. I look forward to coming to work. A responsive management team."

Staff confirmed they had regular discussions with the manager and deputy manager. They were kept up to date with things affecting the service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues. The manager ensured they spent time with people on a regular basis. For example, to identify particular activities and food choices they would like. In addition, surveys had been completed by people in November 2016. The surveys asked specific questions about the standard of the service and the support it gave people. The results of the surveys were due to be analysed and then discussed at the next residents meeting. Surveys were also due to be disseminated to relatives, staff and health and social care professionals. The manager recognised the importance of ever improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in Bole Aller House.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and psychiatrist. Regular medical reviews took place to ensure people's current and changing needs were being met. Professionals confirmed that the service worked well with them and acted on advice and guidance.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents

had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis by the manager and area manager as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, medicines, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed.