

Ablecare Homes Limited

Patron 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

Patron House is a residential care home without nursing and provides care and support for up to 12 older people. On the day of our inspection there were 8 people resident in the home.

At the last inspection, the service was rated Good there were however two breaches of regulations in relation to medicines and recruitment. At this inspection we found the service had met all relevant fundamental standards and remained rated as Good.

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

Risks to people were assessed and where required a risk management plan was in place to support people manage an identified risk and keep the person safe.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely. Staff completed training to ensure they were suitably skilled to perform their role. Staff were supported through a supervision programme

People were supported to maintain good health and had access to external health care professionals when required.

Staff were caring towards people and there was a good relationship between people and staff. Staff demonstrated an in-depth understanding of the needs and preferences of the people they cared for.

Support provided to people met their needs. Care plans provided information about what was important to people and how to support them. People were involved in activities of their choice.

There were systems in place to assess, monitor and improve the quality and safety of the service. Staff described the registered manager as supportive and approachable. Comments from surveys and compliments received by the service confirmed that people were happy with the service and the support received.

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 ●

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

This comprehensive inspection took place on 22 January 2017. The inspection was announced 24 hours beforehand. This is because we wanted to make sure the provider, or someone who could act on their behalf, would be available to support the inspection and provide access to records. This inspection was carried out by one inspector.

On the day of the inspection we spoke with four people, three members of staff and one visitor to the home. We looked at three people's care and support records. We also looked at records relating to the management of the service such as the daily records, policies, audits and training records.

Is the service safe?

Our findings

When we last inspected Patron House in 2015 we found that staff had not always been trained adequately or assessed as being competent in the administration of medicines. We also saw that medicine administration records (MAR) were not completed as required.

At this inspection we found that the service had developed suitable arrangements for the training of staff and the administration and recording of people's medicines. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. We saw records that demonstrated that staff had been trained in the administration of the medicines. We carried out an audit of the medicines and the amount in stock agreed with the administration records. The medicines were stored safely and securely.

When we last inspected Patron House in 2015 we found that the provider had not ensured that all staff employed had the correct pre-employment checks.

At this inspection we found the service had safe and effective recruitment systems in place. There was a robust selection procedure in place. Staff recruitment files showed us that the service operated a safe and effective recruitment system. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified. We saw that the recruitment process also included completion of an application form, an interview and previous employer references to assess the candidate's suitability for the role.

People were protected from the risk of abuse. The service had provided staff with safeguarding adults training and had a policy and procedure which advised staff what to do in the event of any concerns. Staff were able to explain the correct action to take if they were concerned about a person being at risk and which external authorities they could report to. Staff told us they were confident that the registered manager and provider would act on their concerns.

There were sufficient staff to meet people's needs. Staffing levels were assessed and organised in a flexible way to support people for their daily needs and for additional activities and appointments outside of the home. Staff told us there were enough staff to meet people's needs. The staff rota was planned and took into account when additional support was needed. Staff told us that on occasion when there was a shortage of staff that this was covered by the regular staff at the service or by staff from one of the provider's other homes.

People told us they felt safe and that there were sufficient staff on duty to meet their needs. People's comments included; "Oh yes I feel safe here why wouldn't I?". They're all very nice [staff]" and "I feel completely safe, nothing to worry about at all." Another person said "When I call my buzzer staff come straightaway, so I don't worry."

There were completed assessments of people's risks and recorded guidance on how to manage identified

risks. The risk assessments showed that assessments had been completed for areas such as mobility, continence, food and diet. Risk assessments had been regularly reviewed with people to ensure that they continued to reflect people's needs. Staff were able to describe the guidelines for people to keep them safe.

Is the service effective?

Our findings

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's capacity to make decisions had been assessed and we saw examples of appropriate best interest decisions documented.

People who lack 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 are called the Deprivation of Liberty Safeguards (DoLS). We saw information in people's support plans about mental capacity and Deprivation of Liberty Safeguards (DoLS). DoLS applications had been applied for appropriately. Staff demonstrated a good understanding when they were asked about the principles of the MCA and DoLS.

Staff had the knowledge and skills to carry out their role. New staff received training provided by the service when they joined as part of their induction programme; the induction training was aligned with the Care Certificate. On completion of their induction they also received refresher training. Training subjects included first aid, infection control and food hygiene. Staff said they had received training that the provider deemed as mandatory to their roles and also had access to further training if they wanted it. Additional training specific to the needs of people who used the service had also been provided for staff.

Staff said they received supervision sessions regularly. The supervision records we looked at supported this. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff.

People's nutrition and hydration needs were met. People's nutritional assessments had been completed and reviewed. Where concerns had been noted, external guidance had been sought. We observed lunch during our inspection. The meals looked and smelt appetising and were of a home cooked appearance and quality and portion sizes were appropriate. People appeared to enjoy their lunch which they had chosen from a menu. As lunch was being served staff informed people what they were being given and when a person needed support with their meal, this was offered by staff in a calm and unhurried manner.

People were supported to maintain their well-being and good health. We saw from records that people had regularly accessed health care services. When a person required additional regular clinical support this was provided. There was also evidence of input from the community psychiatric team and GPs in people's records. We saw within everyone's care plan that regular visits or appointments with dentists, opticians and dentists had happened when required and that staff had then acted upon the actions agreed at the respective appointments.

Is the service caring?

Our findings

The registered manager and staff knew people exceptionally well and were able to explain people's individual likes and preferences in relation to the way they were provided with care and support. One member of staff told us about the very particular likes of one person who used the service and how they enjoyed reminiscing about their working life. People confirmed that staff knew them well and often stopped to spend time with them talking about their individual interests and hobbies. One relative said "[Person's name] is very happy here, they look after [person's name] very well and they are very friendly to me too. They always offer me a cup of tea."

We observed that staff universally demonstrated a kind, caring and compassionate attitude towards people using the service. Staff crouched down when speaking to people so that they were at eye level. They spoke kindly and provided gentle reassurance to people. When we saw staff walking around the building with people, they didn't rush them. They encouraged independence whilst also offering support when it was needed.

People told us they were treated with dignity and respected by the staff. People told us that staff were respectful when undertaking their personal care. People said their dignity was maintained, for example one person said "They're [staff] always respectful, they know how I like to wash and don't rush me. They know when to hand me what I need." We also observed staff knocking on people's doors and waiting for a response before entering. Other comments made by people included "It's good here, they know when I want something and when I want to be in my own room on my own" and "They [staff] are very patient, you know some people are quite confused but they are very sympathetic." Staff told us they enjoyed working at the home and the relationships they had formed with people.

Relatives were actively encouraged to visit regularly and people were encouraged to invite their friends and relatives to attend the activities in the home.

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the care and support people needed. We saw detailed information about people's routines and how people's personal care was to be delivered clearly specifying people's preferences and individual needs. We found that people and their relatives also had input into the care plans and choice in the care and support they received.

Care plans also contained information such as people's medical history, mobility, communication and care needs including areas such as: continence, diet and nutrition. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

Staff recorded the care that had been given to people in care notes. Staff recorded information regarding daily care tasks, including the support that had been provided and personal care tasks that had been carried out. This information provided evidence of care delivery and how staff had responded to people's needs.

We observed that for people living with dementia who became distressed staff calmed and distracted them from their distress. We observed this in practice; a person was seen frequently walking up around the home in a distressed manner, unsure of where they were, or why. Staff quietly gave them the reason, using the same words each time, as if it were the first time, and escorted them back to the sitting room where they engaged them in an activity. We saw that staff remained patient and compassionate whilst people asked them questions repetitively.

We observed how staff responded to people's needs. Staff spent time with people and responded quickly if people needed any support. Staff were very vigilant and reacted quickly when a person needed support for example, a member of care staff recognising the signs a person needed the toilet; discreetly asking the person if they needed to go to the toilet and escorting them there.

People and their relatives said they had access to activities they wanted to take part in. We saw that activities staff stimulated people's interests in different ways. We were shown an array of games, quizzes, reminiscence memorabilia and art and craft materials used during activity sessions. Staff organised an activity each morning and afternoon and encourage all people to participate.

The service had received written compliments via email, letter and thank you cards. People and their relatives felt able to complain or raise issues within the home. The home had a complaints procedure available for people and their relatives. People we spoke with said they knew how to complain, and all said they had never had cause to. The registered manager explained that any complaints were welcomed to be used as a tool to improve the service for everyone, there had not been any complaints recorded since the last inspection.

Is the service well-led?

Our findings

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.

The registered manager told us they operated an open door policy and welcomed feedback on any aspect of the service. Staff also said they felt confident people and relatives would talk with them if they had any concerns. Staff also understood what whistle blowing was and that this needed to be reported. Staff told us they had not needed to do this, but felt confident to do so.

We saw records that demonstrated that relatives and other people important to people living in the home were communicated with through planned meetings and also on the phone if there was anything urgent that they needed to know. We also saw that the home had introduced a monthly newsletter to help keep all families and friends up to date with plans for the service and any upcoming events.

People were encouraged to provide feedback on their experience of the service to monitor the quality of service provided. People who used the service and their relatives were given questionnaires for their views about the quality of the service they had received. We saw the results of surveys had been analysed and comments were positive.

Staff said that they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. We saw records that demonstrated that staff had opportunities to give their views through regular staff meetings. There were also effective communication systems in place regarding staff handovers to ensure that staff were kept up to date with any changes within the home. Staff told us they felt well supported by the registered manager and their colleagues.

To ensure continuous improvement the registered manager and provider conducted regular audits to monitor and check the quality and safety of the service. They reviewed issues such as; medicines, care plans and training, their observations identified good practice and areas where improvements were required. There also were systems in place to ensure regular maintenance was completed and audits to ensure that the premises, equipment and health and safety related areas such as fire risk were monitored and that equipment tests were also completed. We saw that where actions were required to improve the service there were action plans in place.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made appropriate notifications.