Acceptus Healthcare Limited

Yaxley House

Inspection report

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Yaxley
Eye
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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 inspection took place on 12 June 2017 and was unannounced. Yaxley House is registered to provide personal care and support for up to 34 people, some of whom are living with dementia. At the time of our inspection 31 people were using the service.

The registered provider is required to have a registered manager in post and on the day of the inspection there was no manager registered with the Care Quality Commission (CQC). However, the home had recently appointed manager and they were in the process of submitting their application to become the registered manager of the service.

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.

At our last inspection on 19 September 2016 we found that the service needed to make improvements in staffing levels and deployment and to ensuring people's social needs were met. At this inspection we found that improvements were underway. The service had recruited staff to the laundry and to provide activities and further staff were waiting the outcome of pre-employment checks before starting work in the service. The provider had also introduced a new care recording and planning system whereby staff used a smart phone to input data. This saved staff spending time sitting at a computer away from people.

Care plans did not demonstrate people's involvement in their care planning. However, people were aware of their care plans and the manager told us how they liaised with people and their relatives in an informal way.

Risk assessments were in place to minimise the risk of harm to people. The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse, and staff knew how to respond if they had any concerns. There were systems in place to ensure people received their medicines as prescribed.

Staff received appropriate training. Checks were carried out before staff began work to ensure they were appropriate to work in the service.

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.

There were audits in place to check the quality of the service people received. The provider was actively improving the service with implementation of a new care planning and recording system. The system was smart phone based for care staff and meant they did not have to spend time away from people recording the care that had been provided.

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.

Risks to people from receiving care and support were assessed and monitored.

The service followed safe recruitment procedures to ensure suitable staff was employed.

Staff received training in safeguarding and had the knowledge to help keep people safe from abuse.

There were systems in place to manage people's medicines to ensure they received them as prescribed.

Is the service effective?

Good

The service was effective.

Staff had a training and induction programme, which was appropriate to their role.

People's legal rights and freedoms were protected.

People had access to healthcare services when required.

Peoples were supported to follow a diet in line with their preference and dietary requirements.

Is the service caring?

Good

The service was caring.

People told us staff were caring and compassionate.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive.

People's preferences and dislikes were understood and

respected by staff.

Where appropriate, people were supported to access the wider community.

A complaints process was in place. Complaints were handled appropriately.

Is the service well-led?

Good

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided.

People's care provided by the service received consistent praise from a range of professionals and organisations we contacted.

The management team were dedicated to the provision of a high quality service.

Yaxley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 12 June 2017 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience at this inspection had experience of caring for a person who used this type of service.

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

During the inspection visit we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with three people who used the service. We also spoke with two members of care staff, the manager, the provider's operations manager and quality manager. We received feedback from a local GP service and other healthcare professionals. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

To help us assess how people's care and support needs were being met we reviewed four people's care records and other information, for example risk assessments and medicine administration records. We looked at four staff personnel files and records relating to the management of the service. This included recruitment, training, and systems for assessing and monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our previous inspection in September 2016 we found that the provider needed to improve how they demonstrated the number of staff, and how they were deployed, met the needs of people using the service. Since that inspection the service have recruited more staff and is introducing a computer based care planning and recording system which does not take staff away from providing care and support to complete.

The service had recruited a laundry assistant which meant that staff did not have to spend time carrying out this routine task but could spend more time providing care. A new activities co-ordinator had also started at the service. Feedback from people about the number of staff was mixed with one person saying, "No there's not enough staff but I always feel safe when I am being helped," and, "Sometimes I feel rushed but always feel safe." Staff told us that sometimes they needed more staff, however this did not affect the care provided. For example a member of staff said, "I have not seen any evidence of risk to residents but staff are working very hard." During our inspection we saw that people received care and support in a timely way. Staff were available when needed. We discussed staffing levels with the manager. They explained to us the tool they used to assess staffing levels and also told us that they regularly worked in the service and as such were aware of the staffing needs. They went on to tell us that they had a recruited a number of new care staff, and another activities co-ordinator. These new members of staff had not yet started work as they were waiting for the appropriate checks to be returned before the staff could start work. The service has also recently introduced a smart phone care recording service. The manager told us that this will enable staff to spend more time with people and not take them away from providing care and support to complete records.

There were procedures in place to protect people from the risk of abuse. All staff received training in safeguarding. This training informed them about how to identify different types of abuse and the action staff were required to take in order to help keep people safe. A member of care staff told us, "I would report any safeguarding issue immediately through the appropriate line manager, including incidents involving staff." Staff were also aware that they could report any concerns to outside agencies such as the local council safeguarding team. Appropriate referrals had been made by the service to the designated investigating authority when abuse had been suspected. The provider had policies and procedures in place to guide staff in safeguarding vulnerable adults from abuse.

Safe recruitment procedures ensured that staff with the appropriate experience and character supported people. Staff files included application forms, records of interview and references from previous employment. Staff were subject to a check made with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risk assessments completed for people included the risk of developing pressure ulcers, malnutrition, dehydration, falls and moving and handling. Where risk had been identified actions had been put in place to address these. For example, one person had been assessed as at high risk of developing pressure ulcers, a

pressure relieving mattress had been put in place to mitigate this risk.

People told us they received their medicines as they should. One person told us, "They wait while I take my medication as a rule." Care plans contained details of people's medicines and what they were taken for. The manager told us that they had a good relationship with the local pharmacy which supported them to provide people's medicines effectively. There were suitable systems in place to ensure people received topical creams and ointments as prescribed. Staff dated topical creams when they opened containers to help ensure these were disposed of within manufacturer's guidelines.

Good

Is the service effective?

Our findings

People told us that the staff had the skills required to provide the care and support they required. One person said, "The staff have the skills alright and know what they are doing."

Records did not demonstrate that staff had received regular one to one supervision where they could discuss their development and the quality of care they provided. We discussed this with the manager who told us that supervisions had fallen behind following changes in management. However, they told us they had a plan in place to ensure all supervisions were up to date by the end of the year.

Staff undertook training in safeguarding, moving and handling, food safety, first aid and life support, Mental Capacity Act (2005), medicines management , dignity, health and safety, infection control and dementia awareness. New staff received an induction, which was in line with the Care Certificate. The Care Certificate is a nationally recognised set of competencies staff must meet in their working practice that demonstrate they have the skills and knowledge to work in their role. Staff received regular 'refresher' training to ensure their knowledge and skills were updated.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. We found staff at Yaxley House were following the necessary requirements. The manager had applied for DoLS authorisations where necessary and showed us records of when authorisations were due for renewal. Staff understood their responsibilities and knew how to keep people safe in the least restrictive way. The manager was aware of the procedure to follow when a person did not have the capacity to make a decision.

People told us that they enjoyed the food provided to them and that they were offered choice. One person said, "It's pretty good food and I'm generally very happy with it." We observed staff offering people choice of what they had for their lunch. Where people were unable to decide between the options staff showed them plated meal of each option to allow them to decide. This supported people to make their own decision as to what they wanted to eat. Where people required support to eat their meal we observed staff sitting with people in a relaxed manner and providing support at the person's own pace. People were given choice as to where they wanted to eat their meal, either in their bedroom or in the dining room. One person said, "I have lunch in the dining room but I have other meals here in my room." Staff displayed a good knowledge of people's food preferences although they still offered choice.

Where people were at risk of malnutrition, staff had assessed the risk using a nationally recognised assessment tool. This ensured that any changes in people's nutritional state were identified promptly and the correct action taken. Records demonstrated that where problems were identified prompt action was taken such as referring the person to the dietician.

People's care records showed relevant health and social care professionals were involved with people's care. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. When people's needs changed, the service made referrals to specialist services in order to ensure people were receiving the appropriate care. These included dieticians, occupational therapists, speech and language therapists, district nurses, tissue viability nurses and specialist falls services. We received positive feedback from the local GP service. They said, "They [Yaxley House] have always contacted the surgery in a timely manner and always are able to give a concise and precise history of the problems that the various residents may have."

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, "I'm happy with the staff. They treat me with respect and they respect my privacy." A person who had stayed for a short while in the service had written a thank you card to the service saying, "I would like to thank you all for your understanding, help, support and care that I received whilst with you on respite."

People were treated with kindness and compassion in their day-to-day care. Staff engaged with people in a caring manner, speaking to people at eye level in a calm demeanour, giving people time to respond to questions and offering them reassurance through touch such as holding their hand. People responded well to these interactions and appeared comfortable in staff's presence. Staff knew people's individual communication skills, abilities and preferences. This helped ensure that people were comfortable with staff who understood their needs and preferences.

Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. We observed that one person was sitting outside in the service's enclosed garden and the sun had gone in. A member of staff also noticed this and approached the person asking if they were still happy sitting outside.

People's care plans documented what people wanted from the support provided. For example one person's care plan stated, "[Person] wishes to increase independence and confidence regarding personal care. In order to encourage carers should provide pro-active encouragement and support." Daily records demonstrated that this had been provided.

We observed staff offering people choice and involving them as much as possible in decisions as they supported them to lead their daily lives.

Staff respected people's dignity and privacy. Staff knocked on people's doors before entering their bedrooms and supported people discreetly away from communal areas when they required help with their personal care. Staff respected their privacy, but sought to offer them choice to spend time in communal areas or join in with activities. The activities co-coordinator told us, "As well as 'for fun' activities I aim to spend time with every resident at least once a week."

People were supported to maintain friendships and important relationships. Although we did not speak with any visitors on the day of our inspection feedback we saw, sent to the service from family members, showed us that the service was welcoming to visitors.

Good

Is the service responsive?

Our findings

Our previous inspection of 19 September 2016 had found there was an inconsistent approach to supporting people with their interests and hobbies. Since that inspection the service had recruited one new activities person and another was awaiting the outcome of pre-employment checks before starting work. The new activities person was enthusiastic about their role. They told us that they had independently researched appropriate activities to provide to people and would shortly be going on a training course to further develop their knowledge.

People were supported to follow their interests and take part in social activities. One person said, "I don't feel at all restricted and I certainly feel that I am in control of my own life." The manager told us how another person was supported to walk the short distance to the local church to attend services. The manager also told us that several people in the service enjoyed playing card games and we observed staff supporting a small group of people to play a card game. The service had purchased oversize playing cards to enable people to continue playing when they may not be able to play with the usual type of playing card.

Care plans included information that enabled the staff to monitor the well-being of the person. Where people had specific health conditions such as diabetes, care plans included information for staff about the condition, how the person was affected and signs and symptoms if there was a change in the condition. Care plans clearly identified the steps staff needed to take in order to monitor people's conditions, such as weight monitoring, food and fluid monitoring or behavioural monitoring, and detailed the actions staff needed to take in order to help maintain people's health and wellbeing.

However, no one we spoke with could recall being involved in discussions or decisions about their care. One person said, "They know what I need so they don't have to discuss it and I get the kind of help I need." Care records did not demonstrate that people had been involved with writing them. We discussed this with the manager who told us how they regularly liaised with people's relatives around the care people received. During the inspection we saw them speaking to a person's relative on the telephone about the person's care and support. The service's care planning system and the new electronic system that was being introduced generated alerts to staff when care plans needed to be reviewed.

Handover between staff at the start of each shift ensured that important information was shared, acted upon and recorded to ensure people's wellbeing was monitored. Staff told us that any information where people required changes in their medicines or additional care were discussed at staff handover. This helped staff provide a flexible and responsive service, which reflected the changing needs of people. The service held a weekly ward round type visit from the local GP. The GP service told us, "I am very impressed that the staff that who are involved with the ward round know all the details about the residents that we are seeing together and that residents are seen appropriately and in a timely manner and that it would appear that there is a very good level of communication and sharing of essential information regarding the residents care between the care staff."

People told us they had not had to make a complaint but knew how to do so if they needed to. One person

said, "I have never had to make a complaint but if I had to I would talk to [manager]."
There was a complaints policy in place to deal with concerns appropriately. All formal complaints were recorded onto a computer system, which was reviewed by the provider organisation to help ensure complaints were resolved appropriately.

Good

Is the service well-led?

Our findings

The service's registered manager had left the service prior to this inspection. The provider had recruited a manager who was in the process of obtaining a DBS check in preparation to applying to the Care Quality Commission to register as the manager. The area manager told us that as soon as this was received the manager would be putting in an application to the CQC to register.

People living in the service and social care professionals we spoke to felt the service was managed efficiently and the manager was very approachable. One person said, "Oh yes, I could talk to [manager] there's nothing wrong with [manager]." A member of care staff said, "I like being a carer and my line managers are very approachable."

The manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The manager and provider's representative, who joined the inspection for the feedback, were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way. The manager told us that the provider listened to them when they requested support with improvements to the service. They told us that this was demonstrated by the recruitment of staff to the laundry which they had requested.

The manager was supported by the provider's management team that were experienced, knowledgeable and familiar with the needs of the people the service supported. They had regular contact with head office, ensuring there was on-going communication about the running of the service. Regular meetings were held where the management were appraised and discussed the operation and development of the home. The provider's area manager and quality manager attended the service during our inspection to support the manager.

The provider had recently introduced a new care planning system where care staff used smart phones to update people's care records. The manager told us that this meant that staff would spend less time recording data as they could do it as they provided the required care and support. This meant that staff would be free to spend more time with people providing care and support. The system was in the process of being introduced on the day of our inspection. The provider had planned and risk assessed the introduction of the new system to ensure people received a continuity of care. The manager told us about a number of benefits of the system. These included allowing relatives on line access to people's care records, subject to the person's consent. The system was password protected and only allowed access to records that people were entitled to view. This demonstrated the provider's commitment to providing the resources required to develop the service and drive improvement.

Regular audits were completed by the manager and provider's representative to monitor service provision and to ensure the safety of people who lived in the service. The audits consisted of a range of monthly, quarterly and annual checks. They included medicines, accidents and incidents, complaints, and care documentation. Audits identified actions that needed to be taken. Audits were carried out to ensure the care and safety of people who used the service and to check appropriate action was taken as required.

The provider recognised the good work of staff with a variety of awards. These were presented at a formal event which was hosted by the provider's Chief Executive. Staff we spoke with told us how they appreciated the recognition received.