Care Quality Commission

Mr. Gordon Phillips

# Ballater House

**Inspection report**

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires improvement** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Requires improvement** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

Ballater House is registered to provide accommodation for people who require nursing and personal care for a maximum of 16 people who have a learning disability, and people whose behaviour may challenge. The accommodation is on two floors of a large house arranged over three units named Mercury, Pluto and Saturn. There were 13 people living in the service during our inspection

The inspection took place on 15 April 2015 and was unannounced.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. On the day of our inspection the appointed home manager assisted us with support from a company director.

People were not always protected from abuse as the staff were not always able to recognise abuse.Staff had

# Summary of findings

undertaken training in safeguarding adults and told us action they would take if they saw abuse taking place but were not always clear about the actions they should take or who they should report concerns to.

People were not always protected from avoidable harm because risk assessments for people had either not been carried out or not fully completed.

Care was provided to people by staff who did not always have up to date training in the management of people's behaviour and we saw some staff lacked the skill to interact well with people which affected the quality of care that people received.

Staff did not fully understand their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Some mental capacity assessments and best interest meetings had not been undertaken for people who required them.

People received their medicines on time and safely from staff who had been trained to undertake the task however people were not provided with their medicines in a dignified way. Medicines were stored securely and a clear record of them was available.

There were sufficient staff employed to meet people's care needs which included one to one support where appropriate. The provider followed safe recruitment procedures which ensured that staff were suitable to work in the home.

People's health care needs were met and people had access to health care professionals when they needed them.

People were able to take part in a range of activities that they enjoyed and had to access community facilities if they wanted this. Family links were encouraged and maintained and visitors were made welcome in the home.

People were not always provided with enough food and drink to meet their nutritional needs. People had access to small kitchens in their individual units where a variety of snacks and drinks were available throughout the day.

A complaints procedure was provided and some people were able to make a complaint or voice their concerns. We saw no complaints had been received however people and relatives told us they knew how to do so if they needed to.

Whilst systems had been developed to monitor the quality of the care provided to people these were not always effective as they did not highlight the breaches of regulations that we identified. Quality audits of care, medicines and the health and safety of the environment were completed.

The manager in post had a good understanding of people's needs and was making progress in developing a consistent staff team. People and healthcare professionals spoke well of the management arrangements in place at the service.

There were several breaches of regulations which impacted on the quality of care that people experienced. You can see what action we have asked the provider to take at the back of the full version of the report.

# Summary of findings

## 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 always safe.

People were not always protected from abuse because staff were not always able to recognise the signs of abuse.

Risk assessments were not always in place for specific identified risks.

People received their medicines in a safe and timely manner.

There were enough staff on duty and staff recruitment procedures were safe in order to protect people living in the service.

**Is the service effective?**

Requires improvement

The service was not always effective.

Staff had an understanding of Deprivation of Liberty Safeguards and the Mental Capacity Act. However not everyone's mental capacity assessment had been completed and not all DoLS applications had been submitted.

Not all staff had received training in managing challenging behaviour to deliver care effectively.

The nutritional needs of some people with complex needs were not being monitored effectively which could place them at risk.

People's health care needs were being met.

**Is the service caring?**

Requires improvement

The service was not always caring.

People did not always receive care in a compassionate and meaningful way as some staff had little interaction with those they supported.

People were encouraged to make choices regarding their daily living and individual needs.

Privacy and dignity were maintained and people were treated with respect. People could receive visits from family and friends in private.

**Is the service responsive?**

Good

The service was responsive.

People received responsive care according to their expressed wishes.

People who made the choice were encouraged to attend activities and access community facilities according to preferences.

Some people were able to express their views and information on how to raise concerns or make a complaint was available.

# Summary of findings

**Is the service well-led?**

The service was not consistently well-led.

Records were not always available in the service.

The home had been without a registered manager for over a year. Their was a manager in post who was leaving the service.

People, relatives and health care professionals told us the current manager was very supportive and very aware of people's needs.

Systems were in place to monitor the quality of service provision.

**Requires improvement** 

# Ballater 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 was an unannounced inspection, which took place on 15 April 2015. The inspection team was made up of three inspectors.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We did not ask the provider to complete a Provider Information Return (PIR) before this inspection. This is a form that askes the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with eight people who used the service, eight staff, two health care professionals, the home manager and the director of the organisation. We also spent time observing the care provided and the interaction between people and staff.

We looked at all records relating to people's care and the management of the home. These included six care plans, six risk assessments, four staff employment files, quality assurance audits and medicine records.

The last inspection of this service was on 30 September 2014 where we found our regulations were not being met and concerns were identified regarding the environment.

Requires improvement

# Is the service safe?

## Our findings

People told us they felt safe living at Ballater House. One person said "I love it here", and another said "It's good here and I get out a lot". Staff commented "People are safe living here, most people have been here for many years and we know them well".

However we found that people were not always protected from abuse because staff were not always able to recognise the signs of potential abuse and did not always intervene to prevent this from happening. During the morning and throughout lunch one person was anxious and exhibited behaviour that meant they were shouting for help constantly. This caused other people to become extremely agitated and as a result one person said that they wanted to "smack" the person who was shouting. Staff did not act to ensure the person was protected from the physical threat and did not record the incident appropriately. Whilst staff had received up to date training in safeguarding adults and there were policies and procedures in place in the service staff had not recognised the above incident and had not acted appropriately to protect the person from harm.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some general risk assessments were in place for people to access the community, participate in activities and using the home's transport but these were not always up to date. Personalised risk assessments were not in place which meant that people were not protected from avoidable harm. For example, two people had been identified as a risk of choking due to experiencing seizures but a choking risk assessment was not in place. People were at risk from other people's outbursts of behaviour that challenged but there was no evidence of behaviour management plans or ABC charts (charts that are used to record the frequency of challenging behaviour) in place or appropriate guidance for staff with distraction techniques to manage this situation. Accidents and incidents were recorded well by staff but did not show that investigations had been undertaken to identify what triggered the incidents of behaviour in the first place. This meant that people were at risk of unsafe care and treatment as staff were not able to be proactive in their approach.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had sufficient arrangements in place to provide safe and appropriate care during foreseeable emergencies. For example staff had undertaken emergency first aid training and fire safety and were aware of the procedures to follow if required. Protocols were also in place for staff to follow in the event utility failure, adverse weather conditions and an outbreak of infection.

Staffing levels were determined by peoples assessed needs and in some instances people received one to one support in line with their care plan. On the day of our inspection there was one nurse and eight care staff providing support to people. We saw that staff responded promptly when people needed support. By checking the duty rota we confirmed that these were the usual staffing arrangements. This meant there were sufficient staffing levels in place which included additional staff for people who needed one to one support.

There was a safe recruitment process in place. The provider carried out appropriate checks to ensure they employed staff that were of suitable character to support people at the service. Staff told us they had an interview before they started work and had to provide evidence to support their application. All the staff files we looked at had the necessary documentation needed such as proof of identity, references, work history and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

Whilst people received their medicines safely the way that they were administered was institutionalised in practice. People had to queue for their medicine which was given to them by nursing staff from the medicines room which had a barn style half door. Staff responsible for administering medicines had received appropriate, regular training to ensure people were kept safe. There were policies and procedures in place that they had read and signed to confirm they understood these.

Appropriate arrangements were in place to record medicines that people took. Medication administration record (MAR) charts were used and included relevant information about people which included a photograph and any allergies they may have. Medicines that were administered 'as required' were available where needed

Requires improvement

# Is the service safe?

and clearly described to staff when, how and why they should be given, in particular in relation to medicines needed should someone experience a seizure. Medicines were stored safely within a locked room and where medicines needed to be kept below room temperature a fridge, properly checked and serviced, was used to store them.

Staff described the process of ordering and disposing of medicines in the home. The process explained was safe, effective and provided a clear audit trail so that medicines were accounted for appropriately. Annual pharmacy visits were undertaken and areas that had been identified for improvement had been addressed.

Requires improvement

# Is the service effective?

## Our findings

People told us that they got on well with the staff. One person said they were satisfied with the care provided and that staff knew them "Well". We saw some staff were more competent and had a better understanding of people's needs than others.

Staff did not have a clear understanding of the Mental Capacity Act (MCA) 2005 and how it was applied in relation to people's care. The MCA provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Whilst staff asked people for consent in relation to every day decisions such as what they wanted to wear and where they wanted to go consent for more important decisions was not always obtained or evidenced. One person who had required dental treatment at a hospital had the consent form signed by care staff. There was no evidence on how the decision was made or why. There had not been no 'best interest' meeting held where the treatment options for the person had been discussed by their relatives or healthcare professional. There had been limited assessments of peoples capacity completed which meant that people were at risk of having decisions made for them that were not in their best interest.

This was a breach of regulation 11 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. In some cases people were restricted from having access to their rooms and had to ask staff for a key if they wanted to spend time in their rooms. People were able to access the communal areas of the home and the gardens however the front door was locked and there had not been any DoLS applications made in relation to this restriction. Of the DoLS applications that we saw there was no evidence that a capacity assessment had been made. The director told us that this was an area that was under review.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Peoples nutritional needs were not always managed well which placed them at risk. One person who had a weight problem had two lunches as staff had not communicated well with each other about the food this person was to have. One person had lost weight over a two month period which was not planned. Staff told us that the person had complex needs and as a result "Won't eat for days". There were no plans in place to identify the reason behind the weight loss or any nutritional assessments in theirs or other peoples care plans.

This was a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed lunch being served and saw that some people chose to eat in their rooms, in the garden or in the dining rooms. One person had chosen to go on a picnic instead of eating lunch at the home. People were complimentary about the food and told us that the cook was "Excellent". There were hot and cold drinks available to people who were able to help themselves to them whenever they wanted to. The menus were displayed for people to see and the cook had a good understanding of peoples likes, dislikes and any special dietary needs they might have.

Not all staff had the skills and competency needed to care for people who had behaviour that challenged. We witnessed one incident where a person became agitated. The more experienced staff interacted positively with them which helped reduce their anxiety. Other staff told us that they managed incidents as they occurred rather than take a proactive approach to stop them happening in the first place. Staff made promises to people who exhibited behaviour that challenged to help them calm down but did not always follow up which resulted in people becoming frustrated and agitated. This in turn caused other people to become anxious. The manager had engaged the support of external consultants to develop learning packages for staff in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The director informed us they had employed an external consultant who was going to provide training for behaviour management and de-escalation techniques.

Staff told us that the training they received was "Very good" and that they felt they were supported by the manager. All staff had completed induction training before they were able to care for people unsupervised. Staff told us that during their induction they had shadowed a more

Requires improvement

# Is the service effective?

experienced member of staff to familiarise them with the people they were caring for. They said that this had continued until they felt confident in their role. There was an on going training programme in place that was being developed by the manager so that they could identify what training staff required and to help ensure that staff were aware of their roles and responsibilities.

Staff were expected to complete essential training that helped develop the skills they needed to support people effectively. This training included fire safety, equality and diversity, emergency first aid, record keeping, infection control and food hygiene however not all staff had completed this. The manager told us that training was "Fragmented" for different staff as they had completed some training before they had joined the service.

Peoples health care needs were met and there were records kept in their care plans of the action that had been taken by staff to promote peoples health. Each person had a health action plan which focused on peoples individual health needs and how best to ensure any health issues were being managed. A person did not cope well when they had to attend the local GP surgery so staff arranged for a district nurse to attend the service to undertake any blood tests or any other clinical procedure relevant to their health needs. People had regular appointments at their dentists and opticians, one person had received new glasses the previous day and we heard staff comment on how good they looked. Records of health care professional's visits were maintained and appropriate referrals were made promptly.

Requires improvement

# Is the service caring?

## Our findings

People at Ballater House had learning disabilities or had a diagnosis of autism which meant that not all were able to communicate verbally with us during our inspection. From our observations of the care that was provided and our interactions with people we found that some people were not happy living at Ballater House whilst others were content. One person told us that they wanted to move out as they did not think their needs could be met. Another told us "I love it here".

We saw that people were not always treated kindly and with respect in a consistent way by staff. We saw several examples where some staff did not interact with people. For example on Saturn unit one person was in a room with staff and was playing bingo on their own. Staff were sitting in the lounge talking amongst themselves but made no attempt to engage in conversation with this person. On Pluto unit staff was supposed to be providing one to one support for a person however there was no interaction with this person at all.

This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff on Mercury unit interacted well with people and there was a lot of laughter and banter between them. Where people had better communication skills they were able to make their needs known to staff. We saw that people were at ease on this unit and saw them making each other cups of tea and planning what their next activity would be.

Some staff clearly knew people well and had a good understanding of what their needs were and described to us how they would make sure they acted in a caring way. For example one member of staff told us if they thought the person they were supporting was becoming agitated they would suggest a walk around the garden or a cup of tea to help make them feel better.

People's privacy and dignity were respected by staff who told us that any personal care was always undertaken in private. We saw examples of this throughout the inspection where staff quietly and discreetly helped people.

People had their own rooms and were encouraged by staff to personalise their rooms with individual possessions wherever possible. The level of personalisation varied according to what people wanted. People were supported to maintain relationships with their family and friends who were able to visit people when they wished.

People had hospital passports in place. This contained information about people's medical and emotional needs in the event that they may have to go to hospital. People's communication skills varied with some communicating verbally while others used pictures and makaton sign language to make their feelings known. An assistant psychologist facilitated one to one sessions to communicate with people and plan activities and support people's emotional needs.

Good

# Is the service responsive?

## Our findings

People had a comprehensive plan of their care which they knew well and had contributed to. One person told us their care plan had been discussed with them and said "I know what I should be doing each day and it is written there".

Before each person was admitted to the service there was an assessment completed by staff who were qualified to decide whether they could meet their individual needs. Following these assessments staff developed the care plans to ensure that they continued to meet and support people's needs. These plans were in the process of being updated with support from an assistant psychologist who included people to contribute towards their own care plan. These care plans were being developed to ensure they were person centred and contained information in order to establish how people would receive care and treatment in accordance with their choices and preferences. Each care plan was reviewed regularly to ensure that it reflected peoples current needs.

People had access to a variety of activities to choose from that suited their needs and preferences. One person told us "They take me to my activities, I love swimming". People who made the choice were involved in various activities within the community. Some people had returned from swimming and told us they attended early morning swimming three times a week. People attended a local college and went shopping daily for personal items such as clothes. People were involved in a range of everyday activities that they accessed by either using public transport to promote their independence or by using the minibus that was provided by the service.

People told us they enjoyed eating out at local restaurants and visiting the local pub. People were keen to show us photographs of their holiday last September which they told us they had enjoyed. There were already plans being made for another holiday this year which people told us they were looking forward to. People were encouraged to maintain contact with their family and to go out for day visits or short stay breaks. One person told us "I love going home as all the family come to see me".

Some staff who provided one to one support told us they listened to people's individual requests and planned their day accordingly. For example a person was meant to be going out on an activity on the day of our inspection but as the weather was so good they rearranged their plans and went on a picnic lunch instead. The staff member said "It's their time and their choice".

People told us they knew how to make a complaint or comment on any issues they were not happy about. There was a complaints policy available which was on display in the home. The manager maintained a complaints log which recorded any concerns that people or relatives had and the actions that had been taken to resolve them. Relatives told us that if they were unhappy with anything they would speak to the manager who they said was "Excellent" and would resolve things without the need for them to make their complain formal. The manager had an open door policy which meant that people and relatives could easily speak to them about any part of the care that was provided. We saw examples were people would approach the manager on the day of our inspection to discuss matters that were important to them.

Requires improvement

# Is the service well-led?

## Our findings

At the time of our inspection the service did not have a registered manager in post. There had not been a registered manager since June 2014. The manager had been appointed in January 2015 but had not registered with the Care Quality Commission (CQC). They advised us during our inspection that they had submitted their resignation as they did not feel supported by the provider to manage a service for people with complex needs. They had a good understanding of people's needs and what was required to meet these needs. For example they expressed the importance of the continuity of a permanent well trained staff team.

People and staff spoke positively about the manager and the changes they had implemented since they had joined. People told us they felt supported by the manager and they listen to their concerns. One person said "When I am stressed the manager knows how to calm me". We saw how the manager had contributed to coping strategies that had been implemented to support people. The service had improved its working in partnership with other key organisations for example the local authority, safeguarding teams and clinical commissioning groups to support provision of care and the service development. One health care professional told us they had experienced a marked improvement in communication and implementing recommended requests since the appointment of the manager.

Staff spoke positively about the manager and the changes they had implemented. They said they were able to raise concerns regarding the running of the home and felt confident they would be dealt with accordingly. They said the manager was working towards a full complement of permanent staff and reducing the number of agency staff working in the home. We viewed the staffing rota which reflected this improvement in the use of agency staff.

Record management was not satisfactory. For example not all best interest meeting records and mental capacity assessments were in place and some records could not be located when asked for such as the last fire safety. We were unable to see any record of behaviour charts to support how behaviour was being managed by staff and whether patterns of trends were identified..

Staff meetings were infrequent and there was no record of those that had taken place. We found that residents meetings were not undertaken so people were not given a forum to discuss concerns or make suggestions as to how the service could be improved. The Director told us that new picture satisfaction questionnaires were in the process of being developed to gain feedback from people and this would be used to improve the quality of care provided. The service user satisfaction surveys would not have identified the breaches of regulations found at the inspection as the survey had not been completed at the time of the inspection.

Systems were in place to monitor the quality of the service being provided which included monthly audits of care plans, risk assessments, medicine audits and people's finances. Health and safety audits were also undertaken to promote the safety and welfare of people. The Director told us that new picture satisfaction questionnaires had been introduced to monitor the quality of service provision. The service user satisfaction surveys would not have identified the breaches found at the inspection as the surveys had not been completed at the time of the inspection.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Services that provide health and social care to people are required to inform the Care Quality Commission (the CQC) of important events that happen in the service. The provider had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect<br>**People were not always treated with dignity or respect.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 11 HSCA (RA) Regulations 2014 Need for consent<br>**Peoples consent was not always obtained particularly in relation to important decisions. Mental capacity assessments had not been completed appropriately.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Nursing care<br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br>**People were not always protected from avoidable harm.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment<br>**People were not always protected from abuse as staff were not always able to identify what constituted abuse and what steps they should take.** |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br>Treatment of disease, disorder or injury | Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs<br>**Peoples nutritional needs were not consistently met.** |

This section is primarily information for the provider

# Action we have told the provider to take

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>Quality assurance systems were ineffective and did not identify concerns. |