







Mr & Mrs A Cropley Point 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	

Overall summary

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 and to pilot a new inspection process being introduced by the Care Quality Commission (CQC) which looks at the overall quality of the service.

This inspection visit was unannounced. This meant the provider was not informed about our visit beforehand. The last inspection for this service was 8 October 2013. At that inspection we found no concerns and no regulations were breached.

Point House is a care home providing a service to a maximum of 22 adults who live with a learning disability. The home had a registered manager. A registered

Summary of findings

manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Everyone we spoke with told us they felt safe and that they were supported and cared for by a good, skilled, caring team of staff. They also told us any concerns they may have would be dealt with quickly.

Staff we spoke with were able to tell us about their recruitment, induction and training that assured us they had the knowledge and understanding to support and care for the people safely. However, on discussing safeguarding further we found that staff were not clear on how to report concerns to professional organisations outside of the home such as the local authority safeguarding team. No issues of concern about people's safety were brought to our attention prior to or during this inspection and all those spoken with said they were safe.

Staff had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They told us they had received training and understood how people could be deprived of their liberty and how to act on any concerns if it was relevant to do so.

People had been assessed against potential risks that could affect them whilst living in the home. However, some of those risks were seen as institutionalised and required some changes to make them individualised. This would ensure the risks assessed were only relevant for those people who presented a risk.

Medication was managed, stored, administered and recorded safely. People told us they received their medication when they required it.

The home was clean and tidy in all the areas we visited. Procedures were in place to control any potential spread of infection. However, we found that hand wash soap and hand towels were not always available within the bathrooms to enable people to wash and dry their hands at all times.

Care plan records and methods of communication ensured staff had a current picture of the needs of each person living in the home. Medical needs were addressed and changes to people's healthcare needs were acted upon by the staff in the home when required.

The meals provided were varied and enjoyed by the people living at the home. People who required support with their meals were assisted by staff in a sensitive manner.

We observed people being supported by staff in a caring and compassionate manner. They told us the staff encouraged them to be independent and yet supported them when they could not manage. Interactions between people and staff were seen to be caring and respectful showing that staff worked with the people they were supporting appropriately.

People living in the home told us they were consulted and listened to and carried out their day to day lives as they wished. Varied activities were available for people to enjoy within the home and within the community, such as horse riding and picnics.

The people we spoke with told us they had no problems with sharing their concerns or complaints with the staff or manager of the home. However, they were not certain how they would take their complaint to professionals outside of the home, if needed. The registered manager said they would improve this shortfall and would ensure the people had the information on how to complain in a suitable format that they could understand.

Staff told us they were fully supported to carry out their role. They told us the training, supervision and guidance offered by the home management enabled them to work well. Designated roles and responsibilities were shared within the staff team. This meant that the service was maintained and improvements were made as required.

People were asked their views on the quality of the service provided to ensure it met their individual needs. The service was being monitored and improved upon.

Four professionals spoken with were positive about the service provided by this home. We had not received any concerns or complaints.

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?

This service was safe.

People told us they felt safe and that staff supported them safely and respectfully.

Risks to people living in this home had been assessed and acted upon.

Staff had received induction, training, supervision and management support to ensure they could carry out their roles correctly and safely.

Medicines were handled safely by staff who were trained and knowledgeable on safe medicines management.

Improvements were required to protect people from possible infections by ensuring they could wash their hands when required.

Good



Is the service effective?

The service was effective.

People told us that any issues, concerns or worries were acted upon quickly.

Care plans and communication methods seen gave an individual picture of the needs of each person.

People living in the home were provided with meals they enjoyed and had chosen for themselves.

People were supported to meet their health needs by the staff team.

Good



Is the service caring?

The five questions we ask about services and what we found The service was caring.

People were treated with kindness and compassion that met their individual needs.

Staff ensured people were involved in decision making and were actively involved in their day to day care and support.

Good



Is the service responsive?

The service was responsive.

People told us they were listened to and that they were fully involved in choosing their day to day lives.

They told us concerns or complaints were acted on quickly by the staff or manager but required further information on who to report to if their concerns were not acted on.

Good



Is the service well-led?

The service was well-led.

People were asked their views on the quality of the service and the results were acted upon showing people were listened to.

Good



Summary of findings

People, professionals and staff spoken with told us the home was managed well by a person who was supportive, listened and acted fully on any issues raised.

Systems were in place and records kept to audit and monitor the service provided and any actions required were acted upon.

Point House

Detailed findings

Background to this inspection

We visited Point House on 6 August 2014. The inspection team consisted of one inspector and one Head of Inspection for adult social care.

Prior to this inspection we looked at information that was in CQC records. We did not receive a provider information report (PIR) completed by the manager before the inspection. This PIR would give us information on how the people using the service were offered the care and support. However, the manager told us they had not received the information request required so a further report to be completed was sent to the manager after the visit. This report was completed but was not used as evidence in this report. We looked at the notifications we had received over

the past twelve months from this home and found no concerns. Notifications tell us of any deaths significant incidents, changes or events which have taken place within the service provided.

We also spoke with two professionals from the local authority who monitor the quality of the service provided to ask their views on the service provided by Point House.

We spoke with nine people who lived in Point House. We observed and listened to care staff interacting with people living in the home. We spoke with four care staff and the manager who work in the home and contacted four health professionals to ask their views of the service. We reviewed three care plans. We also looked at three sets of communication notes that the home uses to share current and relevant information between care staff. We checked the medication administration records, staff recruitment and training records and records of maintenance and quality audits, completed by management.

Is the service safe?

Our findings

All the people spoken with told us they felt safe and protected by the staff team. They all told us they were listened to and that any concerns they might have would be acted upon correctly. We were told that they always had a staff member to talk to and that any support they required was available. We received comments such as, "I feel safe here. There is always a staff member to turn to". "Staff are very good and look after me properly."

We spoke with four members of staff who told us they had been trained and knew the signs to look for that may indicate a person was being abused. They said they had annual refresher training on safeguarding people to ensure they had up to date information. The staff training records showed the training had been completed by all staff. They also confirmed that the training contained questions to make sure they had understood the content of that training. However, they were uncertain how they would take their concerns to the local authority safeguarding team. We concluded that staff knew how to safeguard people from abuse, but required further information on who to report on to any safeguarding concerns.

The care staff, senior carer and manager we spoke with told us how they ensured people were not deprived of their liberty. We saw evidence of the training the staff had completed on this subject. People we spoke with told us what they did with their lives and how they were able to pursue their own interests without restrictions.

The Deprivation of Liberty Safeguards (DoLS) protect the rights of adults living in care settings by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Both the manager and staff told us that no-one living in the home required a DoLS referral at the time of the inspection.

The manager gave us a number of examples of potential risks related to different people living in the home, which had been identified and acted upon to lessen or remove the risks. However, we found that some of the actions taken on the potential risks had been made for all people and not on an individual basis. For example, risk assessments had not been carried out to assess if a person was safe to have their own front door key. The home was locked by a key pad number system so people living in the home could not

enter without ringing the doorbell. This meant that even if a person, following an assessment of risk, was found to be safe with a front door key or the key pad number they did not have the opportunity to have one.

We looked through two sets of staff recruitment records and saw that procedures were followed that would ensure staff were suitable to work with the people who used the service. We saw criminal records checks, two references and at least three forms of identification. The manager told us the potential staff member would not commence work without these records being received.

Staff rota's showed that staffing levels were consistent. The care staff we spoke with told us the staff team were experienced and could support people safely. The people we spoke with said the staff were supportive and available when required. On the day of this visit staff were seen around the home supporting people with their needs when required.

People's medicines were stored safely in a suitable locked cupboard inside a locked office. The cupboard was divided into sections for each person for safe storage. Controlled medication, which is medication that needs to be stored separately, was correctly placed in a metal cabinet bolted to the floor. A separate register of controlled medication received and administered was found to have accurate records. We also found that other medication administration records had been completed correctly and that three staff we spoke with had the knowledge and training to ensure medication was given safely.

We noted the servicing records for electrics and the boiler was in date and fire safety records were completed regularly. We checked the date on fire extinguishers and noted they were serviced within the last twelve months. The fire officer's visit was on 17 May 2014 and no concerns were found. People living in the home told us that if anything needed repairing a handyman would come to the home and fix it. The premises was safe for people living there.

To ensure the home was protected from the risk of infection we looked around areas of high risks such as the kitchen, laundry and bathrooms. The kitchen was noted to be clean and tidy. The registered manager told us that colour coding of cloths and mops was used to ensure staff did not cross contaminate high risk areas. This was confirmed by a staff member who was in the process of

Is the service safe?

cleaning. We noted that the food standard rating had been achieved at the highest rating of five in September 2013. This meant the kitchen environment was a safe and suitable area for storing and preparing food.

People living in the home had clean bathrooms. However, what was not evident was how people could wash and dry their hands when required. We found no soap or hand towels were available. The registered manager told us they

had difficulty in leaving washing items in the bathroom due to inappropriate use by one person. This meant people would not be able to thoroughly wash their hands to ensure they had removed any bacteria that could lead to cross contamination of infections. The manager immediately acted on the findings and ordered soap and paper towels.

Is the service effective?

Our findings

All the people spoken with were very complimentary about the quality of the food they were given. We received a number of positive comments about the food. One person said, "It is absolutely gorgeous." A second person said, "The food is very good and always hot." Another person said, "We always get enough." We observed people helping themselves to drinks as and when they wanted them from the kitchenette area. At lunchtime we saw people were supported appropriately to eat their meal. We noted one person began to get upset. Staff immediately attended to the person's needs in a supportive manner and they settled to eat their meal.

The staff we spoke with had all worked in the home for a number of years. Through talking with staff and looking at training records we found they had the skills and competencies to work with people living in Point House. We discussed their training with the manager who showed us the planner for the completed training and the sessions scheduled for the future. We noted on the information provided that 75% of staff held a recognised qualification in care at level two or three. Staff had completed training on epilepsy and dysphagia (where people may have speech and swallowing problems). This ensured the staff team were skilled and could safely support people with the care required.

Staff we spoke with were clear in their knowledge about the individual needs of people living in the home. We read detailed daily notes in the communication books on three people. These gave us a picture of their day to day lives and told us what intervention had been required by the staff to ensure people were living the lives they preferred. Records showed when a doctor was called, when a family had been involved and the use of a palliative nurse for support for someone with a terminal illness. On talking with three of the staff it was evident that they knew the people they were supporting well and were able to offer the correct care and support effectively.

We looked at the methods used to ensure people were maintaining their weight. Some weight records were not always completed on a monthly basis. Staff said this should be the procedure used to oversee people's weight. Most of them were completed every six to eight weeks and except for one person no concerns were identified. However, this person, who was very unwell was being supported with their nutritional needs by drink supplements and foods that they could tolerate as and when they could manage to eat and drink. Staff told us they were observing this person closely and knew the weight loss was a concern. They had records to show how they had received professional support for this person. We found this person was receiving full medical support from their GP and designated nurse.

People we spoke with told us they had support from staff to attend appointments to see their GP, dentist and optician. One person was just leaving the home when we arrived for the inspection to attend their regular doctors appointment. On their return they told us how the staff supported them to book and then attend their appointments. In two care plans we looked through the outcome of health checks and support offered by other health professionals, such as dentists and opticians, ensured people's health care needs were met.

We also found that the door leading out of the home had a large notice stating the door should be kept closed at all times. This style of notice was found on a few doors within the home such as a store cupboard and bathroom. Although the risks had been identified this type of notice made the home institutionalised and not suitable for people's own home.

Three people invited us into their own bedrooms. They told us they were pleased with their rooms. They said how they had made them homely and that the decorations and furnishings were what they liked. One person who had recently moved to the home told us the staff were helping them sort out their old flat and enabling them to bring the personal belongings they treasured to their new home.

Is the service caring?

Our findings

We observed that staff supported people in a caring and compassionate manner. We noted staff would always offer support with a choice. For example, we heard staff say to a person "Would you like some help or can you manage by yourself." The people we spoke with told us the staff were 'kind, helpful and understanding'. Two people told us that care staff fully involved their family members with all aspects of their care needs and that their family and friends were made to feel welcome when they visited.

Through observations and talking to approximately half the people who lived in the home, it was evident that people were treated in a dignified, caring manner. We noted the staff treated people with compassion and encouraged people to make their own choices. Conversations were respectful and it was evident that the staff knew the people they were supporting. This meant people were offered the care and support they required appropriately.

One person told us that staff respected their privacy and dignity. They said they often liked their own space and that staff respected this. We noted that people had a door key for their bedrooms and that staff knocked on the door to ensure it was okay to enter before going in. We found throughout the day of this inspection that staff were respectful and kind in all aspects of the care and support provided.

Another person told us they were encouraged to do their own laundry and make their own bed. They said the staff knew they liked to do jobs such as put their own washing away so they left them to do it. One member of staff said, "We need to encourage people to do things for themselves so they do not lose their independence." This showed people were empowered to do task for themselves by encouragement and support.

We found that when someone was very unwell and nearing the end of their life that staff worked hard to support the person fully with their preferences. The home had a detailed plan of care for one person stating how best they could support the person at this stage in their life. There was also a procedure in the home on how to carry out this support. We read details on how staff were managing the person's pain relief and how they were regularly offering the correct foods and supplements to appropriately meet the person's nutritional needs.

The GP was regularly involved with records seen of each GP visit made and the action taken by the staff following that visit. The home had also involved the palliative care nurse who was supporting the staff with the care required for this person. This was to ensure they could continue to care for the person correctly. We spoke with this nurse after the inspection visit. They told us the manager and staff had responded professionally and comprehensively to all the recommendations given to ensure they supported the person fully.

Is the service responsive?

Our findings

People we spoke with told us they were happy with the support they received from staff and that individualised support had a positive effect. For example, one person said, "If I feel angry or upset I have a card I can show to staff to say that I need to be left alone or need support. Staff made this for me and it is very helpful." Another person said, "I am listened to and my ideas are taken in and acted upon." We read on a communal notice board and were told by several people, that there were many varied activities that people could participate in if they wished to. We noted camping, horse riding, picnics and bike riding were just some advertised. Some of the posters and information on display were not always easy to read and may not have been suitable for some of the people living in the home. However, the staff and people we spoke with all said that what was available and happening was always discussed fully so everyone was aware of what was going on.

Two of the care plans we looked at were personalised and detailed the level of support people required. The two people who the plans belonged to confirmed their care was as they required and stated they 'could not fault the support they received'. However they also told us they did not understand their care plans. We concluded that

people's care was effective. However, we could not be assured how staff supported people to be involved in the setting up and on-going reviews of their care plans by recording them in a format that they could understand.

We noted in people's care plans that aims and goals were planned to promote personalised care and support that encouraged independence. The manager told us a new form was due to be tried to measure the benefits of this method of support. We were given an example of how a goal for one person was to plan and help the creation of a better garden and patio area at the side of the property. This person told us how interested they were in the garden and had taken a positive approach to this project.

Each person we spoke with during our inspection told us if they had a concern or a complaint the staff or manager would deal with it. However we could not find information in an easy read format that would guide people to other ways of complaining or sharing a concern. After discussion with the registered manager on our findings, ideas and suggestions were acknowledged. We were told changes would be made to ensure the concerns and complaint procedures were improved upon for all people living in the home.

People's religious beliefs were supported by the home. For example, one person, attended a local church service each week. They said, "I take myself to church but staff always remind me and ensure I get there on time."

Is the service well-led?

Our findings

All the people we spoke with told us they were actively involved in the home's development. They told us they held regular meetings to plan future events and to discuss changes or improvements required in the home, such as room decoration or garden improvements.

During this inspection a number of people living in the home knocked on the office door to tell the registered manager about what they had been doing or what they wanted to do. One person said, "This is my home and the manager supports me to say what I feel." Another person said, "I can tell the manager anything and she will sort it." The interactions with people living in the home and the manager were supportive, open and honest.

Staff told us that the manager had an 'open door policy' for any of the staff, people living in the home, professionals or relatives who may have a concern. They said they could approach them and discuss any issues that might arise. The staff were aware of the whistleblowing procedures and felt the home was running well, the manager was approachable and dealt with issues appropriately as and when they arose.

Staff told us they had regular staff meetings and that all staff were encouraged to attend. The recent minutes were available for us to see and showed that appropriate agenda items were discussed such as best practise with infection control procedures and medicines management. This registered manager had been in post for many years and had the leadership skills and training to do the job required.

The home's management team had audit systems in place to monitor the quality of the home and methods used to support people who lived there. We talked to staff who took lead responsibility in different aspects of the service provision. For example, staff supervisions and training. We heard how the process was monitored and how staff

received appropriate support to do their job. One staff member was responsible for health and safety, which involved regular checks to the fire safety systems and the building repairs and maintenance required. We saw on the day of the inspection that roof repairs were taking place. This meant the service provided was suitable and safely maintained.

People were asked their views on the quality of the service and improvements were made when required. People, relatives and professionals were asked to complete questionnaires on their opinion of the service provided. Questionnaire returns were seen from the survey completed in 2013 and were available in picture formats for all people to understand. We looked through 12 of the returns and found almost all the responses were positive in their answers. The registered manager said the evidence was collated and any improvements identified were acted upon such as trips out. These trips were now advertised on the notice board in the home. We were told the next questionnaire was due to be sent out in September 2014.

Incidents were recorded and reported correctly and any safeguarding issues were notified immediately and acted upon appropriately.

People living in the home were supported by high quality care to meet their needs. We spoke with the quality team at the local authority, two social workers and a nurse as part of this inspection. All of them found the home worked to achieve the best outcomes for the individual people living in the home and said the service was good and well-led by an experienced manager. We were given an example by one of the professionals of when a person living in the community required a placement in the home when an emergency arose. We were told how supportive, proactive and welcoming the staff had been. They said the person had settled so well they had remained at the home. Another professional said, "The staff team at the home work well together, know what is happening, are well informed and know what their role is within the home."