Abbeyfield Society (The)

Pratt House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 1st and 5th September 2016 and was unannounced on the first day.

At our most recent inspection in May 2014 we found the service was meeting the requirements of the regulations in place at the time.

Pratt House is registered to provide care for up to twenty nine older people. Twenty one people were being cared for at the time of our visit.

The service had 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 responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

We received mostly positive feedback on the quality of the service from people who lived in Pratt House and their relatives. Health care professionals we contacted were also positive about the standard of care they observed and the communication and co-ordination that existed between Pratt House and themselves.

There were safeguarding procedures in place and staff received training on safeguarding vulnerable people. This meant staff had the skills and knowledge to recognise and respond to any safeguarding concerns. The registered manager and staff demonstrated an understanding of their responsibilities in relation to the Mental Capacity Act (MCA) 2005. They understood that where people lacked capacity a mental capacity assessment needed to be completed and best interest decisions made in line with the MCA. Staff had a good understanding about giving people choice on a day to day basis.

Risks to people were identified and managed well at the service so that people could be as independent as possible. A range of detailed risk assessments were in place to reduce the likelihood of injury or harm to people during the provision of their care.

We found staffing levels were adequate to meet people's needs effectively. The staff team worked well together and were committed to ensure people were kept safe and their needs were met appropriately.

Staff had been subject to a robust recruitment process. This made sure people were supported by staff that were suitable to work with them.

Staff received appropriate support through induction and supervision. All the staff we spoke with said they felt able to speak with the registered manager or senior staff at any time they needed to. There were team meetings held to discuss issues and to support staff. Overall the staff we spoke with were positive about the newly appointed registered manager. People commented favourably on the 'open door' policy of the registered manager, who had a high profile throughout the service and who was readily available to staff,

people who lived in Pratt House and their relatives.

We looked at summary records of training for all staff. We found there was an on-going training programme to ensure staff gained and maintained the skills they required to ensure safe ways of working.

Care plans were in place to document people's needs and their preferences for how they wished to be supported. These were subject to review to take account of changes in people's needs over time. We found the format for care plans was sufficiently comprehensive to ensure people were protected by accurate and up to date records of their care.

Medicines were administered in line with safe practice. Staff who assisted people with their medicines received appropriate training to enable them to do so safely. Problems with the storage temperature of medicines were addressed satisfactorily during the inspection.

The service was managed effectively. The registered manager was also responsible for the local Abbeyfield care at home service operated from a different address. In their absence, there was effective management and communication in place. The quality of care was regularly checked through audits and by giving people the opportunity to comment on the service they received and observed.

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.

People said they felt safe. Staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. They had completed training in safeguarding of vulnerable adults.

People's medicines were being managed safely. Where concerns had been identified, for example with medicines storage temperatures these were being addressed.

People were protected as staff levels were adequate to meet their individual needs. There were effective recruitment processes in place.

Is the service effective?

Good

The service was effective.

People received safe and effective care. Staff were supported to achieve this through structured induction, regular supervision and training.

People were encouraged to make decisions about their care and how it was provided. Decisions made on behalf of people who lacked capacity were made in their best interests.

People received the healthcare support they needed to maintain their health and well-being.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect and staff protected their privacy.

People were supported by staff who engaged positively with them whilst they provided care and support.

Staff knew people well and understood people's different needs

and the ways they liked their support provided.

Is the service responsive?

Good

The service was responsive.

There was a care planning process in place which helped staff provide people's care in the way they wanted them to.

The service responded appropriately when people's needs changed. This ensured their needs continued to be met and that they could remain as independent as possible.

People were supported when they wanted to take part in activities and social events in order to provide stimulation and entertainment.

Is the service well-led?

Good

The service was well-led

The newly appointed registered manager had identified those areas that required improvement. They had put together a service plan to address them.

The registered manager was very active within the service. They had an open-door policy for people who lived in Pratt House, their relatives and staff and helped ensure staff worked well together as a team.

There were quality assurance systems in place to both monitor the quality of care provided and drive improvements within the service. People who lived in Pratt House, their relatives and staff were involved in and could contribute to this process.

Pratt 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 inspection took place on 1 and 5 September 2016 and was unannounced on the first day. The inspection was carried out by one inspector and an expert by experience (on the first day only). An expert by experience is a person who has personal experience of using or caring for someone who uses or has used services.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection we gave the registered manager the opportunity to discuss this with us and update any information. They provided us with any additional information about the service when we asked and were open and co-operative throughout and following the inspection.

We reviewed notifications and other information about the service we had received since the last inspection. A notification is information about important events which the service is required to send us by law.

During the inspection process we contacted four health and social care professionals to seek their views about people's care.

During our visit we spoke with nine people who lived in Pratt House and also to three relatives of people who lived in the home who were visiting the service. We spoke with the registered manager, the senior member of staff responsible for medicines management and with seven staff members including catering, domestic and activity staff. The expert by experience carried out two periods of observation when they were able to see how staff and people who lived in Pratt House interacted.

We checked records about how people's care was provided. These included seven people's care plans and medicines records. We also looked at three staff files containing recruitment checks and details of induction

for newer staff and supervision and training monitoring records for all staff.

Good

Is the service safe?

Our findings

People told us they felt safe and had no concerns about how they were treated. "I feel safe in here and the staff make me feel safe and secure. The environment is good and I have not been bullied." "The staff are kind and we get along ever so well" were some of the comments made to us.

One person who was in Pratt House for a period of respite care queried if they could have a key for their room, as they felt vulnerable. We clarified with the registered manager that both the respite care and permanent agreements in force included provision of keys for people when requested.

On the days of our inspection we found people were supported by sufficient staff with the skills required for them to be able to do so safely. Staffing levels were assessed taking into account the number and dependency level of people. The registered manager confirmed staffing levels were reviewed to ensure that each shift was covered by staff with suitable knowledge, skills and competencies to do so safely and effectively. When we spoke with staff, they said they thought staffing levels were adequate. They told us they worked well together as a team to ensure people received safe care.

People we spoke with told us staff were available when they needed assistance and people who lived in Pratt House told us any calls for assistance were answered promptly. "I am very happy with most of the staff and the environment, especially when my family come for a visit" one person told us. We saw staff managed busy times of the day well to ensure people's needs were met appropriately. We observed staff interaction with people throughout the inspection. We found staff had the time for conversations with the people they supported, which helped promote a relaxed and calm atmosphere.

People were protected by the service's recruitment practice. This meant people were supported by staff who were suitable to do so. The three recruitment files we looked at contained the required documents; for example, a check for criminal convictions, written references and confirmation of their physical fitness to undertake care work.

People were protected when they needed support with their medicines. Staff who undertook medicines administration were provided with appropriate initial and refresher training. We saw staff had undertaken a competency assessment before they administered medicines on their own.

We looked at the service's medicines records and spoke with staff responsible for the administration of medicines. We found people's medicines were managed safely and in line with the provider's medicines policy. There were robust processes in place to ensure people received their medicines as prescribed. We saw medicines were given at the correct time and those medicine administration records we saw were completed accurately to show the medicines people had received. The registered manager had identified where medicines record keeping required improvement and had put additional training and support in place to address this.

We found on the first day of our inspection that in the previous seven days, temperatures of medicines

storage had been recorded as above those recommended. The control method noted was to open (a small) window. This had not reduced the temperatures to within recommended levels. By the second day of our inspection an air conditioning unit had been provided and temperatures were within the recommended range.

People were protected because the service had policies and procedures, in place and being followed, in respect of safeguarding people from abuse. There were information posters in staff and communal areas giving contact details for how and where to report any safeguarding concerns. The Care Quality Commission (CQC) had been notified appropriately where any safeguarding incidents had occurred. For example, when a person had managed to leave the premises unobserved. Measures had been put in place to address this risk and prevent a repetition, as far as that was possible to do.

Staff had received training to help them to recognise and respond to signs of abuse. Staff were confident about the actions they would take if they felt someone was subject to abuse. Staff confirmed they had regular updates on safeguarding training. We confirmed this from staff training records. Staff were advised of how to raise whistle-blowing concerns during their training on safeguarding people from abuse. This showed the home had created an atmosphere where staff could report issues they were concerned about and protect people from harm.

People were protected from avoidable risks. Risk assessments were in place to identify risks to people's health, safety and welfare. These set out how identified risks could be eliminated or reduced, to avoid the likelihood of injury or harm to people. These included, for example, the risks of falls and developing pressure damage. Risk assessments had also been written to assist in moving and handling people safely.

There were systems in place to protect people from the risk of infection. For example, staff completed training to increase their awareness about good infection control practices. We saw staff had access to disposable gloves and aprons, which they used appropriately when they assisted people with personal care. There were arrangements for the safe disposable of clinical waste to ensure this was managed in accordance with environmental regulations.

People were cared for in a safe and appropriate environment. Although the decorative condition in parts of the building, particularly the corridors, was worn and 'tired' the building was otherwise well maintained. There were certificates in place which confirmed it complied with gas and electrical safety standards. Equipment to assist people with moving had been serviced and was safe to use. There was a Legionella risk assessment in place. We received a complaint in respect of problems experienced in providing a reliable hot water service to one room. We were informed this was being addressed and that a move to another room had been offered to the person concerned.

Appropriate measures were in place to safeguard people from the risk of fire. Staff training in the appropriate evacuation procedure for the home had been undertaken. We found staff had been trained in fire safety awareness and first aid. There were records in place which showed fire drills had been carried out and there were fire extinguishers and fire alarm test records in place. It was also confirmed that testing of portable electrical appliances had been undertaken.

Accidents and incidents were recorded appropriately at the home and appropriate action taken to prevent further injury to people.

The provider had a business continuity plan in place in the event of a major incident affecting the safe operation of the service. Personal evacuation plans were also in place.

Good

Is the service effective?

Our findings

People's needs were met appropriately. One person told us; "My needs are met, but I don't mind a bit of help from the staff, such as getting out my dress and shoes for the next day." People were overall very positive and appreciative of the support they received from staff. "We can have a nice chat whilst they are getting me ready and they know what I like and what I don't like," was one typical comment.

People's specific needs were very well understood by care staff. Staff had built up a good understanding of the individuals' needs over time and this was reflected in care planning and delivery. People told us staff were approachable if they had a problem.

People received care and support from staff who were appropriately trained. We spoke with seven members of staff and with members of the management team. They were all positive about the training they received. "Fantastic training" was one assessment.

The registered manager showed us the systems which helped them ensure staff were up to date with the appropriate training for their role. They provided us with details of all the training provided and planned for staff. These records showed they were up to date with the training determined to be essential by the provider; for example moving and handling, safeguarding and infection control.

Staff confirmed they had received a full induction when they started working. An induction checklist was completed for each new staff member. In their PIR, the provider confirmed that all new staff completed the nationally recognised Care Certificate qualification. The Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.
Health and social care professionals we received feedback from said they felt the staff were competent to carry out their roles. One noted; "Very caring staff, help patients with their exercises, very keen and encourage people."

Staff received appropriate support to help them effectively fulfil their specific roles within the service. We saw records were kept of when staff had met with their line manager for supervision. Additional assessments and annual appraisals were carried out to assess and monitor staff performance and development needs throughout the year.

Staff told us communication was good within the service. Several of them said this had improved with the appointment of the new registered manager, who had an open door policy and a high profile within the home. Staff maintained daily records of people's health and welfare. Staff meetings took place to discuss and improve practice. The frequency of these varied, however, all the staff we spoke with told us they had no hesitation in discussing any issues or concerns with the manager.

People's healthcare needs were monitored effectively. Any changes in their health or well-being prompted a referral to their GP or other healthcare professionals. For example, people could be referred to the dietitian

and speech and language therapists if staff had concerns about their well-being. Care plans identified any support people needed to keep them healthy and well. The records showed people routinely attended appointments with healthcare professionals, for example, dentists, opticians and hospital specialists.

GPs visited the home regularly from the local surgery. This provided consistency for the people concerned and enabled the home to plan when people could have a routine consultation. Additional visits by the GP or access to other health services were arranged on an 'as required' basis.

Those healthcare professionals we spoke with, including GPs and community nurses, were positive about communication and also indicated they thought referrals to their services were appropriate and timely.

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 in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). When we talked with staff about this, we found they had a good knowledge and understanding of the MCA and had received relevant training.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there were any restrictions to their freedom and liberty these had been authorised by the local authority as being required to protect the person from harm. We found that the registered manager understood when an application should be made to the relevant authority and how to submit one. At the time the PIR was returned, we were informed three people were subject to Deprivation of Liberty restrictions and their care records included appropriate records to support this.

People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments in line with legal requirements, so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as appropriate to make a decision in their 'best interest' as required by the MCA. We found, in conversations with staff, that their understanding of the implications for their practice of DoLS was very good. People were assisted and encouraged to have the opportunity to consent to the details of their care and how it was provided. Throughout the inspection, we observed staff spoke clearly and gently and waited for responses from the people they provided care and support to.

People were given plenty to drink. Where necessary people's food and fluid intakes were monitored and recorded to ensure they were appropriate for the maintenance of their health and well-being. People's care records also included details of any allergies or food intolerances, for example to gluten or personal lifestyle choices such as vegetarians.

We received a range of assessments as to the quality and variety of food on offer. "I have been having the same type of meals for years;" "I do have a choice for my meal, but would prefer a variety of menu to choose from;" "Some bits of the food are not so good, but otherwise the rest of the menu is good;" "The food is fine but I would prefer more choice and a variety of menu available every week." Overall most people told us the

food provided was reasonably good. When we spoke with the home's cook, we found they had a good knowledge of what people liked and did not like and the menu reflected this.

We observed part of the lunch period in the main ground floor dining area. Care workers provided assistance sensitively to those people who required it. The people we spoke with about food confirmed any staff assistance they required was provided appropriately. We saw people had a choice of where they ate. This could be the dining room, other shared areas of the home or in their own rooms if they preferred. We saw that some staff ate with people who lived in Pratt House, extra portions were available and offered to people. This helped make the mealtime a positive experience for both staff and those who they provided support to. We observed drinks being offered throughout the inspection which ensured people had enough fluid intake.

Pratt House provided a safe and effective environment for people with, for example, appropriate assisted bathing and lift facilities in place.

Good

Is the service caring?

Our findings

People told us they felt the staff were caring. One person told us; "Staff are very lovely, I have always been treated with respect and dignity and with kind words;" "Very happy, the staff treating me well." Relatives we spoke with also had mostly very positive views of the service and staff; "Always well-cared for, smart and clean." One person did comment unfavourably about the continuity of staff at times, however, overall, they were very satisfied with the standard of care they saw.

People received care from staff who understood them and knew their personal tastes and preferences. We observed people appeared very relaxed in the company of staff. Interactions between people were relaxed and demonstrated a sociable atmosphere in the shared areas of the home, especially at mealtimes. "They provide the best care needed and required for me. Very satisfied with the care delivered" was one person's comment.

Staff confirmed they had received training in equality and diversity and how this should be reflected in appropriate and sensitive care provision. The staff team was representative of people who lived in Pratt House.

During the inspection we saw that when people asked for assistance, for example, with going from a shared area to their rooms or to the toilet facilities, staff responded very quickly and with patience.

Staff had received training during their induction and afterwards in the need to promote people's dignity and maintain their privacy. If people needed to be supported to move, this was done in a way which promoted people's dignity and staff spoke with people throughout the whole process.

Throughout our inspection we saw staff consistently treated people with dignity, respect and compassion. For example, we observed staff knocking on bedroom doors and waiting for a response, before entering the room. Those relatives we spoke with were positive about how their relatives' privacy and dignity were preserved during their visits.

People were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. People were able to make choices about their day to day lives for example if they wanted to spend time with others in one of the lounges, or if they preferred to spend time
alone in their rooms.

Staff training included the implications for their care practice of providing care to people at the end of their lives. We were told by the registered manager that they would always try and meet people's wishes to remain in what was their home, rather than be transferred to hospital. This was unless their medical needs could not be appropriately met within the home, even with external specialist input.

People were supported to make decisions to refuse treatment or appoint someone with lasting powers of

attorney if they wished to do so. When this was the case, the appropriate details were included in the persons care plan. This included who they had appointed where relevant and their legal responsibilities in respect of which decisions they could be involved with.

People had access to advocacy services when they needed them. Advocates are people independent of the service who help people make decisions about their care and promote their rights. We were told that where advocacy was required, most people had members of the family who did this on their behalf. There were however details of independent advocacy services available.

Good

Is the service responsive?

Our findings

People had their needs assessed before they moved into Pratt House. This ensured they could be met appropriately, based on robust and accurate information. Information had been sought from the person, their relatives and other relevant professionals involved in their care. Information gained through the assessment was then used to draw up an individual care plan. The care plan format in use was fit for purpose and familiar to staff. This enabled staff to have ready access to key information about people's care needs and how they were to be met.

People's care plans detailed daily routines and preferences specific to each person. There were sections in care plans about supporting people with different areas of daily living, for example, their health, dressing, washing, continence and mobility. The registered manager had identified areas in care plans which could be improved and was working with staff to achieve this over time. This would ensure care plans were fully reflective of the good care which was being provided.

People continued to receive appropriate support when their needs changed. Care plans showed evidence of reviews taking place, involving the person concerned, their family where appropriate as well as key staff with knowledge of the person. This meant changes to people's circumstances, for example, to their mobility or weight could be identified. Concerns were raised with us by one family whose relative was resistant to being weighed. The registered manager had arranged a review meeting, involving the family and the person concerned, to see how this could be resolved.

From what people told us and from what we observed during the inspection, including at lunchtime, people were offered choice. They could, within reason, determine how their care and support was provided. Staff were able to tell us in detail about people's needs and how they were met.

People received care and support from staff who knew them well. Staff showed concern for people's well-being in a caring and meaningful way, and they responded to their needs quickly. People told us they were happy with the care they received. "Very happy with the manager and staff…the staff assist me with most of my care needs and with great love from them."

Staff knew about people's individual communication needs. People could move freely around the home and choose where to spend their time. Staff respected people's choices to be in their rooms if they wished. There were areas in the building where people could sit and talk with visitors and family.

People's cultural and religious needs were taken into consideration. We spoke with the activities co-ordinator. They had an activity programme for the home over the next few weeks. Activities were arranged to reflect different cultural celebrations, important national events and other special occasions, for example Christmas and New Year. They confirmed they were supported by the registered manager and provider with the required level of resources and staff support. The service made use of the grounds for activities when the weather permitted.

We observed activities being undertaken. Staff actively involved people in decision making about what was happening, and offered choice. We observed people were able to spend time in their own rooms or to sit quietly without being pressured to 'join in' when they showed no signs of wanting to do so. As well as communal activities, activity staff undertook one to one sessions with those people who preferred their own company or were restricted to their own rooms through ill health or choice. We were told that the programme of activities was under review and would be developed, involving people who lived in Pratt House, to make sure it continued to meet their needs effectively and reflected best practice, for example for those people who lived with a degree of dementia.

There were procedures for making compliments and complaints about the service. Information about this was displayed prominently in the home. We saw from the records of complaints that what few there were had been dealt with within the appropriate timescale. The most recent complaint, which had been made to CQC, was being dealt with involving the person concerned and their family.

Good

Is the service well-led?

Our findings

Pratt House had experienced a series of management changes over recent years. One member of staff told us the thought they had four different managers over one five year period. When we spoke with people who used the service, relatives and staff they were supportive of the newly registered manager. We were informed by the CQC registration inspector that the registration process for the new manager had been positive and that they had demonstrated a very clear vision for the service and how improvements could be made. This would build on the good standards of care that already existed and which were reflected in the previous report by CQC in June 2014. This included the introduction of a service plan to address, for example, care plans and activities and how they could be developed and improved.

The staff we spoke with told us overall they felt supported and were able to speak up and voice their views and raise any concerns. Staff and the registered manager shared information in a variety of ways, for example face to face, during handovers between shifts and in team meetings when they took place. Staff also commented on how well they worked together as a team. We saw staff interacted with the registered manager and each other to provide people with support with everyday tasks and to ensure people were cared for in a timely manner.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted any notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

The registered manager was aware of the new requirements following the implementation of the Care Act 2014, including the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology. At the time of the inspection, the provider had a duty of candour policy awaiting approval. Throughout this inspection process, during the site visit and afterwards, the registered manager had been responsive, open and co-operative.

The home worked in partnership with health and social care professionals to promote people's well-being. We received positive feedback about the liaison and co-operation between the service and health community services. This included, for example, making sure staff supported and encouraged people with exercise programmes devised for them by health professionals.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. There were regular internal quality assurance audits undertaken which looked at how the service performed as a whole. These covered, for example, medicines management, care plans and health and safety. This helped ensure people benefitted from a service which was self-critical and challenging.

The registered manager recognised that responses where areas of concern had been identified could be improved. For example, where medicines storage temperatures had been regularly recorded as above recommended levels, but where the control mechanisms had not been adequate to address this. As noted in this report, action had been taken promptly when this was brought to the registered manager's attention during the inspection.

Overall records were satisfactorily maintained. Any records or information we asked for during the inspection were provided promptly. Staff had access to general operating policies and procedures on areas of practice they required, for example safeguarding, restraint, whistle blowing and safe handling of medicines.