

## Response Organisation

# A G Palmer House

### Inspection report

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### Ratings

|                                 |                         |
|---------------------------------|-------------------------|
| Overall rating for this service | Inspected but not rated |
|---------------------------------|-------------------------|

|                          |                                |
|--------------------------|--------------------------------|
| Is the service safe?     | <b>Inspected but not rated</b> |
| Is the service well-led? | <b>Inspected but not rated</b> |

# Summary of findings

## Overall summary

We inspected AG Palmer House on the 18 December 2015. At the last inspection in June 2015 we required the provider to take immediate action to make improvements to the service. This was in relation to the way risks were mitigated in relation to people's needs. We also required the provider to make improvements to the way in which quality and safety was monitored within the service. The provider sent us an action plan with regard to how this action was going to be taken by 18 December 2015. We found that action had been taken to meet the requirements of the action taken at our inspection in June 2015, but more time was needed to ensure the improvements were sustained and embedded within the service. We have not re-rated the service at this inspection due to needing more time to ensure improvement is sustained.

At this follow up inspection we found people's needs were assessed and risks associated with their needs were mitigated through clear guidance and staff that understood and followed that guidance. Information in some files was still not always clearly set out and the detail in some areas was still lacking. However staff we spoke with could tell us about the risks in relation to these people's needs. People we spoke with told us that the care they received had improved and there had been no issues in relation to staff not knowing their needs. Staff we spoke also felt more prepared to support people; however some staff did feel information could be more accessible at times.

Detailed action had been taken in relation to the monitoring of the quality and safety within the service. A dedicated quality team had been set up to support the manager and a new deputy manager had been recruited to support the day to day management of the service. There was a clear plan of improvement in place and a dedicated staff team and senior staff team focussed on achieving increased standards of care and support for people.

People feedback had been obtained in relation to the quality of the service and whilst the provider was still waiting on some feedback there was evidence that some of the feedback the service had received had already been acted upon.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

People's needs were assessed and clear guidance was in place to manage risks. Some staff felt this information could be more accessible which matched our own observations.

People and their relatives felt the service was safe for people.

**Inspected but not rated**

### Is the service well-led?

Systems were in place to monitor the quality and safety within the home. A dedicated quality team had been set up to support and embed the new systems to sustain and build on the improvements being made.

Staff, people and peoples relatives felt there was more open communication that responded to their views. Peoples views were also sought and action taken as a result of their feedback.

The vision within the service had become clearer and staff we spoke with from the chief executive to the care staff were clear on this vision moving forward.

**Inspected but not rated**

# A G Palmer House

## **Detailed findings**

### Background to this inspection

We carried out this focussed 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 had taken the appropriate action to raise standards within the service following being served two warning notices at our inspection in June 2015.

This inspection took place on the 18 December 2015 and was announced. The inspection team consisted of two inspectors. The lead inspector who attended the site visit was supported by another inspector who did not attend the site visit but made class to people and their relatives to obtain their views.

Prior to our inspection we reviewed the information we held about the service. This included the action plan that had been developed to support the required improvement and additional information to evidence the changes being made and plans for future improvement.

At the time of the inspection there were 76 people being supported by the service. We spoke with eight people who was using the service and four peoples relatives. We spoke with the manager and two members of the quality team. We also spoke with eight staff. We reviewed seven people's care files and records relating to the general management of the service.

# Is the service safe?

## Our findings

At our last inspection in June 2015 we found that risks had been identified in relation to people's needs. However guidance in place did not always support staff in understanding how to support people to mitigate these risks. This was a repeat breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulation 2014. At this inspection we found that risks in relation to people needs were documented and remedial actions in place were in place and more detailed. However some areas still lacked additional detail that would mitigate risks more fully and the layout of some information made it more difficult to fully understand people needs, or identify areas of increased need.

We reviewed seven people's support files. In one person's file we saw there were risk in relation to moving and handling due to needing assistance with their mobility using a hoist. We also found that this person required assistance with their continence as they required a catheter. There was a risk assessment in place which provided guidance for staff on how to support this person safely around these issues. We spoke with staff who had a detailed understanding of this person support needs. We did note that the level of detailed staff told us was not always reflected in peoples support plans. For example we were informed there were additional risks associated with the movement of this person due to environmental factors. These issues were not recorded, but all staff we spoke with were aware of them. We also noted that the risks associated with this persons catheter care were not detailed in a way that mitigated all risks. For example the guidance in place made reference to monitoring the catheter, but did not document how. However staff we spoke with had a detailed understanding of these issues and we also saw noted in a recent daily record that staff had identified an issue with a blockage in the equipment and taken the appropriate action.

We found that the provider had made significant improvement to the clarity and structure within people support files so information was easier to find and made more up to date information more explicit. Peoples files also had a review document to ensure that staff accessing the file could identify when people's needs had changed or when further review was required. We found in most files we reviewed this change was effective, however there were other files where it was not easy to identify areas of increased need straight away. One member of staff we spoke with who was new to care told us, "I find them helpful, but sometimes the information could be clearer and easier to find".

We raised the issues we found with regard to the detail in some places and the registered manager along with their management team. They agreed to take immediate action to ensure more detail was in place and a more accessible document was available to ensure that staff could identify risks associated with people's needs quickly when required. We were shown a form the manager had already designed around people's medicines. This form was already acting as a more easily accessible reference to peoples support needs and there was a plan to update this form to include wider support needs.

People and their relatives felt the service was safe and that staff understood their needs and risks associated with those needs. Comments included, "I feel safe, I have had no issues with staff", "The staff are much better, they seem more confident with my [relative]" and "Staff are much more on top of things and we feel much better".

## Is the service well-led?

### Our findings

At our last inspection in June 2015 we found that risks had not been identified in relation to the monitoring of quality and safety within the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulation 2014. At this inspection we found that action had been taken to ensure the necessary improvement had occurred.

People and their relatives felt the service was well led. Comments included, "The leadership has always been good, never had a problem", "Much more organised now, staff seem better supported" and "Very good manager". We also saw feedback from surveys sent out following our inspection that were wholly positive about the manager and general leadership. Staff we spoke with also spoke highly of the manager. Comments included, "Excellent manager, very supportive", "The support is always there and responsive to when I have need understanding" and "All the managers are great, I love working here".

A new quality team had been created to offer structured and ongoing support to the manager, who had also recruited a deputy manager to support the day to day management of the service. The quality team in collaboration with the registered manager and senior manager had designed a service improvement plan to both meeting the needs of the ongoing improvement requirement, but also looked beyond this action to further improvement. There was a plan to pilot this system alongside the day to day monitoring systems in the near future. One member from the quality team told us, "This system will allow us to see baseline improvement, but also superior so we can go one step better".

We spoke with the quality team as well as the registered manager who all felt that the improvement work helped align the services systems to ensure information was more accessible and improved the quality of service people received. Comments included, "We are definitely becoming more of a learning organisation", "The information has always been here, it just wasn't joined up like it is now" and "We are just more aware now of what we need, it's improved everyone's confidence in the work we are doing so we never slip again".

We found that a new three stage audit system was in place for people's care support files; this consisted of first being reviewed by the person completing review or assessment documentation. This was then reviewed by the quality team and then the registered manager. This ensured that the document was accurate, reflected people's up to date needs and ensured that clear and detailed guidance was in place to support staff in meeting these needs.

We also found that new spot check document had been designed to ensure staff practice was observed directly with feedback more in line with what the regulation stated. These spot checks had started and were planned to occur twice a year. Staff we spoke with had not received spot checks at the time of our inspection, but all told us they were aware of the expected standards. Comments included, "We have always wanted to do a good job, but you get the sense now things are taken even more seriously" and "There is just an increased confidence about the place and that makes the people we support more confident".

We saw that surveys had been sent out following our inspection to seek the feedback from people who used

the service regarding the quality of the support they received. Responses were not due back at the time of our inspection but feedback received earlier than inspected had already been acted upon. One person had asked for earlier visits and this had been accommodated. We also heard the chief executive had sent a personal letter to those that used the service offering an opportunity to offer direct feedback to him. We saw one person had responded to this offer and had shared their experience of improvement and overall satisfaction with the service they received and how important their relationship with staff was.

Staff we spoke with felt the vision of the service was becoming clearer and the culture of openness had improved. Comments included, "I feel much more able to speak up, I never felt that I couldn't, but feel I am now encouraged to do it more, my views count", "I am more clear on where we sit as a service, it's been hard, but worth it" and "The vision is clearer and I feel more part of it". People and their relatives also felt the service was more open to their feedback. Comments included, "I have always felt it's a fantastic service, but there has certainly been more efforts to make contact", "Much better, better communication and staff seem more open to talking to us" and "Staff do seem more focused, I know things have been busy, but you get the feeling things are really great right now".