

Abreu Limited

Claremont House

Inspection report

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Bedfordshire
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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?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 17 and 18 September 2015 and it was unannounced. When we inspected the service in January 2014 we found that the provider was meeting all their legal requirements in the areas that we looked at.

The service provides accommodation and care for up to 16 people with needs relating to old age. At the time of our inspection there were 14 people living at the home.

The home has a registered manager, who is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for

meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the registered manager was on annual leave. The deputy manager was overseeing the home during the registered manager's absence.

People felt safe in the home and staff understood their responsibilities with regards to safeguarding people.

People were supported by staff who knew them well and positive relationships had been formed. People had detailed care plans which reflected their preferences and included personalised risk assessments.

Summary of findings

People were offered a range of activities and were encouraged to maintain their hobbies and interests.

People had been involved in planning their care and deciding in which way their care was provided. People were supported to make choices in relation to their food and drink and a balanced, nutritious menu was offered.

Staff were kind and caring. They treated people with respect and promoted maintaining people's dignity.

Senior staff were approachable. People, their relatives and staff knew who to raise concerns with and there was an open culture.

During this inspection we found that there were two breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was concerning the staffing level at the home and the appraisals of staff.

We also found there was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. This was concerning notifying the Commission of incidents that occur within a service.

You can see what action we told 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?

The service was not always safe.

Staff knew how to safeguard people.

Personalised risk assessments had been completed to reduce the risk of harm to people.

The provider had safe recruitment processes in place.

Staffing levels were not sufficient at all times to ensure people's safety and that their needs were met.

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not receive appraisals to assist in identifying their learning and development needs.

People were involved in decision making and consent to their care sought.

People were supported to make choices in relation to their food and drink.

People were supported in meeting their health needs.

Requires improvement



Is the service caring?

The service was caring.

Staff were kind, caring and helpful.

Staff treated people with dignity and respect.

Support was individualised to meet people's needs.

Good



Is the service responsive?

The service was responsive.

Care plans reflected people's needs and preferences, and were consistently reviewed.

People were supported to participate in a range of activities and were encouraged to maintain their hobbies and interests.

There was a complaints policy in place.

Good



Is the service well-led?

The service was not always well-led.

There was a clear management structure of senior staff. There was an open culture amongst the staff team.

Requires improvement



Summary of findings

People, their relatives and staff were encouraged to give feedback on the service provided.

A serious incident had not been reported to the CQC.

Staff records were not held securely.

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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 17 and 18 September 2015 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection we reviewed the information available to us about the home such as information from

the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with six people and one relative of a person who lived at the home, three care workers, one cook, one domestic and the deputy manager.

We carried out observations of the interactions between staff and the people living at the home. We reviewed the care records and risk assessments of four people who lived at the home, checked medicines administration records and reviewed how complaints were managed. We also looked at four staff records and the training for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

People we spoke with said that they felt safe and secure living at the home. One person said, “I couldn’t ask for more, they look after me so well.” Another person told us, “day or night there’s always someone to help, that’s comforting to know.” The relative we spoke to said, “It’s reassuring for me to go home myself after visiting and know [relative] is safe and well looked after.”

We received a consistent view from people and staff about the staffing levels. A formal staffing level assessment which considered the needs of people and ensured safety whilst considering the layout of the building was not in place. One person told us, “The staff are lovely but there just doesn’t always seem to be enough of them around.” Another person said, “They just seem so busy sometimes and often they can’t sit and chat.” Staff we spoke with confirmed that at times they felt there was not enough staff on duty and had raised concern with the provider. We looked at the rotas and the care plans of people living at the home. These indicated that at certain times during evenings and weekends where there would be insufficient staff on duty to meet the needs of people in the first floor bedrooms and monitor the safety and wellbeing of people in the ground floor bedrooms or communal areas.

The lack of sufficient staff at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment files for four staff including one care worker that had recently started work at the service. We found that there were robust recruitment and selection procedures in place. Relevant pre-employment checks had been completed to ensure that the applicant was suitable for the role to which they had been appointed before they had started work.

There was a current safeguarding policy and information about safeguarding was displayed in the entrance hallway and in the staff room. All the members of staff we spoke to told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report. They were also aware of reporting to safeguarding teams. One

member of staff said, “I would report any concerns straight away to the deputy manager, or manager.” Another member of staff said, “I would be completely happy to raise any concerns. I know they would listen.”

People were protected from risks that affected their daily lives. There were personalised risk assessments in place for each person who used the service which covered identified risks. The actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. For some people, these also identified specific support with regards to their mobility and steps that staff should take and the equipment to use to keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included looking at people’s risk assessments, their daily records and by talking about people’s needs at team meetings. Incidents and accidents were recorded and records of falls analysed by the deputy manager. We saw that these had been discussed at a recent team meeting to inform staff of the steps that were to be taken to minimise the risk of them happening again.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments. People living at the home had Personal Emergency Evacuation Plans (PEEP’s). Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the home if there was a fire. The service also had plans in case of an emergency, which included information of the arrangements that had been made for other major incidents such as a flood or utility failure.

There were effective processes in place for the management and administration of people’s medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people’s medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturers guidelines. A senior member of staff carried out regular audits of

Is the service safe?

medicines so that that all medicines were accounted for. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time.

Is the service effective?

Our findings

People told us they were confident that staff had the skills required to care for them. It was clear from our observations of staff interacting with people that they knew them well. One person said, “The staff are good, they help with everything I need.” Another person said, “They do really well, I’m well looked after.”

Staff told us that they received supervision on an infrequent basis but felt supported in their roles. One member of staff told us, “I don’t always feel that supervision is needed. I can always talk openly to the deputy manager at any time.” Records showed that supervision meetings with staff were held with senior members of staff but they took place infrequently. However, some conversations with members of staff outside of the supervision framework had also been recorded. All four members of staff whose records we looked at had not had an appraisal.

The lack of appraisals for staff was an additional breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that there was a training programme in place and that they had the training they required for their roles. The deputy manager told us this was conducted in house and was delivered in a number of ways including formal sessions, practical tasks, DVD’s and questioning. This was supported by records we checked.

People’s capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Although not all staff had received training on the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, we saw evidence that these were followed in the delivery of care. Where people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. There were no authorisations of deprivation of liberty in place for people who lived at the home .

People told us that staff always asked for their consent before assisting them. One person told us, “They always say “You tell us what you want to do and when you’re ready.”

One member of staff told us, “I always ask permission from people and offer them a choice like “would you like to have a wash? Is it ok for me to help you?” If they say no then that’s fine. I respect that.” We saw evidence in care records that people, or a relative on their behalf, had agreed with and given written consent to the content of their care plans.

People told us that they had a good variety of food at mealtimes. One person told us, “The food is very good, we always get two choices.” Another person told us, “It’s good, but if you don’t like what they’ve got there’s something else if you want it.” During our inspection one person was feeling unwell and was provided with light meals of their choice to encourage them with their appetite.

We spoke with the cook who told us that all food was prepared at the home and people were given at least two choices for each of the meals. People had been asked for their likes and dislikes in respect of food and drink prior to moving to the home and the kitchen staff were notified. Records in the kitchen detailed people’s preferences and specific dietary needs, such as diabetic diet and allergies. There was no-one living at the home at the time of our inspection that required a special diet for cultural or religious reasons but the cook confirmed that cultural diet choices could be catered for. Members of staff were aware of people’s dietary needs and this information was documented in the care plans. Staff recorded what people had eaten in the daily records.

People told us that they were assisted to access other healthcare services to maintain their health and well-being, if needed. One person said, “I’ve only got to say and they call the doctor for me.” Records confirmed that people had been seen by a variety of healthcare professionals, including the GP, district nurse and podiatrist. Referrals had also been made to other healthcare professionals, such as dieticians and physiotherapists.

Is the service caring?

Our findings

People were very complimentary about the staff. One person told us, “They treat me like a queen; I can’t fault them at all.” Another person said, “Staff are wonderful, so easy-going.” A relative we spoke to said, “They are always so friendly when I come in and are marvellous with [relative].” In response to the most recent satisfaction survey, positive responses were received when people were asked if they were happy with the staff and how they were treated.

Positive, caring relationships had developed between people who lived in the home and the staff. Staff knew the people who lived in the home well and understood their preferences. The detailed information in the care plans enabled staff to understand how to care for people in their preferred way. People we spoke with were confident and comfortable in the relationships that had developed between them and staff. Comments included, “They are just lovely girls, mean the world to me” and “we’re a bit like a family here.”

People’s bedrooms had been furnished and decorated in the way they like and many had brought their own furniture, paintings and ornaments with them when they came to live at the home.

We observed the interaction between staff and people who lived at the home and found this to be friendly and caring. We saw staff were patient and gave encouragement when

supporting people. We saw two members of staff serving the meal to people in the lounge and dining area, they were cheerful and positive when communicating with people and seeking their choices of food.

People told us that the staff protected their dignity and treated them with respect. One person told us, “I don’t always fancy getting up in the mornings and they always respect my wishes.” Another person told us, “They are very respectful when helping me with washing and dressing. Always shut the door to maintain my privacy.”

Staff members were able to describe ways in which people’s dignity was preserved such as knocking on bedroom doors, making sure they closed curtains and ensuring that doors were closed when providing personal care in bathrooms or in people’s bedrooms. Staff explained that all information held about the people who lived at the home was confidential and would not be discussed outside of the home to protect people’s privacy. We saw that there was information regarding maintaining confidentiality displayed in the staff room.

There were a number of information posters displayed within the entrance hallway which included information about the home and the provider’s vision statement, safeguarding, the complaints procedure, a fire safety notice and activities available. We also saw information from other services and local charitable organisations that offered support to older people.

Is the service responsive?

Our findings

People told us that they had been involved in deciding what care they were to receive and how this was to be given. Before moving to the home, people had been visited by the deputy manager who had assessed whether they could provide the care people needed. The care plans followed a standard template which included information on their personal background, their individual preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plans accurately reflected people's individual needs and had been updated regularly with any changes as they occurred.

The care staff we spoke with were aware of what was important to people who lived at the home and were knowledgeable about their life history, likes and dislikes, hobbies and interests. They had been able to gain information on these from the 'Suggested Care Agreement' which had been completed with people prior to living at the home. This information enabled staff to provide care in a way that was appropriate to the person and complete a detailed plan of care. One staff member told us, "I like talking to people and finding out about them. It helps me build a relationship with them and then, care for them better."

People told us that they or their relatives were involved in the review of their needs. We saw that relatives were kept informed of any changes to a person's health or wellbeing and observed the deputy manager contacting relatives by phone during our inspection.

People told us they enjoyed the activities at the home. There was an activity schedule available in the communal areas so people and their relatives knew the activities that were on offer. One person told us, "I like the exercise lady and when we have music." Another person said, "I'm not one to join in but I like to watch." The activities that people took part in, or declined, were recorded in people's daily notes. This was used as feedback for planning activities in the future and monitoring people's social wellbeing. People were also encouraged to maintain their hobbies. During our inspection we saw one person was knitting a blanket and another person was making greeting cards. Staff told us that the activities in place met people's needs.

There was an up to date complaints policy in place and a notice about the complaints procedure displayed in the entrance hallway. Although the people we spoke with were aware of the complaints procedure and who they could raise concerns with they said they had to reason to use it. One person we spoke to told us, "I'm very happy here, nothing is too much trouble. I've nothing to complain about." The relative we spoke to also confirmed they knew how to raise concern. There was no record of any formal complaints having been received within the last year. There was also a suggestion box placed in the hallway which the deputy manager checked weekly. There had been no suggestion for improvement in recent months.

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager. At the time of our inspection the registered manager was on annual leave and the service was being overseen by the deputy manager. When we spoke with people living at the home, most people referred to the deputy manager as the person they believed to be the manager.

Services that provide health and social care are required to inform the CQC of important events that happen in a service. There had been one notifiable incident at the home in the past year. This had been reported to the Health and Safety Executive under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) but had not been reported to the CQC. This meant that we were not aware of the incident and could not check that appropriate action had been taken.

Not submitting a statutory notification to the Commission regarding this incident was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

We noted that there was a very friendly, welcoming atmosphere within the home. One person told us, “It only took me a couple of days, they welcomed me and I settled right in.” During our inspection we saw that the deputy manager spoke with people to find out how they were and was involved in their support and wellbeing.

Staff told us that there was a very open culture and they would be supported by the deputy manager. One member of staff told us, “I feel comfortable approaching [deputy manager] about anything. [Name] is always available and

approachable.” They were aware of their roles and responsibilities and were able to tell us of the values of the home. One member of staff said, “It’s to provide a comfortable home, comfort and care.” The provider’s vision statement was displayed on a notice area in the entrance hallway.

The deputy manager showed us the provider’s satisfaction survey forms that had been sent to people who lived at the home, relatives of people, visiting professionals and staff. All of the responses from people and their relatives were positive. The survey had asked for respondents to identify any areas for improvement in the service, none were suggested. Comments from staff were generally positive but suggestions were made with regards to the staffing level. We saw that this concern had been discussed at a recent meeting. The registered manager had not responded to these concerns at the time of our inspection.

Staff were also encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. At recent meetings they had discussed concerns, fire safety, changes in people’s need and staff training.

We noted that people’s records were stored securely within a lockable cabinet in the staff room that was locked when not use. This meant that confidential records about people could only be accessed by those authorised to do so. However, we noted that staff records were stored on open shelving in the manager’s office. During our inspection the door to the office was frequently left open when the room was unattended. This is an area that the provider needs to improve on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People who use services and others were not protected against the risks associated with insufficient numbers of staff on duty.

Regulation 18 (1)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Persons employed by the service provider did not receive appraisals as is necessary to enable them to carry out the duties they are employed to perform.

Regulation 18 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 CQC (Registration) Regulations 2009
Notification of other incidents

The registered person had failed to notify the Commission of an incident that occurred within the home which resulted in the serious injury of a person.

Regulation 18 (1)(2)(a)(ii)