

Ablecare Homes Limited

Patron House

Inspection report

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Date of inspection visit:
13 July 2022
20 July 2022

Date of publication:
07 March 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Patron House is a residential care home providing personal care. The service provides support to a maximum of 12 people in one adapted building. At the time of our inspection there were ten people using the service.

People's experience of using this service and what we found

There had been changes to the provision of meals at the home since our last inspection. We observed portion sizes to be small and where people declined the food that was offered, alternative food was not always available for them.

Staff morale was low, although this had been recognised by the provider and action was being taken. We also received mixed feedback about staffing numbers at the home.

We have made a recommendation about staffing at the home.

People felt safe and supported by staff who were kind and caring. Medicines were managed safely, and staff had the relevant training, skills and knowledge to undertake their roles.

People had residents meetings throughout the year to discuss any concerns and improvements they would like to see in the home. Maintenance records of the care home were kept up to date. The care home had a good working relationship with healthcare professionals.

Staff understood the principle of giving people maximum choice and control of their lives however during our inspection we found people had limited choice around their nutritional needs being met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (5 December 2019)

Why we inspected

This inspection was prompted following concerns we had received about the service. Concerns included issues relating to staffing, nutrition and diet. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Requires Improvement ●

Patron House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector on the first day of inspection and two inspectors on the second day of inspection. An Expert by Experience made calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Patron House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Patron House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A registered manager is a person who has registered with the Care Quality Commission to manage the service. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, five care staff, one cook, six people and five relatives. We observed staff practices and how they interacted with people. We reviewed a range of records relating to the management of the home. This included five people's care records, staff training and recruitment records. We considered all this information to help us to make a judgement about the home.

Following the inspection we emailed staff to gain feedback about the care people received and regarding the leadership and support at the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Since our last inspection of Patron House, the registered provider had changed the catering provision. Hot meals were prepared at another of the registered providers locations and delivered, daily to Patron House. We found systems and processes around this to be safe. However, we noted on the second day of the inspection one of the staff did not wear an apron while serving the lunch time meal. Wearing an apron when serving food helps to prevent meals being contaminated.
- Staff had all received regular fire training, although not all staff had attended a recent fire drill in line with the registered providers policy.
- Risks which affected people's daily lives, such as mobility, communication, skin integrity, and continence were documented and known by staff.
- COVID 19 risk assessments were current and up to date in line with government guidance. These were kept under review.
- Maintenance safety checks were carried out annually. Legionella, gas, electric records were reviewed, and they had all been inspected recently.

Staffing and recruitment

- People had mixed views on staffing numbers at the home. Three relatives and two people told us there were times when there were not enough staff. One person told us, "I think there could be more staff, it could do with more staff but that is general everywhere. They are a little understaffed. Staff turnover is pretty stable." One relative told us, "When I have raised concerns before I have been told that is the required number of staff to residents. I would say since COVID over the last year a lot of staff have left. It could be many reasons but there is a high turnover."
- People were not always supported by sufficient numbers of staff. For example, we observed during teatime, staff needed to support a person who had become upset and distressed. Due to there being two members of staff on duty, the staff had to stop serving tea to support the person. People were therefore delayed with their teatime meal whilst staff rectified the situation. On the second day of our inspection we overheard some people complaining about the delay at lunchtime. One person said they had been waiting 20 minutes for their lunch.
- The registered manager told us the staff to resident ratio was calculated using the dependency tool. We observed, on both days of our inspection staff did not always have time to interact with people as they were busy answering the telephone, answering the doorbell and welcoming visitors into the home and attending to people's needs. Staff told us there were not enough staff. One member of staff told us, "There are not

enough staff, we have to do everything, we cook for the residents, answer the phone, answer the door and liaise with GP's that visit". Another staff member told us, "Staff morale is very low, and people do not want to come to work."

- Some relatives were happy there were enough staff. One relative told us, "I presume so. I have not had problems. They seem well covered".

We have made a recommendation for the provider to assure themselves they are able to meet people's needs in a person-centred way at all times of the day and are responding to the feedback of people.

- People were supported by staff who received checks prior to working in the service. Checks included references, identity and leave to remain checks, work history and a full Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. One person told us: "I do feel safe living here, because that is what I feel, another person told us that, "I do feel safe."
- Systems were in place to make sure safeguarding incidents were reported to the local authority and action taken to keep people safe.
- Staff were clear about their role in safeguarding people. They felt confident in being able to report any concerns to the management. Staff were confident management would deal with any concern appropriately and in a timely way. This was evidenced in the safeguarding and incident log.

Using medicines safely

- People received their medicines safely. There were systems for ordering, administering, and monitoring medicines. Daily temperatures were recorded in respect of ensuring medicines were stored within their safe range. Due to the heat wave, fans had been placed in the medicine storage area to keep this area cooler.
- Medicines were stored securely in a locked, designated medicines cabinet. Controlled medicines were stored separately.
- Staff undertook training, which included an assessment of their competence. This ensured they were demonstrating a good understanding of how to administer medicines safely.
- People's medication records confirmed they received their medicines as required. Information was provided about how people preferred to take their medicines and guidance for as and when medication (PRN).
- The management team audited medicines regularly to check medicine administration records (MAR's) had been completed correctly and people had received their medicines safely.

Preventing and controlling infection

- We were not assured that the provider was preventing visitors from catching and spreading infections. Staff did not ask for evidence of a negative Lateral Flow Tests on our arrival. When we asked staff and management they told us they did not need to do this for anyone. This was not in line with government guidance for health and social care professionals, in place at the time of the inspection. Following the inspection, we received assurance from the registered provider regarding staffs' understanding of the Covid-19 guidance for professionals entering the home.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting was taking place according to government guidance. Relatives were calling the office to book visits with people in the home. We observed relatives visiting family members during the inspection.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Any concerns were escalated to the manager on duty. Accidents and incidents were reviewed to ensure appropriate actions had been taken.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

- Meals were prepared at one of the provider's sister homes and transported daily to Patron House. One relative told us, 'Once I phoned and the carer told me nothing had been delivered and they were not able to do anything such as jacket potato or soup. They have no provisions at Patron House.' Staff told us that the majority of the people were not provided with a choice. One member of staff told us, "We have to provide what is brought over from the other home, people don't get a choice and we are embarrassed to serve this food," We observed a person who was supported to eat a soft diet had plated mince and carrot and no potatoes. When the person refused to eat this, they were provided with a plated alternative of fish and creamy mash with no option of vegetables. Following the inspection, we received assurance from the provider regarding the steps they were taking to ensure menus included sufficient vegetables and fruit.
- We saw that some people were not happy with what they had been served. For example, one person told staff they found the dish dry. They had pie, mash potato and red cabbage, they told us they wanted gravy but there was no gravy that could be provided.
- We saw everyone was served their main meal on a small plate or a small bowl. Staff told us this was because not everyone had a large appetite and large plates could be daunting for people.
- Menu planning and ordering was done by the catering staff working at one of the provider's other homes. There was a lack of options for the evening meal on both days of our inspection. For example, we found half of the crumpets had been stored in the fridge without being covered and had therefore gone hard and were not useable. There were no sandwich fillings, yoghurts or puddings in line with what was on the planned menu and there were no alternatives for people to choose from if they did not like what they were served.

We recommend the provider continues to review the catering systems to ensure people's individual needs are fully met.

- People were encouraged to drink throughout the inspection. Staff said they had access to ice lollies and choc ices to help maintain hydration for people especially in the hot weather.
- People's care plans included the support they needed to eat and drink and their preferences. People's weights were monitored and where people were at risk fortified diets and build up drinks were provided. One person's weight had reduced over the last couple of months, when this was highlighted staff told us that this was being monitored and action would be taken to address the weight loss.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to admission to make sure the service could meet their needs. Assessments of

needs were then ongoing to keep people's care plans up to date.

- People's needs, choices and preferences were thoroughly assessed and recorded, prior to them receiving care. Care plans were digitally recorded which meant guidance for staff was easy to access.
- Staff used nationally recognised assessment tools such as MUST for nutrition, Waterlow for skin integrity and NEWS for early recognition of illness.
- People had oral health assessments which recorded their needs in relation to oral care and hygiene.

Staff support: induction, training, skills and experience

- People were supported by staff who had been trained. A range of training was available to staff to give them the skills and knowledge they needed for their roles.
- New staff had an induction when they started work. This included training and shadowing more experienced staff. One staff member told us, "The induction process was good".
- Staff told us they felt supported in their roles by their colleagues and managers. Staff received supervision regularly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff team worked with external healthcare professionals to support and maintain people's health, for example GPs and community nurses.
- Staff had daily handovers to share information on people's needs. This included a daily heads of department meeting to discuss events for the day, incidents and accidents and any other significant changes.
- People were supported to access health and social care services when needed. These included dentistry, speech and language, GP and dietician. Guidance from these specialist services were incorporated into people's care plans.
- One professional felt the service was improving. They told us, "I feel they have struggled to provide an effective well led service but the deputy manager has now been there for a while and has come to know the residents well and I have seen them developing a more proactive approach and they have worked well with the dementia wellbeing service in particular to help some of their residents with more challenging problems. Over recent times when I have visited, I have seen carers interact well with residents in a respectful and caring manner."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One person, with the support of staff, had recently had multiple contacts with their doctor due to swelling and pain in her legs.
- Referrals to health professionals were made in a timely way. People could see visiting health professionals such as GP's, community nurses and social workers.

Adapting service, design, decoration to meet people's needs

- People had appropriate space to socialise with others, eat in comfort, or spend time alone if they wished to.
- People's care and support was provided in a clean and well-furnished environment. Every person was able to personalise their bedrooms which belonged to them.
- The registered provider had a programme of decoration taking place within the home. We saw one bedroom carpet was dirty. We informed the registered manager of our observations.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- People were supported to make their own decisions where appropriate. Staff were familiar with the principles of the MCA and how it applied to their role.
- People's care plans confirmed if they had capacity. Where people lacked the capacity to make their own decisions a mental capacity assessment was in place. This was to confirm the person lacked capacity and who had been involved in the best interest decision process.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems and processes in place to assess and monitor the quality of the service, but these had not been effective in identifying or addressing the concerns people and staff raised with us regarding staffing or food at the home.
- The registered manager managed two of the providers' homes. They were supported by a deputy manager and the registered providers senior management team. However, one staff member told us "We need a senior carer or manager here in the afternoon as we cannot make decisions, we have to use the WhatsApp group to communicate with management." This demonstrated not all staff felt the managements systems were sufficient.
- The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the home.
- We saw other evidence where audits completed had a positive effect on safety including care plans, medicines, administration and the environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place for seeking and acting on feedback from people and their relatives. Since the implementation of the new catering system, catering staff told us staff informed them if there were any issues with the food. However, there was no evidence there had been any formal review or analysis of the current catering system which would provide opportunity to identify shortfalls and provide opportunity for continual improvement.
- Communication systems were in place to help promote effective discussions between staff, so they were aware of any changes for people in their care. This included daily handover reports and written daily records.
- Staff meetings were held throughout the year. Copies of the minutes were provided to all staff.
- Residents meetings were held throughout the year. At the last meeting, dated December 2021, topics such as activities, meal menus, and complaints were discussed. People commented they were satisfied with the food. However, as evidenced within the Effective section of this report, improvements were needed to ensure personal preferences were being met following the implementation of the new catering system.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- "Staff morale was low. Staff told us they did not enjoy coming to work and one member of staff told us, "We feel that top management make staff feel dispensable and worthless." Following the inspection, the registered provider evidenced the steps they had introduced to improve staff morale at the home.
- There was an activity planner which evidenced the activities available for people to participate in. One person told us, "We had a lovely jubilee party yesterday but usually we do colouring and watch television. Other than this we do not do anything". We observed an activity taking place in the communal lounge on the second day of our inspection.
- The registered manager was not aware of the general issues we raised regarding the meals at the home or the concerns raised by staff during the inspection.
- There was good communication between the care staff, who were committed and focused on providing quality care for people. One person told us, "Staff are caring and kind."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibility to be open and transparent in line with their duty or candour responsibility. We saw evidence of duty of candour and outcome of complaints meeting minutes.

Continuous learning and improving care, working in partnership with others

- Staff worked with other professionals to make sure people's health needs were met. Evidence was recorded in people's care notes including action required and outcomes of visits and consultations.
- Professionals told us they have a good relationship with Patron House.
- Concerns, incidents and accidents were reviewed. This was to analyse and identify trends and risks to prevent recurrences and improve quality.