

Ablecare Homes Limited

Patron House

Inspection report

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18 July 2019

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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

About the service: Patron House is a care home registered to provide accommodation with personal care for up to 12 people. The service is intended for older people and does not provide nursing care. 10 people were living at the home at the time of the inspection.

What life is like for people using this service: People were relaxed, comfortable and confident in their home. The feedback we received from people and relatives was good. Staff we met and spoke with were happy working at Patron House and enjoyed their roles and responsibilities.

Medicines were well managed. People received their medicines as prescribed from staff who were training and competent to do so. People were protected by the provider's infection control policy and procedures.

Staff understood their responsibility to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed, and plans put in place to keep people safe. There was enough staff to safely provide care and support. Checks were carried out on staff before they started work to assess their suitability to support people in a care setting.

The service was effective in meeting people's needs. Staff received regular supervision and training. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were provided with a healthy, balanced diet whilst promoting and respecting choice.

Everyone we spoke with agreed that staff were caring and kind. Comments included "Very caring and kind all the time" and "They treat you with respect." Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service.

The service was responsive to people's health and social needs. People received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. Where necessary care and support had been changed to accurately reflect people's needs and improve their health and wellbeing. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. Staff felt the manager was approachable. The registered manager was supported by the provider. Regular audits were in place and staff were recognised for their efforts.

Quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements.

Rating at last inspection: Good. The last inspection report was published on 22 December 2016.

Why we inspected: This was a planned comprehensive inspection. All services registered with CQC must have an inspection within the first year of their registration.

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

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.

Is the service effective?

Good ●

The service was Effective.

Is the service caring?

Good ●

The service was Caring

Is the service responsive?

Good ●

The service was Responsive

Is the service well-led?

Good ●

The service was well-led.

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector undertook this inspection on 17 and 18 July 2019.

Service and service type:

Patron House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with four people who used the service and two relatives to ask about their experience of the care provided. We spoke with the registered manager, care manager, three members of care staff, the domestic staff and a chef. We reviewed care records for five people using the service.

We checked recruitment records for five staff members and training and supervision arrangements for the

staff team. We looked around the premises and at records for the management of the service including quality assurance systems, audits and health and safety records. We also reviewed how medicines were managed and the records relating to this.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- There were safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- Where people had 'as and when' medicine such as pain relief there was information for staff such as how often the medicines could be taken and when they should be offered to people.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people in areas that had been identified, such as people's individual environment, mental health and accessing the community. These gave clear guidance to staff on how to support people safely. Staff could explain checks they undertook to ensure people remained safe.
- Regular monitoring in relation to the environment and the maintenance and safety of equipment was completed. For example, water temperatures and portable electrical appliance testing. The provider had a maintenance team and an operations manager who had oversight on any maintenance issues.
- Environmental risk assessments were in place to reduce risks. These focused on enabling people to maintain their independence whilst minimising risks to them.
- Fire safety systems were serviced and audited regularly. People had personal evacuation plans that detailed the support they would require in an emergency.

Staffing and recruitment

- Rotas demonstrated staffing numbers were kept at the level assessed as required by the provider. A staff member said, "I can't lie to you, it gets busy sometimes but that is because people might need support at the same time. There is always enough staff though."
- The service had worked to reduce the use of agency staff. Staff spoke positively about the changes in the staff team. Staff said the reduction in agency staff had a positive impact on people, as having familiar and consistent staff support was important to them.
- The provider followed safe recruitment processes to ensure staff employed were suitable for the role. People using the service were enabled to ask questions of potential staff during the interviewing process to assess their suitability for the role.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service.
- Staff were knowledgeable about potential signs and types of abuse and how to report concerns.
- Staff received regular training in safeguarding adults.
- The registered manager was aware when concerns required reporting to the local authority and Care Quality Commission.

Preventing and controlling infection

- People were protected against the risk of infection.
- The service was clean throughout with no unpleasant odours.
- Systems were in place to prevent and control the spread and risk of infection. Staff were aware of infection control procedures and had access to personal protective equipment such as aprons and gloves to reduce the risk of cross contamination and spread of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded, and this provided opportunity for any themes or trends to be identified.
- There was evidence of learning from incidents that took place and appropriate changes were implemented.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives said they were fully involved in the assessment process and any reviews thereafter. A relative told us, "Someone called me to talk about mum's care and asked if I wanted anything changed."
- The provider's assessments were comprehensive and considered all aspects of people's needs. They included specific assessments for skin integrity, nutrition and moving and handling. People's needs were regularly reviewed to ensure the home continued to be right for them.

Staff support: induction, training, skills and experience

- People were confident they were supported by staff who knew how to care for them. One relative told us, "The carers know what they are doing they seem very good at it."
- New staff worked alongside more experienced staff to learn about people's needs. Staff completed an induction to their role and ongoing training. This enabled them to keep up to date with best practice and develop their skills and knowledge in meeting people's needs.
- The registered manager and the Quality Assurance and training manager met regularly with staff to review their performance and development needs. This enabled staff to access training they required for example, diabetes or stroke. Staff felt supported and able to discuss any concerns, share ideas and request further training.
- Staff feedback and our observations showed people experienced effective support. We saw staff help people to walk to the dining room and assisted the individual with the support they needed to eat and drink.

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

- Everyone told us they enjoyed the food provided and had choice. Their comments included, "The food is excellent" and "We lost our chef, but the food is still fantastic", the food is very good."
- People chose their daily menu options each morning. Meals were all cooked on site. A supernumerary chef had been brought in from a sister home. They knew people's dietary needs and preferences well.
- People were given alternative meals where requested. One person said, "Yes, if I ask for something else they will make it for me." Where people required their food to be prepared differently because of a medical need or problems with swallowing, this was catered for.

Staff working with other agencies to provide consistent, effective, timely care

- People received effective and coordinated care when they were referred to or moved between services.

The registered manager told us when people chose to stay with their GP or dentist on moving in, this was supported.

- Information was shared appropriately with other professionals to help ensure people received consistent care and support. For example, staff provided important records about people's needs and medical history when they were referred to the dementia well-being team.

Supporting people to live healthier lives, access healthcare services and support

- People told us they had access to the health care services they needed. A relative said, "They are very thorough, and they pick up on things and get medical attention immediately."
- Care plans described what support people required to maintain good health and wellbeing.
- People were in regular contact with various community based health care professionals. Care records provided a clear overview of the health care appointments people attended and showed where professionals had made any recommendations or actions for staff to follow.
- Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

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

- The layout of the service supported people's needs. The accommodation was provided over two floors. Corridors and doorways were wide, enabling people using walking aids to move independently around the home.
- People had other specialist equipment to promote their independence and meet their physical and sensory needs. The provider had looked at ways of providing a more stimulating environment for people living with dementia. They had used signage to help people find their way around and support their independence.
- People had a choice of areas to meet with visitors, join in with activities or spend time in private. They had access to outdoor space with seating areas and a recently landscaped garden and patio where people could plant flowers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People confirmed that staff always consulted with them before care and support was provided. Relatives said they felt involved in important discussions about people's care.
- People were supported by staff that had received training and understood their responsibilities around consent and mental capacity. They knew what they needed to do to make sure decisions were made in people's best interests.
- Care plans explained where people could make decisions for themselves or if they needed further support.
- Where people had assigned representatives or family members involved in making decisions about their

care, the provider had confirmed they were lawfully authorised to do so.

- Three people were deprived of their liberty at the time of our inspection . The registered manager understood their responsibilities in relation to this. Records confirmed they had made a referral to the local authority to seek lawful authorisation where it was unsafe for a person to leave the service unaccompanied.

Is the service caring?

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor and review the quality of the service. This included audits of areas such as incidents, medicines and the environment.
- The provider had displayed their Care Quality Commission (CQC) rating at the service and on their website.
- Notifications of important events were submitted to the CQC as required.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff said the service was well run and managed. Staff felt supported in their roles. One staff member said, "I see her [manager] as a friend she is willing and always trying her best for residents and staff. I think she is doing very well" and "There is not a day I don't want to work here" and "She is a new manager but has achieved quiet a lot. I feel very supported."
- The registered manager was passionate about the wellbeing of staff. They had introduced a mental health well-being board. Staff could confidentially indicate when they needed support. The registered manager told us, "A happy workforce means happy residents. I want staff to be able to get the support they need. This reduces time off work and residents get consistent care." The provider also carried out a monthly audit of the number of support sessions delivered to ensure it was beneficial to staff.
- Systems were in place to communicate and inform staff. Staff completed handovers which were both written and verbal. Daily briefings kept staff up to date with key information about people. Shift plans organised and directed staff in particular tasks and support for people. A 'read and sign' system communicated any changes staff needed to be aware of in regard to people's care and support.
- Relatives told us they were kept informed. A health and social care professional said, "Communication is good. The management is very responsive."

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

- A survey had been completed with people at the beginning of the year. The results were positive with people's comments including, "Staff treat me with respect and they always try their best", "Staff are very good" and "If I don't like something, I will say."

- The provider told us they had introduced a weekly initiative to talk to people. This provided people with an opportunity to influence the running of the service and to raise any concern to ensure they did not become a complaint
- Staff told us there was a positive staff culture which had improved due to a more stable and consistent team. Staff were recognised in their contributions through an employee of the month scheme. One staff member said, "A big strength is the staff team."
- A newsletter was produced by the provider and this shared news, events and information about Patron house and the providers other services.

Continuous learning and improving care

- Regular meetings were held with staff. We observed a staff meeting in progress. We reviewed recent meeting minutes which followed a comprehensive structure to cover a range of topics including service users, health and safety and training. Staff told us they were able to contribute and raise any items at meetings.
- There was communication and updates from the organisation to staff members through regular emails.

Working in partnership with others

- The service worked with other agencies and professionals. The manager attends the Bristol Registered Manager network. A health and social care professional said, "The manager is very receptive to suggestions from professionals and the staff are proactively receptive to our recommendations."
- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, They were members of Care and Support West and were involved in an equality and inclusion training initiative for the sector. The provider told us the initiative is being taken forward by Care & Support West.
- The provider had an Engagement and participation Manager who had established links with community activities and Alive Activities. Alive Activities is a charity which specialises in enriching the lives of older people and training their carers. As a result, people benefited from opportunities such as trips to local museums and places of interest. The provider told us people enjoyed a day out, increased social networks and this provided an opportunity for people to mix with others from different settings.
- People benefited from being supported to access community services and groups such as a sports facilities and local craft courses. The regional manager informed us they had received a grant from the Bristol Bears foundation, a sports organisation which encourages older people to be involved in the community. This grant was being used to pay for outings and activities for people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same

Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in an accessible format based on people's individual needs. Care plans contained information about people's relationships, interests and routines. Staff told us, [Person] has their prayers at certain times of the day, she does not like to be disturbed during those times, we respect that."
- People's likes, and dislikes were documented. For example, around food preferences and how people liked to spend their time.
- Care plans showed how staff should support people effectively when they were distressed, anxious or in relation to specific support needs. These plans were clear and detailed.
- People were supported in activities of their choice. This included accessing the local community, shopping, and places of interest. The provider told us they had received funding from Bristol Ageing Better for Kickstart which had been used to set up music therapy at the service. One person said, "They tell you what is happening, I don't always attend but they will tell me anyway." One relative told us, "mum is happy where she is, the staff do lots of things with her."
- Independence was valued and encouraged. One person told us, "I cook my own breakfast in the kitchen." We also observed people going out of the service to participate in different activities. One person told us they go out every day to buy their newspaper at the local shops.
- Pictures were displayed of outings and trips people had gone to. One person told us they had enjoyed a garden party which had been held a week before the inspection.
- People were offered and provided with activities and outings of interest. They handpicked what they liked to do or take part in and staff respected their decisions. People had enjoyed theatre trips, coffee mornings in town, takeaway nights and individualised outings. The service had developed links with a local rugby club. As a result, people had been supported to attend a premium rugby match at Ashton Gate Stadium. The registered manager was organising Rickshaw outings to enable people to go out more when the weather permits.
- People were provided with an opportunity to be involved with the community around them. For example, the local minister came in for services, children from a local nursery came in every quarter. One person said "I love it when the littluns come, it make me smile."
- Regular meetings were held with people to source feedback and make decisions about the service.
- People had a nominated keyworker to oversee and review their care and support.
- Feedback we received from health and social care professionals was that the service was adaptable and responsive. A health and social care professional said, "[The service] was very responsive to the client's needs." Another health and social care professional said, "[The service] achieves the outcomes for people. It

is very person centred and responsive."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans described people's preferred methods of communication. This ensured that people's needs were met in relation to the Accessible Information Standards. One person's care plan stated, 'I have cataract, please tell me who you are'.

Improving care quality in response to complaints or concerns

- People were aware of how to make a complaint and felt able to raise concerns. One person said, "There can always be improvements, but I have no complaints, I could live anywhere I want, but I chose to live here, it suits me perfectly."
- We observed people speaking with staff about any issues they had.
- The provider's complaints procedure was freely available. No complaints had been raised. However, the registered manager described the process they would take to ensure all complaints would be taken seriously and the steps they would take to resolve issues to people's satisfaction.

End of life care and support

- People had individual end of life care plans in place if they wished. This detailed information on people's preferences at the end of their life. Where people had not wanted to complete this information, this was recorded.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Systems were in place to monitor and review the quality of the service. This included audits of areas such as incidents, medicines and the environment.
- The provider had displayed their Care Quality Commission (CQC) rating at the service and on their website.
- Notifications of important events were submitted to the CQC as required.
- The registered manager was supported by the provider through regular meetings. This included discussing issues within the service and enabling them to plan ahead. Additionally, the provider had a Care Home Administrator who worked closely with the registered manager completing administrative duties. This ensured the Registered manager had time to support people, families and staff.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff said the service was well run and managed. Staff felt supported in their roles. One staff member said, "I see her [manager] as a friend she is willing and always trying her best for residents and staff. I think she is doing very well" and "There is not a day I don't want to work here" and "She is a new manager but has achieved quiet a lot. I feel very supported."
- The registered manager was passionate about the wellbeing of staff. They had introduced a mental health well-being board. Staff could confidentially indicate when they needed support. The registered manager told us, "A happy workforce means happy residents. I want staff to be able to get the support they need. This reduces time off work and residents get consistent care ." The provider also carried out a monthly audit of the number of support sessions delivered to ensure it was beneficial to staff.
- Systems were in place to communicate and inform staff. Staff completed handovers which were both written and verbal. Daily briefings kept staff up to date with key information about people. Shift plans organised and directed staff in particular tasks and support for people. A 'read and sign' system communicated any changes staff needed to be aware of in regard to people's care and support.
- Relatives told us they were kept informed. A health and social care professional said, "Communication is good. The management is very responsive."

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

characteristics

- A survey had been completed with people at the beginning of the year. The results were positive with people's comments including, "Staff treat me with respect and they always try their best", "Staff are very good" and "If I don't like something, I will say."
- The provider told us they had introduced a weekly initiative to talk to people. This provided people with an opportunity to influence the running of the service and to raise any concern to ensure they did not become a complaint
- Staff told us there was a positive staff culture which had improved due to a more stable and consistent team. Staff were recognised in their contributions through an employee of the month scheme. One staff member said, "A big strength is the staff team."
- A newsletter was produced by the provider and this shared news, events and information about Patron house and the providers other services.
- The provider used a wide range of methods to communicate with staff, people and their relatives. This ensured they were well informed on issues affecting them and the service. This included text messages, messages in pay envelopes, popular social networking sites and emails as well as traditional methods such as face to face conversation and written memos.

Continuous learning and improving care

- Regular meetings were held with staff. We observed a staff meeting in progress. We reviewed recent meeting minutes which followed a comprehensive structure to cover a range of topics including service users, health and safety and training. Staff told us they were able to contribute and raise any items at meetings.
- There was communication and updates from the organisation to staff members through regular emails.

Working in partnership with others

- The service worked with other agencies and professionals. The manager attends the Bristol Registered Manager network. A health and social care professional said, "The manager is very receptive to suggestions from professionals and the staff are proactively receptive to our recommendations."
- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, They were members of Care and Support West and were involved in an equality and inclusion training initiative for the sector. The provider told us the initiative is being taken forward by Care & Support West.
- People benefited from being supported to access community services and groups such as a sports facilities and local craft courses. The regional manager informed us they had in the initially received funding from the Bristol Bears foundation, a sports organisation which encourages older people to be involved in the community. This grant had been used to pay for outings and activities for people. The provider has taken over the funding of this programme to ensure people continue to enjoy activities and continue to access the community