Goodcare Limited

Almadene Care Home (Goodcare Limited)

Inspection report

19-21 The Avenue
Highams Park E4 9LB
Tel: 020 8527 6643
Website: www.almadenecarehome.co.uk

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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?	Requires Improvement

Overall summary

At the last inspection in November 2013 the service was found to be meeting the regulations we looked at.

Almadene Care Home provides accommodation for up to 16 older people who have dementia care needs. There were 15 people living at the home when we visited. There was a registered manager in post. 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.

The experiences of people who lived at the home were mostly positive. People told us they felt safe living at the home, staff were kind and compassionate and the care they received was good. For example, staff had a good understanding of what constituted abuse and the abuse reporting procedures.

Summary of findings

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed. Specialist support was sought for staff to help improve their understanding and management of aspects of people's challenging behaviour. Medicines were stored and administered safely.

People could choose how to spend their day and they took part in activities in the home and the community. People were supported to participate in their hobbies and interests which included knitting, talking about news, attending religious services and shopping. People we spoke with told us they enjoyed the activities.

Staff received specific training to meet the needs of people using the service. Staff received support from the registered manager to develop their skills and use their knowledge to enhance the lives of people using the service.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints. People we spoke with told us they were happy with the service provided and how staff provided their support.

We found that people were treated in a caring and sensitive manner. People told us staff treated them with respect. Staff were aware of how to promote people's choice, privacy and independence.

Some people who used the service did not have the ability to make decisions about some parts of their care and support. Staff had an understanding of the systems in place to protect people who could not make decisions and followed the legal requirements outlined in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The service was well led with the exception of consistency in record keeping and the way in which incidents were recorded and actioned. We reviewed incidents and found inconsistencies in recording actions taken following incidents. This meant there was a risk that lessons learnt could be missed.

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?

Good

The service was safe. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Medicines were stored and administered safely.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good

The service was effective. Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

People were provided with a choice of food and refreshments and were given support to eat and drink where this was needed.

Arrangements were in place to request heath, social and medical support to help keep people well.

Is the service caring?

Good

The service was caring. Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care plans to address their needs were developed and reviewed with their involvement. Staff demonstrated a good understanding of people's individual needs and preferences.

People had opportunities to engage in a range of social events and activities that reflected their interests, according to their choices.

Summary of findings

People using the service and their representatives were encouraged to express their views about the service. These were taken seriously and acted upon. People knew how to make a complaint if they were unhappy about the home and felt confident their concerns would be dealt with appropriately.

Is the service well-led?

Requires Improvement

The service was well led with the exception of consistency in record keeping and the way in which incidents were recorded and actioned. We reviewed incidents and found inconsistencies in recording actions taken following incidents. This meant there was a risk that lessons learnt could be missed.

People who used the service and relatives praised the manager and said they were approachable. Staff members told us they felt confident in raising any issues and felt the manager would support them.

The service had systems in place to monitor quality of care and support in the home.

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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, and to provide a rating for the service under the Care Act 2014.

This was an unannounced inspection. We visited the home on 21 & 29 October 2014 and spoke with seven people living at Almadene Care Home, one visitor and one relative. After the inspection we spoke with another relative. We also spoke with two care staff, the cook and the registered manager. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms. We looked at five care files, staff duty rosters, three staff recruitment files, a range of audits, complaints folder, minutes for various meetings, resident and staff surveys, staff training matrix, accidents and incidents folder, safeguarding folder, five supervision files for staff, activities timetable, health and safety folder, food menus, and policies and procedures for the home.

The inspection team consisted of two inspectors and an Expert by Experience, who had experience with older people with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection, we reviewed the information we held about the service. This included the last inspection report for November 2013 where we had found the service to be meeting the regulations. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke to the local contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. No one that we spoke with raised any concerns about their safety. One person told us, "I feel safe. I lock my bedroom door at night. I have my own key." A relative of a person using the service said, "My relative is safe. Staff are watching him."

The service had safeguarding policies and procedures in place to guide practice. We saw posters with contact details for the local authority for reporting any issues of concern were on display and staff training records showed that safeguarding training had been delivered to staff. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the registered manager. One staff member told us, "I had safeguarding training this year. If I suspected anything I would tell the manager." We saw records that safeguarding had been discussed in resident and staff meetings. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly. The manager told us and we saw records that showed there had been three safeguarding incidents since the last inspection.

We looked at the care files for five people and saw they each contained a set of risk assessments, which were up to date and detailed. These assessments identified the risks that people may face and the support they needed to prevent or appropriately manage these risks. Risk assessments included people's medical conditions, moving and handling, accessing the local community, falls, skin integrity, diet and weight. For example, one person had been assessed for moving and handling and the outcome was the person needed the assistance of one carer and a zimmer frame for social outings. We saw personalised evacuation plans in the event of a fire in the five care files we reviewed. Night care plans were also in place which included issues such as not leaving a lighter with people who smoked. Staff we spoke with were fully aware of the potential risks people using the service may face.

People who used the service told us there was always staff available to help them. One relative told us, "Always enough staff. I see them in the lounge area getting people drinks." One staff member told us, "I have enough time to spend with people." At the time of our inspection the service was providing personal care and support to 15 people. Staff told us that there was enough staff available to meet people's assessed needs. We looked at staff rotas during the inspection. It was clear from the rotas that extra staff were bought in on days where extra support was required, for example activities and appointments. There were sufficient staff on duty on the day of the inspection.

There were procedures in place to administer, store and dispose of medicines appropriately. Staff were aware of these procedures and attended annual medication training. Two staff we spoke to could tell us about how they stored different types of medicines and gave details of how they managed people with diabetes and those on warfarin and digoxin. We saw care plans that confirmed what staff had told us. For example, there was a care plan and a risk assessment for a person who self-administered their insulin with specific instructions for staff on how to monitor this person.

We reviewed five medical administration record (MAR) charts and found that the name of the person, date of birth, allergies, dose and times were clearly noted. Staff signed for medicine after people had taken them. The medicines trolley was kept locked and chained to a wall when not in use. The medication fridge was kept locked and temperatures were supposed to be checked daily however on weekends the temperatures were not being recorded. We spoke with the registered manager about this on the first day of our inspection and she told us this would be corrected immediately. On the second day of inspection the registered manager showed us that fridge temperatures had been recorded for the previous weekend. The medicine store cupboard was kept locked and the manger checked to ensure that medicines were not expired. There were no controlled drugs kept at the home although there was a double locked cupboard available.

There were procedures in place to log home remedies such as paracetamol and simple linctus. We also reviewed two records of verbal orders to alter medicines issued by the GP and found that these were followed up by visits by the GP and amendments to the MARS charts where necessary. For example, one order was to immediately reduce the dose of lithium after the GP received blood results that showed that lithium levels were high and therefore dose needed to be adjusted accordingly.

We looked at three staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant

Good

Is the service safe?

checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to confirm that newly recruited staff were suitable to work with vulnerable people. All three staff files included completed induction training records.

Good

Is the service effective?

Our findings

People told us they were happy with the level of care and support they received. One person said, “I like it here. It is home away from home.” Another person commented, “They [staff] all help no matter what I ask.” One relative told us, “The staff have been here a long time and are lovely.” Another relative said, “I have nothing but praise for the staff.”

Staff told us they were well supported by the registered manager. Staff received regular formal supervision and they attended regular staff team meetings and we saw records to confirm this. One staff member said, “We have supervision monthly. We discuss my performance and this such as medication and policies. First thing the manager asks me if I have anything I want to say.” All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

Staff we spoke with told us they received regular training to support them to do their job. One staff member told us, “The training is always coming. Recently I have done fire, mental health and Deprivation of Liberty Safeguards (DoLS) training.” Another staff member said, "We get enough training. We also have a discussion group to discuss any issues." The registered manager showed us the training matrix which covered training completed. The core training included induction, manual handling, safeguarding, medication, mental health, dementia, first aid, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), nutrition, infection control, equality & diversity and fire training. We saw records of individual training sessions and copies of the training certificates. New staff had been provided with induction training so they knew what was expected of them and to have the necessary skills to carry out their role.

The registered manager and staff we spoke with had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. The manager knew how to make an application for consideration to deprive a person of their liberty. Discussions took place with the manager regarding how the recent judgement by the Supreme Court, could impact on the provider’s responsibility to ensure DoLS are in place for people who used the service. There were currently two DoLS applications in place. We saw all of these applications were documented which included detailing risks, needs of the person, and ways care had been offered and least restrictive options explored. Where people had been assessed as not having mental capacity to make decisions, the manager was able to explain the process she would follow in ensuring best interest meetings were held involving relatives and other health and social care professionals.

We looked at care plans for five people who used the service. We saw people’s risk assessments and care plans included information about people’s capacity to make decisions. People who spoke with us told us staff asked for their consent before providing personal care and support. One staff member told us, "I ask people if they want personal care. If they say no, then it is no. I will leave and come back to see if they are willing." Another staff member told us, "I will always ask permission before I go into someone's room."

Most people were not restricted from leaving the home. One person told us they went out shopping and to various activities without staff supporting them. People identified of being at risk when going out in the community had up to date risk assessments and we saw that if required, they were supported by staff when they went out.

We saw that people had a nutritional assessment completed on admission to the home and people’s dietary needs and preferences were recorded. Some people needed a specialist diet to support them to manage diabetes and the staff we spoke with understood people’s dietary requirements and how to support them to stay healthy. We spoke with the cook who told us that three people were diabetic and explained the meal preferences for these people which was reflected in the documentation we looked at. We saw drinks were offered throughout the day and during the mealtimes to people. We observed the cook go into someone's room and ask what they wanted on the menu for that day. The cook told the person the choices were sausage pie, smoked haddock or smoked salmon. We spoke to the person and they told us, "I am very fussy and the home caters for that. I do not eat spreads and prefer butter which they give me."

As part of our visit, we carried out an observation over the lunch time period. We saw people were provided with protective clothing, if they wished, and there were

Good

Is the service effective?

condiments on the table for people to use. Each table in the dining room had a copy of the menu for the day which gave more than one choice for the main meal and dessert. The lunchtime was relaxed and we saw people could eat in the dining room, lounge area or their own bedroom. Most people were independent throughout the meal and staff were available for people who required assistance with eating and drinking. We saw people were not rushed to eat their meal and people and staff talked throughout the mealtime and enjoyed each other's conversations.

People we spoke with were very complimentary about the quality of the food. One person told us, "The food is very good here. If I don't like something they me give something else." Another person said, "I love the food here. I ask for eggs when I don't want something on the menu." A relative told us, "Every day the menus have different food. They cook better than I do." The same relative also told us, "If I bring [relative] in late they will always offer her a meal. They are always offering drinks and biscuits for people."

People were supported to maintain good health and to access healthcare services when required. Care records showed people received visits from a range of healthcare professionals such as GPs, district nurses, podiatrists, dentists, chiropodists, opticians and dieticians. One person told us, “I can see the doctor when I want.” A relative told us, "I see the doctor there a lot." On the day of our inspection we saw flu jabs were being offered to people by a medical professional and on the second day of our inspection we saw these had been recorded in people's care files. In one of the care files we reviewed there was detailed information about a person’s weight. We saw from the records that when the needs changed staff made appropriate referrals to the GP and a dietician. Care records provided clear information about how this person’s dietary needs should be met and showed their weight was being monitored.

Good

Is the service caring?

Our findings

We saw that people were supported with kindness and compassion. People spoke positively about the care and support they received. One person told us, "The staff are very kind. I can't fault them." Another person said, "I couldn't wish for a nicer place." A relative told us, "The staff are lovely and kind." We looked at the visitor's comments book which included comments "I have always found the staff very helpful and kind" and "Almadene Care Home seems a lovely homely place."

Staff knew the people they were caring for and supporting. Each person using the service had an assigned key worker. The two staff members we spoke with were key workers for people. They were able to describe how they developed relationships with the people which included talking to the people to gather information on their life history and likes and dislikes. One staff member told us, "I sit down and talk with them. Ask what they like to eat and drink. What is their favourite music. I know she likes going out shopping and meeting people." We observed staff interacting with people in a positive and caring manner. People's life stories were documented in the care plans we reviewed and helped staff deliver individualised care that was sensitive to people's needs. Staff were able to communicate through body language with people who had communication difficulties and those who could speak minimal English.

People were encouraged to be independent and to choose what they wanted to do. For example, we saw a person allowed to take their time to walk slowly but independently with their zimmer frame. Similarly we saw another person being asked by a staff member if they needed to go to the toilet and they said no and this was respected.

The people and relatives we spoke with told us they were able to make their views known about the care and support provided for their relative. One relative told us, "I get invited to meetings and how [relative] is doing." Another relative told us, "The manager had a chat with my [relative] before he went into the home to find out about him." The relatives we spoke with said the registered manager and staff kept them informed of their family member's care and always discussed any issues and changes. One relative told us, "The manager will call me if anything is amiss." Care files we looked at showed that people were involved in decisions about their care. For example, one person had asked to have a glass of water first thing in the morning and we saw this was recorded on a daily basis as being completed.

Staff told us how they promoted people's dignity, choice, privacy and independence. For example, they said they always ensured that doors and curtains were closed when providing personal care to people. We saw people being treated with dignity and respect. Staff members spoke with people while they were being assisted throughout the day with words of encouragement. We also saw that people's preferences were respected. For example, people woke up when they were ready and had their meals when they were ready. We saw two people did not come down for breakfast till after 10.30am when most people had finished their breakfast. People we spoke with told us they could get up and go to bed when they wanted and this was reflected in the documentation we looked at. One person we spoke with told us they were religious and had asked for a vicar to visit. We saw in documentation for this person that this was included as a 'religious observance' care plan. The person told us, "I have communion and the vicar often comes."

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One person told us, “I only have to press the button and the staff will come.” One relative said, “Staff [are] always there to calm down my relative in the night.”

We looked at the care records for five people using the service. All the care plans had been reviewed recently and signed by staff and the person using the service. Care plans were personalised and it was clear that people’s specific needs, choices and preferences had been obtained. There was a “life story” section of the care file which contained information on people’s life history, preferences, likes and dislikes so staff were aware of these. The care plans identified actions for staff to support people. Some of the areas that were considered were personal care, communication, medication, personal safety, diet and weight, nutrition, daily living and social activities and mobility.

The service was responsive to the needs of people who used the service. There were person centred activities. For example, one person preferred to go out without an escort. We saw a risk assessment in their care plan that said they were to inform staff before they left. Staff we spoke to were aware of this and we saw this in practice during our visit. Another person regularly went home to their family most weekends.

There was a calendar of activities displayed in the dining room for the week we were visiting. Activities included song and dance, talking newspaper, bingo, films, and an outing to the local pub for lunch. On the day of the inspection people were listening to the talking newspaper as reflected on the calendar of activities. People told us about recent activities which had included visits to the market, meals out, visits to the park, and a quiz. One person told us, "They have quite a few activities here. Someone comes in and does exercises with us." A relative told us, "They have good activities here. They went to the pub last week. The manager will always ask relatives to join in with the activities." The same relative said, "The staff sit with [relative] and show her use to use an IPad."

Residents and relatives meetings were held on a regular basis to provide and seek feedback on the service. One relative told us, “They have a meeting once a month for all the relatives to come in. If you want to complain or say something you can.” We saw from minutes of meetings which had included topics on infection control, food and meal times, safeguarding, health and safety, activities and complaints. Comments included in the minutes were, "You always let us know what is happening and you can always talk to the staff" and "happy with the care."

Satisfaction surveys were undertaken annually for people who used the service and relatives. The last survey for people using the service was conducted in March 2014. Five surveys had been returned. The survey covered choice, health and personal care, daily life and activities, complaints, environment and management. Overall the results were positive. Feedback comments on the survey included, “the carers have lots of patience”, “plenty of choice”, “I am looking forward to the ballet” and “always clean and tidy”. The relative and friend survey was conducted in March 2014 and nine had been returned. The topics covered were the same as the resident's survey. Overall the results were positive. Feedback comments included, "great home cooking", "good level of care by staff", "responsive to my concerns", "the manager always has time to talk about my [relative]" and "[relative] is very happy and contented and above all safe."

The registered manager told us no formal complaints had been received since the last inspection. We saw the home’s complaint procedure was available in the home and clearly outlined the process and timescales for dealing with complaints. The people we spoke to told us that they were able express any concerns at any time to either the staff or the registered manager. One person said, "I would speak to the manager and she would help me." A relative told us, "If something was wrong I would not be frightened to speak to the staff. They would do something about it."

Requires Improvement

Is the service well-led?

Our findings

The service was well led with the exception of consistency in record keeping and the way in which incidents were recorded and actioned. We reviewed incidents that occurred between November 2013 and 6 October 2014 and found inconsistencies in recording actions taken following incidents. Incidents were logged inconsistently on different forms and action taken following an incident was not always recorded on the form. We also found one incident that was undated. This meant there was a risk that lessons learnt could be missed.

There was a registered manager in post. We saw leadership in the home was good. The registered manager worked with staff overseeing the care given and providing support and guidance when needed. Our discussions with people who lived in the home, relatives, staff, and our observations showed the manager demonstrated good leadership. One person told us, “The manager is a wonderful person. No matter what you ask she will sort it out.” A relative said, “The manager is very friendly yet professional. She really knows her job.” A staff member said, “She [the registered manager] helps you. If you do something wrong she will tell me. She is very reasonable.” Another staff member told us, “The manager is good because she looks after her staff. She is fair and treats everyone with respect. We give her the respect she deserves.”

Staff told us that the service had regular staff meetings where staff were able to raise issues of importance to them. We saw minutes of meetings which included topics on communication, medication, DoLS, manual handling, activities, record keeping and infection control. One staff member said, "We have staff meetings. Everyone has their say. We talk about concerns with residents and key working." Staff also told us that the registered manager had initiated separate discussion groups because one person's behaviour had become more challenging over a period of time. We saw records of the discussion of the group meetings which included health professionals being part of the group for advice and guidance. One staff member said, "The group discussion was a very good experience. We didn't know how to deal with the person. A psychiatrist would come and advise how to handle the person."

Systems were in place to monitor and improve the quality of the service. We saw records to show that the registered manager carried out a monthly audit to assess whether the home was running as it should be. We looked at the audits conducted since the last inspection. The audits looked at the premises, medication, health and safety, infection control, care plans, training and staff development which included supervision and appraisals. This included fire equipment testing and safe fire evacuation, fire alarm testing and water temperatures. We saw there were processes in place to monitor the quality of the care provided. These audits were evaluated and, where required, action plans were in place to drive improvements. We saw where any deficiency or improvement was required, prompt action was taken. For example, infection control training had been identified as an action to be completed for all staff and we saw that this had now been completed by all staff. The registered manager also told us they did a daily check of the home which included looking at the medication, the premises and the wellbeing of people. This demonstrated that the provider had suitable systems to assess and monitor the service provided.

The provider worked in partnership with other professionals to ensure people received appropriate support to meet their needs. We saw records of how other professionals had been involved in reviewing people’s care and levels of support required. One person at the home had regular support from district nurses and the service worked with the nursing team to meet this person’s needs. We also saw the home had worked in partnership with local professionals to ensure someone’s safety and to make an application for a Deprivation of Liberty Safeguards authorisation.