Respite (North West) Limited

Albert Road

Inspection report

24 Albert Road
Manchester
Lancashire
M19 2FP

Date of inspection visit:
13 July 2018
27 July 2018

Date of publication:
30 October 2018

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

Albert Road is a residential care home that provides accommodation and personal care for up to 7 people. The home was newly registered in June 2018 and therefore had not been operating for a full month at the time of this inspection. At the time of our inspection the home accommodated one person.

This inspection took place on the 13 and 27 July 2018 and the first day of inspection was unannounced. The delay between the two dates of inspection were unavoidable. On the second day of inspection we were able to speak with the individual living at Albert Road. This was a focused inspection carried out by one adult social care inspector. The inspection had been brought forward prompted by information received by the Care Quality Commission from members of the public.

This focused inspection was carried out to assess any current risks to people using the service. We therefore only looked at three domains where the key lines of enquiry are concerned with safety, nutrition and leadership of the service. No other concerns had been identified through our ongoing monitoring. Therefore, the other two domains, namely caring and responsive were not assessed as part of this focussed inspection. A full comprehensive inspection will be carried out at a later date.

There was no 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 registered manager had left before the service opened. Another manager had also left the day before this inspection took place.

The service was not always safe. Risks to people had been assessed and plans were in place to keep risks to a minimum, however some of these risks were not reflective of the person's current environment. Paperwork contained references to a previous home, although many of the risks within the support plan were still valid. Environmental risk assessments in relation to Albert Road had not been completed however the service had taken the necessary steps to try and ensure people's safety and well-being when accessing the community alone.

Staff had supported the individual at another location prior to the person moving into Albert Road and we saw that some members of staff had built up a good rapport with the individual and knew how to provide effective care and support.

The service was working within the principles of the Mental Capacity Act (MCA) 2005 and no authorisations to deprive a person of their liberty were required at the time of this inspection. Staff had received training in the principles associated with the MCA and DoLS. Although the individual had capacity we did not see any evidence of their involvement in the planning of their own care and consenting to care, and support plans were not signed.

All staff assumed responsibility for food preparation and cooking and had received training in basic food hygiene. There had been an issue preparing food on the hob since the home opened due to the lack of proper cooking equipment, however this had been resolved by the first day of our inspection.

We saw that people brought in their own personal effects from home when moving into Albert Road, including televisions, although TV aerial points in bedrooms were not yet working. People's general health was monitored on a daily basis and any changes which required additional support or intervention were responded to.

Staff considered the culture of the home had previously not been open and transparent, however this had improved since the manager had left the service. The person living at Albert Road had aspects of their safety compromised due to a lack of basic equipment and issues had not been addressed by the manager or the provider in a timely manner.

There were systems in place to monitor, analyse and improve the service, although these were in their infancy given the newness of the service. The service balanced potential risks against the person's right to take informed risks, in order to promote their independence.

Supervision of staff and key worker meetings had taken place since the service had opened and there were plans in place for a new manager to take over this role. There was evidence of good partnership working with other health and social care professionals for the benefit of people living at Albert Road.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Environmental risk assessments in relation to Albert Road had not been completed.

There had been delays in sourcing appropriate equipment to ensure the safety of people using the service.

The service had taken the necessary steps to try and ensure people's safety when accessing the community alone.

Is the service effective?

Requires Improvement

The service was not always effective

Meal choices were limited due to a delay in purchasing the correct cooking equipment.

The home was compliant with the Mental Capacity Act 2005. People were able to make unwise decisions.

Staff had supported the individual at another location prior to the person moving into Albert Road. Staff knew how to provide person centred care and support.

Is the service well-led?

Requires Improvement

The service was not always well led

The registered manager had left the service prior to the home opening for admissions. An acting manager had left the day before this inspection.

The culture of the home had initially not been open and transparent, however this had improved.

There was evidence of good partnership working with other health and social care professionals for the benefit of people living at Albert Road.

Albert Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a focused inspection and was carried out by one adult social care inspector on 13 and 27 July 2018. There was an unavoidable reason for the delay between the two days of inspection and the first day of inspection was unannounced.

Before our inspection visit we reviewed the information we held about the service, including information and concerns received about the service. The provider had not submitted any notifications to us since their registration in June 2018. Notifications tell us about any incidents or events that affect people who use the service.

We spoke with one person who was using the service at the time of this inspection, two members of staff and the area operations manager. The registered manager had left the service prior to its registration and an acting manager had left the service the day before our inspection. The provider had nominated an interim manager from another location to assume the day to day running of this service.
During our inspection we assessed the environmental safety and security at the home and whether the building was fit for the purpose intended and whether it met people's needs. We looked at care records for one person who used the service. We also looked at a range of risk assessments relating to their safety.

Requires Improvement

Is the service safe?

Our findings

We toured the building and saw that this was fit for purpose and had all the necessary checks in place in relation to fire and equipment, including servicing to the lift as per LOLER regulations. An assessment of the water systems on the premises had been carried out to ensure the risk of legionella was minimal. However, some aspects of the service were not safe at the time of this inspection.

The entrance to the property was not disabled friendly as there were steps to the front door, with no disabled ramp access. An individual using the service at the time of this inspection mobilised using a wheelchair and liked to access the community independently. To leave the home the person had to use a door at the side of the property. This door opened straight onto a narrow strip of road under an archway, which provided access for vehicles to park at the rear of the home and a neighbouring property. We judged that this was not a safe place to exit the home due to the potential risk of being hit by a vehicle. There was no risk assessment in place documenting what actions the person or staff should take to minimise this risk when they were leaving the home or accessing the smoking area at the rear of the property. We discussed this with the area operations manager who assured us this would be addressed.

We looked at risk assessments in the person's support plan relating to choking, transferring, malnutrition, skin care and mobility. These reflected the risks posed to the individual when they had lived in a different home, prior to coming to live at Albert Road. We brought this to the operations manager's attention who said the paperwork would be updated to reflect their new address. The operations manager told us the old risk assessments were still valid and would be reviewed monthly and updated if required. Following any specific incidents any corresponding risk assessments would be revisited and updated accordingly. It was company policy to review risks assessments every month however, this could not be verified as the service had not been registered for a full month at the time of this inspection.

The risk assessments in place did not reflect all the current risks posed to the individual living at Albert Road. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We had received information that basic equipment to assist staff to meet the persons needs had not been sourced by the service prior to the individual moving into Albert Road. For example, no slide sheet had been made available to assist staff move the person safely when they moved in to Albert Road on 18 June 2018. Records we saw showed the service had approached district nurses for this on 3 July 2018, a delay of more than two weeks. Initially the individual did not have any means of communicating to staff when they needed help or assistance, as the internal nurse call system was not operating. When we spoke to the individual they told us they had been shouting for staff or banging on the wall to alert staff, as their bedroom was on the first floor and staff were based on the ground floor. At the time of our inspection they had been supplied with a walkie talkie, a method of communicating with staff they had used previously. Whilst equipment was now in place to help the individual we judged that the delay in obtaining this equipment was unacceptable, as these should have been in place from the date the individual was admitted into the service.

One assessment referred to risks around a specific health condition. It contained information about the health condition, how the person might present and actions to be taken so that staff knew how to support the person effectively.

Staff had received safeguarding training as part of their initial induction and were aware of the need to report to senior management if they suspected abuse. We noted the structures in place to protect people from the potential of financial abuse, for example financial records, locked tins for the safe storage of monies and the signatures of two members of staff.

The freedom of people using the service was respected and the individual receiving a service was able to come and go independently. They told us they liked to visit friends in the community, family and make trips to the gym. The service had also put risk assessments in place relating to the individual going out independently and guidance to be followed should they not return when expected. They had also taken the necessary steps to try and ensure the person was safe when accessing the community alone, for example by making sure their mobile phone was fully charged with the telephone number for Albert Road entered into the mobile phone as a contact in case on emergency.

We checked rotas and saw that two people as a minimum were always on duty therefore staffing levels allowed personal care to be delivered in a safe manner. Staff recruitment was ongoing at the time of this inspection as a number of new referrals had been made into the service. Permanent members of staff, including the registered manager, had been recruited prior to the service being registered. Staff had forged good working relationships with the individual as they had provided care and support at another location. Some staff had left prior to the service opening, including the registered manager and the provider was recruiting to replace these members of staff. The rotas reflected that a mix of permanent and agency staff worked at the home. The area operations manager told us that there was always a permanent member of staff working alongside an agency member of staff and that a core of agency staff were used to provided consistent care.

We had received information of concern with regards to the lack of personal protective equipment available for staff, such as gloves and aprons and the absence of cleaning materials. We checked to see how the service managed the prevention and control of the spread of infection and saw adequate supplies of equipment to help with this. We spoke with a person using the service who told us that staff wore gloves and aprons when providing personal care. Staff we spoke with did say supplies of these had not been well managed initially and records we saw confirmed this, but improvements had been made and supplies were now readily available. The home was clean and there were no unpleasant odours at the time of our inspection.

We did not look at the aspect of medicines in detail as at the time of this inspection as there was only one person using the service and the aspect of medicines had not been raised as a concern. We saw that medicines were appropriately stored in a lockable cabinet located in the person's room and documented on the corresponding medicines administration chart (MAR) when administered. We spoke with the person living in the home who told us that there were no issues with medicines and that they received them in a timely manner. The safe administration of medicines will be looked at in more detail as part of the next comprehensive inspection.

Requires Improvement

Is the service effective?

Our findings

We checked to see if the service was effective. There had been a delay with the initial registration of the home and staff had been recruited for a number of months. Staff had supported the individual at another location prior to the person moving into Albert Road and we saw that some members of staff had built up a good rapport with the individual and knew how to provide effective care and support. Staff signed and dated when they read aspects of the support plans and risk assessments

Some staff had been appointed a few months prior to Albert Road opening as there had been a delay in registering the service with the Care Quality Commission. Staff had received a corporate induction and then completed on line accredited training via the Social Care Institute of Excellence (SCIE). We saw certificates on personnel files indicating that staff had completed e learning in mandatory subjects including safeguarding, moving and handling, health and safety, administration of medicines, consent, food hygiene and infection control. Additional training had been undertaken by staff that centred around specific health conditions, for example epilepsy and diabetes. Staff were also provided with company policies that would assist them to support people with chronic health conditions, including a sepsis awareness policy so that staff were informed.

Staff we spoke with were confident in their role and complimentary of the training on offer both at induction and in employment. This meant that staff were equipped with the right training and skills to meet the needs of people living at Albert Road now and in the future.

We saw that staff had received one to one supervision sessions with a senior member of staff. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. These meetings give staff the opportunity to discuss their personal and professional development, as well as any concerns.

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 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in the principles associated with the MCA and DoLS, although the individual living at Albert Road at the time of this inspection had capacity to make decisions. No one living at Albert Road at

the time of our inspection was being deprived of their liberty. We saw examples of when the individual had accessed the community and made unwise decisions. There were processes in place to support the person and staff tried to inform and promote a healthier lifestyle. Although the individual had capacity we did not see any evidence of their involvement in the planning of their own care and consenting to care, as support plans were not signed. Whilst we judged that the service was meeting the requirements of the MCA and DoLS further improvement was necessary.

The service did not yet have a food hygiene rating but had applied to the local authority for one and was awaiting inspection. A food hygiene rating is typically given to places where food is supplied, sold or consumed, such as a care home. It is the responsibility of the business to comply with food hygiene law at all times with regards to the handling, storage and preparation of food, the cleanliness of facilities and how food safety is managed. We will check on this aspect on our next inspection.

We saw that all staff assumed responsibility for food preparation and cooking and had received training in basic food hygiene. There had been an issue preparing food since the home opened due to the lack of proper cooking utensils. When we spoke with the person living at Albert Road at the time of this inspection they told us there had been limited meal choices since they moved into the service. There had been little home cooked food as staff had not been able to use the cooker hob. Food had been microwavable or oven cooked ready meals, noodles and soup. On the first day of inspection the operations manager showed us the set of pans newly purchased that were compatible with the ceramic hob. There were no pre-planned menus, however we saw adequate stocks of food in a fridge and freezer.

We saw that people brought in their own personal effects from home when moving into Albert Road. The individual had their own widescreen TV and was able to watch DVD's in their room but not daytime TV, as aerial points in bedrooms were not yet working. The person told us they were able to watch TV with staff in the staff room downstairs if they wanted but liked to watch DVD's in their room.

Assessments and support plans were kept relating to all aspects of health and well being. The records we saw showed that health was monitored, and any changes which required additional support or intervention, for example from a GP or a district nurse, were responded to. We spoke with an individual using the service who told us staff responded appropriately and sought input from health care professionals, when necessary or if they requested this.

Records we saw showed us that the service liaised with healthcare professionals for the benefit of service users. District nurses visited on a regular basis to provide clinical interventions and to advise on pressure care. There was also contact with a local GP and support with hospital appointments.

Requires Improvement

Is the service well-led?

Our findings

The service was registered with the Care Quality Commission in June 2018 however the registered manager appointed by the service had left their post in May 2018, before the service opened. The provider had appointed another manager, however they had not notified CQC of this change in personnel prior to the home opening. On our first day of inspection we were informed that this manager had also left their post the previous day. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 service had been operational since initial registration without a person capable of leading the team and ensuring the service was fit for purpose. For example, initially there had been no way for people to summon help or assistance, as the nurse call system in place was not operating; there had been a delay in obtaining a slide sheet, a basic piece of equipment used when helping to move or transfer people. TV aerial points did not work in people's bedrooms. Due to the kitchen facilities available and the lack of appropriate pans the service had only been able to supply the individual living at the home with microwavable food or ready meals.

Failure to inform CQC via a statutory notification that the registered manager had left their employment was a breach of Care Quality Commission (Registration) Regulations 2009: Regulation 15.

We spoke with members of the small staff team at the time of our inspection. They told us that the culture of the home had initially not been open and transparent, however this had improved since the previous manager had left the service. Staff told us they had felt unsafe at work due to the right equipment not being in place when the service first opened and felt that the individual living at Albert Road also had aspects of their safety compromised. The previous manager had not addressed these issues in a timely manner however the operations manager assured us this was now being dealt with at a higher level. A manager from another service within the company had been appointed and was due to start in the role. We will check on improvements they have made in the service at our next comprehensive inspection.

There were systems in place to monitor, analyse and improve the service, although these were in their infancy given the newness of the service. There were mechanisms in place to record any accidents and incidents, with monitoring undertaken to look for ways to minimise the risk of a reoccurrence. We saw that the service balanced potential risks against the person's right to take informed risks, in order to promote their independence.

Supervision of staff and key worker meetings had taken place since the service had opened although we saw some planned supervisions would now be delayed due to the manager leaving their post. There were plans in place for the new manager to assume this responsibility and to log all supervisions and appraisals carried out with staff.

There was evidence of good partnership working with other health and social care professionals for the benefit of people living at Albert Road. We saw that staff contacted district nurses on occasions to undertake additional visits, for example to change dressings or check skin integrity. The district nursing team responded rapidly to these requests so that the person's health did not decline.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 Registration Regulations 2009 Notifications – notices of change The service had failed to inform CQC via a statutory notification that the registered manager had left their employment before the home opened.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The risk assessments in place did not reflect all the current risks posed to the individual living at Albert Road.