Almond Villas Limited

Almond Villas

Inspection report

3 Dukes Brow
Blackburn
Lancashire BB2 6EX
Tel: 01254 681243
Website: www.almond-villas.co.uk

Date of inspection visit: 14 October 2015
Date of publication: 12/11/2015

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

Overall summary

Almond Villas is registered with the Care Quality Commission to support up to fourteen adults with mental health needs. The property is close to Blackburn town centre and is comprised of four three bedroomed flats, each having communal facilities including kitchens and two further self-contained flats for people to live more independently prior to living in the community. There is a communal kitchen to teach people cookery and further rooms for group support sessions or private meetings. There are currently thirteen people accommodated at the service.

We last inspected this service in June 2014 when the service met all the regulations we inspected.

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who used the service said they felt safe at this care home. Staff had been trained in safeguarding topics and were aware of the need to report any suspected issues of abuse.

Recruitment procedures were robust and ensured new staff should be safe to work with vulnerable adults. There were sufficient staff to meet people's needs.

We found the ordering, storage, administration and disposal of medication was safe.

There were systems in place to prevent the spread of infection. Staff were trained in infection control and provided with the necessary equipment and hand washing facilities to help protect their health and welfare.

People told us they were encouraged to plan their menus, shop for their food and cook their meals with support from staff when required. Some people told us they were proud of the skills they were learning.

New staff received induction training to provide them with the skills to care for people. All staff were well trained and supervised regularly to check their competence. Supervision sessions also gave staff the opportunity to discuss their work and ask for any training they felt necessary.

The registered manager was aware of her responsibilities of how to apply for any best interest decisions under the Mental Capacity Act (2005) and followed the correct procedures using independent professionals.

There were systems to repair or replace any broken equipment and electrical and gas appliances were serviced regularly. Each person had an individual emergency evacuation plan and there was a business plan for any unforeseen emergencies.

The home was warm, clean, well decorated and fresh smelling. People who used the service were responsible for cleaning with staff support. People made good use of the covered seating area in the garden.

We saw that independent living was the aim of the service and how, on the day of the inspection, one person was nearing that goal.

We observed there was a good interaction between staff and people who used the service. We observed the good relationships staff had formed with people who used the service and how they responded well to any questions or advice people wanted.

We observed that staff were caring and protected people's privacy and dignity when they gave any care. The care was mainly around people's mental health needs but we did not see any breaches in people's confidentiality.

We saw that the quality of recovery plans gave staff sufficient information to look after people accommodated at the care home and were regularly reviewed. People agreed to the restrictions placed upon them to help them get better.

We saw that people who used the service were able to attend meetings, 1 – 1 sessions and activities to gain their views. Professionals were asked for their views in the way the service was managed. Staff were encouraged to participate in how the home was run.

Policies and procedures were updated regularly and management audits helped managers check on the quality of the service.

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. There were safeguarding policies and procedures to provide staff with sufficient information to protect people. The service also used the local authority safeguarding procedures to follow a local protocol. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. People were encouraged to take their own medicines with staff support. Staff had been trained in medicines administration and the manager audited the system and staff competence.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. Support plans highlighted people's needs and were amended regularly if there were any changes to a person's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoL's and should recognise what a deprivation of liberty is or how they must protect people's rights.

People who used the service were encouraged to cook and clean for themselves. Staff supported them to follow a healthy eating lifestyle.

Staff were well trained and supported to provide effective care. Training and supervision were provided regularly.

Is the service caring?

Good

The service was caring. People who used the service told us staff were helpful and kind.

We saw that people had been involved in and helped develop their plans of care to ensure their wishes were taken into account. At house meetings any achievements were discussed to encourage progression in their independence.

We observed there was a good interaction between staff and people who used the service.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were able to join in activities suitable to their age, gender and ethnicity.

People who used the service were able to voice their opinions and tell staff what they wanted at meetings, in group therapy sessions and one to one meetings with their key worker.

Summary of findings

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

Staff told us they felt supported and could approach managers when they wished.

Almond Villas

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.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert was experienced with people who have mental health problems. The inspection was conducted on the 14 October 2015 and was unannounced.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not ask the provider to return a form called a Provider Information Return (PIR) because there was not sufficient time for the provider to return it to us prior to the inspection.

We asked the local authority safeguarding and contracts departments for their views of the home. We did not receive any information of concern.

During the inspection we spoke with six people who used the service, several care staff members and the registered manager. We looked at the care and medication records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, quality assurance audits and policies and procedures. We also conducted a tour of the building to look at the décor, services and facilities provided for people who used the service.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe at this care home. From looking at staff files and the training matrix we saw that staff had been trained in safeguarding topics. Staff we spoke with confirmed they had been trained in safeguarding procedures and were aware of their responsibility to protect people. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. The service had a copy of the Blackburn with Darwen safeguarding policies and procedures to follow a local protocol. This is now part of a Lancashire initiative involving professionals from local authorities and the police. This meant they had access to the local safeguarding team for advice and report any incidents to. There was a whistle blowing policy and a copy of the 'No Secrets' document available for staff to follow good practice. A whistle blowing policy allows staff to report genuine concerns with no recriminations. Both care staff members we spoke with were aware of the safeguarding procedures and said they would not hesitate in using the whistle blowing policy to protect people who used the service.

The registered manager reported safeguarding issues promptly to the local authority and the Care Quality Commission. We saw that suitable action was taken to protect people, for example, one person who used the service was being protected from possible financial abuse from another person who used the service.

We looked at two staff files. We saw that there had been a robust recruitment procedure. Each file contained two written references, an application form, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

We looked at three recovery plans during the inspection. The assessment of risk was considered as part of the overall recovery plan and were mainly around going into the community, possible relapse or if being helped to independent living the use of illicit substances or alcohol. We saw that staff talked to people who used the service around any identified risk and any agreed action was recorded in the recovery plan. The risk assessments were to keep people safe but did not infringe upon people's lifestyles.

All the people we spoke with thought there was enough staff to meet their needs. On the day of the inspection we observed staff members supporting people inside the home or taking people out for appointments or social activities. On the day of the inspection there was also a person employed to carry out maintenance and an office administrator.

The people we spoke with said they administered their own medication. We looked at the policies and procedures for the administration of medicines. The policies and procedures informed staff of all aspects on medicines administration including ordering, storage and disposal. All staff who supported people to take their medicines had been trained to do so. People were encouraged to self-medicate with staff support. Because medicines were necessary for people to remain well staff observed that people took their medicines and recorded when they had taken them. We looked at the medicines records and found they had been completed accurately.

Medicines were stored in a locked room in a trolley which was secured to the wall. Controlled drugs were stored within the locked trolley and were recorded separately. Each recovery plan had details of the medicines people took such as what the medicine was for, a description and photograph of the tablet and the times of administration. There was also a record of potential side effects and other details for staff to recognise any possible problems with medicines. There was a risk assessment for people who may not take their medicines and what may happen because of this and a risk assessment for self-administration of medicines. We saw that there was a record of the person's current attitude and ability to take their medicines. In the plans we looked at people consented to take their medicines.

We saw that there was a record of the temperatures where medicines were stored, including the fridge to ensure medicines were stored to manufacturers guidelines.

Staff had the British National Formulary to reference and medicines people were taking.

Good

Is the service safe?

Drugs prescribed to be given when required had a separate fact sheet which clearly told staff when the medicine should be given, the amount, what the medicine could be given for and how often it could be given.

We looked at the servicing and certification of gas and electrical equipment and found it was up to date which meant it was safe to use. The fire alarm was serviced and tested regularly including fire drills. On the day of the inspection the maintenance person was checking emergency lighting. Hot water outlets were temperature regulated and radiators did not pose a threat of burning people. Windows had a restrictive device fitted to stop any accidents.

There was a system for repairing or replacing any broken or defective equipment. We saw the maintenance person was completing tasks on the day of the inspection.

People who used the service were involved in fire drills and evacuations and did not have any mobility problems to restrict their evacuation in an emergency. The service had a business continuity plan for emergencies such as the loss of the electricity or gas supply and how they could continue to support people.

People had the use of a laundry and were encouraged to do their own washing and ironing with support from staff. There was sufficient equipment to help people keep their clothes clean.

There were policies and procedures for the control of infection. The training matrix showed us most staff had undertaken training in infection control topics. Staff we spoke with confirmed they had undertaken infection control training. The service used the Department of Health's guidelines for the control of infection in care homes to follow safe practice.

The registered manager and staff conducted daily audits for infection control. This included the cleanliness of the building and bedrooms (with people who used the service present), the laundry and communal areas. We saw staff had information on infection control such as waste disposal, body fluids and spillages, accidents and incidents, hand hygiene, hand washing procedures, coughs and sneezes and infectious diseases. There were detailed descriptions of how to clean items and how often they should be cleaned. There was also colour coding guidance for equipment in the kitchen, laundry and people's bedrooms. There was hand washing facilities in strategic areas for staff to use in order to prevent the spread of infection. Staff had access to personal protective equipment such as gloves and aprons. The water system was serviced by a suitable company to prevent Legionella and there was a record of when water outlets had been cleaned to further reduce the possibility of Legionnaires disease. On the day of the inspection people told us they were encouraged to help keep their rooms and the home clean and tidy and staff would support them if needed. We toured the building on the day of the inspection and found it was warm, clean, tidy and did not contain any offensive odours.

Good

Is the service effective?

Our findings

People who used the service told us, "I make my own meals, do my own cleaning, and shopping", "The staff have helped me to improve myself. I can now make my own meals. I do my own shopping, cleaning and laundry. I suffer from diabetes and they have advised me to cut down on my sweet drinks", "I enjoy cooking my own meals" and "I make all my own meals."

Most members of staff had been trained in the Mental Capacity Act 2005 (MCA 2005). This legislation sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. One person had been urgently referred to the Local Authority department which is responsible for mental capacity and the service was awaiting a decision from them on extending the 'best interest' decision. The person had fluctuating capacity to make decisions such as the reason he was in the home. The service had followed the correct procedures. There was advice about the local advocacy service in a prominent position for people who used the service to use. The advocacy service provides an independent person who will act on behalf of someone who may lack mental capacity or need other assistance. The advocacy service offered an independent mental health advisor for people in this care home.

The service is divided into different areas set up as flats. Within each flat there is a kitchenette for people to store and prepare their own food. The main ethos of the service is for people to follow the recovery plan and become independent. Therefore support was provided around people getting the confidence to do their own shopping, cooking and cleaning for themselves. People were supported to plan their weekly menu and then do the shopping. They were supported to do the cooking and the level of staff support provided was dependent upon their abilities. We saw that the kitchenettes and communal kitchen were clean and tidy

People were mainly responsible for their own diet. Because the funding of food was provided by the service there were guidelines about healthy eating. People who used the service were encouraged to take a healthy diet. We saw one person had agreed to try to lose weight and this was recorded in his recovery plan. The registered manager told us staff sometimes had to intervene and refer people to a dietician for advice. Some of the people were of an ethnic origin and although they were able to buy and cook foods for themselves they would be supported by staff when required.

Staff and people who used the service were sent on courses such as for cooking for diabetics. There were group cooking sessions held in the communal kitchen. This was partly to teach people to cook new dishes but also to create a social occasion. Baking was another therapy and was also used for raising money for charity.

Part of the cooking and eating experience was to make sure people who used the service could behave acceptably in a social setting. Social etiquette was taught and staff would accompany people to restaurants to assess how well they could eat and mix in public as part of their recovery program and reintegration into the community.

Each area had dining facilities and people could eat alone or in small groups. The communal kitchen was used on social occasions or for special events.

We saw that the communal areas were suitably decorated and furnished and provided a homely atmosphere for people who used the serve. People told us they had personalised their rooms. There were sufficient toilets and bathing facilities.

We saw that people used the covered garden area during the day and observed how they interacted well with each other. There was enough seating for people to relax in this area.

New staff were given an induction when they commenced working at the care home. We saw how one new employee was completing the induction workbook. The induction process followed national guidelines. However, the service were part way through the introduction of the new care certificate for new staff. This meant they would be following current best practice guidelines for new staff.

Staff files and the training matrix showed staff were trained in subjects like the MCA, DoL's, first aid, food safety, moving

Good

Is the service effective?

and handling, infection control, medicines administration and fire awareness. Staff were also encouraged to complete training in health and social care such as a diploma or NVQ. Some staff had completed training in mental health care or specialised care such as for diabetics. The staff we spoke with said they were sufficiently well trained to competently undertake their various roles.

We saw in staff files that supervision was regular and that staff could bring up topics they thought were important to them as well as management discussing their performance. We observed the staff interaction with each other and managers. There was a good amount of discussion and advice given during the day. Staff passed on information to each other which helped them care for people who used the service.

We looked at three recovery plans during the inspection. The plans were individual to each person and people who used the service signed and agreed to the recovery plan. This was essential because people had to agree to not take illicit substances or over use alcohol and take their medicines. Any breach of these agreements could affect their recovery.

The plans contained sufficient details for staff to provide effective care and were reviewed regularly to keep staff up to date. Although we could see the plans were reviewed it did look in some parts that they had not been reviewed for some time because nothing had changed to that particular care need. It would be good practice to develop a document which staff and people who used the service could sign to say they have discussed all their care needs. Staff sat and formally discussed care with people who used the service monthly. The member of staff we spoke with and registered manager during our feedback session discussed ways to make the review of the plans more conclusive.

We saw that people had access to other professionals with support from staff if they wished. People were supported to attend hospital appointments to see psychiatrists or other mental health staff or routine appointments such as opticians and dentists. We also noted that many professionals also visited people in the care home. Visits were recorded in plans of care.

Good

Is the service caring?

Our findings

People who used the service told us, “The staff here are wonderful. Even the resident’s here are wonderful. They are my friends now. All the staff look after the resident’s very well”, “I am happy here. The staff are very good”, “Coming here changed my life. I am a much better person now. Staff here helped me to achieve this” and “My journey at Almond Villas has been very good. All the staff here are very good and helpful.”

We observed the relationships between staff and people who used the service during the day of the inspection. We saw that that all requests and questions from people who used the service were responded to accordingly by the staff. We saw people were comfortable talking to staff and there was a lot of laughter and good natured banter. We observed staff quickly and calmly defusing people’s anxieties.

We saw that any support or advice was aimed at helping people maintain their independence and prepare people who used the service to integrate back into the community although this could take some time.

We also saw that people who used the service seemed to get along very well with each other and talked respectfully during any therapy or socially in the garden area.

Arrangements were in place for the registered manager or a senior member of staff to visit and assess people's personal and health care needs before they were admitted to the home. The person and/or their representatives were involved in the pre-admission assessment and provided information about the person’s abilities and preferences. Information was also obtained from other health and social care professionals such as the person’s social worker. Social services or the health authority also provided their own assessments to ensure the person was suitably placed. This process helped to ensure that people’s individual needs could be met at the home.

The admissions process may take several weeks with professionals from all organisations involved in the process. In one plan of care we noted staff initially visited a person in hospital to ensure they knew someone when they came for a look around Almond Villa’s. One the day of the visit management ensured this staff member was on duty. The visits became more frequent and included short stays and then a weekend. This ensured staff and the person involved was ready for the move and wanted to try life in the care home.

People were able to choose what they did, for example where they spent their day or what time they got up. People’s preferred routines were discussed and in the recovery plans there was a lot of information about what people liked or did not like, including what they wanted to do and the goals they wished to achieve.

We were told by people who used the service and staff that there were no restrictions to visiting at the care home although people were encouraged to go and visit their family and friends as part of their recovery program.

Good

Is the service responsive?

Our findings

All the people we spoke with said staff responded to their needs and supported them well.

There was a record of what people wanted to do and where they liked to go. Activities could be individual, for example, one person went with support to see his dentist and then went on to see a family member. There were also group activities held in one of the rooms at the home. We saw the results of some of the sessions held in the room and noted that people were also asked at these sessions what they would like to do. There were photographic records of where people had been such as Blackpool, London and Edinburgh.

Activities people liked to attend included going out for a drink or meal, to the gym, food shopping, life skills training, going out to places of interest like a market, visiting friends, personal shopping, family visits, going to football matches, attending therapy groups, cooking, cleaning, 1 – 1 support sessions, voluntary work, creative arts, fashion, attending college (one person was learning languages) and going on walks. There was information for people to attend MIND workshops and special events such as a Christmas Fair.

People were encouraged to attend courses to gain employment. There were also activities that allowed people to get involved in the local community. One project was around a community allotment scheme. People learned how to garden but part of the aim was to get people to mix and socialise.

The service had recently changed ownership and to prevent any staff or service user anxiety they were asked what was important to them about Almond Villas to ensure the identity and ethos of the service was not lost. We saw comments from people who used the service included, 'The staff are helpful, they do not expect perfection – just as long as we try our best', 'a place that helps you to thrive', 'good staff support', 'I like the way staff look after us', 'staff are helpful they listen to us', 'staff help you through the bad times in your life', 'helping you to be independent and in the company of flat mates' and 'mutual respect between residents and staff'.

Staff commented, 'Best work setting I have ever been in. There is a loving, caring and good team', 'Tailor made activity plans', 'good staff team that are genuinely interested in the residents well-being', 'Almond Villas has a family feel, staff and residents treat each other with respect' and 'I feel happy to have spent time with such a good team and to help contribute a little to those who stayed here'. This information was helpful to the registered manager to ensure what they had built under family ownership was not lost in a larger organisation.

There was a suitable complaints procedure located in the building for people to raise any concerns. The complaints procedure told people how to complain, who to complain to and the timescales the service would respond to any concerns. This procedure included the contact details of the Care Quality Commission. We had not received any concerns since the last inspection or any from the local authority and Healthwatch.

We spent several hours talking to people during the inspection. People did not have any concerns or complaints. People were confident staff would respond to any concerns they may have.

Most staff had worked at the service for some time which meant they knew the people they looked after well.

On the day of the inspection one person told us he had progressed so well that he was being helped to find accommodation and move to a more independent lifestyle. He told us he was going to view a property with a view to moving out. We were told he would still be supported by staff he knew.

We saw at house meetings people who used the service had a chance to have their say in how the house was run. We looked at the records and items on the agenda included recycling, activities they wanted to attend, introduction of a new 'resident', places people wanted to go and the house rules. It was also used to get an insight into people's wishes – one question asked was what three things would you take to a desert island and any achievements people who used the service had completed. Examples we saw were progression to independent living, passing exams, successful family visits and improvements in health.

Good

Is the service well-led?

Our findings

The home had 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us the managers and staff were approachable and available to talk to when they wanted. We saw that they were regularly asked for their views at house meetings, 1 – 1 sessions and group activities.

We saw that staff were regularly invited to meetings. Topics discussed included staff and staff support, the care of people who used the service, report writing, the new format of CQC inspections, the care of a new resident including his likes and dislikes, staff views, more planned events include takeaway nights, themed days, meditation and relaxation, quiz nights and teaching self-awareness. Staff were encouraged to participate in the meetings and bring up topics they wanted to.

There was a comments book located for professionals to complete if they wished. We saw the comments were positive and included, "Good communications, good reports and feedback. Pleasure to visit", "Excellent reports for the CPN and good following of actions. Made to feel very welcome", "Spent all day conducting CPA and planning meeting. Excellent verbal and written reports. Excellent hospitality", "Really good working relationships. Very confident and happy with the service provided. Staff are very committed and have the best interests of the service users at heart", "I have been impressed by the staff's professionalism. Great communication and good understanding of the client's needs. Highly recommended" and "The usual high standard of excellent reports for CPN's. Well motivated and caring staff.

We saw from looking at records that the manager conducted regular audits to check on the quality of service provision. These included infection control, medicines administration, care plans, cleaning rotas and accidents and incidents. The registered manager used the information to spot any trends and reduce risks.

Policies and procedures we looked at included complaints, medicines administration, health and safety, mental capacity, safeguarding, infection control, safe storage of records, confidentiality, data protection, equality and diversity and the whistle blowing policy The policies we inspected were reviewed regularly to ensure they were up to date and provided staff with the correct information.

We saw that the registered manager liaised well with other organisations and professions. This included social services, the health authority, community psychiatric nurses and social workers.

Staff told us they attended a staff handover meeting each day to be kept up to date with any changes. This provided them with any current changes to people's care or support needs.

There was a recognised management system staff were aware of and always someone senior to be in charge for staff to go to.