

Abbeyfield St.Albans Society Limited(The) Grace Muriel House

Inspection report

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Date of inspection visit: 26/08/2015
Date of publication: 08/10/2015

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

This inspection was carried out on 26 August 2015 and was unannounced.

Grace Muriel House provides accommodation and personal care for up to 37 older people. On the day of the inspection there were 31 people living at the service.

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 and associated Regulations about how the service is run.

At our previous inspection on 07 January 2014 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

People living at the home and their relatives were positive about the home, the manager and the staff. Their feedback was sought and any suggestions were acted upon.

Care records were completed and reviewed regularly. People were involved in planning their own care and changes in their needs were reflected back in their plan of care which were held securely.

Summary of findings

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that the provider identified people who lived at the service who required DoLS and applications had been made to the local authority. Staff were aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People had their individual needs met. Staff knew people well and provided support which was effective and met people`s needs. There was sufficient food and drink available and people were assisted to eat and drink if they were not able to do so independently.

People had regular access to visiting health and social care professionals. They were encouraged to manage

their own medicines where this was possible. Where people were unable to manage their medicines staff ensured they received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person`s safety and welfare. The manager responded appropriately to all concerns and complaints.

Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on what their role was. People and staff were positive about the leadership of the service.

The manager had established strong links with the community and engaged in several projects which involved people in gardening, growing their own vegetables, learning to use computers, tablets and how to navigate the internet.

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?

The service was safe.

Staff were knowledgeable about safeguarding adults from abuse and confident in reporting their concerns.

Potential risks to people's health were identified and the identified risks were consistently managed.

Safe and effective recruitment practices were followed.

People were supported to administer their own medicines and where this was not possible they had their medicines administered safely by staff.

Good



Is the service effective?

The service was effective.

People received support from staff who were appropriately trained and supported to meet people's needs.

Staff sought people's consent before providing care and support. Where people lacked capacity to consent a best interest decision was in place to ensure the care they received was in their best interest.

People were supported to eat a healthy balanced diet; they were involved in regular food forums where they discussed menu options.

People were supported to access a range of health care professionals to ensure that their general health was being maintained.

Good



Is the service caring?

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and people were involved in decisions about their care.

People's dignity and privacy was promoted.

The service provided staff with training related to care for people near the end of their life.

Good



Is the service responsive?

The service was responsive.

People received personalised care from staff who knew their preferences.

People were provided with a wide range of activities which were innovative and kept people engaged and interested.

People were confident to raise concerns. These were discussed with staff and positive lessons were learned which improved the service provided.

Good



Summary of findings

Is the service well-led?

The service was well led.

Robust systems were used to monitor the quality of the service provided, manage risks and drive improvement.

People, staff, relatives and professionals were complimentary about the leadership at the home and they had confidence in the manager and staff.

Staff told us they understood their roles and responsibilities and had confidence in taking matters to management.

The manager was supported in her role by a supportive board of directors who were involved in monitoring the quality of the service.

The manager had developed strong community links and was involved in several projects which benefited the people at the service.

Good



Grace Muriel House

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 met 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 under the Care Act 2014.

This visit took place on 26 August 2015, was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with ten people who used the service, four relatives, five care staff, kitchen staff, deputy manager, head of care, the manager and the chairman of the board of directors. We also received feedback from a healthcare professional about the service.

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

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe and well cared for at Grace Muriel House. One person said, “I was only here for three days and I felt so safe that I wanted to stay here.” Another person said, “I am safe here everyone is kind, and they treat me well.”

Staff were able to confidently explain their understanding of how to protect people from the risk of abuse and were able to describe what form abuse may take. They knew the safeguarding adults procedure, the whistleblowing policy and where to find information on how to contact external agencies such as the local safeguarding team or CQC.

Information about safeguarding was displayed around the home. The manager told us a staff member was currently completing the advanced safeguarding champion pathway to become a Safeguarding Champion and ensure they were able to mentor and coach staff to follow good safeguarding practices.

This showed us that the provider had taken reasonable steps to identify the possibility of abuse and prevent it before it occurred.

People had a comprehensive assessment done when they moved into the home and this was regularly reviewed. The assessments identified the existing risks for the person and the level of support they needed. The provider had put risk assessments in place to manage these risks safely and also developed detailed care plans if people needed assistance from staff to meet their needs.

The care plans gave clear guidance to staff on how to support people safely in areas which included nutrition, moving and handling, personal care, personal hygiene needs, and medicine management. For example, we found that staff had assessed people’s ability to administer their own medication. Depending on their abilities they were then supported to take their medicines independently. This was regularly reviewed by staff and risk assessments and plans were changed to reflect current abilities and needs of the people.

We found that staff were knowledgeable about people’s needs and abilities, as it was reflected in the care plans and they were helping and supporting people promoting their independence. We saw people independently walking in the home using walking aids if it was needed, however we

saw people who needed more help to mobilize. For example we saw a person who wanted to go back to their room and they were trying to stand up from the chair they were sitting on. This activated a sensor which alerted staff about this person needing attention. Staff arrived promptly and reminded the person how to use their walking frame correctly and assisted the person to their bedroom as they wished.

The manager monitored falls and other incidents. When a risk had been identified the risk assessments and care plans were reviewed to reduce the likelihood of reoccurrence. People also attended the falls clinics where they had an increased number of falls to ensure all possible routes were explored in reducing the numbers of falls and keeping people safe. A relative told us, “[Person] had sensors by the bed to alert staff if they needed help but they quickly realised that they were not efficient and so they put sides on the bed to keep her safe at night so that she doesn’t roll out of bed. I didn’t even had to ask.”

Staffing levels were meeting people’s needs on the day of our inspection. Some people told us that sometimes they were waiting more than they should have for staff to attend if they called for assistance. One person said, “They could do with more staff, sometimes we have to wait and that is not good.” We found that during busy times in the day like mornings when people were getting ready for the day and were ringing for assistance two of the bells were ringing for up to five minutes until answered by staff. However these times were reduced to under a minute after people were up and settled. We saw that the provider was monitoring people’s dependency levels and staffing was adjusted to meet people’s needs. Management and staff told us that they were not working under staffed or short and unforeseen staff absence was always covered either by agency workers or management. Management was available on weekends in case any unforeseen absence they were able to support staff.

The management was monitoring the length of time people needed for their needs to be met by using the data from the call bell system. This had a display screen which showed the room number, how long the bell has been ringing, the time it was answered, the ID of who has responded and how long they were in the room.

This meant that information was available to management to adjust staffing according to people’s needs.

Is the service safe?

The home followed a robust recruitment process. This included a thorough interview process, written references and a criminal records check. This helped to ensure people were being supported by staff that was fit to do so.

People were encouraged to manage their own medicines. Staff had carried out assessments to establish the level of support each person needed to take their medicines safely. For example we found that a person was able to administer their own inhalers but they required staff to administer their tablets.

We found that medicine administering procedures were discussed at meetings with people where they explained why staff had to check if medicines were taken at the correct times.

We observed medicine rounds and the staff who administered medicines to people, told them what they were having and why they were being asked to take the medicines, "These are your first tablets; they are to help with your [medical condition]." This was done consistently and discretely by staff throughout the medication rounds.

Most people were able to tell us what their medicines were and why they were taking it. One person said, "I have one pill to help with my memory you know, it does!" Another person said, "They [staff] sort out my medication and always tell me what it is and if it changes."

This meant that people were able to take informed decisions about their health and treatment.

However on checking people's medicines administration records we found several missing signatures from staff who administered the medicines. Medicines audits were carried out and we saw that missing signatures were investigated and resolved however at times this was done several days or weeks after it occurred. The audits we saw were regular and usually carried out monthly however there were no daily checks to deal with these issues promptly as they occurred.

Is the service effective?

Our findings

People and relatives told us they felt staff had the knowledge and skills to meet people's needs effectively. One relative said, "[Person] found it difficult to settle. When there was a problem they [staff] would just phone me and I would come straight away. I'm very reassured that they did not just let her suffer; they [staff] let me know. I trust them." Another person said, "They [staff] know me and I know them. I am very happy here."

Staff told us they received the appropriate training and support for their role. We saw, and staff told us, that they had regular one to one supervision to discuss their role and development needs.

We found that most of the staff had achieved national vocational training relevant to their job roles and the ones who didn't were enrolled and supported to achieve this.

The provider was working closely with an external training provider to develop staff into champions in nutrition, dementia, end of life champion and infection control. These staff members were then responsible for observing staff were competent and knowledgeable in these areas and also to deliver the training of their subject. Staff were able to explain what their role as champions meant and they were able to tell us the appropriate way to support people with specific needs around, nutrition, medicines and dementia.

One staff member told us, "I was coming here since I was in primary school and when I finished college I become a care worker and since then I achieved level three national vocational qualification and I progressed to senior care worker and a Nutrition Champion."

People were supported to make their own decisions and choices. Staff were knowledgeable and understood their role in relation to the MCA and DoLS. One staff member said, "We always ask if they [people] are happy for us to help." Where appropriate the provider had completed DoLS applications in accordance with the MCA 2005 to the local authority and these were pending an outcome.

Meal times were calm and sociable events. There were tables set for six and four people these were beautifully presented. People who needed assistance to eat and drink were supported by staff in a calm and unrushed manner in

a separate dining area and their meal was always served half hour earlier to give staff time to sit and assist people. People were able to choose where they wanted to have their meal.

People told us that there was plenty to eat and drink. One person said, "The food is very good, there is plenty too. We have cups of coffee and tea and a last drink at night too." Another person said, "If you don't like what is on the menu you can always have something else, like an omelette." We saw staff were offering drinks on a regular basis, coffee, tea and a selection of cold drinks and these were available throughout the day. Between meals people had a selection of snacks offered. These included cakes, biscuits and fruit.

We saw that the manager and the chef organised regular 'Food Forums' for people to share their ideas and contribute to creating the seasonal menus. In the recent meeting people gave feedback about the poor quality of the meat. Following the food survey the manager conducted in June 2014 they decided to change the supplier for meat products and they were monitoring the quality of the meat.

People told us the food was varied and appetising. There was just one person who was still unhappy with the quality of the meat. They told us, "I'm a meat eater but it is not great. However it is always hot and there is always a choice." People had the opportunity to give feedback about the food daily to the chef who visited the dining areas during meal times or filling out feedback cards widely available in dining rooms.

People's weight was monitored and where people were identified as losing weight this was referred to health care professionals and nutritionists. People had their food fortified and their food and fluid intake was monitored by staff.

People told us that outside professionals visited the home to support their health needs. One person said, "If we don't feel well we ask in the office and the Doctor comes to see us." Another person said, "I had a cough last week, they [staff] arranged straight away for me to see the GP; really good here."

We found that when it was needed the mental health team or speech and language therapists (SALT) was requested for

Is the service effective?

people. A visiting health care professional told us, “They [staff] are very good here, if they [staff] are not sure about something regarding people`s health they always ask for advice.”

We saw that people also had regular visits from a hairdresser, a chiropodist a hearing aid specialist and an optician. People could also attend to appointments outside the home.

The manager told us that they encouraged family to go with people to appointments however they were accommodating a staff member to accompany people in case it was needed.

Is the service caring?

Our findings

We saw and people told us staff were kind and considerate. One person said, "Staff is kind, very kind indeed. "They know me and I know them. I'm very happy here, they [staff] look after me well."

The atmosphere in the home was calm and welcoming, none of the staff appeared to be rushed and everyone was taken to the lounges or areas they wanted to be in without undue haste. The staff were calm, kind and chatted to people about the things that interested them: the pictures in their rooms, the paintings on their walls, the grandchildren and great grandchildren.

Staff knew people well; the interaction between them was comfortable and suggested their relationship was built on trust and respect. For example we saw a person who was trying to find out what sort of game was a 'bucket game' listed on the activity schedule. They knew every staff member they stopped by name and job role.

One person said, "We all have our named staff member and in our rooms we have a picture which is good for people." A relative told us, "[Person] knows all the staff, and they [staff] know what [Person] needs."

We found that care plans were reviewed regularly and where it was possible people had signed them to confirm it was reflecting their preferences. Although not every person could remember if they saw their care plan, they all said they were happy with the care they received and staff was knowledgeable about people's preferences. One person said, "My daughter does all that, I don't get involved." A relative told us, "Well I'm not sure. We know what [person]

care is but I don't remember seeing a care plan." However they told us they were happy with the care and they had a good relationship with staff and management who kept them updated about their relative's changing needs.

We saw staff knocking on doors before entering bedrooms. We saw that where people wanted their bedroom door open this was done by fitting a secure lock which kept the door open however it released and closed the door when the fire alarm went off.

All doors were shut whilst carers were carrying out personal care tasks with residents. All the staff we observed spoke to residents in a calm and friendly manner whilst carrying out tasks such as delivering laundry, offering tea and coffee, cleaning the rooms.

All the people we spoke with felt that they were treated with respect and dignity. One person said, "They always shut the door, they are very careful here."

We saw that people were asked to think about Advanced Care Planning and this was part of the initial assessment people had before moving into Grace Muriel House. The plan was reflecting people's choices and wishes for staff to follow when they were getting near the End of their Life.

We found that where it was appropriate a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) directive was in place and that this had been discussed with the person, relatives, GP and staff.

The manager told us that Grace Muriel House had completed a pilot programme for providing end of life care for people. Staff was skilled and understood how to provide care for people nearing the end of their life; to ensure they were pain free and cared for in a dignifying manner.

Is the service responsive?

Our findings

People's individual needs were assessed as they moved into the service and care plans were written in a way that showed people had been involved in the process. These had been reviewed and updated to reflect any changes to people's needs.

People told us that they had choices in their daily lives; they could get up and go to bed when they wanted to. They could have their doors open or shut and they could choose whether or not to take part in activities or to join others for lunch. One person said, "There are no restrictions on me, I live as I want to."

Staff were able to tell us in detail not just people's needs but also their preferences. For example, we heard a staff member speaking with people at lunch, "I know you usually have orange squash do you want to try blackcurrant or the orange?" This showed staff were responsive to people's needs while taking into account their choices.

On the day of the inspection the daily activities were organised by one of the activities coordinators who used to be a guide leader and was very creative with activities. They recently made, with the help of the handyman, a large scale Ker Plunk game with adapted sticks so that people could easily join in.

People told us they really enjoyed activities and the only grumble they had was that these were not provided over the weekends as well. One person told us, "I love it here, there is a lot going on but only weekdays which is a shame." Another person said, "They [staff] do lots of activities but not at weekends, that isn't good. We need things all the time" A relative said, "In the summer they [staff] really do use the garden. Everyone is out there. It is so good for [person], they love the garden."

We discussed this with the manager and the chairman of the board and both reassured us that they had discussed this issue in meetings and they were planning to extend the activity programs to cover weekends as well.

Staff told us that in the garden area in a large summer house some families had picnic with their relative regularly and we saw two large raised beds which have all been planted by the residents with vegetables which were harvested as they ripen and consumed by the people.

On the day of our inspection we saw a volunteer who was visiting the service once a week and did engage with people doing crosswords and quizzes. Recently there was a two day art course held for people which turned out to be very popular.

We found that although there were plenty of activities offered for more able people, people with higher needs had limited activities on the day of the inspection. They had been sitting in a small lounge with the TV on which was entertaining one person and the other three people were asleep for most of the morning. Staff was regularly checking on people and making sure they were comfortable and had drinks. They told us that the person who was usually organising the activities for those people was on holiday. The manager told us that they had observed the same and they were planning to organise more suitable activities for people with higher needs.

The provider also organised outings and had a "Friends of Grace Muriel House" fundraising group to help with costs of the trips. The outings this year had included shopping trips, Butterfly World and the Gardens of the Rose which was so popular that two trips had to be arranged, the seaside, garden centres and the cinema. One person said, "The outings are great, I do enjoy going out."

People were regularly going out to the local coffee shop and others to the local Church services with volunteers or family.

Recently the home has engaged with a digital enterprise project financed by a local bank society and they received two iPads for general use. The provider had fitted Wi-Fi in the building available to people. People told us they had their own iPads and staff was encouraging people to use Skype to communicate with friends and relatives abroad. There were regular teaching lessons on how to use the iPad for people.

People told us that they were confident to raise any issues or concerns with the staff and management. One relative said, "I have no complaints here. They [staff] usually suggest things before I need to ask." Another one said, "Over the years we have complained, well suggested really, they always just sort things out."

Is the service responsive?

We saw the home had a complaints log and that in each instance the complaints were investigated and responded to. We also saw the home displayed the complaints procedure in visible areas for visitors and people's reference.

The home had recently used an external organisation to carry out a survey which involved people, family members, staff and professionals. The results were very positive from everybody involved. The manager showed us how all feedback from surveys, meetings and complaints was analysed and lessons were learned.

Is the service well-led?

Our findings

People told us they felt the home was very well led. People and relatives we spoke to knew the manager in Grace Muriel House and found her very approachable. One person said, “Excellent Manager here and she is very helpful.” Another person said, “[Name of the Manager] is the manager, she is very good, she always helps and we can talk to her anytime.”

The manager, deputy manager and head of care had a very close working relationship. They ensured that their presence in the home had a positive impact on staff and people. They were also available on-call weekends.

We saw several times during our inspection that staff who needed guidance were approaching management with confidence and they were always listened too and mentored. One staff member said, “Their [managers] office is always open and we can talk to them any time.” Another staff member said, “I can knock on the managers door any time and they will see me.”

Staff told us that the manager ensured they were supporting all the staff at the workplace. They often worked alongside staff and provided care for people. This gave the manager a thorough understanding of the issues faced by staff and a true evaluation of the work load. One staff member said, “Management will put their apron on and work on the floor with us.” Another staff member said, “Management will work on the floor to cover the shifts even on weekends.”

We saw that the management was encouraging staff to develop and take on more responsibilities; any vocational qualifications staff achieved triggered an increase in their income as well.

This meant that staff was motivated to work for the service longer and were current with new work practices and standards. Most staff we talked too were working for the service for over five years.

The provider monitored the service they provided against current best practice. The audits they done regularly were organised under the five question areas CQC check against and they used their systems to ensure they met their legal requirements at all times.

The manager was collaborating with an outside agency to help them deliver training for staff and they were dedicated to progress and develop the service at much higher standard than required.

They were an active member of a reputable care provider association. They were highly regarded as members and rewarded with a ‘Golden Member’ title. They were dedicated to invest in developing staff and for their hard work they had won the Champion of Champion award at a competition organised by the same care provider association.

The manager had involved the service in the “Herts Good Care Week” held in June. Part of this celebration of Good Care Week was a three counties radio broadcast show which engaged all the people at the service, their relatives and staff.

The manager told us, “It was a fantastic afternoon with people, relatives, staff and external professional taking part.”

The management team and the provider were working very close to provide an excellent service to the people in Grace Muriel House. Their joint effort had been rewarded with several distinctions and awards they had received for the service they provided for the people. For example they received ‘A Gold Star’ in recognition of their achievement in enhancing the quality of life for older people and Investors in People award for their commitment to develop staff.

They were members of the National Activity providers association and committed to enable older people to live life to the full in the way they had chosen with meaning and purpose.

On the day of the inspection we saw the management team regularly walk around the building talking to people, staff, relatives and they were checking the environment as well.

The environment was very pleasant and welcoming. All areas were clean and odour free.