Yeoman Care Limited

# Albert House Nursing Home

## Inspection report

19 Albert Road
Weston Super Mare
Somerset
BS23 1ES

Tel: 01934622869
Website: www.yeomancare.co.uk

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 19 June 2017 and was unannounced. Albert House is registered to provide nursing and personal care and accommodation for up to 38 people. On the day of our inspection there were 35 people living at the service.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

Medicines were in the main managed safely. However, PRN (as required) protocols were not in place. PRN protocols provide information for staff on when and why people might require additional medicines and should also include information for staff on how to recognise when people might need them.

People's rights were upheld under the Mental Capacity Act 2005. However the computer software led to some conflicting recording which the provider rectified following the inspection.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA).

There were sufficient numbers of suitably qualified staff employed at the service. The provider's recruitment process ensured that only staff deemed suitable to work at the home were employed. Staff did not commence working in the home until all pre-employment checks had been satisfactorily completed.

Environmental checks had been undertaken regularly to help ensure the premises were safe.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

Staff supported people in a respectful, kind and caring way and involved them as much as possible in day to day choices and arrangements. Enabling relationships had been established between staff and the people they supported. We observed that people's privacy and dignity was respected at all times.

People undertook activities personal to them and were supported in what they wanted to do. They maintained contact with their family and were therefore not isolated from those people closest to them.

Staff felt well supported and said that they would not hesitate to speak to the manager if they needed to.

The registered manager encouraged an open line of communication with their team.

The provider had systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.

## 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.

People told us they felt safe living at the service.

Staffing numbers were sufficient to meet people's needs and this ensured people were supported safely.

Environmental checks had been undertaken regularly to help ensure the premises were safe.

### Is the service effective?

Good

The service was effective.

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS).

We observed that staff asked people for their consent throughout the day in relation to day to day choices.

People received effective support from staff that had the skills and knowledge to meet their needs.

### Is the service caring?

Good

The service is caring

People told us they liked the staff and thought they were caring.

Enabling relationships had been established between staff and the people they supported.

People's privacy and dignity was respected at all times.

### Is the service responsive?

Good

The service was responsive.

Care plans provided guidance for staff on how to meet people's needs.

Some people said they were involved in decisions about their care, others told us they were not actively involved.

People undertook activities personal to them and were supported in what they wanted to do.

## Is the service well-led?

Good

The service was well-led

The provider had systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service.

The manager encouraged an open line of communication with their team.

People were encouraged to provide their views through surveys and regular meetings.

# Albert House Nursing Home

**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 checked 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 comprehensive unannounced inspection took place on 19 June 2017. This inspection was carried out by two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with nine people, three relatives, four members of staff and the registered manager. We also spoke to the provider.

We looked at four people's care and support and medicine administration records. We also looked at records relating to the management of the service such as the incident reports, meeting minutes, audits, surveys, staff supervision and training records.

Good

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Comments included; "I have never felt unsafe here, I have no anxieties about being here"; "I am happy and safe here"; and "I am safe now, there are always people available here to help me when I need it."

Safeguarding policies and procedures were in place and were accessible to staff. Staff were aware of safeguarding procedures and had received training in safeguarding. Discussions with staff demonstrated that they knew how to put these procedures in to practice and staff described how they would report concerns if they suspected or witnessed abuse. Staff told us they felt confident to speak directly with the registered manager. They were also aware that they could report their concerns to external authorities, such as the Commission and the local authority.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about potential malpractice in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.

Staffing numbers met people's needs and this ensured people were supported safely. Staff we spoke with felt the staffing level was manageable. Staff comments included; "The staffing levels here are very good. Even when staff go off sick, the rota is shuffled so that we have full cover"; "Staffing here is generally good. There are always two nurses on duty too which is good." Staffing rotas demonstrated that the staffing levels were maintained in accordance with the dependency needs of the people who lived at the service.

Recruitment procedures ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment. An enhanced Disclosure and Barring Service (DBS) check had been completed. The DBS check ensured that people barred from working with certain groups such as vulnerable adults would be identified.

Medicines were in the main managed safely. We observed part of a medicines round and saw that people were provided with drinks and were asked if they required any additional medicines such as pain relief. The medicine administration record charts (MARs) had been completed in full which indicated that people received their medicines as prescribed. In addition, care staff signed daily records to indicate they had applied creams and lotions as prescribed. We did note that people's preferences in relation to how they wanted to take their medicines had not been recorded. Despite this, we saw that when the nurse administered medicines, they did know people's preferences.

Some people were self-administering their own medicines. We looked at risk assessments that had been undertaken to ensure that people could do this safely and people who were able to consent had signed to confirm they felt able to do this unsupervised.

Medicines were stored safely, including medicines that required additional security. Stock levels of all medicines were undertaken. Items that required refrigeration were stored in a medicines fridge. The

minimum and maximum temperature of this was monitored daily.

PRN medicines had been prescribed. The term PRN is given to a medication which is to be taken "when required" and is usually prescribed to treat short term or intermittent medical conditions and not to be taken regularly. However, protocols for their use were not in place. PRN protocols provide information for staff on when and why people might require additional medicines and should also include information for staff on how to recognise when people might need them, if for example, they are unable to communicate to staff that they need them.

All of the care plans contained risk assessments which had all been reviewed at least monthly. When risks had been identified, care plans generally contained guidance for staff on how to reduce the risks to people. For example, movement care plans detailed which mobility aids were required, including details of hoists and slings that staff should use. When people had been assessed as being at a general risk of harm, plans detailed how frequently staff should monitor the person to ensure they were safe. Records showed that these checks took place in line with care plan guidance.

Accidents and incidents were recorded and analysed by the registered manager or senior staff. The analysis was discussed with staff including how staff could improve the recording of incidents. Following incidents risk assessments were updated and if necessary referrals were made to healthcare professionals. Where one person was experiencing a number of falls in close succession they were referred to the falls clinic and advice was sought from a specialist nurse.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. The provider ensured that premises and any equipment provided in connection with fire-fighting, fire detection and warning or emergency routes and exits were covered by a suitable system of maintenance by a competent person. Contingency plans were in place in case the service needed to be evacuated and each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to emergency services in the event of an evacuation.

Good

# Is the service effective?

## Our findings

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.

The service used an electronic system called 'Care Control' which is a computer system linking the management of care plans and residents records together into one system. Consent to care and treatment was sought in line with legislation and guidance however the recording of this did not always reflect the outcome of mental capacity assessments. Staff had documented that decisions to use such equipment was in people's "best interests" but there was not enough detail documented to show how the decision had been reached; there was no detail of any other professionals or the person's advocate being involved. For example, in one person's plan it had been documented 'unable to consent to use of bed rails – does not have capacity' and 'for the residents best interest the bed rails will be used to prevent falls'. Following the inspection the provider advised that they had 'made corrections to the places in Care Control where the MCA contradictions occurred." It was clear that staff understood and applied the MCA correctly but computer skills fell short and that entry into Care Control went wrong in a very few cases. We were told that software company "is making updates to the program to warn of possible conflicts if one enters into both the consent area and Mental Capacity Assessment area."

The provider had met their responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. We found that in relation to DoLS people's capacity to make decisions had been assessed where needed and appropriate DoLS applications had been made.

We observed that staff asked people for their consent throughout the day in relation to day to day choices. For example, we observed one person being transferred in a wheelchair and staff asked if they could do the lap strap up before moving the person. People told us that staff obtained consent; "They are very good at this, ask more than I think they should, but they tell me they have to ask first"; "They are lovely, they say what can I do for you? Show me clothes and say "how about this today" or "what colour do you fancy today", I am not rushed, they give me all the time I need"; and "They are very courteous and ask me before they do anything."

People received effective support from staff that had the skills and knowledge to meet their needs. We saw that the service's induction was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new starters to a set of minimum working standards. Staff received on-going training to

enable them to fulfil the requirements of the role. We reviewed the training records which showed mandatory training was completed in key aspects of care to ensure staff and people at the service were safe. Modules included; fire safety, infection control, first aid, food hygiene, moving and handling. Additional training specific to the needs of people who used the service had been provided for staff, such as understanding dementia and bowel management.

People's needs were met by staff that were effectively supported and supervised. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon. Staff felt they received adequate training and supervision to undertake their role. People and their relatives were confident that staff were skilled, well trained and competent when providing care. Comments included; "Staff go out of their way to help, they come across as being competent; there is no reason to suggest they are not well trained"; and "I am very impressed by the way care is provided, staff are friendly and will do anything you ask; I have no complaints about their abilities and assume they must have had training."

People were supported to have enough to eat and drink. Nutritional assessments were undertaken and people's weights were monitored. Specialist support and advice had been sought, for example from the speech and language team (SALT) in relation to textured diets. When people were having their food and fluid intake monitored, records had been completed in full that showed that people had been given enough to eat and drink each day.

People were supported to maintain their well-being and good health. Daily records were maintained so that the staff could monitor changes in people's health conditions. People were supported to maintain good health and had access to external health care professionals when required. Records showed when people had been reviewed by the GP for example, and we saw that people had also been reviewed by the district nurse and the tissue viability nurse. The nurse in charge said the GP visited fortnightly or more often if required and that the nurses were able to call and discuss issues if necessary.

Good

# Is the service caring?

## Our findings

People told us they liked the staff and thought they were caring. Comments included; "I get on very well with staff; they are all lovely, very kind and they treat me well"; "They are very caring, kind and thoughtful, they pay attention and know what is acceptable"; and "It is like being one of a family, everyone is kind, caring, thoughtful and compassionate, they will do anything for me."

Relatives also spoke positively about staff. Comments included; "I am very happy with staff, they are very caring and respectful, they have done wonders for my relative, who is a changed person and who would not accept care previously, but staff also show care and compassion to the family too"; "My relative likes all the staff and they are very kind and looking after them very well, they also ask me how I am."

Staff supported people in a respectful, kind and caring way and involved them as much as possible in day to day choices and arrangements. We observed that staff had good relationships with people. Staff demonstrated empathy and an understanding of people's support needs and challenges. There was a genuine consideration for people's well-being. Where people required specialist equipment to move, staff reassured the person and talked them through the procedure. Whilst in a lounge, a member of staff had noticed a person had slumped down in their chair and was looking unwell. The member of staff requested help and other members of staff came to their assistance. After checking the person's medical condition, they used a hoist to transfer the person into a wheelchair and escorted them to their room and transferred them to their bed. Throughout the intervention, staff provided the person with constant reassurance. We later spoke to the person who was feeling better after resting in their cool bedroom.

Enabling relationships had been established between staff and the people they supported. Staff demonstrated they had a good understanding of people's individual needs and told us they understood people's preference. One member of staff told us about a person they cared for; "He would prefer it if we didn't touch him at all. He's in pain everywhere. We provide reassurance every step of the way. He comes round to the idea of having personal care." The member of staff also told us about the person's personal life history and their close relationship with the person's family.

We observed that people's privacy and dignity was respected at all times, for example staff were respectful of people's personal and private space and only entered their rooms after knocking. People told us they were treated with respect and dignity, and that their privacy was maintained. They told us that doors were closed and curtains drawn before any personal care was undertaken.

Good

# Is the service responsive?

## Our findings

On the whole care plans provided guidance for staff on how to meet people's needs. However, we received mixed comments from people regarding their involvement in their care planning. Some people said they were involved in decisions about their care, others told us they were not actively involved. Comments included; "I have discussed my care at my review and with all members of my family, we have had everything explained to us and we know what to expect"; "They have consulted me about change but I'm not really involved"; "All is well and I am going along with it"; and "My relative is able to make their own decisions and I respect their choices."

The provider told us that the adoption of their Care Control computerised system had substantially changed how they communicate and interact with people as well as their relatives or advocates, including in this area of involving residents and their relatives in the care. One of the innovative features of Care Control is an app called "Friends & Family" that allows relatives (or other authorized parties) to view a person's care plan remotely via the internet on any computer, tablet or even smartphone. Many families make use of this system. Of the 33 people who reside at the service, the relatives of 26 residents are registered on the system. We were informed that the relatives of 18 residents are regularly using the Friends & Family app and, between them, have accessed the system 11,092 times which equates to an average of around 616 times for each person's records

Care plans in relation to people's clinical needs, were detailed. We looked at wound care plans and saw that photographs had been taken, the dressing plans were clear and staff had documented their assessment of the wounds. Body maps had been completed in full and diabetes plans were also detailed. When people were at risk of skin breakdown (pressure sores), the plans detailed how frequently people should have their position changed and any pressure relieving equipment that should be used. We saw that the correct equipment was used and that air mattresses were set correctly. Additionally, records showed that people had their positions changed in accordance with their care plans.

People undertook activities personal to them and were supported in what they wanted to do. There was an activities coordinator in post. They ensured the provision of a regular activities programme. These included games, films and popcorn, board games, cards and music. Outside activities were organised. People told us how much they enjoyed their recent visit to a local air show and having ice-cream. A real ale and cider festival was being advertised for people to attend. A local student also helped with activities. Entertainers also visited the service such as the local operatic group and a pet therapy organisation. People could also access courtyard gardens where there were various seating areas, colourful flower boxes and hanging baskets. The next-door childcare unit bring groups of young children to visit people. The provider told us that their visits are very popular with people.

The service implemented a "Wishes Program" just under a year ago where they ask people the activity they would most like to do. Examples have included: a visit to the garden centre; going to the theatre; picnicking in the park with their family; and an anniversary dinner with their partner.

People maintained contact with their family and were therefore not isolated from those people closest to them. The provider advised that they are a founder member of "John's Campaign." Visitors are welcome at any time, day or night, and beds or reclining chairs are provided for relatives to sleep in, as needed, for terminal cases. People also keep in contact with relatives and friends overseas through social media and audio visual communication using the service's electronic tablets.

The service had a complaints policy and procedure available for people and their relatives. Two formal complaints were received in 2016. Actions were taken where appropriate. They were resolved to the satisfaction of the complainant and in accordance with the provider's policy. The service also held a 'grumbles book' where people could express their concerns informally. Most recent concerns related to laundry and refreshments. They were both addressed and actioned by the service. People we spoke with told us they would feel confident to address any of their concerns with the registered manager. There was one notable exception. One person felt they were not treated as an adult when they expressed their concerns informally.

Good

# Is the service well-led?

## Our findings

The provider had systems and processes for identifying and assessing risks to the health, safety and welfare of people who use the service. Examples of regular audits undertaken included infection control; medication; positioning and diet charts. A random selection of care plans were also audited monthly and this gave a list of things which should be contained in the care plan. Where shortfalls were identified during the inspection they were addressed immediately, such as the documentation of capacity assessments and best interests decisions.

All services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had sent appropriate notifications to us.

Staff felt well supported and said that they would not hesitate to speak to the registered manager if they needed to. Comments included; "The manager is absolutely brilliant and supportive. If you've got a problem you can approach them. They are flexible in their approach. All in all we work together well"; and "The manager puts the resident's needs first and we are listened to."

The registered manager encouraged an open line of communication with their team. Regular staff meetings were held. We viewed minutes of the previous staff meeting and issues directly involving the running the home were discussed, such as food and fluid charts, call bells, visitor and people's needs. This ensured staff were kept up-to-date with operational issues.

The service ensured that daily handovers were undertaken from nurse to nurse, nurse to seniors and seniors to staff. The nurses and seniors typed their handover summaries, by room, into the computer system which were then passed to those concerned verbally and in writing. This meant that handovers were viewed not just by those on duty but the subsequent duty staff

Feedback from a recent staff survey confirmed that they were in the main content working at the service. One member of staff commented; "The care and support teams are well trained professionals and committed to delivering personalised care and activities of daily living". Staff also acknowledged that people and their families should participate more in care planning. The provider has provided assurances that they will develop their person-centred planning.

People were encouraged to provide their views through surveys and regular meetings. Regular meetings were held to seek people's views on the service and their thoughts on issues such activities, food and care planning. At the most recent meeting the service advised people that they will do their best to deliver person centred care and sought people's input. Comments from the most recent survey included; "My mother's health and well-being has improved dramatically since being at Albert House due to the high standards of care"; "It's all good so far"; "As a relative there are things which are essential,– 1. Your relative is kept clean. 2. There are well fed and hydrated. 3. They are treated with kindness and dignity. 4. If they are unwell they are

attended too quickly.  5. As a relative you can sleep at night knowing your relative is safe and cared for. Albert House delivers all of this."

The provider has invested in a software system which is used for the management of care plans and will be used for future innovations.