

Mr & Mrs A H Akbarally

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Inspection report

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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

About the service:

Mr and Mrs Akbarally is a residential care home for people with learning disabilities. The home can accommodate up to three people. At the time of the inspection there were two people living at the home. People at the home had a range of learning disabilities.

People's experience of using this service:

People told us this service was a cosy family home and that is exactly what we saw. The size of this service meant that staff were engaged with people all day alongside the two managers who knew them very well. Even though the people and staff had been at this service together for at least seven years, the work was still ongoing to ensure that care standards were maintained. Relatives felt comforted to know their family were safely looked after by kind and caring people.

The management team ensured that they worked in line with 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure that people with learning disabilities can live as ordinary a life as any citizen. The size of service met current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People's needs were consistently met and assessed to enable improvements and progress in their lives. Risks to people were assessed and managed to balance people's safety and right to lead a non-restricted life. There were enough well trained staff to ensure people were supported safely at all times.

People, relatives and staff were engaged via meetings so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for improvements at the service. This was being implemented by the registered manager who was pro-active in considering how the service could be improved.

People received person centred care that supported them to take part in activities they enjoyed. People knew how to complain and were confident in approaching the managers.

Rating at last inspection:

Good (Published October 2016)

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Mr & Mrs A H Akbarally

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Mr and Mrs Akbarally is a residential care home for three people. On the day of our inspection, two people were living in the home. The home supports people with severe learning and physical disabilities. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about.

During the inspection, we spoke with two people, two relatives and three staff. We reviewed care records and policies and procedures. We reviewed three people's care records, and three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection in October 2016, we rated this Key Question as 'Requires Improvement'. This was because recruitment checks, medicine protocols and safety checks had not always been completed. At this inspection we found that these concerns had been remedied. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. One person told us, "I feel very safe here." One staff member said, "If I saw abuse then I would report it to the police or the local authority." One relative told us, "(Person) is 100% safe there and has been for 20 years. She describes the home as her house and her family."
- Although there had not been any safeguarding concerns since the last inspection there was a clear process for staff to follow should any allegations be made.

Assessing risk, safety monitoring and management

- Risk assessments were followed by staff to ensure people's known risks were managed and monitored safely. For example, one person's ability to walk into town alone had deteriorated over time due to their age. Staff knew they needed to support this person when they wanted to go out. This person told us "It's not safe to do much on my own anymore so they come with me to support me and keep me safe."
- Risk assessments were kept in care plans for staff to follow and refer to. These had been regularly updated.
- The registered manager had completed an up to date folder which included gas and fire safety checks on all relevant equipment.

Staffing and recruitment

- People were cared for by a sufficient number of staff. One person told us, "There are enough staff because they are very nice and they are always here."
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services. Where staff had remained at the service for prolonged periods of time, the registered manager obtained updated checks on their criminal records.

Using medicines safely

- People were supported to take their medicines as prescribed. People received the medicines they required and medicine administration records (MARs) were correctly filled out with no gaps. People had guidance in place for staff to understand how much medicine could be given to them.
- Where people had medicines which were 'as required' (PRN), the registered manager had guidance in place for staff to understand the correct amounts that could be given to people.

Preventing and controlling infection

- People were protected against the risk of the spread of infections. The home environment was clean and well maintained. Staff were observed cleaning the home during our visit. Staff washed their hands and wore protective equipment when it was needed.
- Infection control audits were completed to ensure staff were keeping the home clean.

Learning lessons when things go wrong

- Staff responded appropriately to accidents or incidents to ensure people were kept safe and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year.
- There were no major accidents or incidents in the last year. Given the low number of people living at this service, staff knew each specific incident that had occurred. When a person had suffered a fall, staff had been swift to respond and called the doctor when thorough check up was needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support which met their needs. Both people living at the home had been there for over five years each so the staff and managers knew their needs intrinsically. One relative told us, "They are knowledgeable about care and how to look after (family member). They know exactly how to care for her needs."
- People's needs were met in line with best practice. For example, one person had a catheter and the home had created a detailed folder with all of the necessary information and guidance for staff and visiting health care professionals.

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. Staff told us that they were consistently updated and refreshed with relevant and useful knowledge around caring for people with learning disabilities. Staff helped people to mobilise using best practice and equipment correctly.
- One staff member told us, "The training is very good here as we are up to date on it. We have infection control due next week and we have had first aid recently." Staff received annual supervision which considered what further training or development they required or wanted.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat healthy food and snacks throughout the day. People told us they liked the food. One person told us, "The food is lovely. We have curry, vegetables and I help prepare the vegetables." A second person told us, "I get to have rice and curry along with yoghurt."
- There was a menu which catered specifically for the two people living at the service. One person had specific dietary requirements which staff adhered to each day. Staff and managers ate with people at mealtimes. One staff member said, "We cook the food for them but they always help us."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were proactively supported by staff to maintain good health and had access to external healthcare support as necessary. One person told us, "I get to see the doctor and the nurse when I want to. I had my flu jab last year. I know the pharmacist."
- A foot health care professional and district nurse were both carrying out appointments on the day of the inspection. There was clear evidence of regular health care appointments being attended by both people.
- Daily notes and staff communication books enabled staff to provide consistent, high quality care.

Adapting service, design, decoration to meet people's needs

- People lived in a house that had been designed to meet their needs. Each person's bedroom was personalised to suit them. One person had recently chosen the paint, carpet and furnishing for their bedroom and was very proud of it.
- Both people had chosen the flooring for the downstairs living area. There were bathrooms and toilets on each floor to enable safe and quick care for people regardless of where they were in the house.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People's legal rights were protected because staff followed the principles of the MCA. Both people had full capacity at the time of the inspection.
- Staff knew to consistently ask people what they wanted and how they wanted it done. Both people were able to have full conversations with staff about how they wanted their care and what they wanted to do each day.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and caring staff. One person told us, "The staff are very nice." One health-care professional told us, "They are top notch with their clients – they are beyond superb. The ladies are exquisitely dressed, they have their jewellery on and they are always happy. They are superbly treated by the staff." One relative told us, "(Persons) been with them for 20 years and they look after her like she's their family."
- Care records included information about people's religious and cultural preferences. One person living at the home only spoke a foreign language which was also spoken by multiple staff members. Another person liked to attend church every Sunday and was supported by a volunteer to do this.
- Staff cared for the two people like their own family because it was a small service. The registered manager confirmed that the most important measure of success for her was whether the two people were smiling.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care and supported to express their views. Each person had an annual review of their care which included their relatives, social workers and any other person they wanted to attend. There were detailed records of the reviews showing the changes that were made. For example, following one person's review this year, their bedroom was completely redecorated.
- Residents meetings were held every year to plan trips and holidays for the year. Due to the very small size of the service this was sufficient. At the last meeting the service discussed things such as refurbishment, trips, holidays, menus and routines at the house.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People were able to move around the home as they wanted to and have privacy in their bedrooms. One staff member said, "I make sure that they have their space and the doors are shut when they go to the toilet. I always knock before I go in."
- People were encouraged to be independent and to do as much for themselves as they could. One person told us, "I do all my own cleaning. I clean my bedroom myself and make sure that it is clean."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. Each care plan had a detailed record of the person's life, family, hobbies, preferences, religion, objectives and personality. Staff knew people very well as there were only two people at the service who were both chatty and engaging.
- People had access to a wide range of activities, holidays and trips into town. One person said, "The staff take me on holiday. We are going to a cottage together. Last years we went to Centre Parcs. At Centre Parcs we went swimming. I also like to play games on my ipad and I do puzzles here." A second person told us, "I get picked up by the mobility office which takes me to my activities."
- Relatives told us they were happy with the range of activities and outings provided at the service. One relative said, "They try their best to keep people mobile and active."

Improving care quality in response to complaints or concerns

- There was a clear complaints policy displayed in reception at the home. One person told us, "Im happy with everything here. I don't need to complain." A relative said, "I have never complained or had complaints."
- There were many compliments recorded in letters, emails and cards sent to the service. One compliment stated "Both people are looked after with kindness and thoughtfulness with regard for their personal needs."

End of life care and support

- There were end of life care details in people's care plans to enable staff to provide person-centred end of life care should the need arise. No one was receiving end of life care at the time of the inspection. No one had ever passed away at this service since its creation.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection in October 2016, we rated this Key Question as 'Good'. At this inspection we found that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively of the management team, the quality of service and felt confident to approach them with their views. One person said, "The managers are very nice." A second person said, "They are nice, we have meetings with the managers and we talk about things like our holidays." One relative told us, "The managers are brilliant."
- The two managers were present in the home all day and knew both people very well. One staff member told us, "The service is well managed because everyone really gets along very well. The managers are always here." One healthcare professional told us, "The managers have very sunny natures."
- The registered manager was aware of their responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Quality assurance processes were effective at checking quality and driving improvements at the service. There was accurate and contemporaneous record keeping which provided a clear audit trail in respect of all aspects of care and service delivery.
- Given the size of the service the audits were small and annually completed. When a health and safety audit had found that the flooring was no longer fit for purpose, new flooring had been put in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, staff and the local community were engaged by the management of the service. This was done via questionnaires and surveys. The results of these were all positive. Relatives were updated and consulted on changes regularly.
- There were staff meetings held every year to discuss the plan for the years, holidays, training, refurbishment and care plans. Staff told us they felt included in the running of the home and that their input was taken onboard.

Continuous learning and improving care

- The registered manager ensured that knowledge and practice was up to date by doing continual research. This was done via CQC publications and other online reports which discussed best practice. Where possible, the home had external as well as internal training completed. For example, recently the local pharmacist had

given staff refresher training on medicines.

Working in partnership with others

- The registered manager ensured that different organisations were engaged by the service in order to provide opportunities for people using the service. Both people using the service joined in many activities via two local day centres.
- The home supported volunteers from a local church to enable one person to attend their church every Sunday. Working with other local groups enabled people to attend pantomimes, weights clubs and dance evenings.