Zion Care (St Albans) Limited

St Albans Nursing Home

Inspection report

Clarence Avenue
Knott-end-on-Sea
Poulton Le Fylde
Lancashire
FY6 0AH

Tel: 01253810292
Website: www.stalbans-nursinghome.co.uk

Date of inspection visit:
29 January 2018

Date of publication:
16 February 2018

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

The comprehensive inspection visit took place on 29 January 2018 and was unannounced.

St Albans Nursing Home accommodates 33 people in one adapted building. Accommodation is on two floors with a passenger lift for access between the floors.

St Albans Nursing Home is situated in Knott End on Sea close to a regular bus route, shops and facilities and can accommodate 33 people. Accommodation is over two floors, with bedrooms, lounge and dining areas on both floors. Some of the rooms have extensive coastal views. At the time of our inspection 29 people lived at the home.

St Albans Nursing Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The inspection team consisted of an adult social care inspector and an expert-by-experience. The 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 by experience had a background supporting older people.

At the last inspection in September 2015, the service was rated 'Good'. At this inspection we found the service remained Good and met the all relevant fundamental standards.

We found the registered provider continued to provide a good standard of care to people who lived at the home.

At the time of inspection, there was a manager in post who was in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had systems to record safeguarding concerns, accidents and incidents and took action as required. The service carefully monitored and analysed such events to learn from them and improve the service. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices. The registered provider had reported incidents to the commission when required.

People told us staff were caring and respectful towards them. Staff we spoke with understood the importance of providing high standards of care and enabled people to lead meaningful lives.

We found there were sufficient numbers of staff during our inspection visit. They were effectively deployed,

trained and able to deliver care in a compassionate and patient manner.

Staff we spoke with confirmed they did not commence in post until the management team completed relevant checks. We checked staff records and noted employees received induction and ongoing training appropriate to their roles. One staff member told us, "The induction training included shadowing staff. It helped me get to know the residents and their routines."

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes had been recorded.

We looked around the building and found it had been refurbished, maintained, was clean and a safe place for people to live. We found equipment had been serviced and maintained as required.

Medication care plans and risk assessments provided staff with a good understanding about specific requirements of each person who lived at St Albans Nursing Home.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. We found supplies were available for staff to use when required, such as hand gels.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

We only received positive comments about the quality of meals provided. One person commented, "I do enjoy the meals, and there is plenty of choice." A relative commented, "I have had meals here and they are very good." We observed lunch time and noted people had their meal in the dining room where they sat or in their bedroom. People told us it was their choice.

We observed only positive interactions between staff and people who lived at St Albans Nursing Home. There was a culture of promoting dignity and respect towards people. We saw staff took time and chatted with people as they performed moving and handling procedures in communal areas. People who lived at the home told us staff treated them as individuals and delivered personalised care that was centred on them as an individual. Care plans seen confirmed this.

There was a complaints procedure which was made available to people and visible within the home. People we spoke with, and visiting relatives, told us they were happy and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff meetings and daily discussions with people who lived at the home to seek their views about the service provided. In addition annual surveys were carried out for people who lived at St Albans Nursing Home, their relatives and staff.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

St Albans 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 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.

Before our inspection visit we contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service. As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the visit we spoke with a range of people about the service. They included six people who lived at the home and four relatives. We also spoke with the manager, the area manager, four care staff and the chef. We observed care practices and how staff helped and spoke with people in their care. We reviewed staffing levels, observed how staff were deployed throughout the home and monitored response times when call bells were activated. This helped us understand the experience of people who could not talk with us.

We looked at care and medicine records of five people, staff training matrix and recruitment records of four staff. We also looked at records related to the management of the home. We shadowed the nurse on duty as they administered medicines and looked at the storage and administration of medicines. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Good

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe as there was always a member of staff to help when needed. Observations made during the inspection visit showed people were relaxed in the company of staff who supported them. One person told us, "Yes, I do feel safe." A second person commented, "Oh yes! It is lovely; the staff are A1, really nice people. I am perfectly safe." A relative said, "I have never felt that my [relative] was unsafe."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. We questioned staff on their knowledge should they witness bad or abusive practices. Staff we spoke with were aware of the services whistleblowing policy and knew which organisations to contact if the service didn't respond to concerns they had raised with them.

We spoke with the registered provider about safeguarding. They were able to show us best practice guidance from the local authority they used to guide the management of safeguarding incidents that occurred. The registered provider had reported incidents to the commission when required. One relative told us, "You never see anything inappropriate; staff seem to have been trained well to know what to do." This showed the registered provider kept their knowledge updated to ensure their processes and practices safeguarded people from abuse.

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. For example, we saw a risk assessment for one person to manage their ongoing health problem. The assessment guided staff on how to support the person safely.

We saw personal emergency evacuation plans (PEEPs) for staff to follow should there be an emergency. These provided guidance for staff to follow in events such as fire or flood, where people would need to be evacuated from the home. This showed the registered provider had systems and processes so people's safety is monitored and managed.

We found staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs. The registered provider monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. We saw staff members were present in the communal areas to provide supervision and support people with social activities. One relative told us, "Staff have been here within a minute when I press the call button but usually they are walking past so I just shout and they come to see what I want." We pressed the call bells twice during our inspection and noted staff responded quickly both times.

We looked at how medicines were prepared and administered. Medicines had been given as prescribed and stored and disposed of correctly. We observed one staff member administering medicines during the lunch

time round. We saw the medicine trolley was locked securely whilst attending each person. People we spoke with told us there were no issues with their medicines. One person told us, "I always have them on time."

People were sensitively assisted as required and we observed consent was gained from each person before having their medicine administered. The medicine administration recording form was then signed. Controlled Drugs were stored correctly in line with The National Institute for Health and Care Excellence (NICE) national guidance. The controlled drugs book had no missed signatures and the drug totals were correct. This showed the provider had systems to protect people from the unsafe storage and administration of medicines.

We looked at how the service recorded and analysed accidents and incidents. The registered provider showed us their systems which recorded details of such events, along with details of any investigations they had carried out. We saw the emphasis was on learning from any untoward incidents, in order to reduce the risk of recurrence. For example, in response to one incident he registered provider had made changes to a person's environment to allow greater oversight from staff.

We looked around the home and noted it had recently been decorated. It was clean, tidy and well maintained. The service employed designated staff for cleaning of the premises who worked to cleaning schedules. One person told us, "The rooms are very clean and the cleaners always leave them smelling nice." We observed staff made appropriate use of personal protective clothing such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building. These were observed being used by staff carrying out their duties. We noted ongoing legionella checks by an outside contractor were carried out. This meant staff were protecting people who lived in the home and themselves from potential infection when delivering personal care and carrying out cleaning duties.

Good

Is the service effective?

Our findings

Each person had a pre-admission assessment, to identify their needs and establish that St Albans Nursing Home was able to meet their needs. All new staff worked alongside experienced staff and were assessed for their suitability and competency during their probation period. One person told us, "They [staff] are all very skilled, you can ask them anything. They would do anything for you."

We found by talking with staff and people who lived at the home, staff had a good understanding of people's assessed needs. One person stated, "They [staff] know me and what I want and that is important." One relative commented, "Yes, I do think the staff have the skills for the job. They are a good bunch, they deserve medals." We were able to establish through our observations people received care which was meeting their needs and protected their rights. This meant people received effective care from established and trained staff that had the right competencies, knowledge, qualifications and skills.

All staff we spoke with told us they had received an induction before they started delivering care. They also stated the ongoing training was provided throughout their employment. We saw the registered provider had a structured framework for staff training.

We asked staff if they were supported and guided by the manager and area manager to keep their knowledge and professional practice updated, in line with best practice. Staff told us they had supervision. Supervision was a one-to-one support meeting between individual staff and their manager to review their role and responsibilities. The process consisted of a two-way discussion around professional issues, personal care and training needs. Staff also said the management team were very supportive and they felt they could speak to anyone at any time should they need to. About the manager one staff member told us, "She is very easy to talk to."

Staff responsible for preparing meals had information about people's dietary requirements and preferences. For example, the chef and staff were aware of people who required food and fluids at certain consistencies in order that they could eat and drink safely. We observed snacks and drinks were offered to people in between meals, including hot drinks, cold drinks, cakes and biscuits. We also observed a portable tuck shop being pushed around the home. People were offered old fashioned sweets which were served in paper bags. The chef had made sure people on special diets had options in the tuck shop they could choose, if they wanted.

Staff monitored people's food and fluid intake and people's weight was recorded consistently. We saw when concerns about someone losing weight was identified, staff had responded and appropriate action had been taken. One relative said, "The food is very good, home cooked and my [relative] loves it. They [registered provider] are very much aware of his nutritional needs."

We asked people about the meals at St Albans Nursing Home. One person told us, "The meals are lovely, the mushroom soup is delicious." A second person commented, "The meals are great. I am a poor eater but they feed me that well I have put on three stone since I came here." We observed lunch service at the home. The

food served was well presented and people enjoyed it. People who required a soft diet had their meals presented on moulded plates that allowed each part of the meal to be separate. The chef told us this was to separate flavours and ensure the meal looked appetising.

We observed staff were patient and encouraging at lunchtime, they effectively supported people who required assistance with their meals. People had the choice of eating were they sat, in their rooms or at a dining table. We observed one person was unsure on what to have for lunch. Care staff presented several requested options before the person decided on just a dessert, which they enjoyed. The atmosphere was relaxed and people were able to enjoy their chosen meals at their own pace. This showed, when required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration.

The service had been awarded a five-star rating following their last inspection by the 'Food Standards Agency'. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

From records viewed we saw that consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf. For example, on the day we inspected one person had a visit from their relevant person's representative (RPR). The role of the RPR is to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to the deprivation of liberty safeguards. This showed the registered provider was providing care and treatment in line with legislation and guidance.

We saw from records people's healthcare needs were carefully monitored and discussed with the person or, where appropriate, others acting on their behalf as part of the care planning process. Care records seen confirmed visits to and from GP's and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. One person told us, "They [staff] would notice if I am not well. They have called a doctor a few times."

The registered provider told us they were looking forward to working with community health professionals as part of a new community project. The Clinical Commissioning Group were looking to work with care homes and offer a proactive oversight on people's health. This included an analysis on why people were admitted to hospital and support with their discharge. The registered provider already had established health and social care links with community health services within the local area. This showed the service worked with other healthcare professionals to ensure people's on-going health needs were met effectively.

The home had been refurbished since the last inspection. We noted along with their names, bedroom doors had pictures or drawings on them, relevant to the person. This guided people who may be living with dementia to recognise their bedrooms. At the request of some people who lived at the home, one corridor had been decorated to look like it was outside. It had brick wall paper and a bus stop. There was now a

storage area for wheelchairs allowing walkways to be clear and free from trip hazards. This showed the registered provider had reviewed the home environment to meet the needs and preferences of people who lived there.

Good

Is the service caring?

Our findings

People received care from staff they knew and were happy with the care and support. During the inspection visit we observed positive interactions between people who lived at the home and staff. We asked people and their relatives if the staff were kind and caring. One person told us, "I think they are very caring." A second person commented, "You can always talk to them and they will always do their best for you." A relative said, "The staff are interested in my [family member] which shows they are caring people." A second relative shared, "I do not know how they have the patience to do what they do."

We observed a caring culture throughout the home. For example, the chef told us, "My role is, I work in their home. I have to produce healthy, safe, well balanced meals on time." We observed the chef went to the local shop as one person had requested an egg custard and they did not want to disappoint them. We observed a member of the housekeeping team sit and eat their lunch with people in the dining room, then support someone with their meal. When asked, they told us, "You have to get to know the people you are working for." We noted a staff member received a cake, candles and a song on their birthday. The manager told us, "Everybody likes cake and it is good for morale." This showed the registered provider encouraged an environment that promoted kindness and compassion.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed staff knocked on people's doors before entering and bathroom doors were closed before support was offered. We noted staff spoke with people in a respectful way, giving people time to understand and reply. We observed staff treated people with respect. For example, one person told us, "Staff are very respectful; they always knock on my door even when it is open." We noted the whiteboard had a privacy screen on it. This pulled down over the whiteboard to conceal sensitive, personal information. This showed the registered provider promoted people's dignity and managed their confidential information sensitively and on a need to know basis.

We observed several people being helped to mobilise and saw this was carried out with compassion and appropriate humour. We saw people responded to staff presence and interactions positively. We noted people had preferred staff members and sent care staff to get the carer of their choice. Staff told us people's preferences change each day. This demonstrated people were comfortable in the presence of staff and staff were supported people with their decisions.

Care plans seen and discussion with people who lived at the home and their family members confirmed they had been involved in the care planning process. One person told us, "I am very happy with my care plan." A second person commented, "I know what my care plan says and I am happy." About being involved in planning care a relative stated, "All the family have been involved in setting up my [family member's] care plan." The plans contained information about people's needs as well as their wishes and preferences. This ensured staff had up to date information about people's needs.

We discussed advocacy services with the registered provider. They told us two people had advocates at the time of inspection. They confirmed should further advocacy support be required they would support people

to access this. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Good

Is the service responsive?

Our findings

People were supported by staff that were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs, likes and wishes. For example, one person who lived in the home told us, "I have been in three care homes and this is by far the best. The staff are very helpful."

People we spoke with told us they received a personalised care service which was responsive to their care needs. They told us their care plans took account of their preferences, wishes and choices about how they wanted to be supported. They told us, or their visiting relative told us they had been involved in how their care was delivered and had been part of the care planning process. One person said, "I have agreed my care plan." A second person said, "Yes, I am aware of my care plan." A relative told us, "It is formally reviewed every six months but gets updated as and when needed." A second relative shared a similar experience stating, "I was involved in setting up my [relative's] care plan when he came in here." They added, "I am in that often it is updated regularly but I do get a letter yearly asking me to review it."

Five care plans we looked at were reflective of people's needs and had been regularly reviewed to ensure they were up to date. One person required a specific approach to ensure their care needs were met. Staff told us they were easy to follow and were able to tell us how best to support the person. They were knowledgeable about the support people in their care required.

The care plans had information related to all areas of a person's care needs. These included medical history, mobility, nutrition, religion, behaviour and communication. There was a general health section that was personalised around individual health needs. For example, one person had an ongoing health condition. Their care plan guided staff on what was normal for them, what indicated they had deteriorated and how to be responsive to improve their health.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. The manager had started to gather documentation on accessible information. For example, in one care plan it identified how to communicate with the person when they were agitated. This guided staff to share information in a way that would be received and understood.

Everyone we spoke with said they knew how to make a complaint and would feel comfortable doing so without fear of reprisals and believed their concerns would be acted upon. For example, one person stated, "Oh yes, I would speak up but I have never had to." A second person commented, "I do speak up, they sort things out straight away." And a relative told us, "I have never had to raise a concern but I would not hesitate to talk to anyone. They are all good to talk to."

The registered provider had a complaints procedure which was on display in the hall area of the building. The document information was clear in explaining how a complaint should be made and reassured people these would be responded to within a set timescale. Contact details for CQC and the owner had been

provided should people wish to refer their concerns to someone outside of the home or an independent organisation. We saw when required and in line with company policy, complaints had been escalated to the area manager and investigations had taken place. This showed the registered provider had a system to acknowledge and respond to any issues raised.

We looked at activities at the home to ensure people were offered appropriate stimulation throughout the day. There was an activities co-ordinator employed five days a week at the home. The manager told us they were advertising to employ a weekend activities co-ordinator. We spoke with the activities co-ordinator who gave us examples of group activities they organised and one to one activities they participated in with people who prefer to remain in their room. They told us people liked armchair exercises, dominoes and one to one time in their room.

We saw photographs of a pantomime that had taken place at the home. Staff told us people enjoyed it when singers visited and when small animals were brought into the home. People told us they were invited to join in the activities. The choice was theirs and staff fully respected their decision. One person commented, "I like them [activities] a lot. I have done drawing and the music sessions, they really buck me up." A second person told us, "I am aware of the activities and I join in if I want to." This showed the registered provider recognised activities were essential and provided appropriate support to stimulate and maintain people's social health.

People's end of life wishes had been recorded so staff were aware of how to support people in their last days. The registered provider told us this allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. We overheard the manager speaking to a relative about their family member's end of life wishes. The manager reassured them St Albans Nursing Home would continue to support the family member as was their wishes identified in their preferred priorities of care (PPC). PPC is a document for you to write down what your wishes and preferences are during the last year or months of your life. It aims to help you and your carers plan your care when you are dying.

About end of life care, one staff member said, "I make sure the person has everything they need. It sounds strange; I want people to have a good death." They went on to say they had enjoyed training on the subject and the trainer had made them think differently about the subject. About the training a second staff member told us, "It's not only about how to treat residents and their families. It's about how you treat everyone." This showed the registered provider guided staff on how to support and respect people's end of life decisions and recognised the importance of providing end of life support.

Good

Is the service well-led?

Our findings

We asked people and their relatives if they were happy with the way St Albans Nursing Home was managed. One person told us, "Oh yes, they are always coming up to chat, they work hard, they do." One relative told us, "They do their job properly, there is no shoddy workmanship." A second relative commented, "Yes, they set high standards."

There was no registered manager at St Albans Nursing Home. The previous manager had left shortly before we inspected. The registered provider had appointed a new manager who was in the process of registering with the Care Quality Commission.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found the service had clear lines of responsibility and accountability. The manager worked closely with the area manager in the running of the home. The nursing assistants planned how support was delivered. They used 'work boards' to instruct staff on their daily duties. One staff member told us, "The management team are very open. The new manager, she's very thorough, she's done well." A second staff member told us, "[Area manager] she's lovely, you can talk to her."

The area manager was supporting the new manager in their role. Staff we spoke with told us the change of manager had not impacted on the quality of care people received. We asked what the vision for the future was. The registered provider told us they had further plans to refurbish the home, to offer stability in the management team and to be recognised as a home that provided outstanding care.

The service had procedures to monitor the quality of the service provided. Regular audits had been completed. These included reviewing the service's medication procedures, if people had fallen, care plans, infection control and risks around the environment. Environmental risks included monitoring bedrails and window restrictors to ensure they were fit for purpose and securing wardrobes to the wall to prevent avoidable accidents.

We looked at the minutes of a recent residents meeting. We saw one person had commented how much they liked the new décor. A second person had requested more quizzes, we were told these were planned and quiz books had been purchased. We looked at staff meeting minutes, topics included, safeguarding and health and safety. One staff member told us about staff meetings, "We get a lot sorted in them." A second staff member commented, "Management go round and ask each staff member if we have anything to discuss."

Surveys completed by people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. One person commented, 'I am very happy here.' A second

person stated, 'I would rather be at home but this is the next best thing.' Surveys completed by relatives were positive on the care delivered but felt the home could be updated. The registered provider produced an action plan were refurbishment was identified. Surveys completed by staff produced positive responses. These included, 'I am extremely happy working at St Albans. The support I have received is second to none.' We also noted, 'I love working here, a great team and a positive environment.' This showed the registered provider gave people and staff the opportunity to be engaged and involved in the delivery of care and support at St Albans Nursing Home.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including GPs and district nurses. The service also worked closely with independent Relevant Person's Representatives (RPR). The role of the RPR is to maintain contact with the relevant person, and to represent and support the relevant person in all matters relating to the Deprivation of Liberty Safeguards.

The latest CQC rating was on display in the home and also on the website to ensure that people had access to this information.