CareQuality Commission

Admiral Healthcare Limited

Admiral House - London

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

We conducted an inspection of Admiral House on 8 February 2017. Admiral House is a residential and rehabilitation care home for up to 12 men with mental health needs. There were 12 men using the service when we visited. At our previous inspection on 21 May 2015 we rated this service "good". We made one recommendation in relation to conducting regular care planning reviews and this recommendation had been followed. At this inspection we found that the service remained "good".

There was a registered manager at the service. 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.

Staff had completed medicines administration training within the last two years and were clear about their responsibilities.

Risk assessments and care plans contained clear information for staff. Records were reviewed every month or where the person's care needs had changed.

Staff demonstrated knowledge of their responsibilities under the Mental Capacity Act 2005. Care records documented that consent had been obtained where necessary and records were signed by people using the service.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way.

People using the service were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs.

Recruitment procedures ensured that only staff who were suitable worked within the service. There was an induction programme for new staff, which prepared them for their role. Staff were provided with appropriate training to help them carry out their duties. Staff received regular supervision and appraisals of their performance and these were documented. There were enough staff employed to meet people's needs.

People were supported to maintain a balanced, nutritious diet. People were supported effectively with their health needs and were supported to access a range of healthcare professionals as required.

People using the service and staff felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. This included daily

monitoring of medicines and medicines administration charts (MAR) and monthly care plan review meetings. We saw evidence that feedback was obtained by people using the service and the results of this was positive.

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 safe.	**Good**
Is the service effective? The service remains effective.	**Good**
Is the service caring? The service remains caring.	**Good**
Is the service responsive? The service was responsive. People's needs were assessed before they began using the service and care was planned in response to these. People were encouraged to be active and maintain their independence. Staff at the service encouraged people to take part in social events and activities and each person had their own individualised activities plan. People told us they knew who to complain to and felt they would be listened to.	**Good**
Is the service well-led? The service remains well-led.	**Good**

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Detailed findings

Background to this inspection

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

The inspection took place on 8 February 2017 and was conducted by a single inspector. The inspection was not announced.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to one healthcare professional who worked with the service to obtain their feedback.

We spoke with three members of staff who included two care workers and the registered manager. We also spoke with two people using the service. We were unable to speak with more people as they most people were outside during the day. We looked at a sample of three people's care records, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included "The staff are good. There's nothing dodgy going on" and "I trust them here."

The provider had a safeguarding adults policy and procedure in place. Staff told us they received training in safeguarding adults as part of their mandatory training and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. Staff also confirmed they were aware of the provider's whistleblowing procedure and would use this if they felt their concerns had not been taken seriously. Whistleblowing is when a care worker reports suspected wrongdoing at work. A care worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service and we spoke with one healthcare professional who also confirmed this.

Staff received emergency training as part of their mandatory training which involved what to do in the event of an accident, incident or medical emergency. Care workers explained that people using the service were physically able, but the biggest risk associated with people using the service was in relation to their mental health needs. They told us they were aware of people's behaviours and understood the triggers and signs of relapse. They explained that they would respond appropriately in the event of a mental health relapse and this could involve contacting the GP or emergency services as appropriate.

We looked at three people's care plans and risk assessments. Initial information about the risks to people was included in the initial assessment that was conducted by the referrer which was usually a social worker. If the person was moving from another service their previous care plan and risk assessments were included in the care file. On admission to the service people were reassessed by the registered manager or another senior member of staff who conducted risk assessments in relation to meeting the person's physical and mental health needs as well as the risk they posed to themselves and others. The information in all the risk assessments included practical guidance for care workers about how to manage specific risks to individual people. For example we saw information for care workers on what were the known triggers in relation to people's mental health and how best to avoid these to help keep people safe and well.

Information from people's risk assessments were then used to devise a comprehensive care plan. These included information on people's specific health and support needs which included their mental health needs. The document included guidance on signs of relapse and what to do if this occurred. Risk assessments and care plans were reviewed every month and people had weekly, documented meetings with their key worker to review their progress and identify any issues.

People told us enough care workers were provided to meet their needs. People's comments included "There's always someone about if you need them" , "There are enough staff" and "I don't need much, but if I do need something I can always find someone."

The registered manager explained that the number of staff members on duty at any time was determined after an assessment of people's needs and depending on what people's requirements were on any given day. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty and the number of staff required on a daily basis as relayed to us by the registered manager. Care workers told us there were enough of them on duty to keep people safe and do their jobs properly.

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy. These were delivered in blister packs and contained photographic identification as well as other identifying information. Medicines were stored safely for each person in a locked cupboard in a staff room which was monitored.

We saw examples of completed medicine administration record (MAR) charts for three people for the month of our inspection and we checked their medicines. We saw that staff had fully completed the charts and the numbers of medicines stored tallied with the amounts recorded on the MAR chart.

Staff had completed medicines administration training within the last two years. When we spoke with staff, they were knowledgeable about how to correctly store and administer medicines.

Good

Is the service effective?

Our findings

People told us staff had the appropriate skills and knowledge to meet their needs. Comments included "They're good" and "They do a good job." The registered manager and care workers told us, they completed training as part of their induction as well as ongoing training. Records showed that all staff had completed mandatory training in various topics which included managing challenging behaviours, safeguarding adults and medicines management.

Care workers confirmed they could request extra training where required and they felt that they received enough training to do their jobs well. Records reflected that care workers training was in date and was monitored closely.

Staff told us they felt well supported and received regular supervision of their competence to carry out their work and meet people's needs. We saw records to indicate that staff supervisions took place every two months and separate appraisals were also conducted.

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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was meeting legal requirements. Staff were able to demonstrate that they understood the issues surrounding consent. Staff members told us that none of the people using the service had fluctuating capacity but demonstrated that they knew how to support people to make decisions if this changed.

The provider had other safeguards in place to ensure they were providing care in accordance with people's valid consent. Care records were signed by people using the service and meeting notes included confirmation that meetings were conducted after asking people for their consent.

People were encouraged to eat a healthy and balanced diet. People's care records included information about their dietary requirements which included whether they had any allergies or health issues related to their diet such as diabetes. People usually prepared their own breakfasts and lunches and requested food items to be ordered by the registered manager through the internet on a fortnightly basis. Cooked evening meals were provided by the service and a menu was printed and displayed in the kitchen area. Food was seasonally appropriate and people gave positive feedback about the meals served. Comments included "The food is good" and "I usually make my own dinner, but the food is nice".

Care records contained information about people's health needs. The provider had up to date information

from healthcare practitioners involved in people's care and this included discharge letters from hospital teams and up to date reviews from community psychiatric teams. When questioned, care workers demonstrated they understood people's health needs and took account of this when providing care.

Good

Is the service caring?

Our findings

People gave good feedback about the care workers. Their comments included "They're kind and caring" and "This is the most comfortable place I've been in. The staff are nice."

Staff demonstrated a good understanding of people's life histories. They told us that they asked questions about people's life histories and people important to them when they first joined the service. Care records included limited details about people's life histories, but the registered manager explained that some people did not want these details recorded and therefore she had respected their wishes.

Staff members we spoke with gave details about people's lives and the circumstances which had led them to using the service. Care workers knew about people's family members and people close to them as well as specific details about people's lives.

Care workers were also well acquainted with people's habits and daily routines. For example, care workers told us about people's likes and dislikes in relation to activities as well as things that could affect people's moods and their mental health. One care worker told us "They are very independent here. As you can see, there aren't many people around. That's because everyone likes to go out and everyone has their own routines."

People we spoke with told us they were able to make choices about the care and support provided and staff helped them to achieve their goals. One person said "I do what I want and I come and go whenever I want." Care workers told us people made their own choices and lived their lives how they wanted. One care worker told us, "Helping people to be independent and to live their own lives is very important. This is what we try to do."

Care workers explained how they promoted people's privacy and dignity. For example, one care worker said "The people living here are very independent and we respect that." People we spoke with also confirmed their privacy was respected. One person told us, "They always knock on my door" and another person said "They respect me."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service. We saw initial assessments considered people's cultural and religious needs and people were questioned in review meetings about whether they had any needs which were not being met in this area.

Good

Is the service responsive?

Our findings

People using the service told us they were involved in decisions about the care provided and staff supported them when required. One person told us "They're always willing to help you out."

People's needs were assessed before they began using the service and care was planned in response to these. Assessments were completed of people's mental and physical health as well as their ability to complete daily living tasks. The care records we looked at included a care plan which had been developed from the assessment of people's individual needs.

Care records showed staff prioritised people's views in the assessment of their needs and planning of their care. Care plans included details about people's preferred routines, habits, likes and dislikes in relation to a number of different areas including nutrition and activities. At our previous inspection we found progress that people had made with their goals was not always captured effectively in goal monitoring or care plan reviews. At our recent inspection we found people's progress was reviewed at weekly and monthly meetings with their key worker. People's views were recorded in the notes of these meetings and were used to update their care plans.

People were encouraged to participate in activities they enjoyed and people's feedback was obtained to determine whether they found activities or events enjoyable or useful. Daily records detailed the activities that people had been participating in and also demonstrated that people were encouraged to be active and participate in new activities care workers thought they would enjoy. These included sporting activities and the registered manager told us she intended to install a basketball ring to encourage people to be more active. Some activities focussed on people's independent living skills and these included cookery classes and money budgeting classes. The service also encouraged people to apply for work and college courses and assisted them in making applications to do so.

Care records included some detail about the type of activities people enjoyed doing. The registered manager demonstrated a good level of knowledge of people's individual likes and dislikes in relation to activities and care plans contained details of people's involvement in activities and their feedback. They gave us examples of proactive measures they had taken to ensure people were involved in activities on offer. We saw an example of one person who preferred not to socialise and we saw numerous discussions were held with a multi- disciplinary team which included a discussion about how to encourage the person to be more active and sociable.

The service had a complaints policy which was displayed within the home and outlined how formal complaints were to be dealt with. People we spoke with confirmed they would speak with the registered manager if they had reason to complain, but also told us they had never had any complaints. The registered manager also confirmed that they had never received an official complaint, but had received informal complaints which were dealt with immediately. We saw these informal complaints were documented and responded to quickly.

Good

Is the service well-led?

Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the manager was available and listened to what they had to say. People commented positively on the registered manager. Their comments included "[The manager] is helpful, she's always around" and "She's nice". We observed the registered manager interacting with people using the service throughout the day.

Information was reported to the Care Quality Commission (CQC) as required. We spoke with a member of the local authority and they did not have any concerns about the service.

We saw evidence that feedback was obtained from people using the service, their relatives and staff. Feedback was sought during monthly review meetings where people's key workers asked a list of specific questions to ensure people were satisfied with the care they were receiving. People commented positively in the care records we read. People's feedback was also sought through regular residents' meetings. People told us they found these meetings helpful and felt comfortable speaking in them. The registered manager told us that if issues were identified, these would be dealt with individually.

Staff told us they felt able to raise any issues or concerns with the registered manager. Care workers told us "She's very helpful and supportive" and "I haven't had any issues to discuss with her, but she's very down to earth and I feel comfortable talking to her." The registered manager told us and records confirmed that monthly staff meetings took place. Staff told us they felt able to contribute to these meetings and found the topics discussed were useful to their role. We read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

We saw records of accidents and incidents. There was a clear process for reporting and managing these. The registered manager told us they reviewed accidents and incidents to monitor trends or identify further action required and we saw evidence of this.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided tallied with these.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of daily, weekly and monthly monitoring in numerous areas including medicines administration, housekeeping and cleanliness and fire safety.

The provider worked with other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included community mental health services, the GP and local social services teams. We spoke with one healthcare professional

and they commented positively on their working relationship with staff at Admiral House. Monthly multi-disciplinary meetings were also held at the service and we saw records that showed close working between all professionals.