

Kindred Care Limited

Admirals Rest

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 undertook an unannounced inspection at Admirals Rest Care Home on 27 November 2018. The last inspection of the service was carried out on 7 October 2017. At that time, we identified several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Shortfalls related to safeguarding people and obtaining their consent, staff training and pre-employment checks. Audits did not always identify the shortfalls found during the inspection.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve in specific areas. At this inspection, we found that necessary improvements had been made.

Admirals Rest is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Admirals Rest is registered to provide care for up to five people with mental health needs. At the time of our inspection there were five people living there. Admirals Rest is situated in a large terraced house close to the centre of Bridgwater. The communal areas of the service were all on the ground floor. This included a lounge, dining area and kitchen. Bedrooms were available on all floors, and most bedrooms were en suite.

There was a registered manager employed 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.

People and their relatives were complimentary about the service, the care received, and the staff team. People were asked for their consent and were supported respectfully.

Staff had received training in safeguarding, and knew what they must do to protect people from abuse or neglect. Systems and processes were in place to protect people from harm and to support staff and the provider had made safeguarding referrals to the local authority appropriately.

The provider ensured that there were enough staff to meet the needs of people, and followed effective recruitment procedures to ensure prospective staff were suitable to work in the service.

There was regular monitoring of fire safety, infection control, incidents and accidents as well as regular equipment checks and maintenance. This ensured the premises and equipment were safe, and risks to people were minimised.

People's medicines were safely ordered, received, stored and disposed of, and were administered as

prescribed. Medicines administration records were accurate and clear. Some staff required medicines training or updates.

People were supported to make sure their health and wellbeing needs were met. People's care records contained personalised risk assessments. These gave staff information about how to support people and ensure risks were managed effectively.

Care records described how people wished to be supported and some personal preferences. People were encouraged to be involved in planning their care and treatment. Where appropriate, relatives told us that they were consulted with and informed about people's care.

Systems were in place to monitor and review the quality of the service. Audits were up to date, but some were brief. In these cases, the information recorded did not support the provider to make effective quality improvements.

The staff team had recently changed and some staff were new to the service. An induction programme was in place, although staff gave mixed views about this. Staff were caring and patient, and most knew people well. Most staff told us that they received relevant training and support to equip them to carry out their duties effectively.

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 were supported by staff, systems and processes which kept them safe.

People's medicines were managed safely. There were some gaps in training, but the provider planned to address this.

Risks to people were assessed and monitored to ensure people were safe

Is the service effective?

Good ●

The service was effective

Staff supported people's choices and the service followed the principles of the Mental Capacity Act 2005.

Staff received training and supervision to ensure they provided effective care for people. There were some gaps in training attendance.

Is the service caring?

Good ●

The service was caring

People and their relatives were complimentary about the service.

Staff demonstrated respect for people who used the service in the way they interacted with and spoke about people.

People's care choices were respected.

Is the service responsive?

Good ●

The service was responsive

Care records were clear and regularly reviewed to ensure they reflected people's current needs.

People received care and support that was person centred. This was usually provided by staff who knew them well.

People and their relatives felt able to make a complaint, and were confident that any concerns would be fully investigated.

Is the service well-led?

Good ●

The service was well-led

Systems to monitor and review safety and the quality of care were in place, although some checks were brief.

People, relatives and most staff spoke positively about the manager.

Admirals Rest

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 27 November 2018 and was unannounced. The inspection was carried out by one Adult Social Care inspector.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form which gives key information about the service, what the service does well and any improvements they plan to make. We also looked at the notifications we had received from the service. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We reviewed other information to help inform us about the level of risk for this service. We considered this information to help us to make a judgement about the service.

During the inspection we spoke with three people living at the service. We spoke with three members of staff, as well as the registered manager. After the inspection we received feedback about the service from three family members and two health and social care professionals who were involved with the service.

We looked at four care records and the medicines administration records for everyone living at the service. We looked at two staff files, and staff training records. We also looked at a range of records and documents including meeting minutes, policies, audits and environmental reports.

Is the service safe?

Our findings

At the last inspection, we found that service users were not always protected from the risk of harm or abuse. This was because allegations or concerns which had been raised with the provider had not always been fully investigated or referred to relevant authorities.

At this inspection, we found that improvements had been made. Records showed that safeguarding alerts had been raised when needed. These were linked with incident reports and notifications had been sent to CQC. Systems and processes were in place to protect people from harm and to support staff.

At the last inspection, we found that recruitment processes did not always prevent unsuitable staff from working with vulnerable people. This was because Disclosure and Barring Service (DBS) checks had not always been completed for prospective staff. A DBS check ensures that potential staff have not been convicted of an offence which would make them unsuitable to work with vulnerable people.

At this inspection, we found that improvements had been made. Staff files showed that DBS checks had been obtained, and other checks had been carried out to ensure suitable staff were employed.

At the last inspection, we recommended that the provider should research current best practice guidelines and introduce fire drills and personal emergency evacuation plans (PEEPs) for people. At this inspection we found that these changes had been made. Each person had a PEEP in place, and there were regular fire drills. During the inspection, a new member of staff received a practical induction regarding the fire alarms and systems at the service. This showed that the provider was actively assessing risks, and supporting staff to manage safety issues.

Staff had received training in safeguarding adults, and knew what they must do to protect people from abuse or neglect. They felt confident about reporting any concerns. One staff member told us, "We keep people safe. We help them to feel secure here, that's important." The provider had a safeguarding policy in place which outlined local and national guidance.

Medicines were managed safely at the service. During the inspection a more experienced member of staff supported a new member of staff who was giving people their medicines for the first time. One staff member told us that they had not had their medicines competency assessed. Records showed that most staff had been trained in medicines management and their competency was regularly assessed, although this did not include staff who had joined the service in the previous few weeks. These staff were supervised when administering medicines.

People told us that they always received their medicines, and one person we spoke with had a good level of understanding about their medicines. They were able to describe what medicines they took at different times of day, what they were for, and some of the side effects they experienced. No one at the service administered their own medicines.

Medicines administration records (MARs) were accurate and clear. These records showed that people were receiving their medicines correctly and at the right time. Each MAR had a photograph of the person, and described their medicines preferences, as well as any allergies and the person's date of birth. Protocols were in place for people who had 'as and when needed' (PRN) medicines. There had been no medicines errors since the last inspection.

There were secure, locked cupboards for storing medicines and temperatures were checked and recorded daily. This ensured that medicines were stored safely and as directed. Medicines were safely ordered, received, stored and disposed of. This included medicines which required additional security. 'Homely remedies' had been agreed with the service and GP, and these were kept safely and used appropriately. Homely remedies are non-prescription medicines which are used for simple complaints.

People's care records included risk assessments. These were comprehensive and related to individual needs, including risks of violence, suicide, abuse, physical health and home safety. The information and guidance detailed within individual risk assessments gave staff information about how to support people and ensure risks were managed in a consistent way, whilst promoting and maintaining people's independence.

Staff usually managed the risks associated with behaviour that challenged, although one staff member told us that they were not confident that they knew enough to enable them to deal with different situations. During the inspection, staff supported people respectfully, met their needs and ensured people were safe.

Environmental risks were assessed. For example, checks of electrical equipment, sharp utensils, window restrictors, radiators, hot water and hazardous substances such as cleaning fluids. Specific risks and control measures around the building were regularly assessed. During the inspection, we highlighted to the registered manager that the service's legionella checks may be out of date. The registered manager stated that they would address this. Overall, the checks carried out by the provider ensured the premises and equipment were safe, and servicing and repairs were carried out as required.

People were protected against the risk of infection and the building was clean and tidy. Most staff had received training in infection control and food hygiene. They followed good practice to protect people from risk of infection. For example, we saw staff routinely using and changing gloves and washing hands appropriately. Cleaning schedules were in place, and people were supported to carry out some cleaning tasks by staff.

Accidents and incidents were recorded and investigated, and referrals made to relevant organisations. An untoward incident reporting policy was in place and staff were required to sign when they had read the policy. Completed incident forms showed that lessons had been learned following incidents, and these were shared with staff in debrief sessions. This supported the provider to take steps to change practice or improve safety where needed.

Staffing levels met the identified needs of people who lived at the service. Vacant posts had recently been appointed to, and there had recently been a number of staff changes. People told us that they felt there were enough staff to support them. One person said, "There's some really good staff." A relative told us, "There seem to be enough staff there. I feel [they're] safe." Staff told us that they felt there were enough staff to meet people's needs. One staff member said, "There's enough of us, and it's quite relaxed." However, another staff member told us that it could be challenging to run activities when they were working alone at the service.

Is the service effective?

Our findings

The service assessed people's needs before they came to the service to ensure their needs could be met. Peoples' assessed needs were documented in care records. This included their physical, mental health and social needs. People's care plans provided some information for staff about people's needs and preferences, personal history and plans and goals. We suggested that these could be more detailed, particularly for new staff joining the service.

Staff received appropriate training to equip them to carry out their duties effectively. They told us that they could ask for additional or specific training. One staff member said, "If I want anything, I just need to let [registered manager] know. If it's possible, they'll sort it out and I can go on the training." Most staff had up to date training, although some people needed refresher training for some subjects. The registered manager told us that they were aware of this and were reviewing the records. One staff member noted that they did not enjoy computer based training. We highlighted this to the registered manager during the inspection.

New staff completed an induction programme when they joined the service. The induction programme included orientation, essential training, and awareness of policies and procedures. This ensured staff were trained in the values and practices of the service. New staff worked alongside more experienced staff members at first. We spoke to two new members of staff. One told us that they found the induction helpful, but the other stated that it was, "Woefully poor."

Staff received supervision and appraisals of their performance. Supervision is where staff meet with a senior staff member to review and discuss work or any other issues affecting the people who use the service. Some staff had long gaps between supervision, but staff told us that they felt well supported. One staff member stated, "It's really supportive here. They're really flexible. It's really good." When talking about appraisals, one staff member said, "I've had appraisals. I find it to be really useful. You get feedback, and it's really constructive." Supervision and appraisals helped to make sure that all staff had the skills, knowledge and experience to deliver effective care and support

People's rights were being upheld in line with Mental Capacity Act 2005 (MCA). The 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.

Where people lacked capacity best interest decision meetings had taken place, and health professionals and friends and families were involved. Individual care records contained information about mental capacity assessments and best interest decisions meetings where relevant. For example, we saw the notes of a best interest meeting to review one person's future accommodation and care needs. A range of professionals, service staff and advocates were at the meeting and, although the person had requested not to attend the meeting, they were involved as much 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). DoLS applications had been made by the provider, and there was evidence of regular contact with local authorities about the applications. This showed that people were not being unlawfully deprived of their liberty.

People were asked for their consent. People had signed care records including care plans and reviews. During the inspection people were given choice and control about day to day matters. People made decisions about the types of food they would like to eat and their daily routines. One person told us, "I come and go as I please really. It's up to me what I do. Sometimes I just like to watch the telly, or I'll go out." Some people required support in making choices, whilst others were completely independent.

Most meals were cooked by staff and people were encouraged to assist. Staff preparing food had received food safety training. Staff had an awareness of people's nutritional needs, and people had access to drinks at any time. People told us that they enjoyed the food. One person said, "It's alright, the food. I can ask for something else if I don't want what they're doing that day."

The environment met people's needs, and their bedrooms were personalised. People liked their bedrooms and enjoyed having a private space which they could access at any time.

People were supported to make sure their health and wellbeing needs were met. This included routine and specialist appointments, as well as GP and mental health reviews. Some people required regular blood tests because of the medicines that they were prescribed, and staff supported people to attend appointments and reviews. One person told us, "I always get to my appointments. The staff help me."

Is the service caring?

Our findings

People continued to be supported by staff that were caring. A staff member said, "It's nice to feel that you can make a difference." A relative told us, "I'm really happy with Admirals Rest, and I know that [Name] is very happy there."

During the inspection, people were treated with respect, and their views were understood and followed by staff. People talked positively about staff and the support they provided. Comments from people included, "They do a good job," and one relative told us, "The staff are really respectful." Another relative told us, "I have no concerns. They do a really good job there."

There were positive relationships between staff and people who lived at the service, and the atmosphere was relaxed and friendly. People appeared to be comfortable around staff, and staff were positive about the people they cared for. One member of staff said, "I love working with these people. I just love it." A person joked with a member of staff, laughing and telling them, "You know you're my favourite [Name]."

During the inspection, staff encouraged, supported and reassured people. We saw staff using different approaches with people. This showed that the people received support which was personalised and responsive to people's needs.

People told us that most staff knew them well, although they noted that there had been new staff joining the service recently. One person said, "I don't really know the new ones, but they seem alright." Personal history information was recorded in people's care files, although we raised with the registered manager that some could be more detailed. This would reflect the knowledge of staff and enhance the care being delivered in practice. The registered manager planned to review personal history information.

Staff were able to tell us about people's routines and preferences. For example, one person went out on regular days to visit a friend, and another person was working a particular shift pattern in their job. People were supported as individuals and encouraged to develop and maintain relationships. People had contact with friends or family in the way that they preferred. For example, some people had regular overnight stays away from the service, and others maintained contact with families only by telephone. A staff member told us, "one size certainly does not fit all. We have to try to understand the person. You need to have empathy. That helps you understand and deal with things."

During our inspection staff always knocked on people's doors and asked for people's consent when supporting them. Staff respected people's privacy and dignity. Staff gave us examples of how they supported people with personal care or daily living activities. One staff member said, "Their room is their personal space. It's theirs. We have to respect that." Care plans provided information about how much prompting or support people needed with personal care activities. People had signed to say that they agreed with these care plans and the level of support given.

People's relatives told us that they were always made to feel welcome, and that they did not feel unnecessarily restricted when visiting. One relative said, "We could go any time. It wouldn't be a problem." Relatives also told us that communication with the service was good. One relative said, "[Registered manager] keeps us up to date. Very professional." Another relative told us, "They keep me involved. They always listen."

The service had received several compliments. One read, "As a family we have noticed a great improvement in [Name]'s level of ability, independence and most importantly happiness since becoming a resident at Admirals Rest, and we believe we owe a great deal of that to the kind and caring staff there." Another message from a social care professional stated, "...the level of service you currently provide is top quality."

Is the service responsive?

Our findings

People and relatives told us the service provided care that met their needs. One relative said, "We're involved and [Name] is involved. They definitely listen and make sure it's what [Name] wants." People were encouraged to be involved in planning their care and treatment according to individual needs. One staff member said, "We really work with the individual. We always decide things with them. They have all the choice."

Care records contained essential information, including some details about people's background and significant relationships. Care plans described how people wished to be supported and some personal preferences. This included how people liked to spend their time, personal routines and support needs. A relative said, "They make suggestions to [Name] and help to guide [them] in what they do." A care plan described a person's morning routine, stating, "I like my own company so I can wake up slowly." Care plans were regularly reviewed with people, and changes to needs were updated as and when necessary. This showed that people's strengths, needs, levels of independence and quality of life were considered by the service.

Staff supported people to engage in activities. Some people had busy schedules, whilst others preferred less structure. One person had a full-time job, whilst another spent time away from the service. This reflected individual preferences and needs. People told us that staff supported them to follow their interests. One person said, "They do painting and stuff. I quite like that." A staff member told us, "We try to do different activities. Things people enjoy though." Another staff member said, "People are provided with opportunities every single day." The provider was developing an activity lead role, which was being introduced at the time of our inspection.

People completed specific tasks on certain days, such as laundry and bedroom cleaning. During the inspection one person worked alongside staff to make a plum cake. Staff were flexible regarding the preferences of another person who initially stated that they wanted to go out shopping, but then changed their mind. The staff member respected the person's choice and suggested alternatives to them. This showed that staff were responsive to people's needs.

There were regular house meetings. Notes were available from these meetings, and information about actions that had been taken were listed on a board in the dining room. This showed that the provider responded to people's comments and acted to improve the service.

The provider carried out surveys when people were discharged from the service. One person gave the highest rating possible for almost all their answers to questions about the care and support that they had received. They added, "I don't think anything could improve, just more staff would be better."

The service had a complaints procedure and posters about how to make a complaint were displayed prominently around the service. There had been no complaints made this year. People told us if they had a complaint they would, "Just chat to the staff, they're alright". Relatives said that they hadn't needed to

complain, but told us that they would feel comfortable raising concerns with a staff member or the registered manager.

No-one using the service at the time of our inspection had specific end of life care needs. Brief end of life plans were in place in one care record we reviewed, but others had no information in this section of people's records. We spoke with the registered manager about the challenges of discussing this potentially sensitive subject with people. They planned to consider making an entry in care records to show that end of life plans had been considered, and to note the reasons for not discussing them with the person at this time.

Is the service well-led?

Our findings

At the last inspection we found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because audit systems had not been effective in identifying safe practice or underperformance in a range of areas. At this inspection we found that audit systems were in place and regularly completed. This included weekly checks of medicines and call bells, monthly untoward incident checks, quarterly complaints audits and an annual health and safety audit. These audits were all up to date, but some were brief. This meant that information about actions was not always recorded so that improvements could be made. We discussed some of the audits with the registered manager and considered improvements which could be made.

At the last inspection we found that service users were not always protected in accordance with the Care Quality Commission (Registration) Regulations 2009. This was because the provider had not always told us about incidents that had happened at the service. At this inspection, we found that improvements had been made in the reporting of safeguarding concerns and notifications. These were now being reported to the local authority and CQC as required.

A 'resident's charter' was displayed in the main entrance hall at the service. This outlined what people could expect from the service. The provider's statement of purpose described the service's aims and objectives. These stated, "We aim to provide 24-hour (specialist) residential care within a safe, 'homely' and therapeutic setting." The registered manager was proud that staff supported people in a personalised way in the small service. They felt that this enabled the service to achieve the best outcomes for people.

The registered manager was present during our inspection. They delivered care and support to people as well as taking a lead role at the service. People and relatives knew the manager, and said that they could speak with them about a range of matters. A relative said, "[Registered manager] provides continuity and tells us how things are going. We have no concerns." During the inspection, staff told us that they felt supported to provide a quality service. One staff member said, "[Registered manager] has a really good work ethic. [They're] always available." Another staff member told us, "[Registered manager] wants to do the right thing. They want to be the best they can." A relative stated, "[Registered manager] and the staff listen. They're really helpful." After the inspection, one staff member told us, "I feel I can't talk to [the registered manager]"

Most staff we spoke with told us that they enjoyed their jobs and felt they worked well as a team to support people. One staff member said, "The best thing about working here is the support. That's from the staff and the residents. We all get on really well." However, another staff member told us that they didn't feel there was enough communication across the staff team. People who used the service told us, "The staff are nice. I like the staff. They help me."

Staff told us that they could ask the registered manager for support at any time. One staff member said, "I can talk with [registered manager name] in between. He's always around, but if not, I can call him or leave him a note." Staff felt the service leadership was visible and capable, and this supported staff to provide a

quality service.

There were regular team meetings. Records showed that matters such as quality assurance, health and safety, staffing, staff development and building developments had recently been discussed.

Policies and procedures that were used by the service were up to date and included a review date. The provider updated policies as and when necessary according to legislation changes and reviews of practice within the service.