Albert Residential Home

Albert Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Albert Residential Home provides accommodation and personal care for up to three older people.

At the time of inspection, there were three people living at the home. This inspection took place on 17 February 2016 and was unannounced.

The service was run by a registered manager who is also the registered provider, who was present for part of the day of the inspection. '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 and associated Regulations about how the service is run.

One person who lived at the home said, "It's nice and cosy and staff are friendly." Another person told us that they "Try their best." One relative told us that they were very "Pleased with the care and improvements they have noticed" in their family member since they moved into the home. One staff member told us that they were, "Very happy here and feel supported."

There was positive feedback about the home and caring nature of staff from people who lived at Albert Residential Home.

Risks to people were not always acted upon. The registered manger had not sought the assistance of the Speech and Language Team (SALT) or a dietician to help minimise the risk of people choking while eating or drinking. Staff had limited written information about risks to people and how to manage these. We found the registered manager had not considered additional risks to people in relation to trips, storage of items such as additional hoists, commodes and choking.

Some adaptations have been made for people with mobility needs, such as rails and toilet seats. The registered manager and staff worked well to keep the feeling homely for people who lived there. It was however noted that the décor of the building looked tired and some areas were not clean. The bathroom and separate toilets were used as storage for items that the registered manager told us that they "may have a need" in the future.

Staff were not aware of the home's contingency plan, in the event of a situation occurring that could stop the service running for example power cuts or floods. They explained actions that they would take to keep people safe in the event of a fire. People who lived at the home did not have personal evacuation plans in place.
The home did not have a robust system of auditing processes in place to regularly assess and monitor the quality of the service or manage risks to people in carrying out the regulated activity. The registered manager told us that they had assessed incidents and accidents, staff recruitment practices, care and support documentation, medicines and decided if any actions were required to make sure improvements to

practice were being made. However we found no evidence or an accident record for someone who had had a fall two days before the inspection visit.

Events that needed to be notified to the Care Quality Commission had not always been made by the registered manager.

Staff had received training in safeguarding adults and were able to evidence to us they knew the procedures to follow should they have any concerns. One staff member said they would report any concerns to the registered manager. They knew of types of abuse and where to find contact numbers for the local safeguarding team if they needed to raise concerns.
Staffing levels were appropriate to meet the needs of people in the home. The registered manager had carried out appropriate recruitment checks to ensure staff were suitable to support people in the home. Staff received an induction and ongoing training, tailored to the needs of the people they supported. Staff were however seen to support people to keep them safe. People did not have to wait to be assisted. Processes were in place in relation to the correct storage of medicine. All of the medicines were administered and disposed of in a safe way. Staff were trained in the safe administration of medicines.

People's views were obtained by holding regular informal meetings and by communicating on a daily basis. People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language to communicate their needs. Some people's health needs and language presented challenges and these were responded to with one to one support from staff.

People's human rights were not affected as the requirements of the Mental Capacity Act 2005 was followed. Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. The provider was in the process of finalising DoLS documentation.

People were provided with homemade, freshly cooked meals each day and facilities were available for staff to make or offer people snacks at any time during the day or night. We were informed that staff had endeavoured to learn to cook specific ethnic meals for one person living at the home.

People were treated with kindness, compassion and respect. Staff took time to speak with the people who they supported. We observed positive interactions and it was evident people enjoyed talking to staff. People were able to see their friends and families as they wanted and there were no restrictions on when people could visit the home.

People had an individual support plans, detailing the support they needed and how they wanted this to be provided. We read in the support plans that staff ensured people had access to healthcare professionals when they needed. People's care had been planned and this was regularly reviewed with their or their relative's involvement. A relative told us "We have meetings with the staff regarding care and we are asked about our opinions."

The registered manager told us how the people who lived at Albert Residential Home were involved in the day to day running of the home. It was clear from our observation that the managers knew people very well and that people looked at them as a person to trust. Staff felt valued under the leadership of the registered manager.
Complaint procedures were up to date and people and relatives told us they would know how to make a complaint. Confidential and procedural documents were stored safely but not fully accessible if the registered manager was not available.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; you can read at the back of the report what action we told the provider to take.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Written plans were in place to manage some risks to people. However not all risks had been identified or acted upon.

Some areas of the home and equipment were not always clean or fit for their purpose.

Medicines were managed stored and administrated safely and people were supported to take their medicines.

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of the safeguarding adult's procedures.

There were enough staff deployed to meet people's needs who had been recruited safely. Appropriate checks were undertaken to help ensure suitably skilled staff worked at the service.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs and had received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to be able to eat and drink sufficient amounts to meet their needs and were offered a choice of food that met their likes and preferences.

People had good access to health care professionals for routine check-ups, or if they felt unwell. Staff supported people to attend healthcare appointments and liaised with other primary healthcare professionals.

Is the service caring?

Good

The service was caring.

People told us they were well cared for. We observed caring staff

who treated people kindly and with compassion. Staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and their families were included in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care was personalised to reflect their wishes and what was important to them. Support plans were reviewed and updated when needs changed.

Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

Staff supported people to access the community which reduced the risk of people being socially isolated.

People felt there were regular informal opportunities to give feedback about the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service has not always notified CQC of any significant events that affected the running of the service.

There was a culture which was described by a member of staff as "open and positive which focused on people".

The home had limited systems in place for auditing, assessing and monitoring the quality of the service.

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Staff said that they were supported by the registered manager.

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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.

This inspection took place on 17 February 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we reviewed all the information we held about the provider. We contacted the local authority commissioning, quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns.

Before the inspection, the registered manager told us that they were unable to complete the Provider Information Return (PIR) on line because of technical difficulties. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We observed care and support in all areas of the home. We spoke with two people, two relatives, three members of staff , the registered manager/provider, a volunteer and a health care professional.

We reviewed a variety of documents which included three people's support plans, medicine records, maintenance records, all health and safety records, and quality assurance records. We also looked at a range of the provider's policy documents.

The service was last inspected on 21 February 2014 where there were no concerns identified.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and did not have any concerns. One person said "I love it here, the staff really look after me." One relative told us "we are delighted the staff make sure they are all safe and well looked after."

Whilst people and relatives told us they felt safe there were occasions when risks to people were not always managed well. One person who was livening with dementia had been assessed as needing their food cut up as they were at risk of choking. We observed lunch and we saw the meal they were presented with had been cut into small pieces. However, during lunch and saw this person begin to choke on their food. There was no assessment in place to help minimise the risk of choking and there had not been an appropriate referral made to the Speech and Language Team (SALT) or dieticians. The SALT and a dietician would be able to investigate appropriate ways to support this person when eating to attempt to prevent future choking. The registered manager told us that they managed this risk as they were a nurse.

Other identified risks to people such as moving and handling and going out of the home had been appropriately assessed to make sure people were kept safe. Staff were clear about risks to people and there was guidance available to them to help keep people safe from avoidable harm. Staff had individualised and personalised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others.
People who lived at the home did not have personal evacuation plans (PEEPs) in place and there was no contingency plan should an event occur that stopped the service running such as a fire or a power cut. Staff were not aware of their responsibilities should an emergency occur.
We recommend that the provider ensures that there are robust plans in place to ensure peoples safety in the event of an emergency at the home.
Parts of the home were not always clean or well maintained. The general decor of the home was old and in one bedroom the wallpaper was peeling off the wall. The furniture was cluttered and took up a lot of space in the home. One bedroom was cluttered with bags of belongings, stacks of paper and old electric items. There was also an unused gas fire which had sharp corners on it which was a risk to the person in an already cluttered environment. .

There was one bathroom in the home which was also used to store equipment and other items such as a commode, chairs, a manual hoist, and a carpet cleaner. The bath was not used by people because of their limited mobility. The bathroom was cold and had a small electric fire on the wall which was used when people had a shower. One person told us that they always "Felt cold" when they had a shower. One person told us that they never felt that they had a good shower as the water was never hot and the layout of the cubical meant staff could not assist "Washing all around you." The home had a single toilet which had a "Sani-chair" over the pan to aid mobility. The "Sani-chair" was rusty and had been repainted. One person told us it was not a "pleasant room." The provider told us that they were going to be obtaining a new Sani-chair for the toilet.

The provider had failed to ensure that the premises and equipment were clean, suitable for the purpose for

which they were being used and properly maintained. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had a good understanding of what constituted abuse and the correct procedures to follow should abuse be identified. For example, one member of staff explained the different types of abuse and what the local authority safeguarding protocols were. They said, "I would report anything or phone the local authority myself." The registered manager showed us the safeguarding policy which was in place and staff told us they had read and understood their responsibilities. The registered manager had made appropriate referrals to the local authority.

There were procedures in place for the administration and storage of prescribed medicines. We looked at medication administration records (MAR) and confirmed that medicines had been administered as prescribed. The registered manager told us that they administered all the medicines to the people who lived at the home. One person said "My medicines are stored in my room." And "he (indicating the registered manager) always comes to me, to give them to me."

The registered manager told us that staffing levels were determined based on people's needs. Peoples dependency levels were assessed and staffing allocated according to their individual needs. For example, one person received support and care from a staff member who spoke the person's language. The registered manager told us staffing levels were reviewed to meet the changing needs of people and staff told us there were enough of them to meet people's needs. Two people told us they thought that there was enough staff on duty to met their needs and this was confirmed by our observations on the day of the inspection.

Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk.

Good

Is the service effective?

Our findings

One person said "I always tell the staff what I want." Staff ensured people's needs and preferences regarding their care and support were met.
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's human rights were protected in line with current legislation. The provider had complied with the requirements of the MCA. Where people could not make decisions for themselves the processes to ensure decisions were made in their best interests were effectively followed. Detailed assessments of people's mental capacity for specific decisions such as not being able to go out on their own had been completed. Where people did not have capacity to make certain decisions, relatives with a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member.

The registered manager and staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We saw that staff asked for people's consent before providing care and respected peoples choices throughout the inspection.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that people liberty was being deprived in the least restrictive way possible. The registered manager told us they were reviewing the documentation and supplied us with information about this after the inspection.

Staff were knowledgeable about the people they supported. People and relatives told us that care staff had sufficient knowledge and skills to enable them to care for people. One relative told us that "The home provides a very personal level of support to the residents who benefit immensely from this" they also said that there is a "very homely atmosphere at the home." People told us they thought staff knew how to take care of them. Staff understood the different ways in which people communicated by using people's preferred communication method, for example one person could only communicate in their own language and another person used body language. One staff member said "I can't verbally communicate, but I know them, by their reactions and body language." The staff member also told us that they just "love to chat and be interactive with everyone."Staff were very positive about the training which enabled them to do their jobs effectively. One staff member said, "When it comes to training I think the manager does a good job."

People were supported to maintain their health and wellbeing. Support plans contained up to date

guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, dentist and opticians. The registered manager had managed to locate an optician and a dentist who could communicate effectively with one person who was not able to communicate easily.

We observed that people had sufficient food and fluid intake. On several occasions during the day people were offered drinks and snacks, for example tea, coffee and biscuits.

We saw that lunch was service and people offered choices of what they wanted to eat each day which was freshly prepared by the staff. One person told us that they really "Enjoyed his food".
Lunchtime was a relaxed occasion with staff having good interaction with people. Where people needed assistance with their food staff provided this to them appropriately. Where people had specific dietary requirements these were catered for by staff, for example if people needed their food to be pureed. One person told us that staff had attempted to cook their food in line with their cultural preferences.

Good

Is the service caring?

Our findings

People told us that staff treated them well, with kindness and respect. One person said "The staff are really kind to me." Another person said "The staff support me in things I want to do". Relatives told us that they were "Happy" with the care and support that their family member received. One relative said "I am happy with the care and support my mother has here." Another relative told us "Staff give mum their full attention; we are very happy that we moved her into this home." One staff member said "I like working here as it's a happy place."
We spent time in communal areas and observed staff interaction with people. We saw companionable and relaxed relationships throughout the day. Staff were attentive, caring and supportive towards people. Staff engaged with people using humour, touch and when reading with people. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the staff. Staff knew they needed to spend time with people to be caring and had concern for their wellbeing. The conversations between staff and people were spontaneous and relaxed.

One person said "I always tell the staff what I want." Staff ensured people's needs and preferences regarding their care and support were met and were knowledgeable about the people they supported. People were dressed in appropriate clothes that fitted them and had tidy hair which demonstrated staff had taken time to assist people with their personal care needs. One person told us, "I always chose what I want to wear."

People were treated with dignity and privacy. Staff gave examples of how they would provide dignity and privacy by closing bathroom doors and talking in a calming way to reassure people that things were going to be okay. We observed staff maintain a person's dignity by wiping their mouth whilst they were eating and drinking. Staff did this subtly and gently and called people by their preferred names. Staff always knocked on peoples bedroom doors and waited to be asked to go in before they entered.

There were no restrictions on when people could be visited by their relatives. Relatives told us that they were free to visit at any time and were always made to feel welcome. One relative told us "I can pop in, at any time and staff will make me a cup of tea when I am sitting with mum."

People's cultural needs were supported. One persons' first language was not English so the registered manager had engaged staff who could communicate in their own language. They also arranged for a volunteer who could communicate with them to come in regularly to support them.

The registered manager had arranged the installation of television channels directly into the person's bedroom so they could watch programs from their country of birth and staff had also maintained contact with their preferred Church. This had initially been introduced to the person by the volunteer which gave the person "Great comfort".

Good

Is the service responsive?

Our findings

Relatives told us that they were involved in people's care planning and reviews. A relative who was in the home on the day of our inspection told us "I am very involved in my mother's support plan, they are reviewed yearly".

Before people moved into the home they had a full assessment of their needs completed by the registered manager to ensure that their needs could be met and the records we checked confirmed that this had happened. People's care and support was planned proactively and in partnership with them, or if they lacked capacity with a person who could act in their best interests. Staff use individual ways of involving people so that they were consulted, empowered, listened to and valued. Support plans comprised of various sections which recorded people's choices, needs and preferences in areas such as nutrition, healthcare and social activities. On the day of our inspection one relative was at the home agreeing the support plans after a review had taken place for their family member. They told us that they had been involved in reviewing their support plans.

People were supported to undertake social activities of their choice which reduced the risk of them becoming socially isolated. One person said they had been supported to undertake activities that they were interested in. A staff member said "The people we support are very important everything evolves around them". One person told us they liked to go shopping and how they had enjoyed going out with the registered manager. On the day of our inspection one person was watching television with staff and their visiting relative; another was doing puzzles and played a game of scrabble with a staff member. A third person had a volunteer visiting who could talk to them in their own language. They told us that they preferred to remain in their own bedroom and not to go into the sitting room.
Staff ensured that people's preferences about their care were met. A family member told us "Staff knew my relative very well, if they had an issue staff know what to look for." Staff had written daily notes about people and would highlight any changes to the needs of the person so that the care plan could be reviewed for accuracy. People's health passports were regularly updated so that all staff were fully aware of what to do if people needed to go into a hospital setting for any reason.. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

We were told by the registered manager that people were actively encouraged to give their views and raise concerns or complaints. One person told us that they had never needed to complain "It's great here and he (the registered manager) is very easy to talk to." Another person told us via a translator that because there was not always someone who spoke their language. One relative told us that they openly discussed issues when needed with the staff and that their concerns were dealt with effectively.

There was a complaints policy available in the home that people, relatives and staff were aware of and knew how to access. The registered manager explained how they would deal with a complaint if one arose. We looked at the records of complaints and we found that there had not been any complaints recorded in the last 12 months.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that they thought the home was well managed and that the registered manager "Helps me do the things I want to do". One relative had written a letter of thanks to the registered manager thanking them for the support they gave their family member. Another relative told us that the registered manager and the staff were very approachable and available if they had concerns about their family members care or health. They told us that they were very "Satisfied with the home" and "The way the manager and staff deal with things automatically".

Staff said told us they felt supported by the registered manager and that they would be always be able to talk to them if they needed to or had concerns. We observed members of staff approached the registered manager during our inspection and saw an open and supportive culture with a relaxed atmosphere. The registered manager knew the people well and interacted appropriately with them showing kindness and care. Staff told us they had been supported through their employment and were enabled to fulfil their roles and responsibilities in a safe and effective manner.

The registered manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission (CQC) and other outside agencies. CQC had not received any notifications of significant events that affected the running of the service in the last 12 months even though there had been incidents that should have been reported. A notification is information about important events which the service is required to send us by law.

All the policies that we saw were appropriate for the type of home however not all policies were reviewed regularly to ensure that they were up to date with legislation. The computer that stored some of the files and policies was not fully accessible to everyone who worked at the home so staff may not have access to information they might need.

As the home was a family run business staff told us that they were a "Very close team" which they said made it "Easy to meet and discuss any matters when or if they arise and "To ensure that everyone is looked after well".

The registered manager undertook quality assurance audits to identify areas for improvement and to ensure that people were kept safe. Some of these checks focused on people's experience of living in the home and the quality of service provision that took place. Audits were completed on some aspects of the home, for example food and care. In one quality assurance form which had been completed by a relative they had written that "They were very happy with the care and support" their family member was receiving at the home. In addition we saw one healthcare professional provided a quality assurance form dated from January this year and had written "The Albert Care Home provides a very personal level of support to residents who benefit immensely from this."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure that the premises were clean, suitable for the purpose for which they were being used and properly maintained. This was a breach of Regulation 15 (1) (a) (c) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2104.