Heritage Care Limited

33 Albemarle Road

Inspection report

33 Albemarle Road
Beckenham
Kent
BR3 5HL

Tel: 02086636225

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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

This inspection took place on 31 October 2017 and was unannounced. This was the first inspection of the service since they registered with the CQC in November 2016. They were formally known and registered as Community Options Limited - 33 Albemarle Road.

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

33 Albemarle Road is a rehabilitation and recovery residential care home that provides support for up to seven adults with mental health and complex needs. At the time of our inspection the home was providing support to six people. The home had a registered manager in post, however they were absent from the service and an acting manager had been appointed to manage the service in their absence. 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.

There were safeguarding policies and procedures in place and people told us they felt safe and staff treated them well. Assessments were conducted to assess levels of risk to people's physical and mental health and these were reviewed regularly. Medicines were stored, managed and administered safely. There were arrangements in place to deal with emergencies. There were safe recruitment practices in place and appropriate numbers of staff were available to meet people's needs.

Staff new to the home were inducted into the service appropriately. Staff received appropriate training, supervision and support. People told us they were consulted about their support needs. People were supported to meet their nutritional needs. People had access to health and social care professional when required. People were provided with appropriate information and were supported to make choices available to them.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People were treated with respect and their support needs and risks were identified and assessed. People were provided with information on how to make a complaint. People were asked for their views about the service. There were systems in place to evaluate and monitor the quality of the service provided.

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.

There were safeguarding adult's policies and procedures in place and staff were aware of their responsibilities to report any concerns.

Risks to the health and safety of people were identified and assessed.

Medicines were managed, administered and stored safely.

There were enough staff employed to meet people's needs.

Safe staff recruitment practices were in place.

There were arrangements in place to deal with emergencies.

Is the service effective?

Good

The service was effective.

The service offered new staff an appropriate induction into the home and staff received appropriate training and support.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005).

People were supported to meet their nutritional needs.

People had access to health and social care professionals when required.

Is the service caring?

Good

The service was caring.

Interactions between staff and people were positive and people told us that staff were kind and respectful.

Staff were knowledgeable about people's needs and wishes.

People told us their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and documented within their care plan. These were reviewed regularly to ensure they were up to date.

People were supported to meet their social, educational and work needs.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post, however they were absent from the service and an acting manager had been appointed to manage the service in their absence.

There were systems in place to monitor and evaluate the service provided.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

33 Albemarle Road

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 was carried out by a single inspector on 31 October 2017 and was unannounced. Prior to our inspection we reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. 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 contacted the local authority responsible for commissioning the service to obtain their views and used this to help inform our inspection planning.

During this inspection we spoke with three people using the service and three members of staff including the provider's deputy operations manager. We looked at three people's care plans and records, three staff files and records and records relating to the management of the service such as audits and policies and procedures. We also spent time observing the support provided to people in communal areas.

Good

Is the service safe?

Our findings

People told us they felt safe and staff supported them with their medicines. One person said "Staff are good. They give me my tablets when I need them." Another person commented, "I come to the office when I need my tablets. Staff make sure I have them when I need them and I sign to say I have taken them. They care and make sure I am well."

Medicines were stored, managed and administered safely. Medicines were stored safely in a locked cupboard that only authorised staff had access to and records of medicines stock balances were completed accurately by staff. Temperature readings of medicines storage facilities were checked and recorded daily to ensure medicines were safe and fit for use. There were detailed individual medicine folders in place for each person, which contained photographs to formally identify people, medicine administration records and medicine risk assessments to ensure the safe management of medicines. We looked at the Medicine Administration Records (MAR) for three people and saw these were completed accurately by staff and people who were supported to be semi-independent with managing their medicines. Staff records demonstrated that staff responsible for administering medicines had completed training on the safe management of medicines and had medicines competency assessments conducted to demonstrate they had the knowledge and skills required to ensure the safe management and administration of medicines.

There were safe recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. The provider's deputy operations manager told us that recruitment records were held at the provider's head office and these were later sent to us following the inspection. We saw that criminal records checks were carried out before staff started work and staff pre-employment checks also included application forms, proof of identification, references and history of experience or qualifications.

People told us they thought there were enough staff available to support them. One person said, "Yes there is always a member of staff around when I need them." Another person commented, "There is staff here night and day. They are always around to help me if I need it." During our inspection we observed there were sufficient numbers of staff on duty to ensure people were supported appropriately when requested. For example during our inspection one person requested support to attend an appointment and this request was promptly met by staff on duty. Staffing rota's corresponded with the number of staff available on duty at each shift and there was an on call manager system in operation providing out of office hours support should staff require it in an emergency.

There were systems in place to deal with emergencies. Peoples care plans and records contained contact numbers for health and social care professionals such as GP's and community psychiatric nurses, who staff could contact in times of individual crisis. Staff were knowledgeable about people's needs and risks and knew which health and social care professionals to contact. The provider had a fire risk assessment in place which highlighted the evacuation procedure ensuring people were supported to leave the building safely in the event of an emergency. Staff knew what to do in the event of a fire and had received fire safety and emergency first aid training. Records showed that regular fire drills and evacuations were conducted.

Risks to people's safety and well-being had been assessed and plans were in place to manage identified risks whilst continuing to promote individuals independence and rights. Risk assessments evaluated levels of risk to people in areas such as medication agreements, substance misuse, risk to self and others and property, self-neglect, accessing the community, relapse of mental health and managing finances amongst others. Risk assessments we reviewed included guidance for staff on how areas of risk should be managed safely. For example, we saw appropriate guidance in place for staff to follow when supporting one person to manage their finances. Their risk management plan highlighted to staff the indicators and mental health triggers for the individual when poor budgeting or misuse of money had occurred. It also documented the preventative measures staff should take and crisis intervention plan that staff should follow. Staff we spoke with were aware of the areas in which people were at risk and knew what action to take to manage them safely.

Accidents and incidents were recorded, managed and monitored to assist staff in reducing the risk of reoccurrence. We saw that accidents and incidents were referred to local authorities and the CQC when appropriate and records demonstrated that staff took prompt actions to identify concerns, take suitable actions and refer to health and social care professionals when required. For example when people failed to return to the service after being out, staff followed the missing person's guidance and where required contacted the police.

People were protected from the risk of abuse and staff had received training in safeguarding adults. There were safeguarding and whistleblowing policies and procedures in place and staff we spoke with were knowledgeable about safeguarding people and the action they would take if they had any concerns. Safeguarding records we looked at included local and regional safeguarding policies and procedures, reporting forms and contact information for local authorities to assist in managing any concerns if required. We saw that safeguarding referrals were appropriately made to local authorities and the CQC when required and information for people was displayed within the home for their reference.

Good

Is the service effective?

Our findings

People told us staff knew them well, what they needed support with and that they respected their independence. One person said, "Staff know me well as I have lived here for some time. They do support me with the things I need help with but also allow for me to remain independent which is good." Another person commented, "Yes they know me very well. I do most things for myself but they support me when I need them and if I need to make choices."

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with demonstrated a good understanding of people's right to make informed choices and decisions independently but where necessary for staff to act in someone's best interests. They told us and we observed that people had capacity to make decisions about their care and treatment and no one was subject to DoLS. They told us if they had any concerns regarding a person's ability to make specific decisions they would work with them, their relatives, if appropriate, and relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

People told us they thought staff were appropriately skilled and knowledgeable to support them well. One person commented, "Staff here are good, they understand me and my needs." Staff we spoke with confirmed they received an induction when they started work at the service which included becoming familiar with the provider's policies and procedures, a period of orientation and shadowing more experienced staff and completing training in a range of areas appropriate to the needs of people. Records confirmed that staff received training in areas such as health and safety, food hygiene, managing behaviour and de-escalation techniques, safeguarding, MCA and DoLS, equality and diversity and managing medicines amongst others. Staff we spoke with also told us they felt supported to do their job as they received supervision on a regular basis and an annual appraisal of their practice and performance. One member of staff said, "I feel very much supported to do my job. I like my job and have been here for many years. I get supervision on a regular basis but I can speak to a manager at any time if I have any concerns or needs."

People were supported to maintain a balanced diet and staff were aware of their dietary needs. Care plans documented people's nutritional support needs, for example support with meal planning and in meeting any dietary requirements such as low calorie or sugar free options, shopping and meal preparation and cooking. One person told us, "Staff help me to make healthy options when I go shopping. I like cooking and can cook my foods on my own. We have a Sunday roast club where everyone comes together to buy the ingredients and I am one that always helps to prepare. I like to do the vegetables." We observed there was a large communal kitchen in the home which enabled people to have appropriate storage for the food they bought. Risk assessments were completed where appropriate to ensure people were safe to use kitchen

appliances independently.

People told us they were supported to access health and social care services when required. One person said, "I see the doctor when I need to and my mental health support worker visits me on a regular basis." Another person commented, "I have lots of different appointments I go to both at the surgery and at the hospital. Staff reminds me when I have appointments so I don't miss them." People's records showed that staff monitored their mental and physical health and where any concerns were identified they referred people to health and social care professionals as appropriate. Care records documented people's appointments with health and social care professionals and outcomes of meetings were recorded to ensure staff were aware of people's on going needs.

Good

Is the service caring?

Our findings

People spoke positively about staff and told us they were kind and respectful. Comments included, "The staff are great. I like it here and they are always kind", and, "Staff are nice, we all seem to get along and respect one another", and, "Yeah I think the staff are caring. They always help me if I need it and we have a laugh."

We observed staff interacted with people in a friendly and considerate manner. We saw staff took an active interest in people's well-being and responded positively to people's requests for support and in answering questions posed. Where people displayed signs of anxiety staff reassured and supported them appropriately and we noted their actions were effective. During our inspection the atmosphere in the service was relaxed and friendly and we observed that people's independence was respected and encouraged with people coming and going throughout the day as they pleased.

Relationships between staff and people using the service and their regular keyworker sessions were discussed in team meetings, staff shift handover meetings and in staff supervision sessions to enhance and promote effective communication and support. During our inspection we observed a staff handover meeting and noted staff communicated effectively and highlighted any issues or concerns in meeting people's daily needs, aims and outcomes.

People told us their privacy and dignity was respected by staff. One person said, "I like my own space sometimes and staff respect that. I have my own room and key to the house and can come and go as I like." Staff we spoke with gave us examples of how they worked to promote people's independence, privacy and dignity for example by knocking on people's doors before entering their rooms and by supporting them to remain independent and access external services and social networks. Staff were committed to supporting people to meet their needs with regard to their race, religion, sexual orientation, disability and gender. Records demonstrated that staff supported people where appropriate to meet their identified needs, for example in supporting them to meet their spiritual needs and in developing personal relationships and social networks.

People told us they were consulted about their care and treatment and were provided with appropriate information to support them with decision-making. One person said, "I have keyworker meetings every week. We talk about the things that are important to me and what I would like to change. Staff give me information whenever I ask, and I do feel informed." Another person told us, "I know about my care plan and we review this when needed. Staff always ask what I want and they do try to help me achieve it."

There was a keyworker system in place which enabled a selected member of staff to work independently with an individual using the service. Keyworker responsibilities involved building working relationships with people and their relatives where appropriate and to co-ordinate individuals care which included working with other professionals involved. Care plans detailed keyworker meetings that were held regularly and recorded people's health and well-being, aims and achievements and highlighted any actions required in meeting people's aims.

Good

Is the service responsive?

Our findings

People received personalised support that met their individual needs. People's physical and mental health needs were assessed before they moved into the home to ensure they could be safely met within the home environment. Individualised care plans were developed with people's participation to ensure they were responsive to their needs, preferences and aims.

Care plans and records we looked at included assessments of people's physical and mental health needs which detailed their individual objectives and risk assessments were developed to support positive risk taking in a safe and supported way. For example like using public transport to access community services independently. Care plans contained guidance for staff about how people's needs should be met and staff were aware of the guidance and confirmed they supported people in line with their assessed needs and preferences. Staff were aware to be observant for any signs and changes in people's physical or mental health condition, and to report any changes in order that care plans and risk assessments could be reviewed and updated accordingly. Care plans and records we looked at were up to date and reviewed on a regular basis in line with the provider's policy to ensure people's needs were met appropriately.

People were supported to seek and engage in a range of social activities and educational opportunities that reflected their interests and aims. Care plans detailed people's preferred and chosen activities such as maintaining family and social networks, attending social clubs and events, specialised support groups and seeking educational and working opportunities. One person said, "I enjoy going shopping and watching films. I have recently bought some new films which I am going to watch." Another person commented, "I like to go out and visit friends, it's important to me. I also go shopping and I'm good at budgeting."

People told us they knew how to make a complaint and expressed confidence that any issues they raised would be addressed by staff. One person said, "If there is anything I don't like I always let staff know. It's never a problem as they do help." Another person commented, "I've not really needed to complain but I know what to do if I felt that strongly. I think staff would do their best to sort it out as they do listen." The provider had a complaints policy and procedure in place which provided guidance for people on what they could expect if they raised a complaint, including the timescale in which they could expect a response and guidance on how to escalate their complaint if they remained unhappy with the outcome. We looked at the home's complaints file and noted that no complaints had been made since the provider registered with the CQC.

Good

Is the service well-led?

Our findings

People told us they thought the service was managed well and staff were approachable and supportive. Comments included, "I like living here, the staff are very friendly and kind", and, "Yes I would say the home is well managed and staff know what they are doing", and, "Yeah I think it's quite well organised here. There has been a change in managers but the staff are good and know what they are doing."

There was a registered manager in post at the time of our inspection, however they were absent from the service and an acting manager had been appointed to manage the service in their absence which was reported to the CQC as appropriate. 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. Notifications were submitted to the CQC as required.

During the course of our inspection we observed staff worked well together to promote and enhance people's ability to live independently and to maintain their physical and mental well-being. Staff told us they enjoyed their job and felt supported by senior managers. One member of staff said, "I've always felt supported to do my job even when there have been changes. There is always management support available at any time and even out of hours should we need it."

Staff told us and records confirmed that there were systems in place to ensure effective staff communication within the home. We saw that daily shift handover meetings were held which informed staff about people's day to day well-being, monthly staff team meetings which included items for discussion such as key working, health and safety, staff training and remotivation models and residents meetings which people and staff could discussed relevant issues and the day to day management of the home.

The provider sought the views of people using the service through residents meetings that were conducted on a regular basis and satisfaction surveys that were conducted annually. We looked at the minutes for the last residents meeting held in July 2017. Items for discussion included house rules, infection control and personal recovery. We also looked at the results for the resident's survey that was conducted in July 2017 and noted most responses indicated people were happy and satisfied with the service provided. For example 75 per cent felt they were given information and support to help them make choices, 75 per cent said the support they received has helped them in achieving their goals and 100 per cent said staff encouraged them to be open and to express their thoughts, ideas and suggestions. We saw that an action plan had been implemented to address any shortfalls in the service delivery. For example in relation to the support provided by staff to improve people's physical well-being, we saw that staff had supported one person to use an e cigarette and reduce their smoking habit.

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to do this effectively. Audits conducted included areas such as checks on health and safety including fire safety with the home, medicines, housekeeping and infection control, care plans and records

and an annual service audit undertaken by the provider's operations manager. Audits were conducted on a regular basis when scheduled and records of actions taken to address any areas of improvement were completed and recorded as appropriate.