

Albert Residential Home

Albert Residential Home

Inspection report

40 The Warren
Worcester Park
Surrey
KT4 7DL

Tel: 02083372265

Date of inspection visit:
23 May 2017

Date of publication:
26 June 2017

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

Albert residential home provides accommodation and support for up to three older adults with physical disabilities and or dementia. People had a range of support needs including personal care and assistance with moving and handling. On the day of our inspection there were two people living at the home.

There was a registered manager in post. The provider was also the registered manager. 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.

At the last inspection on 17 February 2016, we told the provider to take action on ensuring that the premises and equipment were suitable and well maintained. The registered manager had provided us with an action plan. We found on this inspection, improvements had been made and these actions have been completed.

There were sufficient staff to keep people safe. There were recruitment practices in place to ensure that staff were safe to work with people.

People were protected from avoidable harm. Staff received training in safeguarding adults. They knew how to report abuse, but a recommendation has been made to review staffs knowledge on identifying safe guarding concerns.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. For people who had 'as required' medicine, there were guidelines in place to tell staff when and how to administer them.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks such as falls and moving and handling.

The registered manager had processes in place to review incidents and accidents and take action as necessary. Equipment that was in place to support people's care was well maintained and clean.

The registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessments and best interest decisions had been completed. Staff were heard to ask for people's consent before they provided care.

The provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. Where appropriate applications had been made to the local authority. Improvements could be made in staff's knowledge of the MCA.

People had sufficient to eat and drink.

People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. Staff received regular supervision.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

People, their relatives and health and social care professionals were involved in planning people's care.

People's choices and views were respected by staff. Staff and the registered manager knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in their care plans. Care plans contained information for staff to support people effectively.

There were activities in place which people enjoyed.

The home listened to staff, people's views. There was a complaints procedure in place. Complaints had been responded to in line with the home's policy.

The management promoted an open and person centred culture. Staff and people told us they felt supported by the registered manager.

There were procedures in place to monitor and improve the quality of care provided. The management understood the requirements of CQC and sent in appropriate notifications.

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.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood how to report safe guarding concerns, but some improvements were needed to recognise types of abuse.

There were enough staff to meet the needs of people. All staff underwent recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good ●

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful, kind and caring way.

People were involved in daily decisions about their care. Relatives and appropriate health and social professionals were involved in people's plans of care.

Is the service responsive?

Good ●

The service was responsive.

Care provided was person centred as were the care plans. Care needs and plans were assessed and reviewed regularly.

There were activities on offer for people which people said they enjoyed.

People and staff felt listened to. There was a complaints procedure in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

There was an open and positive culture in the home.

There were procedures in place to monitor the quality of the service. Where there had been areas for improvement, actions had been taken to rectify them.

Staff and people said that they felt supported and that the management was approachable.

Albert Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 23 May 2017 and was announced. We announced the inspection one day before to ensure that the registered manager was available and people would be in. It was conducted by one inspector.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We spoke to the local safe guarding team prior to the inspection.

We requested that a Provider Information Return (PIR) was completed prior to this inspection. 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 spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We spoke with two people, one staff member and the registered manager. We spoke to three social care professionals and one relative before the inspection.

We reviewed a variety of documents which included two people's support plans, risk assessments, care records and peoples medicine administration records (MAR). We also reviewed some health and safety records and quality assurance and management records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

Is the service safe?

Our findings

At our previous inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the premises and equipment not being clean and well maintained. The registered manager submitted an action plan to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

People told us that they felt safe. A person said "Yes I am safe." A social care professional said "Everyone is careful and watches them when they help stand the person up."

There were enough staff to meet people's needs. People and staff confirmed this. The registered manager told us that there were two care staff in the morning and two in the afternoon and evenings. With a sleep in staff member. The registered manager worked most days to support people. The rotas and our observations on the day confirmed that these staffing levels were consistently maintained. We saw that care or support was provided when it was required and staff were always available.

The registered manager had ensured that staff were recruited safely. Appropriate checks had been carried out to help ensure only suitable staff were employed to work at the home. Before staff could support people, a disclosure and Barring Service (DBS) check was completed on staff. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Staff told us that they had training in safeguarding and this was confirmed by the training records we saw. Despite this, improvements could be made with some staff's knowledge and understanding of types of abuse and how to identify it. Staff knew who to report concerns to. There was minimal impact to people's safety as the registered manager was in the home for a large part of the week and his knowledge meant that he would be able to respond if there were any safe guarding concerns.

We recommend that the registered manager reviews the staffs knowledge and understanding of safe guarding in line with current guidance.

There was guidance and information provided to staff, relatives and people about how to report concerns to outside agencies. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information was displayed in the staff office. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Risks to people were managed to ensure that people were safe. Individual guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves. Staff were able to describe individual risks to people and how to address these to keep people safe. Where people needed support to move or need equipment there where moving and handling risk assessments in place. Risk assessments were in place when needed to manage people's skin integrity, falls and to reduce the risks of malnutrition. Risk assessments were reviewed and amended regularly and when necessary.

The registered manager had oversight of accidents and incidents which were analysed to monitor trends and contributing factors. Actions had been taken to minimise incidents from occurring again, such as reviewing risk assessments. Where equipment was used to provide support to people's care, it was maintained and in good working order.

Staff knew what to do if someone had an accident, for example if a person had a fall. A staff member told us they would check the person for injuries, treat them if they were minor, or request medical assistance if more severe. Staff and training records confirmed that they had received first training.

People would be kept safe in the event of an emergency and their care needs would be met. The service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred.

People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

Medicines were stored, administered and disposed of safely. The registered manager was responsible for ordering, administration and disposing of the medicines, this was to minimise the risk of mistakes being made. People required staff support to enable them to take their medicines. Staff had checked that people had taken their medicines before signing the medicines administration records (MAR). The records were signed by staff and without gaps, indicating that people received their medicines. The administration and storage of medicines followed guidance from the Royal Pharmaceutical Society. Medicines were stored in people's rooms to provide an individual service.

For people who needed medicines that are 'as required' (PRN), there were guidelines in place to tell staff how and when a person should receive it. Staff were knowledgeable about the medicines they were giving. People received medicines when they needed them. A person told us "Yeah, I get my medicines when I need them." One social care professional said "If x is in pain, x gets their medication."

Is the service effective?

Our findings

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 rights were protected because the registered manager acted in accordance with the Mental Capacity Act 2005 (MCA). Where people lacked capacity to make decisions about their care, mental capacity assessments had been completed. Best interested decisions recorded for people who lacked capacity to make decisions related to their care. Staff were seen throughout the day to ask for people's consent before providing care. Staffs knowledge and understanding of MCA could be improved as there was some confusion as to what it meant. However there was little impact on people.

We recommend that the registered manager ensures that all staff have a sound knowledge of MCA.

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. For example, some people were unable to consent to their care and required staff support and supervision in the home and outside of the home. Where people lacked capacity to understand why they needed to be kept safe the provider had not submitted some DoLS applications to the relevant authorities.

People and staff told us that they felt that staff have the right training and skills to care for people effectively. One person said that they thought staff's knowledge was "Pretty good." Training for staff also consisted of safeguarding people, dementia awareness, food hygiene and infection control. Staff and records confirmed this. We saw staff provide care safely, for example, staff knew how to move people in safely by using equipment in the correct way.

People benefitted from staff being supported and supervised regularly by the registered manager. A staff member told us "We have supervision regularly. The manager checks how I am coping, any problems, how I see the residents and he teaches me how to care for them better." Supervision is a tool to review staffs development and check their skills and competencies. This was confirmed by records and by what staff told us.

The registered manager told us that for new care staff coming into the home there was an induction, which included the Care Certificate. This is an induction programme that sets out standards for all health and social care workers. The home had not recruited any new care workers since the last inspection.

People were supported to eat and drink; there was a good choice of food for a healthy, balanced diet.

People told us that the food was nice. A person told us that the food was "Pretty good." Another person told us that they had a "Good lunch, I ate everything." A person told us that they had a choice of two to three meals and that they choose the day before.

We observed a meal time. People choose where they wanted to eat their lunch, one person sat in the lounge, whilst the other person ate in their room. The staff prepared different meals for people to reflect their choice. Staff asked people at what time they wanted their meal and this was respected. The meal time was calm and relaxed. Staff provided support to people when they needed it and this was done discreetly. The staff had a good understanding of the dietary requirements for health conditions, likes and dislikes and culturally appropriate food. People had a choice of hot and cold drinks offered to them throughout the day.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People's weights were monitored regularly and weight for people remained stable.

People were supported to maintain their health and wellbeing. People had social care professionals who regularly reviewed their care. A person told us "A doctor has been in to see me." When there was an identified need, people had access to a range of health professionals such a GP, specialist nurses, audiologist and chiropody. A health professional commented in the home's compliments that the staff promoted self-help and didn't call for medical help needlessly.

Is the service caring?

Our findings

One person said "They are brilliant. The staff are a good thing." When we asked another person about of the staff were good, they replied "Yes."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. We saw staff using humour and touch when engaging with people. Staff got down to people's level when talking to them if they were sat down. There was a sociable atmosphere, with staff chatting and interacting with people. Staff complimented people on their moves whilst playing a game of dominos. A staff member said to a person "You are laughing because you are winning."

A relative told us they were concerned that there loved one's communication needs were not met. The registered manager showed us various communication tools used to support the person to communicate their needs and we saw them being used effectively on the day. A social care professional told us "Their [the staff's] understanding of the person is good."

People appeared relaxed and content. The overall atmosphere was relaxed and calm in the home. Staff popped into people's rooms to ensure they had everything they needed and chatted to people who sat in communal areas and when they passed people in the corridors. People told us that they did not feel rushed with their care. People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and their hair was nicely combed and styled.

Staff and the registered manager knew people well and their likes and dislikes. A person said "Yeah, staff know me well." People told us that they were offered choices of what clothes they wish to wear, what they would like to do with their day and where they would like to be. People were free to move around the home and garden if they wished. We saw this happen on the day. Staff told us how they supported a person when they became distressed; this information was reflected in their care plan.

People were well cared for. The home had received a compliment from a health care professional how said, 'They are well cared for. The registered manager knows them well and is caring and supportive of them.' A person told us "I am well cared for." Another compliment received from a social care professional stated, 'There is a personal level of support to residents who benefit immensely from this.'

Staff supported people's dignity and respect. Staff discreetly prompted and supported people with going to the toilet. Staff told us that they close doors and curtains when they supported someone's dignity whilst providing personal care. We saw this on the day. We observed staff knocking on people's bedroom doors before entering.

People's bedrooms contained their own pictures and photographs of things that people were interested in and had chosen themselves. People told us their bedrooms were clean, tidy and they could display their personal items. A social care professional said "It's like home, it's very clean."

Relatives and friends were welcomed into the home and there were no restrictions on times. A friend popped into the home whilst we were there to see a person for a chat and a coffee.

Is the service responsive?

Our findings

People received a personalised. Care plans provided staff with information about people's communication, personal care, nutrition, activities and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. An area for improvement could be to ensure that the registered manager record people's personal histories. Despite this, staff knew the individual needs and preferences of people. They were able to describe these without the need to refer to records.

People's care needs were reviewed on a regular basis. The registered manager was responsible for completing reviews of people's care plans monthly and as required, so they reflected the person's current support needs. We saw reviews of people's care had been recorded regularly.

People, their relatives and appropriate health and social care professionals were involved in their care and support planning. People's needs had been assessed before they moved into the service to ensure that their needs could be met. Assessments contained detailed information about people's care and support needs. Areas covered included eating and drinking, sight, hearing, speech, cognition, communication, and their mobility.

The home is responsive to people's needs. One person told us that when they had moved into the home, they were very unwell. The home had worked closely with the health professionals and the person's health had improved significantly. This meant that the person was now thinking about new goals that they would like to achieve.

People had activities to be involved with. People told us that they choose not to go out much due to their health conditions. A person told us "I play dominos, scrabble. I go out shopping." Another person said "I like the exercises. I do them when I feel well." The registered manager told us he was working closely with health professionals to encourage more outdoor outings.

There was a weekly activity timetable in place. Activities such as exercise with music, hair dressing, flower arranging and quizzes. A staff member told us that they though people had enough to do in the home. They said "We take people for walks. They are always doing something, music, dancing or games." On the day of the inspection, one person was playing dominos and another person was doing their exercises. In the afternoon, people choose to spend time in their rooms listening to the radio or had visitors. A priest visited one person monthly.

People told us that they felt listened to. A person told us that they felt able to talk to the registered manager if they had any problems or concerns, but they had not needed to. The home had a complaints policy in place which detailed how a complaint should be responded too. The home had received complaints and they were responded to in line with the home's policy.

Staff had an understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right.

Is the service well-led?

Our findings

One person told us that they thought the home was well run and "No improvements needed to be made."

The registered manager had ensured that improvements occurred in the home. From the previous inspection, it was identified that some policies and procedures needed updating and reviewing. Improvements had been made in this area. The registered manager confirmed that policies and procedures had been updated in line with current law and guidance. We saw copies of these that confirmed this. The home had recently been re-decorated and there was a process in place to continually improving the home environment.

The registered manager had ensured that there were systems in place to monitor, review and improve the quality of care provided. There were audits and checks in place to identify areas of improvement, including health and safety and medicine management. The registered manager was in the home five to six days a week and worked closely with the staff to monitor and identify areas of improvement. There were quality audits in place to review people's care plans, health and safety and the home's environment.

People, their relatives and staff were involved in the running of the home. Regular feedback was sought from people, relatives, staff and other stakeholders. One person said on a feedback form "I appreciate everything in the home." A relative feedback that the home was warm, homely and inviting. The registered manager held regular joint people and staff meetings. Items on the agenda were the menu, food and activities. We saw minutes of these meetings which confirmed that they happened.

Staff, people and social care professionals told us that the registered manager was approachable and supportive. A staff member said "You can always talk to him. He will help. He does everything for the residents. The care he gives, he is very caring. If anything happens, he takes action quickly."

The registered manager interacted with people and staff with kindness and care. The registered manager had an open door policy; we saw staff regularly approach him for a chat or advice throughout the day. On the day, the registered manager was providing care and support to people.

There was a positive, open and person centred culture within the home between the people that lived here, the staff and the registered manager. A social care professional told us that they found the registered manager to be transparent and did his best to ensure people's needs were met.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. The information that the registered manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection. For example, the use of regular health and safety checks which they have implemented since the last inspection.