

Almond Villas Limited

Almond Villas

Inspection report

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20 February 2019

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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

About the service:

Almond Villas is a 'care home' which is registered to provide residential rehabilitation for up to 14 adults with complex mental health needs. At the time of our inspection there were eight people using the service.

People's experience of using this service:

The registered manager had made improvements since our last inspection of 19 March 2018.

People using the service told us they felt safe. Staff had received training in safeguarding and knew their responsibilities to report any concerns. Relevant safeguarding and whistleblowing policies and procedures were in place to guide staff. Risks to people's health and wellbeing had been assessed and were reviewed on a regular basis to keep people safe. Good infection control practices were observed throughout our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. All the people using the service had capacity and were not being unlawfully restricted. People had given consent to their care and treatment.

People who used the service felt staff knew them well. We saw staff had access to numerous mandatory training courses. The registered manager confirmed other training courses could be accessed as required, to meet the needs of people using the service.

We received positive comments from people about staff. We observed interactions that were caring, kind and sensitive. Staff spoke about people in a compassionate manner. People were supported to purchase food and cook meals, if this was necessary. Staff advised people in relation to healthy eating.

Detailed, person centred care plans were in place. People confirmed they had been involved in the development of these and had signed to consent. We saw regular reviews of care plans and goals were undertaken.

We received positive feedback about the registered manager and the operation and oversight of the service. Audits and monitoring had improved. Team meetings were taking place that provided staff with updates about the home and its operation.

Rating at last inspection:

At the last inspection this service was rated requires improvement [published 3 May 2018].

Why we inspected:

We undertook this inspection based on the previous ratings of the service.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

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

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Almond Villas

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Almond Villas is a 'care home' which is registered to provide residential rehabilitation for up to 14 adults with complex mental health needs. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

Inspection site visit activity started on 19 February 2019 and ended on 20 February 2019. This inspection was unannounced.

What we did:

Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities, Healthwatch, safeguarding and clinical commissioning groups (CCGs). We also checked records held by Companies House.

We had not asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During inspection we spoke with three people who used the service to ask about their experience of the care provided. We also spoke with the registered manager, operations manager and one care staff.

We reviewed a range of records. This included, three people's care records and three staff files around recruitment. We also looked at various records in relation to medication, training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At our last inspection on 19 March 2018 and 20 March 2018, this key question was rated requires improvement. We found concerns in relation to infection control and the review of safety assessments. At this inspection, we found the required improvements had been made. The rating for this key question had improved.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People who used the service told us they felt safe. Comments we received included, "I do [feel safe], no problem at all" and "Yes I do [feel safe], with all of the staff."
- Staff told us they had received training in safeguarding and knew their responsibilities. Training records confirmed what staff had told us.
- Safeguarding policies and procedures were in place and accessible for staff to guide them in their roles.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- Risks to people's health and well-being had been identified, and were managed safely. Regular reviews of risk assessments were undertaken.
- A variety of environmental risk assessments, environmental checks and servicing had been completed. However, some environmental risk assessments needed to be more specific to areas within the service. The registered manager assured us this would be addressed.
- We looked at fire safety. We found regular checks were undertaken to ensure equipment, including alarms, was safe. There was a fire risk assessment in place. Regular fire drills were also undertaken to ensure people knew how to safely evacuate the building.
- We found personal emergency evacuation plans [PEEPs] were in place for all people who used the service and had been updated when a people's needs had changed.

Staffing and recruitment

- The service had robust recruitment systems and processes in place.
- Recruitment checks included asking for a full employment history, checking the reasons why staff had left their previous roles, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references from prior employers.
- Interviews of staff were robust. Questions relevant to the role were asked of all interviewee's. The information required by the relevant regulation and schedule was stored in staff personnel files.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

- People who used the service felt there were enough staff on duty to meet their needs. They told us, "Oh yeah. There is always someone there to support me" and "Mostly. Sometimes there is not a lot on but generally there is."
- The registered manager informed us they had recently had staff leave the service and staff go on maternity leave. The registered manager was recruiting into vacant positions and in the interim agency staff were being used to ensure adequate staff were on duty.

Using medicines safely

- Medicines were managed safely within the service.
- People who used the service told us, "I know what medication I am on. I get a month's supply and get spot checked once per week" and "I know what medication I am on and I know what they are all for."
- Apart from two people, all the people using the service were self-medicating and responsible for their own medicines. People were supported as necessary.
- Regular spot checks were undertaken to ensure medicines were being managed by the person safely.
- Medicines were stored safely throughout the service, including when people were self-medicating and had them in their own rooms, and were disposed of in line with appropriate guidance. Only people with appropriate authorisation had access to medicines.
- All staff had received training in medicines administration and their competencies were checked on a regular basis. Medication policies and procedures were also in place to guide staff.
- We saw any medication errors or near misses were recorded and reported as necessary. We saw staff meeting records demonstrated discussions around lessons learned when errors had occurred.

Preventing and controlling infection

- We found improvements had been made in relation to infection control since our last inspection.
- People who used the service told us the service was clean. We observed the service to be clean and tidy during our inspection.
- Mops were suitably stored and cleaned in line with advice from the Infection Prevention and Control Lead advice. Bins in bathrooms were foot operated to prevent the spread of infection. Fridge temperatures were being recorded to ensure all foods were being stored safely.
- Staff were aware of their responsibilities in relation to infection control and had undergone training in this subject.

Learning lessons when things go wrong

- There was very good evidence to show the service discussed and shared lessons learned.
- Accidents, incidents and near misses were recorded. These were reviewed by the registered manager to ensure any themes and trends were spotted.
- Staff understood their responsibility to record accidents and incidents.
- Records we looked at showed lessons learned were discussed in staff meetings and management meetings. We saw action had been taken as a result of any lessons learned, for example, the need to improve the recording of incidents and any further training needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People who used the service told us, "I don't have to do anything I don't want to do" and "Staff ask for my consent before they do anything." All the people using the service had capacity to make their own decisions. No-one in the service was being unlawfully restricted.
- Some people were required to reside at the service as part of conditions or restrictions placed on them. In those circumstances the necessary paperwork was in place.
- The registered manager and staff had a good understanding of the principles of the MCA.
- We saw people had signed consent forms in relation to care and treatment, photographs, support with medication and, in some cases, random drug screening.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs we saw were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- Care records we looked at showed regular reviews had been undertaken to ensure people had appropriate and achievable goals set.
- Changes to people's needs and required level of support was documented within care records.

Staff support: induction, training, skills and experience

- People who used the service told us staff had appropriate skills and knowledge. Comments we received included, "Yes they know what they are doing" and "Yeah they do know what to do."
- Staff we spoke with were competent, knowledgeable, and skilled and felt supported by managers to develop.
- Staff confirmed they had received an induction when commencing employment. They also told us, "I was originally shadowed by key workers and support workers. I felt confident enough to work unsupervised."
- There was a clear process of mandatory and optional courses for staff.

- The training matrix we looked at showed staff had undertaken numerous courses since our last inspection. These courses were relevant to the needs of people using the service.
- Staff told us and records confirmed they had received support through supervision and appraisals. One staff commented, "We can discuss anything in our supervision, including career progression."

Supporting people to eat and drink enough to maintain a balanced diet

- All people using the service purchased their own food and drink. Depending on each person's ability, staff supported them as required.
- There were cooking groups that people could join in with to improve their cooking skills, in preparation for independent living.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Staff promoted healthy and varied diets.

Staff working with other agencies to provide consistent, effective, timely care

- We saw timely action had been taken when people required the use of different services. For example, we saw social workers and mental health teams had been contacted promptly when concerns were highlighted.
- We saw regular multi-disciplinary team meetings were held to support people in their rehabilitation.

Supporting people to live healthier lives, access healthcare services and support

- People had access to opticians, dentists, podiatrists and any other health care professional required to meet their health needs.
- Staff supported some people to access the gym, if this was their interest.

Adapting service, design, decoration to meet people's needs

- The service was split into four, three bedroomed flats and two single bedroomed flats.
- All the people we spoke with liked their bedrooms and the flats they lived in.
- Where possible, people could choose which flat they lived in, although the single bedded flats were for people who were preparing to move into independent living.
- We saw people had personalised their bedrooms and communal areas were homely.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with were complimentary about the staff and registered manager. Comments we received included, "I think staff are lovely. There is some nice people and they are kind" and "Staff are really nice, I get on with them. My keyworker looks after me."
- Staff spoke about people in a compassionate and caring manner.
- We observed interactions from staff that were kind, caring, sensitive and positive. People were treated with respect and without discrimination.
- All the people we spoke with felt that staff knew them well.
- Care records we looked at contained an 'All about me' information sheet. This provided staff with information relating to the person such as, what was important to the person, what they had achieved and what they wanted to achieve. This information assisted staff to support people to plan and achieve their goals.
- Staff had access to equality and diversity policies and procedures and had received training in this area.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about the care and support they received. Comments we received included, "Yeah we have a discussion about my support. It works both ways" and "I have meetings and they always involved me and ask my permission." People also told us they felt staff listened to them and would act on things.
- The level of information we found in care records showed people were consulted with.
- Throughout the inspection we observed people being given choices about what they wanted to do for the day or any support available.
- The service had access to an advocacy service to support people who used the service. Advocacy seeks to ensure that people are able to have their voice heard on issues that were important to them. People told us, "Yes I have heard of advocacy, they are there to support you if you need them" and "I had an advocate ages ago, so I know who they are and what they do."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected within the service.
- People told us, "Staff knock on my door. They ask if they can come up for a brew" and "My keyworker would knock on the door before she came in."
- Throughout our inspection we observed staff either knocking on people's doors before entering a flat or ringing through to individual flats to ask if they could go and see them.
- There was a strong emphasis on independence within the service, as the aim was for people to move on to

more independent living.

- People told us, "I am very independent" and "They support me to be as independent as possible. They encourage me to do things for myself."
- Some people in the service had been supported to apply to undertake their driving lessons. One person in the service had passed their driving test and had a car. This supported their independence.
- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they were involved in the development and review of their care plans. They told us, "My keyworker goes through them [care plans] with me" and "Yeah I have seen my care plan and I agree with it."
- The service used a recovery model to develop and deliver person centred care.
- People's care plans reflected their preferences, goals and choices and identified the level of support people required.
- Care plans also detailed information on supporting the person to stay well, including early warning signs and triggers that may affect a person's well-being.
- The registered manager had received an email from an external professional who commented, "Staff have shown commitment in enriching the lives of their service users, always thinking of new ways and activities which will help them. I have noticed that they support each individual to achieve their own individual objectives. When service users voice their wishes, staff work with them to get a plan in place to develop their skills. I have then seen these plans being put into practice."
- People were supported to undertake a varied range of activities.
- People told us, "I do walking every day, volunteering, shopping, one to ones, meditation and lots of other things" and "I can't do much at the minute but I am happy how things are. They do day trips and all sorts." Another person told us they went fishing when the weather was good.
- During our inspection people were very busy. We saw one person going out shopping, other people were attending a group, and other people were doing their own thing.
- Technology was used to support people to receive care and support. The service supported people to learn basic IT skills so when they were living independently they could access things such as online banking, finding jobs online and online forms for universal credits.
- Other technology available included, Wi-Fi, telephone systems and a range of computers.
- Staff understood how best to communicate with people. The registered manager was aware of the Accessible Information Standard and how to provide information to people in alternative formats.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place within the service.
- None of the people we spoke with had needed to make a complaint, although all stated they would speak to their key worker or the registered manager.
- Records we looked at showed that one person using the service had made a complaint. We saw this had been handled in line with the complaints policy and procedure. There was a documented satisfactory outcome.

End of life care and support

- All care records we looked at showed that consideration had been made to people's wishes and requirements at the end of their life.
- Due to the age range of people using the service, end of life training was not provided for staff. However, the registered manager informed us that when people's needs changed, if necessary, training was sourced for staff to be able to meet those needs.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service had a registered manager in place. 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 our last inspection on 19 March 2018 and 20 March 2018, this key question was rated requires improvement. We found concerns in relation to a lack of quality assurance processes. During this inspection we found improvements had been made. The rating for this key question had improved.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People who used the service told us, "The registered manager does a good job. I am really happy. Its peaceful, chilled out, nice, stable and everyone is relaxed" and "The registered manager is very caring, she is nice. I think it is brilliant here, I really do."
- Since our last inspection, the registered manager had improved the quality assurance systems in place.
- There was a range of audits being completed within the service. These included audits of health and safety, care plans, staff personnel files and medication.
- The operations manager undertook a monthly review. The review consisted of looking at the environment, speaking to people and staff and reviewing a range of documents such as care plans. More in-depth audits were to be completed on a quarterly basis, which would be similar to what is looked at during a CQC inspection.
- A detailed handover was completed on a daily basis. We looked at a number of these during our inspection and found these were informative for staff.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us the registered manager was approachable and they felt able to raise any concerns with them. One staff member stated, "The registered manager is approachable and has an open door policy. She is really good. The company have been really good. I don't think there is anything I don't enjoy. They have supported me and put so much in place for me it has been brilliant."
- The registered manager knew people well and was visible within the service.
- During our inspection the registered manager was approachable and transparent.
- The registered manager was also supported by an operations manager, who visited the service on a regular basis.

- The last rating was displayed in the office and on the company website as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident meetings had stopped due to all people using the service voting in favour of not having them. However, the registered manager had reviewed this and these meetings were to recommence.
- Residents forum meetings were held on a regular basis, when a representative from the service attended. Minutes of these meetings were available to all people using the service.
- Records we looked at showed staff meetings were held on a regular basis.
- We saw surveys had been sent out to people who used the service, to gain their feedback. Results of these had not been analysed as they were still awaiting some being returned.
- The service promoted equality and inclusion within its workforce.

Continuous learning and improving care

- Following our last inspection the registered manager had taken steps to address concerns we had highlighted.
- New audits in place provided the opportunity to identify areas for improvement.
- Provider led audits that had recently commenced, provided further opportunities for improvement of the service.
- Technology was used to improve the quality of care. For example, online training for staff members.

Working in partnership with others

- The service worked in partnership with other organisations, such as the local authority, safeguarding teams, and multi-disciplinary teams.