Care Quality Commission

Zion Care (St Albans) Limited

St Albans Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection visit took place on 23 and 24 September 2015 and was unannounced.

At the last inspection on 23 July 2014 the service was meeting the requirements of the regulations that were inspected at that time.

St Albans Nursing Home is situated in Knott End on Sea close to a regular bus route, shops and facilities and can accommodate 33 people. Accommodation is over two floors, with bedrooms, lounge and dining areas on both floors. Some of the rooms have extensive coastal views.

There was 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.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received

Summary of findings

safeguarding training and showed us they understood their responsibilities to report any unsafe care or abusive practices. People who lived at the home told us they felt safe and their rights and dignity were respected.

The environment was well maintained, clean and hygienic when we visited. No offensive odours were noted on the day of the inspection.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place. This included new staff having a mentor and being shadowed on their first shifts.

We found medication procedures in place were safe. Staff responsible for the administration of medicines had received regular training to ensure they maintained the competency and skills required. Medicines were safely kept and appropriate arrangements for storing were in place. People told us they received their medicines at the times they needed them.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. We found staffing levels were sufficient with an appropriate skill mix to meet the needs of people. The deployment of staff was well managed and provided people with support to meet their needs.

People were happy with the variety and choice of meals available to them. Regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. The cook had information about people's dietary needs and these were being met.

We found people who lived at the home and were living with dementia were supported to be as independent as possible. At lunch time we observed staff encouraging people to eat their meal independently. Mealtimes were relaxed, unhurried and sociable with varied conversation and the occasional song.

The service had policies and procedures in relation to the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS]. Discussion with the registered manager confirmed she understood when an application should be made and in how to submit one. This meant that procedures were in place so people would be safeguarded as required.

Care plans we looked at confirmed the registered manager had completed an assessment of people's support needs before they moved into the home. We saw people or a family member had been involved in the assessment and had consented to the support being provided. People we spoke with said they were happy with their care and they liked living at the home.

People's health needs were being met and any changes in health managed well. The people we spoke with said they had access to healthcare professionals when they needed them. This was observed on the day of inspection.

People told us they were happy with the activities arranged to keep them entertained. One person said, "Two girls in last week absolutely excellent, sing, dance, do anything." A visiting relative said, "They have people coming in singing. They like that, they all join in."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included questionaires which were issued to people to encourage feedback about the service they had received. The people we spoke with during our inspection visit told us they were satisfied with the service they were received.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Good

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of the assessments in place to reduce potential harm to people who lived at the home.

There were enough staff available to safely meet people's needs, wants and wishes. Recruitment procedures the service had in place were safe.

Medicine protocols were safe and people received their medicines correctly according to their care plan.

Is the service effective?

The service was effective.

Good

The registered manager was aware of the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguard [DoLS] and had knowledge of the process to follow.

Staff had the appropriate training and supervision to meet people's needs.

People were protected against the risks of malnutrition.

Is the service caring?

The service was caring.

Good

People were treated with dignity and respect and were responded to promptly when they required support.

We observed people's privacy and dignity were maintained.

Staff spoke with people with appropriate familiarity in a warm, genuine way. People were looked after by a staff team who were person-centred in their approach and kind.

Is the service responsive?

The service was responsive.

Good

People received personalised care that was responsive to their needs, likes and dislikes.

People were encouraged to participate in a variety of activities that were available daily.

People's concerns and complaints were listened to and responded to accordingly.

Is the service well-led?

The service was well led.

Good

The management team had developed aims and objectives to meet the needs of people who lived at the home. The registered manager had in place clear lines of responsibility and accountability.

Summary of findings

The registered manager had a visible presence within the service. People and staff felt the management team were supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There were a range of quality audits, policies and procedures in place.

People had the opportunity to give feedback on the care and support delivered.

St Albans Nursing 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 checked 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 and 24 September 2015 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications were submitted to the Care Quality Commission [CQC] and tell us about important events which the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority in relation to people's safety at St Albans Nursing Home.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their living with dementia. We therefore used the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities.

We spoke with six people who lived at the home and four relatives. During our visit we spoke with the registered manager, deputy manager and five staff members. Also we spoke with a volunteer and one visiting health professional on the day of the inspection.

We looked at three people's care records to ensure they reflected their needs and were up-to-date. We also reviewed three staff files including recruitment, supervision and training records. In addition to this we looked at records for the maintenance of facilities and equipment that people used. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who lived in the home told us, "I'm ok, no problems, I feel safe here." People visiting the service told us they had no concerns about their relatives safety. We were told, "my relative is safe I have no concerns."

During the inspection, we undertook a tour of the home including bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the premises. We found these areas were clean, tidy and well-maintained. We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. No offensive odours were observed by the inspection team. We observed staff making appropriate use of personal protective equipment, for example, wearing gloves when necessary.

The water temperature was checked from taps in eight bedrooms, one bathroom and two toilets, all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding.

Window restrictors were present and operational in the eight bedrooms, one bathroom and two toilets checked. Window restrictors are fitted to limit window openings in order to protect vulnerable people from falling.

There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire. We observed the plan being updated on the day of the inspection.

Moving and handling equipment including hoists and wheelchairs had been serviced to ensure people could be supported safely. However on two separate occasions we observed people in wheelchairs being pushed by carers not having foot plates in place. Lack of proper foot support may increase pressure behind the knees. Feet are also at risk of incurring a fracture against furniture and doorways. Both incidences were reported to the registered manager on the day of the inspection. There was an openness and transparent culture observed throughout the inspection. The registered manager spoke with the staff involved and said that they would carry out additional observations to ensure people were transferred safely.

We found call bells were positioned in bedrooms close to hand so people who lived at the home were able to summon help when they needed to. Throughout our inspection we observed the system and found staff responded to the call bells in a timely manner. One visitor who was happy with staffing levels and response times, told us about their relative, "she has a bell and she rings it a lot."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding of vulnerable adults training. There were procedures in place to enable staff to raise an alert. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they wouldn't hesitate to use this if they had any issues or concerns about the management team or colleagues' care practice or conduct. Training records we reviewed showed staff had received related information to underpin their knowledge and understanding.

We were told the management team ask staff questions about abuse outside of training to assess their retention of knowledge. This showed the management team had enabled staff to develop and retain their skills in protecting people against abuse. One staff member told us, "Everything is a lot safer now." We were also told, "There is always a nurse on the floor." Where a safeguarding concern had been raised, we saw that the management team had taken the appropriate action and liaised with the local authority.

A recruitment and induction process was in place that ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at three staff files and noted they contained relevant information. This included a Disclosure and Barring Service [DBS] check and appropriate references to minimise the risks to people of the unsafe recruitment of potential employees. The DBS check helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Good

Is the service safe?

We looked at staffing levels, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. For example, the registered manager told us rotas are written ensuring there is a mix of experienced and new staff. We saw the deployment of staff throughout the day was organised. Another example being the registered manager had introduced work boards for staff. This delivered a co-ordinated approach to care and support delivered throughout the home. Details on the work board showed staff where to be within the home and what was expected from them.

We saw people requesting help were responded to in a timely manner. For example, we saw one person who required help with their mobility and was seeking to stand and walk independently. They repeatedly requested loudly to go to the toilet throughout the day. All requests for assistance we observed were provided promptly using a safe and patient approach.

There was a clear audit trail of medicines received and administered. Related medicine documents were clear, comprehensive with photographs of tablets on the recording sheets. We checked seven medication administration recording forms and one handover sheet. They were fully completed following national guidance on record keeping. We noted a list of staff specimen signatures and observed controlled drugs were stored and recorded correctly. This showed the medicines were managed safely. On the day of inspection we observed a medicines audit taking place by the area manager. The registered manager had an up-to-date policy, which reflected national guidance and regulation.

Good

Is the service effective?

Our findings

To ensure that they delivered effective care the service assessed each person's needs before they

came to live at St Albans Nursing Home. This ensured the placement would meet their needs and keep them safe. People received effective care because they were supported by trained staff who had a good understanding of their needs.

Documentation showed involvement from several outside agencies to manage health and behavioural needs in an effective and timely manner. For example one person who lived at the home told us, "Staff know what they are doing." A second person stated, "No problems with the staff, I'm well looked after. I'm happy in here." About the home a visitor said, "It's good, it's always been good." A visiting health professional told us the care was decent and they do a good job. A relative told us about a family member who lived at the home, " [relative] looks better, they are eating better. They are well looked after, well fed."

Management ensured there was a mix of staff skills and experience on each shift. The service supported staff on induction. New staff had a mentor and a period of shadowing more experienced staff until they were competent in their role. One newly inducted care staff member told us, "I feel comfortable here, staff are really nice and the service users run the show." Another staff member told us "I was shadowed by a mentor. I got to know people's needs and routines, everyone's different." A more experienced staff member told us, "I assist people, I don't do if they can do it themselves. We talk through what needs to happen." They also commented, "The focus is on the residents."

We spoke with staff members, looked at individual training records and the service's training matrix. The staff we spoke to told us the training they received was provided at a good level. One staff member said, "A lot of care staff are taking up the option of additional training of National Vocational Qualifications [NVQ] to level 3.

Staff we spoke to told us they had regular supervision meetings and regular monthly staff meetings. Supervision was a one-to-one support meeting between individual staff and a senior staff member to review their training needs role and responsibilities. Staff meetings looked at changing working practices within the home.

On the day of inspection we met a volunteer at the home who had a learning disability. The volunteer had a family member who lived at the home who they visited twice a week. They volunteered at the home one afternoon a week. The volunteer was friendly with good interpersonal skills. We observed them work alongside staff and provided refreshments for people who lived at the home. This showed us staff at St Albans Nursing Home had a non judgemental attitude and effective links with their local community.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA .

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. The manager was aware of the changes in DoLS practices and had policies and procedures regarding the MCA 2005 and DoLS. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. Discussion with the registered manager confirmed she understood when and how to submit a DoLS application. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

On the day of inspection we observed lunchtime. People had the choice of moving to one of the dining rooms or remaining where they sat to eat lunch. A choice of foods was offered. The food looked appetising and plentiful and staff explained to each person what was on their plate. Lots of diverse conversations took place over the meal table between people who lived at the home and staff. It was a relaxed social experience. We observed staff enquiring if people had enjoyed their meal.

Good

Is the service effective?

We discussed the quality and quantity of meals with relatives and people who lived at the home. One relative told us, “the food here is good, it’s very good.” Another relative stated, “Foods very good, I have stayed for a meal when the weather is bad.” A person who lived at the home told us, “The foods alright, I stick to the same foods but I could ask for anything.” We saw evidence surveys had taken place regarding the food being cooked at the home. the surveys we saw were all positive.

Drinks were offered throughout the day, teas, coffees and juice drinks were available with meals and in between times. We observed staff encouraging people to drink fluids during the day. One relative told us, “If you come in the afternoon you always get a cup of tea and a slice of cake.” A second relative stated, “In the afternoon they bring coffee and beautiful cake around.” We found the kitchen clean and hygienic. Cleaning schedules were in place that ensured people were protected against the risks of poor food safety. The chef had knowledge of special diets who required fortified drinks and preferences of people who lived at the home.

People’s healthcare needs were carefully monitored and discussed with the person as part of the care planning process. We noted signatures from family within care plans. We were told by the registered manager families were invited to care plan reviews. Care records seen confirmed visits to and from general practitioners and other healthcare professionals had been recorded. A podiatrist and a hairdresser made weekly visits to the home.

The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs. For example, on the day of inspection a general practitioner (GP) visited . This was asked for by one of the people who lived at the home who had requested the consultation. This showed people were listened to and appointments made quickly when health needs change.

Good

Is the service caring?

Our findings

As part of our observation process [SOFI], we witnessed good interactions and communication between staff and people who lived at the home. Relationships between people and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. One relative told us, "He's well looked after, they are kind to my husband." Another stated, "It's very homely, its relaxed."

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

Whilst walking around the home we observed staff members undertaking their duties. We noted they knocked on people's doors and waited for a response before entering. We spoke with people who were in their rooms and asked if staff respected their privacy. People we spoke with felt staff were very good at knocking on doors and waiting to enter. For example one person who lived at the home said, "They even knock when they are checking we are alright or if we need anything."

There appeared to be a fondness shown from staff for people they cared for. There was a rapport which people appeared to enjoy and showed familiarity. People and staff were relaxed in each other's company. If the registered manager or deputy manager were in the office the door was open. We observed people who lived in the home sought the management team in the office for a chat. This showed positive relationships in place and allowed people to express their views informally or to converse throughout the day.

We noted when in conversation with people who lived at the home staff listened and responded appropriately. This showed us they were engaged by the person and it was not an automatic response. For example we observed staff instigate social conversations sharing mutual knowledge of people who lived in the local area.

One person who lived at the home chose for the most part to remain separate from other people. Their care plan identified their personal preferences, lifestyle and care choices. For example we observed the registered manager ask then respect the person's right not to engage in communication, they discreetly withdrew. We were told staff were working with this person to expand their social environment and they had recently shopped within the local village. This demonstrated staff were kind, caring and compassionate. This meant staff are not only task focussed but seeking to enhance people's lives.

Relatives we spoke with told us they were made to feel welcome and there are no restrictions on when they can visit. Two relatives told us they visit every day and stay all day. A third relative stated, "Whatever they ask for, they are never refused." One person who lived at the home told us about the staff, "I think they are lovely, they are very good." Another stated, " We get on very well." This showed people are listened to,respected and their views acted on.

On the day of inspection we observed people were not left on their own for any length of time. We noted staff responding to any requests for assistance promptly and respectfully. We observed people requesting a drink or wanting to go to the toilet having their needs met quickly. We noted people appeared relaxed and comfortable in the company of staff.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and one care plan we looked at showed evidence of Independent Mental Capacity Advocate [IMCA] being involved. The role of the IMCA is to work with and support people who lacked capacity and represent their views to those who are working out their best interests. Having access to an IMCA meant the rights and independence of the person were respected and promoted.

We saw evidence that conversations had taken place with people who lived at the home and family members about end of life wishes. There was a do not attempt cardiopulmonary resuscitation [DNACPR] register in place to ensure that end of life wishes were valid and current. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment.

Good

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual and collective needs. Staff also had knowledge of the needs of people's families and how this affected the wellbeing of the people in the home. People received personalised care that was responsive to their needs. For example one person who lived in the home told us, "I get the help that I need, always there on hand if I need any help." One relative told us, "Whatever we ask for they get." Regarding amending care preferences and wishes a relative stated, "You can always go and ask, they are very good that way."

The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. A relative told us they were kept informed about their family member's care requirements. Families were also encouraged to take part in planned activities. This was confirmed by talking with relatives. One family member told us they manned a stall when a fete was organised.

There was an activities co-ordinator employed at St Albans Nursing Home. An activities co-ordinator is responsible for organising a wide range of activities for people. One person who lived in the home stated about the care co-ordinator, "[Staff member] is very good, helpful, excellent !"

Activities were discussed and audited within 'residents meetings' which the care co-ordinator organised.

On activities, one person who lived at the home told us, "They had two girls in last week, absolutely excellent, they sing dance do anything." Another person who lived at the home stated, "It's hard work, they [staff] do their best." A relative told us, "They have people coming in singing, they like that, they all join in." Another relative told us, " There is always a poster up advertising whats coming up. At least once a fortnight."

We noted there was a current weekly timetable of events which included quoits, arts and crafts. There was a monthly timetable of events promoting easy listening, the magic of musicals and coffee mornings. People also spoke about playing bingo and going out in the garden to do some pruning of the plants. On the day of the inspection we met a local community group, "The Knatty Knitters" who meet regularly at the home. One person who lived at the home was supported to attend the group. This showed us that people were supported to follow their interests and maintain relationships

We were told by the people we spoke with there was no restrictions on visiting times. One person told us, "I get lots of visitors throughout the day." When we inspected we observed family, friends and volunteers visited throughout the day.

We looked at care records of three people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required.

The care plan we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. The plan included sections on mobility, falls, nutrition, pain, pressure care, social recreation and religious beliefs. For example we were told that communion is held regularly within the home. We were told that multicultural faiths and diets were honoured with a person's care plan. The services were made available to all the people who lived in the home.

The plans showed evidence of capacity assessments and moving and handling guidelines. Plans had one page personal information sheets called "How well you know me". These not only had personal care requirements but preferred bed times, hobbies and religious beliefs. This showed us the management team saw people as unique and respected their individuality. The plans we looked at recorded review dates which showed us people's needs were regularly assessed.

An up-to-date complaints policy was visible on the notice board. Staff were able to describe how they would deal with a complaint. We were told they would speak with their mentor, deputy manager, registered manager or area manager . People we spoke with told us they were happy and had no complaints about the service. One person who lived at the home told us, "I have no complaints, if I did I would tell them." Another person stated, "No faults with the staff whatsoever."

Good

Is the service well-led?

Our findings

The service demonstrated good management and leadership. There was a clear line of management responsibility, from the area manager through to the management team and staff. People and staff felt the management team were supportive and approachable. People told us the atmosphere was relaxed and homely around the premises. We observed staff were not rushing around and saw the registered manager and deputy manager supporting staff in their role.

The management team had oversight of and acted upon the quality of the service provided. For example on the day of inspection an operational issue arose. We observed the registered manager take timely action to resolve the issue. They investigated why it happened and put into place strategies to minimise it's reoccurrence. One staff member we spoke with told us that recent changes had been positive and improved the care delivered. The staff member said, "I think they are doing a very good job." For example the registered manager had introduced staff work boards. These make staff accountable for the tasks completed and care delivered within an allocated area. This allowed the registered manager to monitor the quality of work for each staff member.

The registered manager and deputy manager had chosen to take on shifts within the home. This was to safeguard the quality and continuity of care and not rely on agency staff. The registered manager, deputy manager and area manager all had a thorough knowledge of the needs of the people who lived at the home. The people we spoke with who lived at the home recognised and knew the roles of each member of the management team. This showed demonstrated the management team had a visible presence within the home.

All the staff we spoke with told us the management team was approachable. One staff member said, "I do think they are doing a good job. They are a good team." Another staff member told us, " It's all very good, the management team are great, friendly and motivated. They work well as a team."

Staff told us there were monthly staff meetings that took place regularly. This enabled the registered manager to receive feedback on the service delivered and to support and develop the staff. It also gave a forum for staff to discuss any issues or concerns.

We saw evidence there was a structured schedule in place for audits, meetings and surveys. The schedule identified who was responsible for taking the lead with these tasks. Quality checks included nutrition, falls and medication. The registered manager also completed care documents, care plan reviews and safeguarding information. The schedule also included training matrix reviews, maintenance safety certificate checks and fire alarm drills. These ensured the service provided remained consistent and people were safe.

The services liability insurance was valid and in date.There was a business continuity plan in place which we observed being updated on the day of inspection. A business continuity plan is a response planning document. It shows how the management team will return to 'business as normal' should an incident or accident take place.

The registered manager understood their responsibilities and was proactive in introducing changes within the workplace. This included informing CQC of specific events the provider is required to notify us about by law and working with other agencies to keep people safe. We noted evidence the service was working in partnership with other agencies. We saw evidence that IMCA's, speech and language therapists and local health professionals had input into the care delivered.

There was an apparent openness and transparent culture observed throughout the inspection. For example there were no closed office doors. Another example being a local community group held regular meetings within the home. This was supported and promoted by the management team and showed community links had been formed. We observed people who lived at the home and families both approach the management team throughout the inspection. This was possible as the registered manager and also the deputy manager were accessible, completing regular 'walk rounds' around the home.