

Yeoman Care Limited

# Albert House 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?

Requires Improvement 

Is the service well-led?

Good 

### Overall summary

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced, which meant the staff and provider did not know that an inspection was planned on that day.

This location is registered to provide nursing and personal care and accommodation for up to 38 people. At the time of our inspection 36 people used the service. The location provided four rapid response beds for people who required an emergency discharge from hospital.

The home did not have a registered manager at the point of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for

# Summary of findings

meeting the requirements of the law; as does the provider. The provider told us and we saw that the manager had submitted an application to become registered and they were awaiting a response from CQC.

During our observations at lunchtime we found that most people's individual needs had been met. We observed one person who was leaning to one side. Staff had not supported the person to move to an upright position to eat their meal, to ensure they were not at risk of choking or poor digestion.

People knew who to speak to if they wanted to raise a concern and there were processes in place for responding to complaints. We found that one person's complaint had not been resolved to their satisfaction.

In care plans that we looked at we could not find written evidence that people and those acting on their behalf were involved in the assessment and planning of people's care.

The provider had ensured that people were safe at the home. There was enough staff to meet the needs of people who used the service. Staff received on-going supervision and appraisals to monitor their performance and development needs.

Staff were kind, caring and respectful to people when providing support and in their daily interactions with them.

There were audit processes in place intended to drive service improvements.

The manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity and what guidelines must be followed to ensure people's freedoms are not restricted. The manager told us she had recently attended training in light of changes in the interpretation of DoLS legislation following the Supreme Court judgement, to ensure that best practice guidelines were followed. The manager discussed examples where DoLS applications had been made for individuals to ensure they provided care in the least restrictive way for those people.

Records showed that we, the Care Quality Commission (CQC), had been notified, as required by law, of all the incidents in the home that could affect the health, safety and welfare of people.

# 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?

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the manager.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment records demonstrated there were systems in place to ensure the staff were suitable to start work with vulnerable people.

Good



### Is the service effective?

Supervision and appraisal processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People could make choices about their food and drink. Staff encouraged and supported people to eat and drink where needed.

Arrangements were in place to request health, social and medical support to help keep people well.

Good



### Is the service caring?

People told us they were treated with respect and dignity by staff.

Care was provided with kindness and compassion. People could make choices about how they wanted to be supported and staff listened to what they had to say.

Good



### Is the service responsive?

We could not find written evidence that people and those acting on their behalf were involved in the assessment and planning of people's care.

At lunchtime we observed one person was leaning to one side in their chair whilst being supported to eat. The staff member did not ensure the person was moved to a more upright position to enable them to eat their meal to ensure they were not at risk of choking or poor digestion.

People were supported to follow their interests and take part in social activities. People were encouraged to maintain relationships with people who were important to them.

Requires Improvement



### Is the service well-led?

The staff were confident they could raise concerns about poor practice and these would be addressed to ensure people were protected from harm.

Good



# Summary of findings

There were audit processes in place. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

# Albert House Nursing Home

## Detailed findings

### Background to this inspection

The inspection was undertaken by one inspector.

As part of our inspection process, we asked the provider to complete a provider information return (PIR). 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 received this prior to the inspection and used it to help in our inspection planning.

We spoke with inspectors who had carried out previous inspections at the home. We checked the information we held about the service and the provider. We had received notifications from the provider as required by the Care Quality Commission (CQC).

We used a number of methods to inform our inspection judgements. We talked to people who used the service and their relatives. We interviewed staff and visiting health care professionals. We 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

On the day of our inspection we spoke with five people who used the service and two visiting relatives. We also spoke with the owner, the manager and the human resources manager, two members of care staff and two visiting health care professionals.

We looked at three people's care plans and associated records. We looked at three staff recruitment files and records relating to the management of the service, including quality audits.

# Is the service safe?

## Our findings

We asked people if they felt safe living at the home. One person told us: "I feel safe living here". Another person told us: "I feel very safe. Staff come straight away in an emergency". Everybody we spoke with said they felt safe living at the home.

One health care professional told us: "This home is great. People are safe here".

The staff we spoke with told us they understood about different forms of abuse, how to identify abuse and how to report it. Staff told us they had completed training in safeguarding adults and told us of their duty to report information of concern to the manager. We looked at training records which confirmed this. The provider had policies and procedures in place for dealing with any allegations of abuse.

During our inspection we looked at three care records which contained risks assessments and the actions staff should take to reduce the identified risks for each person. We found that records contained detailed information on people's health and social care needs. Staff told us they read people's care plans. They told us they attended handover meetings before every shift to ensure they had up-to-date information on people's needs.

We asked people about staffing levels at the home. One person told us: "I use the buzzer and staff come at all times.

I have not had to wait longer than ten minutes". Another person told us: "When I ring my buzzer they [staff] come quickly. I feel safe here". Nobody we spoke with raised concerns in respect of staffing levels.

During our inspection we spoke with two staff members. One staff member told us: "Staffing levels are fine unless staff are off sick at short notice. The managers get staff to cover or we get help from nurses and managers". Another member of staff told us: "There are enough staff here". All of the staff we spoke with told us that all shifts were adequately covered.

We looked at recruitment policies and procedures at the home. We looked at three staff records on the day of our inspection. We saw evidence that checks had been made to ensure staff recruited were of good character before they started work at the home. All of the staff records we looked at contained two references and criminal records checks for each member of staff. We found one staff criminal records check dated back to 2004. The provider's internal recruitment policy did not specify when background checks on staff would be reviewed. The provider told us they would ensure that all staff criminal record checks were updated after the inspection.

We saw that the provider followed relevant professional guidance about the management and review of medication. We checked Medication Administration Records (MAR) for three people and found that these demonstrated that people had received medication as prescribed. We saw that an external pharmacy audit had been completed in March 2013. The provider had acted on recommendations made in this audit.

# Is the service effective?

## Our findings

People we spoke with were happy with the skills and competence of staff. One person told us: “The service is excellent. I am very pleased. The nurses are very good and the staff are good. When new staff come they are supported”. Another person told us: “I can’t fault the place. Living here is very good. Staff are very good and give me attention. I feel confident with them”. One relative told us: “This is a brilliant home. The staff are fantastic here”. Another person told us: “The staff are confident in what they do”.

The specialist hospice nurse told us: “The staff are very good. They make decisions by talking things through with me. We work collaboratively. The staff have the right skills and competence. The staff are really experienced and people are well cared for in here”.

We read a thank you card sent by a relative which read: “Moving [our relative] to a nursing home was a difficult decision. This was eased and supported by you all. We know the care they received was excellent and we felt supported by you”.

One member of staff told us: “It is a supportive working environment. We get training”. Another member of staff told us: “It’s a good environment to work in. It is a cheerful place and there is good teamwork. We can talk to the manager and she acts on information we give her”.

Staff said they had regular supervision to discuss their work and an annual appraisal of their development needs. The provider had ensured that staff could access training and development programmes each year to attain a qualification in care. Staff had completed an induction before working at the home. This included training in safe moving and handling, fire, health and safety, and infection control. This ensured that staff had met the basic training requirements of their role. This was confirmed in staff training records we looked at.

The manager and staff had received training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). This legislation sets out how to proceed when people do not have capacity to make decisions and what guidelines must be followed to ensure people’s freedoms are not restricted. The manager told us she had recently

attended training in light of changes in the interpretation of DoLS legislation following the Supreme Court judgement, to ensure that best practice guidelines were followed. The manager discussed examples where DoLS applications had been made for individuals at the home to ensure care was provided in the least restrictive way for those people.

People told us they enjoyed the food provided and were offered choices. One person told us: “I have my lunch in my room because that is my preference. I get choices of food and staff come up and ask me what I want for lunch”. Another person told us: “The food is not bad. There is a choice. I am having cottage pie today”. Another person told us: “The food is good and there is choice. It is very good I can’t fault it”. One relative told us: “[My relative] has a good appetite. They love the food. It is good here I have tried it. They always make sure [my relative] has enough fluids”.

One relative told us: “The staff are as helpful as they can be. They know [my relative] and their moods. They did a good pre-admission assessment. [My relative] is always offered fluids and their food and drink intake is monitored to ensure they eat and drink well. They know [my relative] likes biscuits and puddings. The staff leave me notes to tell me whether they have eaten well”.

One member of staff told us: “We have people on diabetic diets. We check their blood sugar levels and record this. If we notice any concerning symptoms we speak with the GP. We monitor people’s food and fluid intake and record this information daily”.

As part of our visit we completed an observation in the dining room at lunchtime. This helped us to better understand the experience of people who could not talk directly with us. We saw where people were independent in eating meals, staff were available if people wanted support, extra food or drinks. We saw people ate at their own pace and were not rushed to finish their meal. We saw that staff checked whether people liked their meals and whether they wanted more food and drink.

The care records we looked at showed that when there had been a need, referrals had been made to appropriate health professionals. When a person had not been well, we saw that the relevant health care professional had been contacted to assess their needs.

# Is the service caring?

## Our findings

We saw that people were supported with kindness and compassion. People had praise for staff and spoke positively about the care and support they received. One person told us: “The staff are good and very respectful”. Another person told us: “The staff are fabulous. They are good, I can’t find fault with them” and: “The staff are friendly and caring. One relative told us: “The staff are warm and reassuring”. Another relative told us: “The staff are wonderful and caring. You want the best for your [relative]. The staff are very understanding. The managers are lovely and I am comfortable talking to them”.

We saw recently written thank you cards provided by people and their relatives. One comment read: “[My relative] really enjoyed their stay. Every member of staff was kind and caring all the time. You all made a very difficult time a lot easier. I would highly recommend Albert House to anyone”. Another comment read: “Your carers have been helpful and kind and are a credit to you”.

The manager told us they operated a key worker system at the home. Each person who used the service had a specific member of staff assigned to them to ensure their preferences and personal histories were better understood and that people would feel listened to.

We saw that some people had ‘End of Life’ care plans in place. We saw that the manager sat with somebody with

palliative care needs who sadly passed away on the day of our inspection. The manager said they would always ensure staff were available to provide on-going reassurance and support to people at these times. The specialist hospice nurse told us: “When working with anxious patients, they [staff] take the time to talk to them. They make people comfortable, reassure them and stay with them until the end”.

We asked people whether they felt their privacy and dignity was respected. One person told us: “They respect my privacy and always ask me about my personal care needs”. Everybody said that staff treated them with respect and ensured their dignity.

We spoke with staff who were aware of the need to treat people with dignity and respect. Staff told us: “I am always discreet, for example when people need to go to the toilet” and: “I am always careful about people’s dignity. I always close doors and ensure people have privacy”.

One health care professional told us: “The staff are caring and treat people with dignity”. Another health care professional told us: “The staff are caring, compassionate and respect people and their dignity”.

The manager told us they had in-house staff awards for recognition of excellent standard in care in Albert House. This was in place to reward good care practice demonstrated by staff and to promote good care by staff at the home.

# Is the service responsive?

## Our findings

The people we spoke with during the inspection did not express any concerns about the care they received. During our inspection we looked at care plans for three people. We could not find evidence that people and those acting on their behalf were involved in the assessment and planning of people's care. We discussed this with the manager. She acknowledged that whilst people did contribute to their care planning, there was no evidence to demonstrate this in the care plans.

At lunchtime we observed one person was leaning to one side in their chair whilst being supported to eat. The staff member did not ensure the person was moved to a more upright position to enable them to eat their meal and to ensure they were not at risk of choking or poor digestion. This meant that staff had not been responsive to the person's individual needs during their mealtime.

We saw that people had 'Getting to know me' booklets in their rooms. These booklets were completed by people who used the service, their relatives and where possible staff. This information was used to reflect people's personal history and interests. The manager told us of plans to introduce a photo album project working with people's families to better understand the lives and histories of people who used the service.

We found an activities board in the dining room which showed activities taking place each day of the week in written and pictorial format. This was to remind people of the activities they could get involved in. One person told us: "We have entertainment every Wednesday and I like to play bingo. I would like to go out on more trips". Another person said: "We have music events and a church service. I was thrilled to bits with that. I like to go to the hairdresser". One relative told us: "[My relative] likes music. When they have the musicians visiting, staff make sure they sit nearby". The

manager told us they wanted to introduce trips for people to take part in. They told us they knew that this was something people wanted to do more of and they planned to implement this.

During the inspection we observed that people were encouraged and supported to develop and maintain relationships with family members to reduce the risk of social isolation. We saw two relatives supporting their loved ones to have meals in the home. They interacted with staff and were able to take part in providing meals and drinks to their relatives.

The manager told us that people's care needs were reviewed monthly and every six months unless people's needs changed. We looked at three care plans and saw that that they were up-to-date.

The manager told us and we saw the service had received an award from the Eye Care Team for their care practices in positively promoting people's needs with respect to 'ageing, vision, dementia and common eye problems in care homes'.

We saw that the complaints policy was available in the main reception of the home to explain how people could make a complaint. We saw there was a suggestions box in the main reception where people could make comments or suggestions about the home. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person said: "I would speak to staff if I had a complaint". One relative told us: "I have no complaints. There is an open door policy here. I can talk to staff at any time".

One person told us they had made a complaint about the temperature of the food they received. They told us they had asked for the plates to be heated to ensure food retained the heat. They said that this was addressed for a while and then became a problem again. This complaint had not been resolved to the person's satisfaction.

# Is the service well-led?

## Our findings

One person told us: “I am more than happy with how the place is run”. Another person said: “The home is run well it is super. I am happy with things as they are”.

One person told us: “I get asked to complete a questionnaire to express my views. When I make complaints they are dealt with. I am very pleased with the service. I would leave if I wasn’t”. One relative told us: “All [my relative’s] needs are met here”.

The provider obtained feedback from people who used the service through questionnaires. People received a questionnaire every six months.

Staff told us they were informed of any changes occurring within the home and policy changes through staff meetings. This meant they received up to date information and were kept well informed. Staff told us that there was an open door policy and that they could talk to the manager if they had any concerns. The manager told us she was promoting a culture of openness and candour to ensure people who used the service and staff were confident in reporting issues so that they could be addressed in a transparent and honest way.

We talked with staff about how they would raise concerns about risks to people and poor practice in the service. Staff told us they were aware of the whistleblowing procedure and they would not hesitate to report any concerns they had about care practices.

We saw there was a robust and visible leadership team at the home. The manager and provider worked closely on a daily basis at the home. Staff told us they could talk to managers and they would act on issues or concerns they had.

We have been informed of reportable incidents as required under the Health and Social Care Act 2008 and the manager demonstrated she was aware of when we should be made aware of events and the responsibilities of being a manager.

Processes were in place to monitor the quality of care provided. The provider obtained an external food safety rating of 5 (the highest rating) in January 2013. An external pharmacy audit had been completed in March 2014. We saw the provider had acted on recommendations from the audit. The manager had implemented an infection control audit system in response to findings at the last inspection. The manager completed regular infection control audits to ensure standards of infection control and hygiene were maintained at the home.

The provider completed monthly audits to include an inspection of the home environment and care plans. These audits were evaluated and where required, action plans were in place to drive improvements.

The provider told us they were in the process of identifying a suitable electronic data management system to strengthen their record keeping process and drive improvements in the quality of care provided.

This section is primarily information for the provider

## Action we have told the provider to take

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

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.