Albany Care Homes Limited

Falmouth House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

This inspection took place on 15 and 16 August 2017 and was unannounced. This meant the staff and registered provider did not know we would be visiting.

Falmouth House provides care and accommodation for up to 10 people with enduring mental health needs. On the days of our inspection there were six people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We last inspected the service in July 2015 and rated the service as good. At this inspection we rated the service as requires improvement.

We found, whilst the provider had made some improvements with regard to the maintenance of the building since the last inspection, areas of the home still required refurbishment to ensure they were easy to clean. The registered manager began the additional necessary refurbishments during our inspection and we saw they had a long-term refurbishment plan in place.

Some fire doors had been left open on the first day of the inspection and the registered manager agreed to remind staff and people who used the service of the importance of adhering to fire safety procedures.

The premises were otherwise maintained safely, with checks of emergency and firefighting systems in place. Contingency plans were in place for unexpected disruptions to the service, for example gas/electric supply failures.

People who used the service, relatives and external professionals told us they had no concerns about people's safety.

No one using the service at the time of inspection was subject to a Deprivation of Liberty Safeguard (DoLS). The deputy manager displayed a good understanding of the Mental Capacity Act 2005 and best interest decision making, should people be unable to make decisions themselves in the future. People were supported to have levels of 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.

Individual choice and goal-planning was an area the service needed to improve. Some people achieved good health and wellbeing outcomes with the support of staff but these were not coherently planned. The registered manager agreed to review and implement the use of a recognised tool to help plan goals for people who used the service.

People who used the service were generally independent and accessed the community regularly, although we found the service could do more to motivate, encourage and support people to pursue activities meaningful to them.

Individual care plans contained risk assessments which were reviewed regularly. These contained specific strategies for staff to help people avoid risks.

Staff had received a range of training, including mandatory courses such as safeguarding, fire safety, infection control and food hygiene as well as specific training to meet people's needs.

Staff supervisions and appraisals were in place, as well as regular staff meetings.

There was a system in place for dealing with people's concerns and complaints. People we spoke with told us that they knew how to complain and felt confident that the staff, deputy manager or registered manager and provider would respond and take action to support them. We saw complaints were treated seriously and responded to appropriately by the deputy manager.

We saw people were encouraged to choose healthy food options and some people helped in the kitchen regularly. People confirmed they had a choice of meals and were involved in menu planning.

Care plans had regard to people's medical and personal needs, life histories, preferences and risks. Staff demonstrated a good knowledge of people's needs.

We found that people received their medicines safely and there were clear guidelines in place for staff to follow. Where there were opportunities to further improve practice, the deputy manager was receptive to guidance.

We saw that the deputy and registered manager used a range of quality audits to scrutinise the service. People who used the service and their relatives were consulted via surveys and in house meetings about what changes or improvements they might like to see.

Accidents and incidents were appropriately recorded and risk assessments were in place. The deputy and registered manager understood their responsibilities with regard to notifying CQC and other agencies of relevant incidents and we saw this had been done consistently.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Some refurbishments and improvements regarding infection control had been made, although further work was required.

People and their relatives told us they felt safe and that they knew staff well.

Medicines were managed safely.

Is the service effective?

Good

The service remained good.

Appropriate core training topics had been delivered to staff and they demonstrated a good knowledge when asked.

The service ensured people received a range of primary and secondary healthcare, such as GP and nurse visits, and psychiatry support.

Staff were supported through regular supervision meetings with their manager and team meetings.

Is the service caring?

Good

The service remained good.

The atmosphere at the service was calm an relaxed, with people at ease with staff.

Staff had evidently built trusting relationships with people who used the service and, whilst there was not as yet a sense of community or peer support, people told us they got on well with staff members and each other.

People who used the service and their relatives gave consistently positive feedback about the caring attitudes of staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's levels of independence had improved although this was not planned or supported in a structured way.

Activities were planned although we found these to be limited and sometimes lacked variety.

When people's healthcare needs changed staff liaised well with external healthcare professionals to ensure people's needs were met.

Is the service well-led?

Good

The service remained good.

The registered manager and deputy manager displayed a good working knowledge of people's needs and the service more generally.

Staff confirmed they were well supported and we found the culture to be an open one in which staff and people who used the service could raise concerns or queries they had.

Where we identified areas of care delivery that were not best practice the management were responsive to feedback and took prompt action.

Falmouth House

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 registered 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 15 and 16 August 2017 and was unannounced. The inspection was carried out by one Adult Social Care inspector and one expert by experience. An expert by experience is a person who has relevant experience of this type of care service.

Before we visited the service we checked the information we held about this location and the provider, for example, inspection history, complaints, safeguarding information and notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted local commissioning and safeguarding teams. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we spoke with five people who used the service. We spoke with the registered manager, the deputy manager, two care staff and the handyman.

We looked at the care records of three people who used the service. We looked at the personnel and training files for three members of staff and records relating to the management of the service, such as quality audits, complaints, policies and procedures. We also carried out observations of staff and their interactions with people who used the service.

Following the inspection we spoke with two relatives, one social care and one health care professional.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in July 2015 we found systems to assess the risk and prevent the spread of infection were not adequate, and that the premises were not suitably safe. We found the kitchen was not sufficiently clean and a shower room to be in a state of disrepair, such that cleaning was not possible. At this inspection, we found some improvements had been made, with the kitchen clean and appropriate waste bins in place. The kitchen had recently received a rating of 5 out of 5 from the Food Standards Agency. One area of sealant on the kitchen sink was coming away and the registered manager ensured this was repaired during the inspection. With regard to the shower room, we found it had been retiled and repainted and was therefore easy to clean. Communal areas were generally clean and tidy.

We saw other refurbishment and renovation had taken place, for example the wall in the rear yard had been repointed and repainted. The living room had new sofas whilst the bathroom and w/c had had new flooring fitted.

We found other areas of the building still required refurbishment. The top floor landing had peeling wallpaper, revealing bare plaster. The top floor w/c had a significant amount of staining to the walls and there was a strong odour of urine on the landing. During the inspection the registered manager ensured work had begun on cladding the room in PVC panels to ensure it was easier to clean, however this work should have been prioritised earlier. The deputy manager acknowledged the landing had a strong, unpleasant odour. The staff w/c had no paper towels or a bin, with staff instead using a communal cloth towel. The deputy manager agreed this was not hygienic and would replace this with paper towels. At the last inspection we found people's individual bath towels to be unclean. At this inspection we saw they appeared clean and there was a washing rota in place.

The registered manager had a refurbishment plan in place and we saw they had undertaken a range of routine and more comprehensive works since the last inspection.

At the last inspection we found some fire doors were not able to fully fit into the recess, whilst some window restrictors were not fit for purpose. At this inspection we saw doors had been realigned and new window restrictors had been fitted. At the last inspection we noted multiple fire doors had been propped open. At this inspection we found three fire doors were also propped open. The registered manager agreed to reiterate the importance of keeping these doors closed to staff and people who used the service.

This meant, whilst the registered manager had ensured the majority of the concerns raised at the last inspection had been addressed, there were still areas to improve with regard to ensuring the premises could be effectively cleaned to reduce the risk of infection.

Other checks and servicing of the premises were in place, for example a recent gas service, periodic electrical inspection, PAT testing and testing of fire detecting and fighting equipment.

We found medicines to be stored and administered safely, with the deputy manager demonstrating a good

knowledge of people's needs. Staff had received safe handling of medicines training and were subject to annual observations regarding their competence. We reviewed a sample of people's medicine administration records (MARs) and found there to be no errors. Records contained photographs, allergy information and pertinent contact details. The deputy manager completed monthly medicines audits. At the last inspection we noted people who had 'when required' medicines did not have specific plans in place for these medicines. At this inspection we found additional documentation had been added to the MAR file regarding who had 'when required' medicines. The deputy manager agreed to review the National Institute for Health and Care Excellence (NICE) guidance on these to further improve plans in line with best practice.

People who used the service told us they felt safe and secure at the service, and that staff helped them remain safe. One person said, "I feel as safe as houses," whilst another said, "There's never any trouble, in the house or in the street." We found the atmosphere to be calm.

Relatives we spoke with told us, "He's been different places but this is the best – he's not concerned and they look after him. He's calmed down." People who used the service, relatives and staff felt there were sufficient staff to keep people safe and we found this to be the case. There was also an on-call system so staff could request support from the deputy or registered manager should they need it.

We saw risk assessments were in place and had been regularly reviewed. They included assessments of the likelihood of falls, weight loss and anxious behaviours. They were linked to clear strategies for staff to implement to help people avoid those risks.

We reviewed accident and incident records and found them to be accurate and consistent. Whilst there were no evident patterns, the deputy manager analysed these incidents to see if there were any underlying problems. We saw evidence of prompt liaison with external agencies, including the local safeguarding team, when staff felt someone may be at risk of harm.

Staff files indicated that pre-employment checks including Disclosure and Barring Service (DBS) checks, references and proof of identification had taken place. The DBS carry out a criminal record and barring check on individuals who intend to work with children and/or vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable groups.

The service had a range of contingency plans in place in the event of emergencies, for example the loss of heating or water. We also saw people who used the service had Personal Emergency Evacuation Plans (PEEPs) in place. These were currently kept in the deputy manager's office. They agreed to keep copies in a more accessible place so that members of the emergency services would be better able to help people evacuate the building if needed.

Good

Is the service effective?

Our findings

People who used the service expressed confidence in staff, as did relatives and external professionals we spoke with. One said, "I have no concerns about staff – they know what they're doing." One relative told us, "The staff are all great, they look after him." One person who used the service told us, "I'm quite happy here," and, "Every time I need any help I just ask one of the staff."

A range of appropriate training was in place and staff gave us positive feedback about how they were trained, which involved completing workbooks and occasional face-to-face training. Mandatory training included fire safety, first aid, health and safety, safeguarding, infection control, medication, risk assessment, food hygiene, dignity and respect, person centred care and mental health. Staff new to the care sector had undergone the Care Certificate. The Care Certificate is a standardised approach to training for new staff working in health and social care. The deputy manager was able to demonstrate how they monitored staff training needs and how they ensured staff kept their training up to date. Staff we spoke with confirmed they received regular training and were able to talk about the outcomes of the courses they had attended.

There was a ten minute handover period at 9am and 5pm and we saw the written information to support this was generally accurate. We noted a small number of missing entries in the handover documentation and the deputy manager agreed to ensure this was addressed. Staff knowledge of people's needs was good, with clear evidence of people being supported in line with advice from external professionals, such as GPs, psychiatrists and nurses. We saw evidence that people had regular access to the primary and secondary healthcare they needed to meet their needs.

There was a consensus of opinion that people who used the service had achieved some good health outcomes through the support of appropriately skilled and experienced staff. One person who used the service told us, "I'm better now than I've ever been in my life."

Staff received regular supervisions and appraisals. Supervision is a one to one meeting between a member of staff and their supervisor and an appraisal is an annual review of performance. Staff confirmed these meetings were open discussions where they could talk about concerns, training needs and other matters. Staff meetings were held regularly and we saw they covered a range of relevant subjects, such as safeguarding, infection control, record keeping, health and safety, financial records and medicines.

The premises were appropriate for the needs of people who used the service, although some areas were dated and subject to an ongoing refurbishment programme. Some adaptations were in place, such as additional hand rails to help people with the stairs.

People told us they enjoyed the meals, which were prepared mostly by staff, although one person in particular involved baking and cooking. We saw there were regular documented conversations with people who used the service about their menu preferences and meals they would like to try. People told us, where they preferred something different to the meal prepared by staff, this was accommodated. People had access to a snack cupboard whereby they could help themselves to breakfast and other snacks. We saw

people had healthy eating plans in their care plans to help them and staff choose healthier alternatives, although staff acknowledged this did not always happen, due to people sometimes choosing less healthy options. People were protected against the risk of malnutrition by being weighed regularly and the implementation of the Malnutrition Universal Screening Tool (MUST). MUST is a screening tool using people's weight and height to identify those at risk of malnutrition.

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. We found people's capacity had been assessed and that no one required a DoLS to keep them safe. People were free to come and go and did not present risks when accessing the community.

Consent to care and treatment had been given by people who used the service, for example for having their photograph taken and for being weighed. We saw where risk assessments and care plans were reviewed, this was with the involvement of people who used the service.

Good

Is the service caring?

Our findings

Staff interacted well with people who used the service and demonstrated they had a comprehensive understanding of their needs, backgrounds and preferences. People told us they felt comfortable in the company of staff and we observed this to be the case throughout our inspection. People who used the service told us, for example, "The staff are fantastic, lovely," "The staff are really nice" and "Aye, it's a lovely home and I have a nice comfortable room."

Relatives we spoke with were equally complimentary about the attitudes of staff, stating, for example, "The staff are absolutely great – they've really helped him open up a bit and I'd recommend that care home to anyone." Another said, "Staff are extremely friendly and I never have concerns." Relatives had confidence that people were cared for by staff who valued their individualities and were patient with them. A significant proportion of people who used the service had a history of suffering anxieties and we found staff understood their specific needs well and were able to communicate with people well in a manner that helped them remain calm.

We saw staff treating people who used the service with dignity and respect throughout inspection, for example giving them time before making a decision and respecting their wishes to remain in their room. People who used the service told us staff treated them with respect.

We saw examples of compliments and thank you cards received from relatives. Representative comments included, "Thank you for all the support and friendship," and, "Huge thank you for the care and love you have given."

People had varying levels of independence and staff encouraged them to be as independent as they were comfortable with on an ad hoc basis. We found there was a lack of formal planning with regard to helping people achieve greater levels of independence and this is discussed further in the responsive key question.

There was evidence that staff treated people as individuals. Bedrooms were personalised to varying levels and people were free to make their rooms feel like home, with collections of CDs and films. We observed people using the communal areas when they preferred to and people we spoke with confirmed they felt at home.
Relatives we spoke with felt people were able to relax in the environment and that this had had a positive impact on their wellbeing. Similarly, relatives and professionals we spoke with felt the fact most staff had been at the service for a number of years was a positive thing for people who used the service, as they had built up trusting relationships with these staff.

The atmosphere at the service was quiet and calm. Whilst people evidently trusted staff and felt comfortable in their surroundings, we noted there was little communal interaction during our inspection. The deputy manager stated that people took a long time to build bonds and they were hopeful people would bond more with their peers in the future.

No one using the service currently had an advocate in place but the service's literature directed people to such support. The deputy manager had previously accessed an advocate for a person who used the service.

The deputy manager and other staff we spoke with displayed a good understanding of confidentiality issues, and people's personal sensitive information was kept securely and only shared when appropriate.

Requires Improvement

Is the service responsive?

Our findings

We found choice was encouraged on an ad hoc basis by care staff but was not always planned in a coherent, goal-led way. For example, one person had recently been able to go to the shop on their own for the first time. This came about through there being no spare member of staff to accompany them, so one member of staff agreed with them to watch them to the end of the street. This gave the person confidence to complete the task independently and was a positive outcome for them. This kind of goal was not however planned with the person in a meaningful way. When we reviewed people's care files we saw each person had a 'Choices' document near the front of the file. These records were extremely limited, with the last entries a number of months old and restricted to choices such as, "[Person] does not want to have their flu jab this year." Likewise, the person centred plan for each person had a generic goal of, "I wish to live as independently as possible." This was not tailored to people's individual needs and was therefore not helpful, as some people had significantly different levels of independence to others.

At the previous inspection we noted the registered manager was using the Mental Health Recovery Star model as a means of planning and tracking people's progress. The Recovery Star is a tool which enables people using services to measure their own recovery progress, with the help of mental health workers or others. At this inspection we found they had stopped using this in January 2017. The deputy manager told us this was because people had not engaged with it. This meant that people who were at risk of self-neglect and demotivation were not always being encouraged to plan and achieve goals appropriate to their level of independence. The provider needed to ensure that people, who were at risk of self-neglect and demotivation, were encouraged through a planned pathway, to achieve goals appropriate to their levels of independence.

External professionals we spoke with also raised this lack of evident attempts to motivate as their only concern about the service. One said, "It can feel a bit stagnant – I think they could try more with people."

Notwithstanding the lack of coherent planning, people had achieved some good outcomes with the help of enthusiastic staff. For example, one person was a keen train enthusiast and had been to a railway recently on a group outing. Another person was helped with their hobby of drawing and colouring in and we saw examples of this in the service, whilst one person attended a local college to complete courses in English and computing. One person, as a means of helping them to reduce their consumption of alcohol, had been offered trips to the gym, exercise sessions, family visits, shopping and other trips. People who used the service were asked about their preferences and about what they wanted to do and where they wanted to go. We found however the provider could implement better strategies to help people achieve smaller, manageable goals, alongside their longer-term wishes to regain full independence. The registered manager agreed to review their use of the recovery star system and implement a strategic approach to goal planning.

We found activities were in need of review and evaluation to make them more interesting and relevant to people who used the service. There were a set core of weekly activities including film nights, shopping and cooking, but staff and people who used the service told us the uptake was sometimes limited. The registered manager agreed to review how they planned activities in consultation with people and to

consider having a staff member as a 'champion' to bring a level of enthusiasm and creativity to planning activities on an ongoing basis. They told us that a member of staff who recently left had planned to work on outdoor murals with people who used the service, but this work had not as yet been carried on. People who used the service told us they had plenty to do. All people we spoke with knew the local area well and enjoyed walking to the sea front and local shops.

Person centred planning otherwise was positive, with risk assessments being individualised. Person-centred means ensuring people's interests, needs and choices are central to all aspects of care. Specific strategies were in place to ensure staff were aware of the kind of indicators people would display prior to becoming anxious and how staff could support them. These approaches had been compiled following liaison with external healthcare professionals, such as psychiatrists, and we found staff had a good knowledge of these strategies.

External professionals were positive about how staff interacted with them, with one saying, "They have been very accommodating." They described how one person, prior to using the service, was reluctant to visit, so staff visited him and introduced themselves. They now planned to move to the service and had liked the surroundings and staff.

We saw each person's care record included important information about the person including emergency contact details, life history, family, interests, medical history and preferences. Each person had a one page profile in place which gave staff a comprehensive overview of the things that were important to that person.

The registered provider's complaints policy and procedure was readily accessible. People who used the service told us they felt confident and were comfortable going to staff if they had any issues. We saw there had been three complaints recently. Whilst relatively minor, they had been well documented and action taken to address each matter. This meant people could be confident in raising concerns and that the deputy manager made themselves accountable when dealing with complaints. Relatives told us, for example, "I ring every week and they update me on anything in the meantime."

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had a range of relevant mental health experience, as did the deputy manager, who held relevant managerial qualifications. Both demonstrated a good oversight of the service and a good knowledge of the needs of people using the service.

Staff told us they were well supported and that there was an open culture in which they were kept involved and could raise queries. They told us they were regularly consulted and kept up to date with information about the home and the registered provider. One member of staff said, "I would never hesitate to ask the deputy manager, and [registered manager] is always a phone call away, if she's not popping in here." We found, whilst the registered manager was responsible for this location and the provider's other location, this was extremely close by and did not present significant problems in terms of them maintaining oversight and accountability.

External professionals gave us positive feedback about the management of the service. They told us, for example, "They have been very receptive to our requests and they're willing to try new things to help people feel relaxed," and, "People are happy there and I have never had any serious issues – the staff and the manager are pretty good."

Relatives we spoke with told us the deputy manager was approachable and kept in touch with them. They felt confident they could raise any queries or concerns with the deputy manager. Likewise staff felt confident in doing so and described the deputy manager and registered manager as "Hands on" in their leadership styles.

Both the deputy manager and registered manager were candid about the challenges faced by a small service that had seen significant reductions in the day centre opportunities available for people who used the service. They were willing to try to find new ways to ensure people who used the service could access a range of opportunities and committed to reviewing the means by which they planned goals which people might have. This is discussed further at the responsive question.

The registered manager used annual surveys to routinely gather feedback from people who used the service, relatives and staff. They planned to act on any specific concerns raised or trends identified. We saw the results for 2016 were uniformly positive, whilst the 2017 surveys had yet to be sent to people. House meetings were also used a means of gathering feedback from people on a regular basis and we saw people's suggestions were taken seriously, for example suggestions for outing venues and changes to the menu.

We looked at what the deputy and registered manager did to check the quality of the service. They undertook a range of audits including medicines, care plans and kitchen audits. We found there was adequate internal oversight of the service.

The registered manager had submitted statutory notifications in a timely manner, whilst records were generally accurate, up to date and securely stored. A notification is information about important events which the service is required to send to the Commission by law.