Battersea Place Retirement Village Ltd

Albert Suites at Battersea Place

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

Summary of findings

Overall summary

This inspection took place on 17 April 2018 and was unannounced. This was the first inspection of the service since it was registered by CQC on 24 October 2016.

Albert Suites at Battersea Place is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Albert Suites at Battersea Place can accommodate 27 people. It is arranged over one floor and accommodates people with nursing needs including those on palliative care. The majority of people using the service at the time of the inspection were post-operative, coming in for respite following a hospital admission. At the time of the inspection there were 16 people using the service.

There was a registered manager at the service. 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.

People using the service told us they felt safe at Albert Suites. They said that staff were caring and friendly and respected their privacy. They told us they were involved in planning their care and were able to make choices about how they wanted this to be delivered. This included being fully involved in the initial assessment stage when planning their care, their meals and the activities they wanted to do.

Staff recruitment checks were robust and new staff completed a comprehensive induction and training programme which helped them to prepare for their roles. Staff received regular supervision and appraisal. Although there were enough staff employed to meet people's needs, we received feedback regarding the difference in care people received from agency staff as compared to permanent staff. The registered manager was aware of this and had taken steps to try and resolve this.

Checks were completed on the equipment and the environment which was clean and well maintained. People had access to an outdoor space and ample indoor space including private and communal areas outside of their bedrooms to meet with friends and relatives.

People's health needs were managed by the provider. A GP visited weekly to review people and care plans contained details about their health requirements. We received feedback that the nursing care was good.

Care planning, including risk assessments and care plans was appropriate. Risks to people were identified and steps identified to control risks to people. Care plans were clear, comprehensive and reviewed regularly.

The service was well led. The values of the service were taught and embedded into staff during their recruitment and induction. The registered manager was open to establishing and maintaining relationships with external stakeholders. A number of audits took place to monitor the quality of service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe using the service.

Risk assessments were person-centred and reviewed regularly. Equipment was regularly serviced and well maintained.

Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Care and support was planned before people began to use the service.

Staff completed a comprehensive induction and completed the Care Certificate training. Staff received regular supervision and appraisals to monitor their performance.

People exercised genuine choice and had access to sufficient food and drink throughout the day. The menu was varied and individual to each person.

People's health needs were identified and action taken to address them.

People had access to an outside space, a terraced garden that was well maintained.

People were involved in decisions about their care, their consent and agreement to their care and support was taken during the initial assessment and when they moved into the service.

Is the service caring?

Good

The service was caring.

People who told us they were happy with the care and support they received from staff.

People were supported to express their views and be actively involved in making decisions about their care, support and treatment.

People's right to privacy and confidentiality was always respected.

Is the service responsive?

Good

The service was responsive.

People were involved in developing their care, support and treatment plans.

The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests.

People using the service felt confident that if they complained, their concerns would be explored and responded to.

Is the service well-led?

Good

The service was well led.

People using the service told us the service was well-managed.

The values of the service were covered during the staff induction and new staff were assessed on how they demonstrated the values of the service during their probationary review.

A number of audits, including care plans and medicines audits, helped to ensure that performance, risks and regulatory requirements were understood and managed.

Albert Suites at Battersea Place

Detailed findings

Background to this inspection

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

This comprehensive inspection took place on 17 April 2018, and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths.

During the inspection we spoke with two people using the service. We also spoke with the registered manager, deputy manager who was also a nurse, three care workers, the hospitality and butler manager, lifestyle co-ordinator and the maintenance engineer. We reviewed a range of documents and records including three care plans, four staff records, as well as a sample of other records such as audits, complaints and training records kept by the service.

We contacted three health and social care professionals to gather their views of the service and heard back from all of them.

Good

Is the service safe?

Our findings

People using the service told us they felt safe and "in good hands" whilst living in Albert Suites. Staff we spoke with were familiar with safeguarding procedures and were able to identify the different types of abuse. One care worker said, "Safeguarding is protecting vulnerable people from harm, neglect and abuse. If I had any concerns, I would tell the nurses straightaway."

Risk assessments were person-centred and reviewed regularly. A number of standardised risk assessment tools were used to identify any high-risk areas. assessments such as The Barthel scale used to measure performance in activities of daily living, falls, nutrition, bed rails, waterlow used to assess the risk of developing pressure sores, medication and PEEP (personal emergency evacuation plan). We saw that were people had been identified at being at high risk, appropriate measures were identified to try and reduce the risk to people.

Equipment was regularly serviced and well maintained, these included hoists and mobility aids. Checks on the environment were carried out regularly by a team of engineers, these included checking water temperatures to ensure they were within an acceptable range. Other checks included weekly call points and emergency doors. We saw current certificates for legionella and fixed wiring. These checks helped to ensure the environment was safe for people.

There were sufficient numbers of staff employed to meet the needs of people using the service. Staff had the right mix of skills to make sure that practice was safe. On the day of the inspection, there were two nurses and three care workers on shift. There were other teams such as domestic catering staff/butlers which meant that care staff were able to focus on caring duties. The registered manager told us they were always able to increase staff numbers based on occupancy levels and there was always at least one registered nurse on each shift. There was some cross over of staff between Albert Suites and a sister domiciliary care service based within the same building run by the same provider.

There was some use of agency staff. People told us there was a difference in the care that was provided by the permanent staff compared to agency. One person said, "The agency staff are not as attuned as to what is required compared to the regular staff." The registered manager told us they were aware of the importance of having consistent care staff and to facilitate this she met with the manager of the agency company every month to ensure the same agency staff were sent when required.

Recruitment systems were robust and made sure that the right staff were recruited to support people to stay safe. Appropriate criminal record checks and other recruitment checks, such as references, right to work and employment history were carried out as standard practice.

People received their medicines as prescribed. One person said, "The nurses give me my medication." Another said, "Yes I get help with my medicines." The service supported people to be as independent as possible. People were given the choice to self-medicate if they were confident and happy to do so. People's medicines were stored in locked medicines cabinets in their suites. Staff completed medicines records when

they supported people with their medicines and these were completed correctly. Weekly and monthly medicines audits were carried out which helped to ensure that medicines practice was safe. Medicines training was mandatory for both nurses and care workers and refreshed annually.

The service managed the control and prevention of infection. Staff received training in infection prevention and control which was refreshed annually. The service was clean and well maintained with domestic staff responsible for maintaining cleanliness. Good infection control practices were adhered to in the kitchen and dining areas. Food items were labelled with the date they had been opened and when they were to be used by.

Incidents and accidents were recorded and reviewed monthly during clinical governance reviews. All incidents were recorded and signed off by a head of department. Appropriate action, such as obtaining witness statements were taken and an investigation checklist was in place which helped to ensure investigations were thorough.

Good

Is the service effective?

Our findings

Care and support was planned before people began to use the service, this helped to ensure their care needs were identified and could be met by staff. Assessments of needs were carried out by the deputy manager and were comprehensive in scope, covering areas including medical history, risks, a summary of their care and social needs. A more detailed assessment took place once people had agreed and moved in. Care and support plans were developed using this information and in discussions with people.

Staff completed a comprehensive induction, and did not work unsupervised until they were confident to do so. There was a probationary review in place for staff which helped to ensure they were competent to carry out their duties.

New staff completed an induction over four days and were then enrolled onto the Care Certificate training which was completed over 12 weeks. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health. Refresher training for staff was delivered through face to face sessions or e-learning as required.

Staff received regular supervision and appraisals to monitor their performance and give them an opportunity to feedback. The supervisions focussed on actions from previous supervisions, current performance and training and professional development. Themed supervisions were also in place focusing on medicines and keyworker role and responsibilities.

People using the service told us, "The food is good, the chef is very imaginative. There is plenty of choice" and "The butlers are excellent and they are always available."

People exercised genuine choice and had access to sufficient food and drink throughout the day. The menu was varied and individual to each person. A variety of breakfast options were available to people every day from a cooked breakfast, to cereal to a continental breakfast. An a la carte menu as well as a set menu was available every day. People were able to choose from a wide variety of options including soup of the day, fish, meat and vegetarian options; and desserts included tarts, cakes, a selection of cheese and ice cream. There was a pantry available for people to help themselves with a selection of pastries and biscuits available throughout the day.

Meal times were set to suit people's individual needs and were not rushed. Meals were available to people at a time of their choosing, for example breakfast was served from 07:00 up until 10:30 and even later. There were three sittings available for lunch.

The dining environment was pleasant and food was well-presented. People were given the choice to eat in their bedrooms or the lounge. The service took cultural, ethical and religious needs into account when planning meals and drinks. People with religious needs had their food prepared and cooked separately, and

people who requested organic food had their needs met.

People's health needs were identified and action taken to address them. Staff made appropriate and timely referrals to other relevant professionals and services. One person said, "The GP comes here once a week, I'm able to discuss my health with them." Another said, "If I have a problem, I speak with [the nurse], I take it up with her." The GP visited the service weekly to review people and a physiotherapist was also available to provide support to people, there was a physio room available within the building to cater for this. Staff were able to print out Hospital passports from the care planning system which were then issued to Hospital staff in case of a Hospital admission. The registered manager had also signed up to the 'red bag' scheme. The red bag scheme aims to improve communication between care services and hospitals. When a person requires hospital admission, staff pack a red bag which includes the person's standardised paperwork and their medication, as well as day-of-discharge clothes and other personal items.

People were involved in decisions about the premises and environment. The registered manager told us they had changed the layout of the service based on feedback received from people. This included modifying the dining area to make it more personal and comfortable and to allow for both formal and informal dining. They had also created a kitchen and pantry in the dining area following feedback from people and their relatives.

People had access to an outside space, a terraced garden that was well maintained. A number of separate lounges and meeting rooms were available for people to use for both communal and private activities. There were quiet areas available if people wished to see their visitors outside of their suites. Each suite had a nursing bed and a recliner chair. Specialist or adaptive equipment such as hoists and mobility baths were available as and when needed to deliver better care and support. Each suite had a walk-in shower with a shower chair for those people with reduced mobility.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

People were involved in decisions about their care, their consent and agreement to their care and support was taken during the initial assessment and when they moved into the service. People using the service told us they had agreed to their care plans and were given choice in how they wanted their care to be delivered. One staff member said, "The care is based on their choice and how they want to be cared for."

Staff understood and demonstrated a good working knowledge of the key requirements of the Mental Capacity Act 2005. Staff judged whether people had capacity to make particular decisions whenever this was necessary. Mental capacity assessments were in place in case there were doubts about people's capacity to agree to certain decisions. For example, one person required the use of a lap belt and a MCA form was completed to ensure their consent was taken in line with the MCA.

Good

Is the service caring?

Our findings

The service ensured that people were always treated with kindness. This was reflected in the feedback from people who used the service who told us they were happy with the care and support they received from staff. One person said, "I'm happy with the care." They said that staff were caring and treated them with kindness and respect. Comments included, "On the whole, the carers are good. Some are exceptional", "Yes, I'm treated well, with respect" and "They are kind and friendly, always speak with you with respect." Our observations on the day of the inspection was that interactions between people and staff were positive.

The provider ensured that appropriate staff were recruited in line with their values and the CQC five key questions and behavioural competencies were assessed and used during staff recruitment. This helped to ensure care workers with the right qualities and an empathy for caring were recruited. People told us, "I'm happy here, all my care needs are being met" and "They [care workers] do engage with me and take an interest."

People were supported to express their views and be actively involved in making decisions about their care, support and treatment. They were fully involved during the planning and assessment stage before they moved into the service and were given the choice to choose their rooms once they had decided to move in. Their choices in relation to their food and social life were met and respected.

The service ensured that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. This included designing appropriate rotas. The staff team was split into nurses, care workers and other teams such as domestic catering staff/butlers which meant that care staff could focus on caring duties. One staff member said, "We can focus on caring for people as other staff are available to look after their domestic and food requirements." People were assigned key workers who took responsibility for their care needs. One care worker said, "As a keyworker, I follow up with the residents on the day to day care, liaise with family and help them in any way I can." People that we spoke with knew who their key workers were.

People's right to privacy and confidentiality was always respected. Care workers demonstrated a clear understanding of the boundaries of how to respect someone's privacy. One care worker said, "We knock, when we are approaching residents we call them by their preferred name." Another said, "When helping people with personal care, it's important to let them guide you and don't do anything they are not comfortable with. We make sure all the doors are closed and people are given the space they need." People were encouraged to maintain and develop their independence, one care worker said, "It's important to help maintain people's independence especially if they are here from hospital. We help them to get their confidence back."

Good

Is the service responsive?

Our findings

People were involved in developing their care, support and treatment plans. Their needs were identified, and their choices and preferences and how these were met were regularly reviewed. Peoples preferences were documented and staff were familiar with them. For example, people's likes and dislikes in relation to food, some of which were highly specific were understood by staff and their needs were met. People were also given the choice to self-medicate if they were confident to do so.

Care planning was focused on people's goals and level of independence. Care plans were comprehensive and covered a number of areas. These were fully completed in all the records that we saw. Assessment tools used to measure people's dependency or risk were linked to care plans. Care plans were reviewed monthly which helped to ensure people's care and treatment was appropriate. Each care plan had the care need, outcome and the action needed to achieve the outcome.

Technology was used in care planning which promoted timely and responsive care and support. The provider used an electronic care planning system. The service was 'paper-light'. All aspects of care records, including risk assessments, medical notes and care plans were electronic. The system gave an alert when reviews were due which helped to ensure records were updated regularly. All records were maintained on this system and care workers were issued with a smartphone on which care records were available and on which they could record the support that people had been provided with. Daily notes were completed by nurses, care workers and the physiotherapist.

Staff told us the care plan system made it easier for them to produce information for healthcare professionals if required. They could print off a 'hospital pack' which included the last 24 hours handover and any other relevant information for that period, such as medicines records. Care story notes were also available, these provided a summary of the daily notes.

The service enabled people to carry out person-centred activities and encouraged them to maintain hobbies and interests. Staff encouraged people to access activities, this was facilitated by the lifestyle co-ordinator who met with people when they first started to use the service to find out their preferences. We spoke with the lifestyle co-ordinator who spoke with us about the activities on offer. They said a number of group and 1:1 activities were arranged for people. Group activities on offer included coffee morning, film Fridays, physical and brain exercises and concerts. They said they worked closely with the physio to support people to do simple exercises.

People using the service felt confident that if they complained, their concerns would be explored and responded to. People using the service told us, "Yes they do listen. I have mentioned small things and they have made improvements." We looked at a record of the complaints and saw these were recorded clearly, along with the action taken to resolve them.

The registered manager said they did support people on end of life care, with support from Trinity Hospice. We received feedback from two healthcare professionals that although the standard of basic nursing care

was good, staff needed to develop their understanding and training in end of life care. One health professional said, "The nursing home have a good standard of basic nursing care and appear kind and caring in their delivery of this. My concern is that if the home are offering palliative and end of life care, the qualified staff should be fully trained and equipped to offer this service." Another said, "They are keen to take on end of life care patients and I think this could be done with more training." We spoke with the registered manager who told us they were looking to offer end of life care and develop this aspect of the service. In order to facilitate this they had taken on a limited number of end of life care people in consultation with relevant stakeholders. They had also arranged for clinical staff to attend Gold Standards Framework (GSF) workshops and had arranged end of life care training to be delivered to staff. We were provided with evidence of this after the inspection.

Good

Is the service well-led?

Our findings

People using the service told us the service was well-managed and they had no concerns in this area. Staff also told us they worked well as a team and could speak with the senior team or the registered manager if they had any concerns.

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 was aware of the responsibilities of the role, including the submission of statutory notifications.

There was an open culture at the service. The registered manager told us she was open to cooperative relationships with external stakeholders. These included, volunteering to test the new National Minimum Data Set website for Skills for Care and feedback on what she would like the site to do as a registered manager. She also attended local registered manager forums, allowing her to network with like-minded peers, sharing information, best practice and receive support. Following one of the meetings, she took on board the idea of having the nominated worker of the month photographed and displayed so that they were visible to staff, people and visitors. This was done to promote staff morale and to acknowledge the staff's efforts. The registered manager attended Wandsworth CCG meetings and participated in new incentives like the Red Bag scheme and Safe Patient lifting devices to try and limit ambulance calls for falls.

The values of the service were outstanding care, unrivalled hospitality and authentic choice. The vision, mission and values of the service were covered during the staff induction and new staff were assessed on how they demonstrated the values of the service during their probationary review. During our discussions with staff, it was evident they were aware of these values and demonstrated them when supporting people.

A number of audits took place which helped to ensure that performance, risks and regulatory requirements were understood and managed. Weekly multi-disciplinary team meetings took place which involved the physiotherapist, nurse and activities co-ordinator. During these meetings each person was reviewed, looking at a range of areas such as discharge planning, nursing needs, therapy outcomes and goals, lifestyle activities and complaints. In addition to this, a clinical governance report was completed every month looking at occupancy, incidents and accidents, clinical indicators, compliments and complaints. This helped to ensure there was management oversight about these areas.

A sample of care plans were audited every month, against a care document audit tool. The electronic care plan system was set up to alert staff if any of the care records were due for review. Weekly medicine audits were completed by the deputy manager which involved doing a stock balance check of medicines against the MAR charts. A more comprehensive medicines audit looking at policies/procedures, record keeping, storage, administration and training amongst other areas was completed. We reviewed the audits for February and March 2018 and saw an action plan was in place to make improvements. A pharmacist carried out an external medicines audit. This helped to ensure that medicines practice was safe.

People using the service and staff were engaged and given an opportunity to feedback. People's feedback about the quality of service were facilitated by the lifestyle co-ordinator who met with people on a regular basis individually. Any concerns that people had were identified during these sessions and followed up. General staff meetings were held monthly and staff were given the opportunity to discuss any issues that wanted to discuss. Any actions points were assigned to people to be followed up at subsequent meetings.