

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?	Inspected but not rated
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

Albert Suites at Battersea Place is a 'care home' and provides personal care with nursing for up to 30 older people. At the time of our inspection, there were eight people living at the home.

People's experience of using this service

People using the service and their relatives were happy that they were safe and well cared for.

Despite the positive feedback, we found some aspects related to the management of the service had deteriorated since the previous inspection. There had been some changes to the management of the service and also some restructuring of its set up was also being considered. These changes had an impact on the morale within the staff team, the provider's engagement with staff and also some aspects of its quality assurance checks which had not been completed in the period since the previous registered manager left.

There were enough staff employed to meet people's needs and there were robust recruitment procedures in place which meant that staff were safe to work with people. Risks to people were reviewed every month which meant they were supported to remain as safe as possible. People were supported to take their medicines in a safe manner. We were assured that the provider had safe infection prevention and control procedures in place, including in relation to the management of COVID-19.

Staff were offered a mixture of face to face and online training.

People were supported to eat a balanced diet with a daily changing menu and a variety of alternative dishes always available. Care plans reflected people's personal preferences and their support needs. There was a good activities programme on offer, with both individual and group activities taking place. These were delivered in line with people's wishes. The provider listened and responded when concerns or complaints were raised.

Some aspects of the service were managed well. The new manager was approachable and wanted to engage and encourage feedback from people and staff. The provider worked with local partners to ensure people received the appropriate support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update.

The last rating for this service was good (published 28 June 2018).

Why we inspected

We received some concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We also used a targeted approach to look at specific concerns we had about training and food under the Key Question of Effective. As we only looked at part of Effective, we have not changed the rating from the previous inspection for this Key Question.

We reviewed all the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for the Key Questions of Caring and Responsive were used in calculating the overall rating at this inspection.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the relevant local authorities to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Albert Suites at Battersea Place

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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.

The service had a manager, however they were not registered with the CQC. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who lived at the care home and two visitors. We also spoke with the interim general manager, the manager, a nurse, four care workers, a chef and the activities coordinator.

We looked at a range of records, including three care plans, five staff files, medicines records, governance and training records.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included training and supervision records, some policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to take their prescribed medicines in a safe way by staff who were competent to do so.
- Medicines support plans were in place and assessments took place to see if people were safe to self-administer their own medicines, thereby encouraging independence.
- The provider used an electronic system for medicines management, including medicine administration records (MAR). This helped to minimise errors by alerting staff when medicines were due or had been missed. A staff member said, "It's a really good system. We had training on it and an assessment."

Assessing risk, safety monitoring and management

- Risks to people were assessed and reviewed on a regular basis which helped staff to keep people safe.
- The provider used recognised tools to assess for the risk of pressure sores, nutritional risk, continence risks and falls risks.
- Areas of high risk were identified and guidance provided to staff on how these risks could be minimised.

Staffing and recruitment

- There were robust recruitment checks in place, this meant that staff were safe to work with people.
- We reviewed a sample of staff files which showed that potential applicants were required to complete an application form, produce satisfactory references and evidence of right to work in the UK and Disclosure Barring Service (DBS) checks. A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- There were enough staff employed to meet the needs of people using the service. There were typically four care workers working with a registered nurse during the day to support eight people. Staff were visibly present throughout the service during our inspection. Staff ratios were calculated using a dependency tool based on the needs of people using the service.
- People using the service and their relatives told us, "The staff here don't change a lot" and "If you are in trouble, someone is always here to help me night or day." One staff member said, "There are enough of us, there is always a nurse on duty."

Systems and processes to safeguard people from the risk of abuse

- Staff knew what safeguarding was and the steps they would take to keep people safe from harm. Comments included, "Safeguarding is abuse of residents, either physical or financial. You must report it. I would report it to my line manager."
- People told us they felt safe and had no concerns about their safety. One person said, "I feel safe." A

relative said, "She is safe here."

- There were no current safeguarding concerns with the service. The provider followed the London multi agency adult safeguarding policy and procedure and the safeguarding reporting flowchart was on display for staff to refer to if needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff knew the procedures for reporting any incidents and accidents that occurred.
- Incidents and accidents were recorded and investigations took place to understand what went wrong and what steps could be taken to prevent them from reoccurring in future.

Is the service effective?

Our findings

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

At the last inspection this Key Question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

We have not changed the rating of this Key Question, as we have only looked at the part about the training and support staff received, application of the Mental Capacity Act and the premises which we had specific concerns about. We will assess all of the Key Question at the next inspection of the service.

Staff support: induction, training, skills and experience

- People told us staff were competent and knew how to meet their needs.
- Staff demonstrated an understanding of their roles and how to support people in an appropriate manner. The HR manager told us they had recently re-introduced face to face training after delivering training via an e-learning platform during COVID-19. This was annual refresher training. Staff reported that training had improved since the pandemic telling us, "There was deterioration in training but we've done quite lot of face to face recently such as first aid, moving and handling and basic life support" and "We haven't had much training because of the pandemic – we did have infection control and moving and handling."
- New staff received an induction which included an introduction to the service and the provider's policies and procedures.
- Staff received supervision as part of their ongoing development and support needs, however this was inconsistent. There was no internal supervision policy in place to clarify the provider's expectations with regards to staff supervision. The manager told us they were using guidance from ACAS but it was not clear what this was. We recommend the provider implements a supervision policy in line with current guidance. We will follow this up at the next inspection of this service.

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

- People and their relatives told us the food was fine. Comment included, "The food can vary but they feed me well. I do enjoy the food and I choose from the menu", "We met the new chef three months ago, the standard has gone up. The portion sizes are generous" and, "The quality of the food is fine."
- People were supported to eat a balanced diet with a daily changing menu and a variety of alternative dishes always available.
- People's menu choices were taken and appropriate food was prepared for them, if people need modified food such as softened food then their food was prepared accordingly.

Is the service responsive?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans which were individual to their needs. These were reviewed every month or as and when their needs changed. This helped to ensure the provider could support them in the best way that met their needs.
- Both short and long term plans were in place. Long term care plans addressed ongoing support needs and short term ones focussed on supporting people in the short term for specific areas. Each care plan had a care need, an outcome and an overview of the actions needed to support people.
- Care plans were developed with the input of people, and their relatives if appropriate. A staff member said, "We get a lot of information from them on how to meet their needs, they are done in discussion with them. We always make sure they are involved in their plan of care."
- Each person had a named nurse and a keyworker. Care workers completed daily care notes which we saw being completed in real time during the inspection.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was nobody with any specific communication support needs at the time of the inspection.
- Care plans included communication support plans which included guidance for staff on how best to communicate with people effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were happy with the quality of the varied activities that were available to them. These included both individual and group activities. They said, "[Person] goes to exercise class, we have special celebrations and birthdays", "I play the piano with [activities co-ordinator] and we do exercise and film afternoon" and "[activities co-ordinator] is very engaging."
- The activity co-ordinator was very passionate about her role and spoke about the importance of a thriving activities programme to enable people to lead meaningful lives and to avoid isolation. She was familiar with people's background and past histories which meant she was able to deliver a meaningful programme of activities to them that were socially relevant.

Improving care quality in response to complaints or concerns

- People told us they knew what to do if they had any concerns or complaints. One relative said, "There are occasional issues but they tend to be resolved quickly."

- The complaints procedure was on display in a communal area, advising people and their relatives who to contact if they were not happy or wanted to raise a complaint. This included contact details including those of the local government ombudsman if they were not satisfied with the internal complaints handling resolution.
- Records showed that complaints received had been acknowledged and responded to after a full investigation.

Is the service well-led?

Our findings

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

At the last inspection this Key Question was rated as good. At this inspection this Key Question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The service had recruited a new manager who had only been in post for a few weeks at the time of the inspection. The provider ensured there was management oversight whilst recruiting for the new manager, with the group commissioning manager, clinical governance director and nominated individual providing management support to the service.
- The provider was undergoing some changes to the management structure at the time of the inspection. The general manager told us they would be going back to having one single manager registering for both the Albert Suites and a domiciliary care provider based at the same location. Previously there was separate registered manager for both services. He said there were plans in place to recruit a deputy role to work with the new manager in supporting the care provision at Albert Suites.
- Although these changes had not negatively impacted on the people's experience or delivery of care, staff we spoke with said this uncertainty had been a challenging period and had affected staff morale. Feedback was mixed. Some of the comments included, "No I don't feel supported – not everyone is valued. I have raised it my manager but then they disappeared", "It's been a little disruptive, but there's always been someone to talk to, either a manager or the nurse", "It's been a challenge, I would say its been a learning curve. We do miss a permanent manager, someone to liaise with" and "It has been disruptive but I try and cope. Different managers have different expectations. Morale is so so."
- This also had an impact on some of the governance and quality assurance audits. Although some governance audits continued to take place, there were others that had not been completed in the period between the previous registered manager leaving and the new manager starting. We raised this with the managers at the end of the inspection who acknowledged this oversight but were confident with the new manager in post, these would be starting again.
- Staff told us they had some opportunities to speak with the manager but this was inconsistent, this included the frequency of their supervisions. Out of the five staff files we saw, four staff had only received one supervision since January 2021. The provider did not have a supervision policy that it followed. We raised this with the managers who told us they were in the process of introducing a new formal supervision policy.

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

- People using the service told us their views were considered. They said they were asked about the food

and activities within the home. They said their feedback was taken on board.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The managers were aware of their responsibilities under the Duty of Candour. The provider and manager acknowledged when something went wrong, accepting responsibility and putting steps in place to try and ensure these would not be repeated.
- The manager was aware that some work needed to be done to promote a more open culture within the service. She said, "I've set up team meetings and had one recently – we will have a rolling programme of two weekly meetings to meet with staff. I have put out a suggestions box and I want to have an open door, I will be setting up an open clinic for people to pop in and see me."
- We received positive feedback about the new manager, staff felt she was approachable, "She (manager) has given me different responsibilities and made me feel like I have a role. Early impressions are good." The manager told us, "The priority is trying to create a steady ship."
- The service's previous CQC inspection report and ratings were clearly displayed and also available on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The provider fulfilled their regulatory responsibilities and submitted statutory notifications to the CQC about certain incidents such as safeguarding and other incidents affecting the health and well-being of people using the service.

Working in partnership with others

- The provider worked in partnership with external services to support people. People were free to choose their own GP, however the majority used one GP practice who carried out weekly visits. People also had access to physios and other therapy team professionals who completed assessments for them. There was an onsite podiatry service.