

Mr & Mrs A G Burn

Albury House

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

About the service

Albury House is a small family run care home which provides care and accommodation for up to 12 older people. At the time of the inspection, 11 people were living at the home, some of whom had a dementia related condition.

People's experience of using this service and what we found

People were complimentary about the home and the staff. One person told us, "I would describe it in my eyes as perfect – it is very homely and the staff are wonderful, it couldn't be nicer."

Systems were in place to safeguard people from abuse. People told us they felt safe and staff said they had not seen any care practices which concerned them. An effective system was in place to manage medicines.

Sufficient staff were deployed, and safe recruitment practices were followed. Staff were suitably trained and supported to enable them to meet people's needs.

People were supported to eat and drink enough to maintain their health and wellbeing. There was an emphasis on home baking and local produce. Staff assisted people to access healthcare services and receive ongoing healthcare support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care which reflected their needs and preferences. People were supported to continue their hobbies both within and outside of the home.

A complaints procedure was in place. No complaints had been received.

A range of audits and checks were carried out to monitor the quality and safety of the service.

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

Rating at last inspection

The last rating for this service was good (published 20 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Albury House

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

The inspection was carried out by one inspector.

Service and service type

Albury House 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 registered with the Care Quality Commission. This means that they 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

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, assistant manager, a senior care worker, a care worker, five people and two relatives. The registered manager was on annual leave on the last day of our inspection. We looked at one person's care plans, recruitment checks for one staff member, training and supervision records, medicines administration records and records relating to the management of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. There were no ongoing safeguarding investigations. This was confirmed by the local authority.
- People told us they felt safe. Staff were knowledgeable about what action they would take if abuse were suspected.

Assessing risk, safety monitoring and management

- Systems were in place to monitor and assess risks.
- Electronic risk assessments were completed to document all areas of risk such as moving and handling and falls.
- Checks and tests were carried out to ensure the premises and equipment were safe.
- The provider had purchased an 'airway clearance device' to use in case of a choking emergency. Staff had been trained in the use of this equipment.

Staffing and recruitment

- Safe recruitment procedures continued to be followed.
- There were enough staff deployed to meet people's needs. A senior care worker and care worker were on duty throughout the day. The assistant manager was also on duty. There was one waking staff member on duty during the night. The assistant manager provided on call cover should assistance be required.

Using medicines safely

- A safe system was in place to manage medicines.

Preventing and controlling infection

- Systems were in place to prevent infection.
- The home was clean, and staff had access to and used gloves and aprons to help prevent cross infection.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were monitored to check for any themes or trends.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed. These assessments were used to devise a plan of care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported and trained.
- Staff told us there was sufficient training to enable them to meet people's needs. This was confirmed by training records.
- A supervision and appraisal system was in place

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

- People were supported to eat and drink enough to ensure their well being
- There was an emphasis on home baking and fresh produce. People told us they enjoyed the meals and their individual preferences were catered for. A staff member asked one person if they would like a cup of tea after their meal. The person replied, "I don't normally have tea after lunch, but I will have a peppermint tea."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services and receive ongoing healthcare support.

Adapting service, design, decoration to meet people's needs

- The design and décor was homely and met people's needs. One person told us, "I have a very nice room. I have a view over the whole valley, when the trees are bare you can see the trains passing."

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had submitted a DoLS application to the local authority to authorise in line with legal requirements.
- We spoke with the assistant manager about ensuring that people's capacity was kept under review in case there were any changes and a DoLS application was indicated.
- Staff had requested copies of lasting power of attorney documentation from relatives. They were still awaiting some copies to be sent.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness.
- People spoke positively about the caring nature of staff. One person told us, "The staff couldn't be nicer they are a lovely bunch. It is in their nature to be as helpful as they are."
- We observed positive interactions between staff and people. One person enjoyed singing and a staff member said, "What are we going to sing today? 'You are my Sunshine?'" Some enthusiastic singing followed. A staff member told one person who was living with dementia that they had been speaking with their sister on the phone and the sister had sent them a "big hug." The staff member showed the person photographs of their sister and passed on the hug.
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided.
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff had completed training in equality and diversity.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in their care. Care plans could be shared with relatives where appropriate. The assistant manager told us, "Electronic care plans have a family mode which means they can be shared by email."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence. One person went out independently into the local community.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated 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 received personalised care which reflected their needs and preferences.
- Staff were knowledgeable about people's likes and dislikes. One staff member said, "I enjoy it, it's lovely, you get to know them and their little ways. You know instantly if something isn't right."
- There was an electronic care planning system in place. Some of the information contained within care plans was generic and not always detailed. This did not have any impact upon people's care because people were cared for by a small team of staff who knew people well. However, the assistant manager told us this would be addressed.

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.

- People's communication needs were recorded in their electronic care records. No one had any specific communication needs, however, the assistant manager told us that if information was required in any other format such as braille, this would be provided.

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's social needs were met. They were supported to maintain their hobbies both within and outside of the home.
- Two cars were insured by the provider for staff to use to take people out into the local community. People had been to the arts centre, cafes and local events. One member of staff told us, "I took [name of person] to see the film Mary Poppins and she sang all the way back and we went to Heatherslaw [railway]. We do things which suit each person."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received.

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs at this important time.
- We spoke with one relative whose family member had died. They told us, "I would describe it [care] as

excellent, the attention to detail was excellent."

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Albury House is a small family run business. The provider and management staff were available 24 hours a day.
- People told us they were happy and spoke positively about the home. One person said, "It is very homely, and staff are very nice and that makes all the difference. It's also in a nice area."
- There was a cheerful atmosphere when we visited. Staff told us they felt valued and said morale was good.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A range of audits and checks were carried out to monitor the quality and safety of the service.
- We spoke with the assistant manager about care plan audits since these had not highlighted the issue with the generic information. The assistant manager told us that this would be addressed.
- We spoke with the registered manager and assistant manager since the documented audits, and checks were carried out by the assistant manager. The registered manager confirmed she had oversight of these checks and was at the home daily to make sure everything was running smoothly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff told us they could go to management staff at any time and their concerns or issues would be addressed. One staff member said, "We all work together, we don't have to wait for meetings here. We have a run down every day and talk through everyone and exchange ideas."

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.