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Albany House - Bognor Regis

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection on 2 and 3 January 2019.

Albany House is a care home without nursing for up to 18 people. On the day of our inspection there were 16 people living at the service. The home provides support to people with mental health needs that include schizophrenia, bi-polar, dementia and depression.

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

There was a registered manager in post. 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.

At the last inspection on 13 June 2016, the service was rated Good. At this inspection we found the service had improved to Outstanding.

Why the service is rated Outstanding.

We spent time with people during our visits and some people had chosen to write us a letter describing their experience of living in Albany House. Feedback received from people living in the service was extremely positive, saying things like "I feel safe. I feel loved" and "I feel like staff and residents are family".

Feedback received from professionals was also very positive. They told us about the impact the great service had for people. The provider's website also had many positive reviews from relatives of people using the service. Most rated the service as excellent.

The service was extremely well led. The provider's values and vision were embedded into the service, staff and culture. The provider and registered manager were passionate and committed to developing a service where people received genuinely person-centred care. This was evident throughout our visit. People, relatives, staff and professionals said the registered manager was very approachable.

People were supported to develop close relationships with each other and with all the staff. The management and staff created a warm and relaxed environment and we observed a strong caring relationship between people and the registered manager. Relationships were professional but two way and people knew about the registered manager's and staff families and interests which helped maintain these relationships.

People's equality and diversity was respected and people were supported in the way they wanted to be. The service had a clear policy on equality and diversity and staff and people received training on this topic. The registered manager gave us examples of how the service had provided support to meet the diverse needs of people using the service, including those related to sexuality and faith. People's individual preferences were identified through discussion with them or their relatives if appropriate. Their preferences were documented in care plans if they wished this information to be shared, and understood and respected by staff.

People received outstanding care from a dedicated staff team who were very kind, caring and compassionate, and who demonstrated they would go the extra mile for people when necessary. Staff had built very strong relationships with people. All staff demonstrated kindness for people through their conversations, interactions and observations. Staff respected people's privacy. People or their representatives, were involved in decisions about the care and support people received.

People were provided exceptional care to protect their wellbeing and their individual needs. People's wishes for their end of life were clearly documented and the care and support provided was exceptional.

There were quality assurance systems in place to help monitor the quality of the service, and identify any areas which might require improvement. The provider's governance framework helped monitor the management and leadership of the service. The provider listened to feedback and reflected on how the service could be further improved. The provider had monitoring systems which enabled them to identify good practices and areas of improvement.

People received their medicines safely by staff that had received regular updated training. People were protected by safe recruitment procedures. This helped to ensure staff employed were suitable to work with vulnerable people. People, relatives and the staff team confirmed there were sufficient number of staff to help keep people safe. Staff said they were able to meet people's needs and support them when needed.

People's risks were assessed, monitored and managed by staff to help ensure they remained safe. Risk assessments were completed to enable people to retain as much independence as possible.

People continued to receive care from a staff team that had the skills and knowledge required to effectively support them. Staff had completed mental health and safeguarding training. The provider had a comprehensive training programme in place. Staff without formal care qualifications completed the Care Certificate (a nationally recognised training course for staff new to care). The Care Certificate training looked at and discussed the Equality and Diversity and Human Rights policy of the company.

People were supported to have maximum 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. People's healthcare needs were monitored by the staff and people had access to a variety of healthcare professionals.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were upheld and consent to care was sought. Care plans were person centred and held full details on how people's needs were to be met, taking into account people's preferences and wishes. Information held included people's previous history and any cultural, religious and spiritual needs.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

Albany House - Bognor Regis

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 checked 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.

The inspection was undertaken by one adult social care inspector on the 2 and 3 January 2019 and was unannounced on day one.

Prior to the inspection we looked at other information we held about the service such as notifications and previous reports. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. At our last inspection of the service in June 2016 we did not identify any concerns with the care provided to people.

During the inspection we met and spoke all the people who lived at the service. Eight people wrote us letters with details about the care and experiences of living in Albany House. Others told us about the care and support they received.

We also looked around the premises. We spoke to the registered manager and one healthcare professional. We also spoke with six staff and received feedback from seven professionals after our visit. We looked at records relating to individual's care and the running of the home. These included four care and support plans and records relating to medicine administration. We also looked at the quality monitoring of the service.

Is the service safe?

Our findings

The staff team continued to provide safe care to people. People told us they felt safe with the staff who supported them. Some people were not able to fully express themselves. However, people were observed to be comfortable and relaxed with the staff who supported them. We saw people happy, laughing and joking with the staff. One person said; "I feel safe. I feel loved." Another said; "I feel safe and secure." Professionals told us they felt people were safe living in Albany House and relatives had posted positive comments on the services website stating they felt their relatives were safe.

People had sufficient numbers of staff around to help keep them safe and to help ensure people's needs were met. Staff were recruited safely and checks carried out with the disclosure and barring service (DBS) ensured they were suitable to work with vulnerable adults. People told us and we observed staff meeting people's needs, supporting them, and spending time socialising with them.

People were protected from abuse and avoidable harm as staff understood and put into practice the provider's safeguarding policy. All staff completed training in safeguarding to help minimise the risk of abuse to people and staff knew how to recognise and report abuse.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff covered Equality and Diversity and Human Rights training as part of this ongoing training. People had detailed care records in place to ensure staff knew how they wanted to be supported.

People continued to receive their medicines safely from staff who had completed medication training. Systems were in place to audit medicines practices and records were kept showing when medicines had been administered. People with prescribed medicines to be taken 'when required' (PRN), such as paracetamol, had records in place to provide information to guide staff in their appropriate administration.

People identified as being at risk had up to date risk assessments in place and people, relatives and professionals had also been involved in writing and completing risk assessments. Risk assessments identified those at risk, including when people went out into the community on their own, and if people were at risk due to changes in their mental health status. They showed staff how they could support people and help keep them safe and how to protect people as much as possible. There was clear information on the level of risk and any action needed to keep people safe. Staff were knowledgeable about the care needs of people including their risks and knew when people required extra support, for example if people's mental health deteriorated. This helped to ensure people were safe.

People's accidents and incidents were documented. People, when needed, had been referred to appropriate healthcare professionals for advice and support when there had been changes or deterioration in their health care needs.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. The

fire system was checked including weekly fire tests and people had personal evacuation procedures in place (PEEPs). People were protected from the spread of infections. Staff understood what action to take to minimise the risk of cross infection, such as the use of gloves and aprons and good hand hygiene to protect people.

The provider worked hard to learn from mistakes and ensure people were safe. The registered manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had very good knowledge of the individuals they supported, which meant they could effectively meet their needs.

People were supported by staff who had received training to meet their needs effectively. The provider had ensured staff undertook training the provider had deemed as 'mandatory'. This included mental health training and fire safety. Staff without formal care qualifications completed the Care Certificate. All staff completed training that covered Equality and Diversity and Human Rights. Staff completed an induction which also introduced them to the provider's ethos, policies and procedures. Staff were supported and received regular supervision and team meetings were held. This kept them up to date with current good practice models and guidance for caring for people with a learning disability.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records held details on the professionals involved in their care. For example, psychiatrists and GPs. People's health continued to be monitored to help ensure they were seen by relevant healthcare professionals to meet their specific needs as required. For example, the community psychiatric nurse visited the service to support people when needed. Staff assisted visiting professionals to enable them to communicate any feedback to all other staff. This helped the staff and people receiving treatment receive the advice and support needed to maintain people's health and what treatment had been completed. Staff consulted with healthcare professionals when completing risk assessments.

People continued to be supported to eat a nutritious diet and were encouraged to drink enough to keep them hydrated. People were provided with information on meals being prepared to enable them to make choices. People identified at risk of health problems, for example diabetic diets, had been referred to appropriate health care professionals. The advice sought was clearly recorded and staff supported people with appropriate food choices. If there were any concerns about a person's hydration or nutrition needs, people had food and fluid charts completed and meals were provided in a safe consistency and in accordance with people's needs and wishes. Care records recorded what food people disliked or enjoyed. People all agreed there was plenty of choice and a kitchenette made it easier for people to make drinks and snacks when they wished.

People were encouraged to remain healthy, for example people did activities that helped maintain a healthier lifestyle. For example, going for walks on the local beach.

People's care files recorded how people could communicate and how staff could effectively support individuals. Staff demonstrated they knew how people communicated and encouraged choice whenever possible in their everyday lives. This showed they were looking at how the Accessible Information Standard would benefit the service and the people who lived in it. The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

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 with appropriate legal authority. 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. People's safety and liberty were promoted.

Staff were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their personal care needs. Staff waited until people had responded using body language, for example, either by smiling or going with the staff member to their rooms.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths more easily. People lived in a service that continued to be maintained, and planned updates to the environment were recorded.

Is the service caring?

Our findings

The home was exceptionally caring with a strong visible person-centred culture. The provider's values stated "We create a home from home atmosphere, where we will continually focus on improving and developing the qualities of care and hospitality and choice we offer our residents. We understand that people value keeping their independence. We respect privacy and encourage individuals to choose how their care is planned and delivered. We see our residents as individuals. We try to give as much choice as we can in day-to-day living and we support people in maintaining their independence."

All staff were fully aware of these values and said they were clearly embedded into the care they provided at the home. Both staff and management were fully committed to ensuring people received the best possible care in a homely, loving and caring environment. All staff agreed that the service lived up to the provider and registered managers' values and we observed staff providing highly sensitive person-centred engagement, particularly for people living with a mental health issue. We observed how staff had an extremely good understanding of people's needs. Staff used this understanding to reduce distress when people became upset or anxious.

Throughout the inspection we found many examples that confirmed staff's knowledge of these values and them being embedded into every day practice. We saw that staff were not afraid to show genuine affection to people when needed. For example, when some people became anxious about our visit. We observed staff sitting with people and speaking with them to reassure them. Staff were never in any rush to leave people and remained there with them until they settled. We saw people become more cheerful and reassured by the interaction of staff.

The registered manager signed the service up for the 'Alive- Lighting Up Later Life' programme. This training programme, which was founded in 2009, is the 'UK leading charity enriching the lives of older people in care and training their carers.' The aim of this programme is "To transform the residential care sector, so that older people's mental, social and emotional wellbeing is prioritised alongside their physical care."

Staff reported after the training that the programme had shown that "Staff at Albany House feel passionate and willing to make a difference to their resident's wellbeing." Staff worked hard to support this. For example, one person refused to see a dentist or GP, however, at times this was necessary, for example when they had a swollen cheek which proved to be an abscess. The registered manager arranged for the doctor to call to the home, spend some time getting to know people and then indicated to this person that their cheek looked 'sore and swollen', offered to have a look and antibiotic were arranged with a good outcome for this person. The registered manager said; "I feel this is only achievable due to the excellent relationship we have built with the surgeries."

Staff respected and promoted people's privacy, dignity and independence. There was a 'dignity champion' in post, with responsibility for promoting people's dignity at the service. A person needed an operation that effected their dignity, independence, relationships, confidence and wellbeing. This included that they needed to have a catheter fitted to make them comfortable. This person hated the catheter, due to the

discomfort and effect in their personal life. The registered manager did not believe that this person's needs were understood or 'listened to'. The registered manager and staff contacted the hospital to arrange a second opinion, an operation was arranged and the catheter is now not needed. Therefore, this person wellbeing, dignity, independence and quality of life has improved tremendously due to the care and compassion of the registered manager and staff team.

Equality and diversity and human rights was understood and people's strengths and abilities valued. LGBTQ (LGBTQ, is an initialism that stands for lesbian, gay, bisexual, transgender and questioning) information was made available to people. Leaflets and information about a variety of topics were available in different formats for people. People's religious needs were met and this included visits by local churches and people attended church and others were supported to maintain relationships with people who practiced their faith.

The registered manager and staff team arranged a 'Pride Festive' for people in the home. This included staff and people in the home attending a LGBTQ+ (Lesbian, Gay Bisexual, Transgender and Questioning) workshop. An afternoon tea session was held and people could come dressed up in their pride colours and there was an open discussion about 'Pride' and what it meant. The day was called; "Difference. It's the one thing we have in common." People were given the opportunity to watch the video on "Homophobia in Care" and then have a discussion and set up a discussion board about the subject. The registered manager said after the day, "People who had made derogatory comments about those identified as LGBTQ+ were talking in a positive way and making comments such as 'As long as they're happy, whose business is it?' and 'Love is love'." One person said they could; "Talk about being bisexual with staff."

People were also supported to develop close relationships with each other and with all the staff and this was evident through our observations and time we spent with people. The registered manager and staff created a warm and relaxed environment and we observed a strong caring relationship between people and the registered manager and staff team. People knew about the registered manager's and staff's family's and interests which helped maintain these relationships.

People were supported to maintain close family relationships. The registered manager told us, "We welcome relatives and visitors at any reasonable time. We have facilities for people to keep in contact with family either by phone, Skype and staff support people to visit their relatives if people are not able to make the journey on their own or if relatives are unable to visit due to ill health or age"

The registered manager supported people to visit family members who did not live close by, for example arranging a holiday to Malta to enable one person to visit their relative who was unable to travel. The registered manager and staff arranged that those people who wished to could order, via the internet, flowers to be delivered to their mothers on Mothering Sunday. One person was supported to buy local flowers and hand deliver to their mother. One person, who was end of life care, was supported by staff to find their children that they had not seen for over 20 years. The registered manager talked through the process they had followed. It was evident this matter was managed with the upmost care, kindness and compassion not just for the person living in the service but also one of the children they were able to trace. This enable family members to reunite before the person passed away.

The provider's website had many positive reviews from relatives of people using the service. Most rated the service as excellent. We saw that people received outstanding care and were supported to have the best quality of life possible. One review by a relative said, "It has been just over a year now since my last review. I am very pleased to say, as expected, the standard has remained exceptionally high. My X (relative) has a chronic illness that needs constant monitoring and previously they have required hospital treatment. [The

registered manager] organised the hospital visits in a very caring and professional way. They even arranged for my relative to have visitors at the hospital to see them. When my relative has been unwell in the past, [the registered manager] and her team cared for my relative to the highest standard - even to the extent of moving their room to the ground level to make sure they had the utmost care. Thank you, [the registered manager] and staff you are such wonderful caring people. Albany House is amazing."

Another review said, "Albany House is an exceptionally well-run care home. My relative has needed care most of their life. They have stayed in numerous hospitals and care homes. Since they have been living at Albany House I have for the first-time complete peace of mind. The care given by [the registered manager] and all the staff has been astounding in every way. In my relative's own words, 'I feel I have come home'. Albany House is a wonderful care home full of love. Absolutely astounding in every way."

We observed, and people told us, that staff worked with them in a caring and person-centred way. For example, we observed one person become upset and distressed at times. The staff provided reassurance, stayed with the person and supported them until they became settled and where happy and smiling again.

During the last heatwave the registered manager put extra precautions in place to protect people's wellbeing. For example, a meeting was held with people to discuss the heatwave, the high risk this could cause people and the plans being put in place to ensure people remained healthy. This included 'Hydration rounds', offering people additional drinks, fluid stations around the service to enable people to help themselves which held drinks as well as jelly and ice lollies, an education board highlighting information on what a heatwave was and additional monitoring of people's wellbeing. A staff discussion was arranged to discussed dehydration and sun stroke so staff were fully aware on what symptoms to monitor and act on. A paddling pool was also arranged, along with a 'Caribbean BBQ', to enable people to still enjoy the sunshine however, they could paddle or sit in cool water if they wanted.

Professionals also agreed the staff and registered manager were exceptionally caring. Professionals wrote to us and comments included; "I am a psychiatric doctor. I have visited this home several times. The care here is excellent. The staff are very professional, they give fantastic personal attention to the residents" and "Albany House provides an extremely high level of care that acknowledges individual needs and preferences." Another wrote, "Albany House is a very impressive, caring, nurturing and person-centered home" and "I have been very satisfied by the care at Albany House for the past ten years that I have been visiting. And I am a community psychiatric nurse (CPN) and have a lady at Albany House. She has received a high standard of care throughout despite her complex mental and physical health needs. The staff are sensitive and supportive."

Throughout our visit we observed plenty of laughter and interaction, including singing, between people and with the staff. Some people living at the service chose to socialise in each other's rooms, which encouraged friendships. Staff had genuine concern for people's wellbeing, and worked together to ensure people received good outcomes and had the best quality of life possible.

People said of the staff; "Staff are amazing", "They help me whenever I need it" and "When I was in hospital staff came to see me and took me out on my birthday." Other comments included; "[Staff are] excellent, kind, thoughtful, considerate, extra nice and compassionate", "Gracious and polite all the time", "Caring and there for me" and "Incredible, nice, superb. I love the staff."

Without exception, people we spoke to told us they received a high level of professional care and kindness that supported them to live fulfilled lives and feel they mattered. Feedback we received confirmed care at Albany House encompassed the whole family.

During our visits we saw staff acknowledge each person as they went past them, so nobody felt they were not noticed or cared for. There was a very friendly and happy atmosphere in the home where people looked and felt included. Staff were seen to listen to people's views and respected them. All staff without exception said they loved working in the service and took pride in the care they provided people. They listened and acted upon the registered manager's saying of; "Our residents do not live in our work place. We work in their home."

People's care plans were held electronically and staff were able to log what people had eaten, drunk, activities completed and people's wellbeing. This technology proved effective in monitoring people's fluid/food intake which supported staff in helping people to maintain good health. The registered manager was then able to log on and see at any time that each person, who required any of their care or mental health needs monitored, had been provided the support and care needed to remained well. This was particularly important if people were going through a difficult time with their mental health status or end of life care and was vital to people's care and welfare.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary. This was in line with the new General Data Protection Regulations (GDPR). Staff spoke to us about how people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The provider and staff said everyone would be treated as individuals, according to their needs.

Is the service responsive?

Our findings

The home was very responsive to people's needs. People were central to the care planning process which was person centred at all times. The home's mission statement states; "We hope that residents will see Albany House as an extension of their former home and carry on their lifestyle as before, knowing that they have the care and support of our staff." People described staff in terms of being "Outstanding, excellent, wonderful".

People were fully supported to live their lives the way they chose. The registered manager and staff told us, they were guided by people's wishes and aspirations when it came to arranging activities and social engagement. Staff had an excellent understanding of people's needs and continued to find creative ways of supporting them to have an exceptional quality of life. For example, a person who has been given a life limiting diagnosis had a list of activities and events they would like to do. This list is currently being worked through including places of interest they'd like to visit with staff support. They had already been on a cruise in a particular part of the world they wished to go to.

Any events in a person's life was seen as a special event. People who celebrated a weight loss or a big birthday were a cause for celebration and were personalised for each person. People had a 'wish list', things they liked to do were listened to and plans made to try to fulfil their dreams. One person told us, their life long wish had been to go to Bournemouth. They went on to say how they had holidayed their last year with the staff support they needed to do this.

Another person told us, "I liked going to Malta for my holiday" and another wrote to us saying they did activities including; "Cinema. Pride Days, Garden Centres" While others wrote included; "Cooking, Breakfast Club (a local café activity arranged for people to meet in the community), Pantomime, singing and dancing, a trip to a night club arranged for people with mental health issues and concerts."

A professional told us how one person enjoyed pantomime and who previously, due to suffering major anxiety, would not sit through a whole pantomime show. Staff in the service had worked closely with this person over a period of time and they now managed to stay for the whole show. This was seen by the professional, staff and person themselves as a major achievement.

People at the end of their lives received excellent care. The registered manager and other staff at Albany House had participated in the "Six Steps Programme" training course. This training programme provided staff the skills and knowledge to "Enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care." Staff confirmed the training was about caring compassionate support for the dying and those with progressive or life-limiting illnesses. They were currently supporting some people through palliative care. A professional commented, about the end of life care the staff offer; "I have been very impressed with the standard of highly individualised and person-centred care they have given on each occasion (of someone's death)."

This training proved invaluable when Albany House lost two of their long-term residents last year. One

person also lost their mother, which they found very distressing. This person had been supported to visit their mum in hospital, and information documented about the planned visits showed the service had also supported other family members. One staff was designated to support this person to ensure consistency. This member of staff also supported this person to visit their brother to plan the funeral and also attended the funeral and the wake for their mother.

One person receiving end of life care and became very poorly had stayed at the home rather than hospital. The registered manager arranging extra staff for 24 hours to support this. Staff were able to support this person due to the completion of their end of life training. This person died the next day. This gave other people in the home the opportunity to say their goodbyes and they spent time with this person if they wished.

After their death, staff supported people by making a memory board of this person and placed it on this person's bedroom door so everyone could see this. People who wished to, wrote their own message which was then placed on the poster on the bedroom door. This person loved to sing and enjoyed the applause that came with the singing. The registered manager arranged that when the funeral directors came to collect the body their favourite song was played ('Danny Boy') and all staff and people who wanted to line up to applaud this person's body as they left the home for the last time. The nominated individual paid for their funeral as they would not have had a 'paupers' funeral. The funeral was planned with everyone involved and the service was conducted by the Reverend who visited the service regularly. This person did not have any family and they'd considered the staff and people in the home as family.

Some people did not attend the funeral, therefore on day of the funeral this person's coffin stopped outside the home and people who wished to place a yellow rose on the coffin, with their favourite song played and everyone having a glass of wine, and saying 'goodbye.'

A month later this person ashes were interred in the 'Remembrance Garden' the service had set up in the home. While the ashes were scattered people released a balloon which some people had written messages on. These messages were the ones placed on the memory board of this person's bedroom. Everyone was given a picture and frame of this person as a keepsake.

One person was given a life limiting diagnosis. Therefore, the registered manager and staff were able to sit with the person and plan their remaining time left. This person told a member of staff "I'm not afraid to die anymore" after witnessing the care and funeral of their friend who had passed away. While making plans for their end of life care they had a particular personal wish that was supported and arranged before they died. The registered manager and staff team went out of their way to fulfil this wish.

This person's end of life care plan was very comprehensive with full details including that they did not want to be left alone at any time. A door guard was fitted to enable the bedroom door to remain open as this person wished. A poster was placed on the bedroom door as this person requested which stated; "If my bedroom door is open feel free to come in and talk with me about all our happy memories. If my bedroom door is closed then I am resting but please call back later as I would love to spend time with you." This enabled other people in the home to call in and have a chat if they wished. This poster had a picture on of her and other people living in the home. As everyone in the service requested to attend the funeral and wake a mini bus was hired to take everyone. The eulogy was written by the registered manager.

The service also arranged the ashes to be interred in the remembrance garden. People made their own poppies and recorded messages on which were stuck to a tree in the remembrance garden. They also released with red balloons as it was Remembrance Sunday when the ashes were scattered.

The hospice professional who had supported staff through the 'Six Steps' programme and through the death of these two people wrote to the staff and said; "I just wanted to say how immensely proud I was today on my visit to see the outstanding end of life care you gave [person's name]. I am so proud of how you have taken all your learning and completely flown with it. You have managed the whole situation with love, compassion and professionalism, and enabled both staff and other residents to pay respects, talk and grieve together." The hospice professional went on to ask the registered manager to write to commissioners on how the 'Six Steps' programme training had helped the service and wrote; "It would be so good for others to hear your story and to be inspired by how good end of life care can be done."

Another person had been given a life limiting diagnosis. Care records had information on end of life care called; "Because every life deserves a great ending." This included an ongoing updated review of this person's current health care and medical condition. A detailed description of their diagnosis and a medication record sheet of medicine which could be prescribed to make sure this person remains comfortable when they health deteriorated, and a 'care plan for the dying' which had been completed by the nurse specialist due to the person's diagnosis and what staff were to expect nearing the end of this person's life. There was an Abbey Pain Score to measure pain and a Distress Assessment Tool to enable the staff to observe and record when this person became more distressed and upset. There was a 'Planning Future Care' document which had been written with the person. This documented a list of things this person would like to do before they passed away, some of this list had already been completed, as well as a plan for their funeral with choice of songs and hymns. A detailed list of people to contact on this person's death included all the people living in the service as well as the staff and professionals as this person had no family.

People told us they were provided with the care and support they needed to stay independent. While this person was able to they enjoyed going out independently. However, staff were understandably concerned about this due to their deteriorating health as they may become confused or have falls in the community. Therefore, the service had responded by investing in a new 'Sure Safego to anywhere' alarm. (A personal alarm that they could use in the community.) This alarm would automatically call the service if this person fell in the community and it would also enable the person to press a button to contact the service if they became lost or confused. This encouraged them to continue to access the community but have a safety net. One person wrote on the service website, "I would like to let the world know that Albany House is one of the care homes that I personally wouldn't mind to work or stay, the staff are very caring and confident in what they do, residents are well looked after, the activities are very well person centered, I could write a book!"

People were involved in planning their own care and making decisions about how their needs were met. People had care plans that clearly explained how they would like to receive their care, treatment and support. These were reviewed frequently as people's needs and goals changed.

Care plans included people's specific wishes about how they chose, preferred and needed to be supported. For example, if a person required female staff to meet their personal care needs. They also included information about anything the person wanted to achieve, how they would do this and the support required. We saw support plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. Support plans were reviewed and updated regularly to help ensure people's wishes were being met. Conversations with staff about people's needs reflected care plans we reviewed.

The registered manager and provider were looking at how technology could improve people's support. The service has taken innovative steps to meet people's information and communication needs over and above

complying with the Accessible Information Standard, particularly in using technology to ensure records are accessible to people with different communication needs. For example, people had access to a smart speaker, which offers people the ability to dictate commands to the assistant to control products throughout their home, listen to music, and more. All staff had input into creating and updating people's care plans and it was considered a key way of getting to know people.

Is the service well-led?

Our findings

The service was exceptionally well led by a provider and registered manager who were passionate about providing individualised care. The provider's caring values were embedded into the leadership, culture and staff practice. Throughout the inspection we saw great examples of this happening. All people, professionals and staff we spoke with applauded the leadership of the registered manager citing their knowledge, support to people and development of the service.

The provider, registered manager and management team were open and transparent and were very committed to the service and the staff but mostly to the people who lived there. They told us how recruitment was an essential part of maintaining the culture of the service and told us about how some people were involved in the recruitment of new staff. This ensured people had a say over staff who worked in the service.

People spoke freely and happily about the relationships they had built with the provider and registered manager and staff team. This was observed during our time at the service and included the registered manager who was very involved in participating in the activities during our visits. People's said it was easy to talk to the registered manager. Peoples comments included, "I love living here and don't want to move out" and "Best care home ever. [The registered manager] is very good and the best manager and staff we have ever had" and "I feel happy in my home."

Professionals in mental health services said, "They have gone above and beyond for residents who have been at the end of their life and the family. Staff have managed these complex issues in a very positive way and have learnt from the experiences" and "The manager has developed a positive 'can do' ethos in the home which is evident at reviews" and "Client's physical health is deteriorating and the adjustments and commitment to residents to end of life is an example of the caring ethos the manager leads on" and "I have recommended the home to colleagues looking for placements." Another said; "I am a psychiatric doctor. I have visited this home several times. The care here is excellent. [The registered manager] is an excellent manager" and "This home has strong leadership and liaises well with mental health services to provide an excellent standard of care for very vulnerable residents."

Relatives recorded onto survey forms and reviews on the service website. Comments included; "Albany House is an exceptionally well-run care home" and "Albany House is absolutely astounding in every way." Also, [the registered manager] and all staff are amazing. An exceptionally outstanding care home."

The service had a clear policy on equality and diversity and staff and people received training on this topic. The registered manager gave us examples of how the service had provided support to meet the diverse needs of people using the service, including those related to sexuality and faith. People's individual preferences were identified through discussion with them or their relatives if appropriate. Their preferences were documented in care plans if they wished this information to be shared, and understood and respected by staff.

There was a strong management structure in the service which provided clear lines of responsibility and accountability. The registered manager was supported by other senior staff that had designated management responsibilities. The registered manager spoke with pride and passion about the service and very much saw it as "People's Home" where staff came to work in the "People's home." They discussed the quality of care provided by the staff team, giving a comprehensive presentation about their service. The registered manager had an open-door policy, they were visible and people and relatives knew who they were. They worked alongside people and with staff most days. They knew the people who lived there very well.

The registered manager is a board member of WSPiC a care association which works with Skills for Care to run the Managers network which meets each quarter. They have put on symposiums for providers and managers on what good and outstanding care looks like, for example, 'No health without mental health' and more. The registered manager confirmed this was a 'great networking' group to support and learn from other managers in the local area.

People benefited from a management team who worked with external agencies in an open and transparent way and there were positive relationships fostered. They worked in partnership with key organisations to support care provision particularly the community psychiatric nursing team. Close working relationships with local professionals had seen people staying in the home and not needing to move on. One professional said, "Professionals fight over any bed vacancies. This is because people feel safe and secure here." One person who had not been in the home for long said; "I can talk to [the registered manager] and she will listen. I feel safe here and very supported."

The registered manager and staff were very proactively supporting people to develop strong community links. For example, some people still attended a local café for a regular 'breakfast club' and others visited local areas.

People and their relatives were consistently asked for their views about all aspects of the service, including the safety and quality of the support provided, environmental improvements, activities and menus. They were kept well informed about developments through resident meetings. Quality assurance surveys had been developed based on the CQC's key lines of enquiry, and there were regular meetings for people.

The service promoted effective monitoring and accountability. The provider played an active role in monitoring the quality and safety of the service alongside the registered manager. Monthly meetings were held to review complaints, accidents/incidents and medicines. This provided an opportunity to analyse the situation, the actions taken and identify any learning and further action required.

The provider's governance framework helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place such as, accidents and incidents, environmental and care planning. These helped to promptly highlight when improvements were required.

The providers and registered manager were continually striving to enhance the care and quality of the service. Investing in the home meant the environment continued to look well maintained. Every year the provider and registered manager discussed improvements or upgrades.

A comprehensive programme of audits was carried out looking at areas such as infection control, medicines administration, health and safety, care plans and activities. The computerised planning system gave the provider and registered manager an oversight of the support being provided to people. We were told how

this information could be looked at, at any given time day or night to see what care was being provided at that time.

Staff told us they felt empowered to have a voice and share their opinions and ideas they had through the robust support systems in place for them. Staff were caring, motivated and hardworking. Staff spoke positively about working with the provider and the service. They said they were supported and felt listened to. Questionnaires were sent to staff so they could have their say on the service. Staff told us they were very well supported. Staff were able to contribute to the development of the service by expressing their views through staff surveys, at supervisions and staff meetings. Regular staff meetings provided an opportunity for staff to be updated about any changes or developments and to put forward their ideas about how things might be improved or done differently.

Staff said; "They [the registered manager] will always offer time and advice for me even if it's a personal matter." Another said, "I love it here! [The registered manager] is amazing and very approachable." Another said, "I feel very able to raise issues and contribute at staff meetings." There was a focus on empowering staff and valuing their individual skills and strengths outside of their caring role.

All staff confirmed they felt listened and valued. The registered manager told us staff were encouraged and challenged to find creative ways to enhance the service they provided. Staff confirmed they received regular supervision including formal observations looking at the support provided, including their interaction, understanding and knowledge of people. Any training needs were identified and discussed in supervision. The observations were carried out with all staff working at the service.

Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a high standard of care. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff talked about personalised care and promoting independence and had a clear aim about improving people's lives and opportunities.

Additional support was provided by staff in 'champions' roles, with responsibility for medicines, nutrition and hydration and end of life care. These staff took an additional interest in a specific area of care, kept up to date with new developments, reviewed performance and promoted best practice within the team. Staff were encouraged in their career pathway and enrolled on further vocational courses. For example, staff had completed the "Six Steps", an end of life care training course.

Regular residents' meetings were held and families and professionals were invited to ensure people were involved in the running of the home. Meetings were meaningful with a clear agenda and staff used effective communication to enable people to join in. Each meeting had individual records and outcomes were recorded such as [Person's name] would like to go to a particular place on holiday. Records recorded the outcomes of issues raised.