

Albion Lodge Limited

Albion Lodge Retirement Home

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

Albion Lodge is a residential care home providing personal care to 34 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

People were happy with the standard of care and support they received. There were enough staff to support people's care and safety needs. Risks to people had been identified and care was planned to keep people safe while assisting people to continue with their chosen lifestyles.

People's medicines were managed and administered following guidelines and best practice, so people's safety was promoted. Staff had received training in infection control and knew how to work to reduce the risk of infection and the home environment was well maintained to meet the needs of people living there.

The provider's recruitment and induction arrangements helped ensure new staff were able to support people. There was a good team spirit amongst the staff team who cared about each other and what mattered to people who lived at the home. Staff were well trained and valued the support provided to assist them in their roles.

Staff supported people to make their own choices and decisions in how they were supported. 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 enjoyed spending time in their rooms and other places in the home including the library and garden area. The registered manager was keen to make continual improvements to the home environment, so it brought people as much enjoyment as possible and furniture continued to meet people's needs.

People were supported by staff who had positive attitudes towards their caring roles and provided compassionate care. Staff had developed positive relationships with people and were mindful of people's diverse needs and customs which were respected. People's independence, dignity and privacy were valued and maintained by staff.

People had been involved in planning their care and were confident to raise any issues they had with the management and staff team. Care planning was personalised to provide staff with guidance about people's likes and dislikes. People were supported emotionally and physically with a range of things to do for fun and interest which included singing and trips to places of interest. People were supported to be comfortable and pain free at the end of their lives.

People, relatives and staff were encouraged to raise issues around quality and safety at regular meetings. The registered manager was supported by the care manager and staff team. There were ongoing quality

checking arrangements in place to support the continuation of improvements where required.

The registered manager promoted the visions and values of the service by embedding an open and inclusive culture where people were at the heart of everything.

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 05 September 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Albion Lodge Retirement Home

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 two inspectors.

Service and service type

Albion Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 CQC. 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. The registered manager was also the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider).

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spent time with people and spoke with seven people who lived at the home and three relatives about their experience of the care provided. We also we spent time with people in the communal areas of the home and we saw how staff supported people.

We met and talked with the management team which included the registered manager and care manager. We also spoke three care staff and the cook.

We looked at a range of records. This included sampling two people's care documentation and multiple medication records to see how their care and treatment was planned and delivered. We checked staff arrangements which included whether staff were trained to provide care and support appropriate to each person's needs. We looked at the results of the registered manager and care manager's quality monitoring checks to see what actions were taken and planned to continually improve the quality of care and people's experiences.

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

- People were supported to raise any safety concerns they may have and to understand how to keep safe.
- Staff knew what action to take in the event of any concerns for people's safety, including how to report abuse to the local authority and the Care Quality Commission [CQC], if this was identified.
- Staff were supported to provide safe care through regular meetings and discussions about people's safety.
- Information about abuse was displayed by the main entrance to the home for people, visitors and staff to read.

Assessing risk, safety monitoring and management

- People were positive about the way their safety needs were met. One person described to us how staff supported them in using the lift when they required this. Another person said staff assisted them with any personal care they required which they felt unable to do safely which they valued.
- Staff knew people's individual risks and understood how to maintain people's safety and independence. This included risks in relation to people's underlying health conditions.
- People were supported to have independence, choice and control of their lives and positive risk taking was encouraged and lifestyle choices were respected. For example, a person told us how they enjoyed going into the garden in the knowledge if they needed staff, they could alert them as pendants were available for people to wear.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there. These included checks to the fire prevention systems and any trips and hazards.

Staffing and recruitment

- People told us there were enough staff on duty to meet their needs and they did not have to wait long if they needed assistance. A person told us, "Carers [staff] are very good. I can buzz anytime day or night and they come."
- There was enough staff on duty to support people safely which was echoed by staff and people's relatives. A staff member said, "We have enough staff as they [management team] make sure of this."
- People benefitted from continuity of care provided by staff who had worked for many years at the home. This was valued by people spoken with.
- The registered manager and care manager regularly reviewed people's dependency levels. Additionally, staff's wellbeing had been considered when arranging staff rota's, for example staff worked alternate weekends and shifts patterns promoted a work life balance.
- Staff worked well together as a team communicating effectively to make sure people received the support they required.

- Staff told us before they started work at the home, they had to go through the providers recruitment procedures. This included police checks and providing references to show they were suitable to provide care and support to people who lived at the home.

Using medicines safely

- Medicine management was safe. The process of ordering, receiving, storing and disposing of medicines were all robust.
- If people wanted to retain managing their own medicines, an assessment would be undertaken to determine whether this was safe. At the time of this inspection, two people were administering their own medicines.
- Only those staff who had completed safe medicine administration training and been deemed competent, administered medicines.
- Medicine charts were checked at each medicine round to ensure they had been completed correctly. This helped in identifying any recording errors so these could be picked up quickly and addressed.

Preventing and controlling infection

- People and their relatives felt the home environment was clean. A relative said the cleanliness of the home environment was, "Fabulous, doesn't smell of urine, [family member's] room is cleaned regularly."
- The staff and management team worked together to make sure the home environment and equipment were well-maintained and clean.
- Staff told us they received training and were aware of the requirements to prevent the spread of infections to others. They followed good infection control practices. For example, staff knew what protective equipment to wear and that good hand washing practices were important.
- Communal toilets and bathrooms were clean although some areas were brought to the management team's attention where improvement could be made. We will follow this up as part of a future inspection.

Learning lessons when things go wrong

- The registered manager and care manager monitored people's care and ensured where care could be improved, information was shared with staff to support this.
- Accidents and incidents were reviewed to identify trends and used to improve the quality of care provided.

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. 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 prior to coming to live at the home. This information was used to develop care plans and risk assessments, so staff understood how people's care and support needs were to be met.
- People's needs were continually reviewed to ensure the care they received met their choices and preferences.
- The staff team were supported by a range of healthcare professionals in the community. Care and support were provided in line with national guidance and best practice guidelines.

Staff support: induction, training, skills and experience

- People were positive about the way staff used their skills to support their individual needs. A person told us, "They [staff] are really good at how they help me, I've got no complaints there."
- Staff told us they were supported to provide good care through a comprehensive approach to training. Staff received regular refresher training to support them in their role and ensure they worked in line with best practice.
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.
- Staff spoke highly of the management team and the support they received. One staff member told us because of the management being approachable, "It's a good place to work." Another staff member said they liked, "The way [management team] look after us. You can talk to them there is no judgment."

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

- People told us they enjoyed their meals. A person told us, "The food is excellent, as good as any top restaurant."
- People were provided with a variety of meals and refreshments throughout the day. This included access to a supply of snacks and drinks which they were able to help themselves to.
- People's nutritional needs and preferences were met. Relevant professionals had been contacted when concerns were found, and professional guidance was followed.

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

- The accommodation was designed, decorated and maintained to meet people's needs and comfort. People consistently described the environment they lived in as 'homely.'
- People said they liked their rooms which were comfortably furnished and personalised with their own belongings. One person said, "Rooms are lovely."

- People were aware work was ongoing to extend the home and bring to life further improvements. For example, a new restaurant and new furniture to benefit and meet people's needs. The registered manager was keen to ensure all new furniture such as beds effectively met people's needs.
- People's views had been listened to in relation to what mattered to them. For example, people told us they particularly enjoyed spending time in the library which would remain in place.

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

- People confirmed staff and the management team assisted them to access healthcare professionals when they needed these.
- People's care records included details of their medical history, to help staff understand their health needs, and care plans had been developed in relation to the management of long-term health conditions.
- People's oral healthcare needs were assessed to ensure people had the support they needed to maintain and improve their oral health.
- Staff and management team recognised the need to work closely with community health and social care professionals to meet people's individual care needs. This included district nurses and individual time spent with a physiotherapist.

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.

- The management and staff team had a good understanding into people's rights under the MCA.
- People told us staff sought their consent and respected their choices and decisions.

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's needs were met by caring, patient and thoughtful staff. One person told us, "They [staff] are very kind and treat me very well." Another person said, "I know them all, always a smile and they [staff] are friendly." A relative told us, "Carers [staff] said they love having photographs of when they [family member] was young, to talk about their [family member's] lives."
- Staff had a good knowledge of people's backgrounds, and their friends and relatives. Conversations between staff and the management team and people were natural and showed positive relationships had been developed.
- People's diverse needs and individual customs were supported by staff's caring approaches. For example, a person had been supported to have their photographs on display of important people and events in their lives. The person proudly went through their photographs reliving moments of the events taken place and told us their room felt like home. Another person told us they had always had an alcoholic drink at a certain time of day, and they were able to continue to enjoy this custom which they valued.
- Staff kept people at the heart of their care. They worked together to provide patient support for people to meet their needs and promote their quality of life. This included providing care and support to people at the times of flooding. Staff provided reassurance to a person who was concerned about the recent floods and the impact of these which enhanced their wellbeing.
- People, relatives and staff said they would recommend the home as a place to work or live.

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

- People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose, ate their meals where they wanted to and only took part in the recreational activities they chose to.
- People were asked their views of their care and support in a variety of ways including completing surveys and meetings as a means of gathering their views. Overall survey responses showed people's positivity about their care.
- People and their relatives told us they felt confident to be able to raise any concerns they had with the management and they would be dealt with. People showed they were comfortable when checking with the registered manager whether the library area would remain in light of the improvements being made.
- When care plans were reviewed people were encouraged to participate and have a say about anything, they may be unhappy with.

Respecting and promoting people's privacy, dignity and independence

- Conversations between people and the staff team were polite and kind. Staff spoke kindly about people and were respectful of their preferences and choices.
- People's dignity and privacy were maintained. Staff knocked on doors before entering people's individual rooms and personal care was carried out in private.
- Staff encouraged people to remain as independent as possible, whether this was in respect of their physical abilities or eating their meals.
- Staff held conversations about people's needs in private. People's personal information was stored securely. However, we did find a file where staff recorded the support provided in relation to applying people's creams had been left in a bathroom area. This was immediately removed as staff recognised this was an error on their part as they told us all records were always securely stored.

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 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 felt involved in the support they received and gave us examples showing how their care was tailored to meet their individual needs. This included specific support to help them maintain and improve their health, and to have access to personal care at the times they wanted.
- Staff considered what mattered to people when planning their care. People's care plans reflected their care preferences, including if people preferred a specific gender of staff to support them during personal care, and people's individual risks and care needs.
- Staff were knowledgeable about people's needs, personal routines, histories and preferences.
- Staff handed over information between shifts were undertaken daily which enabled staff to share information about people's needs and any changes in these.

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 met. Staff understood how people communicated and supported people to use appropriate communication aids if needed.
- Alternative formats were available to people if needed, such as pictorial and large print.
- People enjoyed various newspapers and had reading aids, such as magnifying glasses should they require these. These aids were next to newspapers so people could choose to use them without having to ask.

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 were supported to maintain relationships with their relatives and friends. People could have their own telephones to keep in contact with their relatives. People and relatives were encouraged to join in many events, such as sing-a-longs and dancing.
- People and their relatives had access to the company vehicle which was well used by people going on outings. A relative told us, "People go out [to the pop-up café] in the village."
- Staff encouraged people to decide what fun and interesting things they might like to do. There were planned regular events to assist people in maintaining their health and in reducing the chance of people becoming socially isolated. This included opportunities to listen to music, join in with singing and dancing, music and movement, Tai Chi and an art club.
- People's hobbies and interests were considered when planning these. One person said, "There's enough

going on, I really like the quiz." Another person said in the summer they enjoyed going out in the garden and the car.

- Visiting speakers from various community groups, such as the orchid society and choral society visited. A relative told us about how someone came in to talk about honeybees and said, "[Family member] really enjoyed it."

Improving care quality in response to complaints or concerns

- People told us they had no complaints and would feel able to speak to any of the staff or the management if they did. People thought they would be listened to.

- People were confident if they raised any concerns with staff and the registered manager these would be addressed.

- Arrangements were in place to manage any complaints or any concerns raised and to make changes and or take any learning from these.

End of life care and support

- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

- Staff understood the importance of providing good end of life care. They liaised with healthcare professionals and ensured people were comforted and had company when they needed it.

- Staff had received several thank you cards from relatives for the care they had provided at the end of people's lives.

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

- People, relatives and staff team all talked about the lovely atmosphere at the home and described the aim to retain a big family home feel. We consistently heard from people they liked the management team, that the home was small, and everyone knew each other. A person said, "[It is] really very good here, would not want to be anywhere else."
- A relative described how they felt the culture was inclusive and said, "I like the fact management treat staff like family. People get presents at birthdays and Christmas. Carers [staff] are encouraged to talk to residents. I'm very happy here and so is [family member]."
- People were at the heart of all decisions made and they were encouraged to have a say about life at the home. People's views and opinions were sought and acted upon.
- Staff told us they were listened to if they made suggestions about how things could be done differently or about things that would benefit the lives of people. One staff member told us, "We [staff] are always asked if we have something to make things better." Another staff member said the management team were, "Really nice, friendly and helpful. [There is] no bitterness between staff, nice home to work in. Best management I've worked with."
- The registered manager's ethos was shared by all their staff team. The registered manager said, "We would look after people as we would our parents. We do the right thing for people. [There is a] high staff retention [and] the care team is good."

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

- The management team were open and transparent when dealing with issues and concerns. They understood their responsibility to apologise and give feedback if things went wrong.

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

- Albion Lodge was a family run home and had been in the same family for many years. The registered manager and care manager were very much involved in the day to day lives of people and were actively involved with the staff team.
- Staff understood their roles and responsibilities. There were regular meetings for staff and information sharing to ensure consistent communication of expectations was provided.
- The registered manager was clear about their role and vision for the service. This was embedded by

committed, loyal staff who had worked at the service for numerous years.

- Staff were happy in their work and felt supported by the management team. One staff member told us, "Owners are very nice, they do care about the staff." Another staff member said, "[The registered manager] is always here. His door is never shut, you don't need to book a time."

Effective systems were in place to assess and improve quality and safety to ensure they provided the best outcomes for people they supported.

- The registered manager was supported in their role by their staff team and members of the management team. Everyone worked together to improve and further develop the service which included having a variety of quality systems and procedures to effectively maintain and improve quality and safety for the benefit of people.
- The management team knew their responsibilities in notifying the Care Quality Commission [CQC] and other agencies of any incidents which took place which affected people who lived at the home.
- The CQC inspection rating from our last inspection was displayed in the home environment, as required.

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

- Regular meetings took place for people, relatives and staff to keep them up to date, share their views and enable them to contribute to decisions about changes within the service. One person explained suggestions had been put forward for staff to wear name badges and this was actioned. The person went on to say, "It's nice to know who you are talking to." Another person told us how a path leading to the summerhouse was installed following a meeting.
- Staff told us that they too could express their views and ideas for developing and improving the services provided. Without exception staff told us they could suggest ideas at staff meetings, and they felt the registered manager and care manager listened to them and respected their views.
- People were supported to maintain local connections outside of their home. For example, people attended a pop-up café in other villagers' homes and people went to the library. People also attended places of worship or received visits from their own religious leaders.

Working in partnership with others

- The registered manager recognised the importance of community involvement. There were good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- The care manager had linked with the community such as the registered manager's forum where manager's gained support from each other and shared best practices and research to ensure the quality of care and support was continually improved.
- The management team welcomed our inspection and feedback. They showed their commitment to continually making improvements and keeping people at the heart of these.