Albany Care Limited

Albany House - Doncaster

Inspection report

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Date of inspection visit:
21 June 2016

Date of publication:
02 August 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 21 June 2016 and was unannounced. It was carried out by one adult social care inspector. The service was last inspected on 5 February 2014. At that inspection we found the care people received was satisfactory and there were no breaches of compliance.

Albany House is a 40 bedded care home without nursing providing 24 hour care for older people, some living with dementia. The home is situated in Doncaster, South Yorkshire. At the time of our inspection there were 27 people living at the home.

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.

People told us they felt safe with staff. Staff and healthcare professionals had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

Potential risks to people had been identified and assessed appropriately. There were sufficient numbers of staff to support people and safe recruitment practices were followed. Medicines were managed safely overall but not regularly audited.

Staff had received all essential training. All staff training was up-to-date with refresher course booked for people. Team meetings were held and staff had regular communication with each other at handover meetings which took place between each shift.

During our inspection we saw there were sufficient staff on duty. The registered manager told us staffing levels were based on a combination of people's needs and the number of people living at Albany House.

People were supported to have sufficient to eat and drink, maintain a healthy diet and had access to healthcare professionals. Staff knew people well and positive, caring relationships had been developed. People were encouraged to express their views and these were communicated to staff and the registered manager. People were involved in decisions about their care as much as they were able. Their privacy and dignity were respected and promoted. Staff understood how to care for people in a sensitive way.

Care plans provided information about people in a person-centred way. People's preferences and likes and dislikes were documented so that staff knew how people wished to be supported. Complaints were dealt with in line with the provider's policy.

People could express their views and discuss any issues or concerns with the staff, who co-ordinated all

aspects of their care. The culture of the service was homely and family-orientated. Regular audits measured the quality of the care and service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from harm by trained staff. Risk assessments were in place.

Staffing levels were sufficient to keep people safe and the service followed safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff had received suitable training and this was up to date.

Consent to care and treatment was sought in line with the requirements of the Mental Capacity Act 2005.

People had access to a choice of menu and were supported to maintain a healthy diet. A variety of professionals supported people to maintain good health.

Is the service caring?

Good

The service was caring.

People were treated with respect by kind and caring staff.

People were involved and consulted about their care.

People received compassionate care from committed staff.

Is the service responsive?

Good

The service was responsive.

People were supported to receive personalised care that was responsive to their care needs.

People's views were considered and people were involved in

their care plans.

Regular resident and relative meetings were held to hear people's views.

Complaints were acknowledged and responded to.

Is the service well-led?

Good

The service was well-led.

The registered manager was described as open and approachable.

The performance and skills of the staff team were monitored through day to day observations and formal supervisions.

There were quality assurance systems to monitor care and plan on-going improvements.

Albany House - Doncaster

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 21 June 2016. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service. The registered manager had previously completed a Provider Information Return (PIR). This document asks the provider to submit key information about the service. We reviewed notifications received from the service. A notification is information about important events, which the provider is required to tell us about by law. We considered information which had been shared with us by the local authority.

During the inspection we spoke with the regional manager, the registered manager, four care staff, five people who used the service, the cook and a visiting GP. Some people were not able to talk with us and explain their experiences so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of
observing care to help us understand the experiences of people who are unable to talk with us.

We looked at a range of documents and records including cleaning schedules, medicine administration records, risk assessments, maintenance records, staff training records, personnel files, resident surveys, complaints and staff and resident meeting minutes. We reviewed six people's care and support plans.

Good

Is the service safe?

Our findings

Everyone we spoke with told us that people were safe living in the home. People who lived there said the staff treated them well and said they had never had any concerns about their safety.. One person said, "Oh yes, I feel very safe." Another person said, "I am safe and sound."

People were protected from abuse and harm and staff recognised the signs of potential abuse. Staff knew what action to take if they suspected people were being abused. One member of staff said, "I would report any concerns to the registered manager or an appropriate external agency." Staff had received training in safeguarding and knew they could contact the local safeguarding team or CQC if they had any concerns. Staff were able to name different types of abuse that might occur such as physical, mental and financial abuse.

Accidents, including falls were recorded and monitored to look for any patterns or common trends. Action was taken to reduce further accidents for example, a person had been provided with bed safety rails and an alarmed mat, following a fall. They had been involved in the decision to use the bed rails and mat in order to prevent further falls from bed and to alert staff when they had got out of bed. Other incidents such as when people had become anxious or angry were also tracked to look for common patterns. For example, what time of day and where they happened so that remedial action could be taken at those key times.

Risks to people and the service were managed so that people were protected. Risk assessments were kept in people's care plans. These gave staff the guidance they needed to help keep people safe. We saw risk assessments regarding falls, moving and handling, pressure ulcer prevention and nutrition. The risk assessment provided staff with information and guidance to minimise any identified risk.

There were plans for what to do in an emergency. This included a fire evacuation plan and each person had an individual evacuation plan. The fire systems were checked regularly and practice drills were held so that people knew how to respond to the fire alarm and how to evacuate in an emergency. There were also environmental risk assessments in place, such as from legionella or fire. The provider employed a maintenance person who had carried out regular testing and equipment maintenance. Any defects were recorded on a maintenance form and co-ordinated by the registered manager. Defects were signed off as they were completed.

People told us that there was enough staff to meet their needs. Staffing was planned around people's needs and activities. If more staff were needed to support people's changing or increasing needs, more staff were on duty. There was a cook, activities staff, administration staff, maintenance staff and housekeepers on duty every day of the week so that care staff could concentrate on caring for people. Everyone we spoke with said that staff were around when they needed them. Staff we spoke with said they were happy with the staff levels and thought there was enough staff on duty. The registered manager was on call out of hours to give advice and support.

Recruitment records for staff contained all of the required information including two references one of

which was from their previous employer, an application form and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safer recruitment decisions and help prevent unsuitable staff from working with people. Staff did not start work at the home until all recruitment checks had been completed. Staff told us they did not start work until all recruitment checks had been completed and said their recruitment had been very thorough.

People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day at the time I need them." People received their medicines safely and on time. People's medicines were managed by staff that had been trained in medicines management. All medicines were stored securely. The times of medicines administrations was relaxed and people were not rushed. The staff member administering the medicines spent time with each person and had a chat and checked that they were alright. Staff answered people's questions about the medicines they were taking and explained what they were for. Staff made sure people had taken their medicine before they signed the medicines record. The medicines given to people were accurately recorded. Some people were prescribed medicines to take now and again on a 'when needed' basis. There were clear guidelines for staff to follow about when to give these medicines. However, we found that some liquid medicines did not have recorded a date of opening. The registered manager told us that this would be addressed immediately via staff meetings and individual staff supervision.

Good

Is the service effective?

Our findings

People told us the service was effective and met their needs. One person said, "The staff all know what they are doing." Staff understood the care and support needs of people. Staff we spoke with gave examples of how they noticed and acted on health, dietary and medical issues. One member of staff told us, "If I noticed a person's needs had changed, I would inform a manager."

Staff spoke positively about the training they received. One member of staff told us, "The training is very good." and another said, "There are always plenty of opportunities to do training." Staff completed courses made mandatory by the provider which included safe moving and handling, infection prevention and control, safeguarding and food hygiene. Each member of staff had a training record held on the computer system and this identified when each staff member was next due their refresher training. This helped to ensure that all training was up to date. Staff also undertook training in other subjects such as: first aid, nutrition, health and safety, fire, care practices, mental capacity act and DoLS, communication and managing challenging behaviour. Staff told us the training provided helped them to provide effective support to people.

The health care professionals we spoke with confirmed that the staff in the home had the skills and knowledge to provide people's care. A visiting GP told us, "The staff provide a good standard of care, they are all very knowledgeable."

Some people were living with dementia and were not able to make important decisions about their care and lives. The registered manager understood their responsibilities under the Mental Capacity Act 2005, (MCA). The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Staff were able to explain the things people were able to make decisions about, and where they might need other people to make decisions on their behalf. We heard staff asking for people's consent before they assisted them, for example "Would you like to…?"

Staff received regular supervision and records were up to date. The registered manager told us they regularly worked alongside staff most days and that they had regular conversations with staff and observed staff practice. Staff confirmed this and said they did not have to wait for supervision to talk with senior staff or the registered manager. Staff said they were able to discuss any issues and felt that communication was good with everyone working together as a team.

People were supported to eat and drink enough to maintain a balanced diet. Mealtimes we observed were relaxed with lots of conversations. Staff were available to give people the support they needed in a discreet way. People appeared to enjoy the meals and the social occasion.

Staff had carried out meal surveys with people and had discussed the menus at resident's meetings. People had been asked what they would like on the menu and their suggestions had been included. The cooks asked people and their family members if the meals were what they liked and wanted and made changes based on the feedback. People and their relatives were asked about their likes and dislikes and staff made sure people were offered food they enjoyed. There were menus with coloured photographs to help people understand the meal choices.

Catering and care staff were aware of people's needs such as soft foods for people who were at risk of choking. People who required specialist meals or nutritional support were referred to specialists, such as dieticians. Some people needed to eat extra calories to maintain their weight. The need for these meals was recorded in care plans and meals were provided that had extra calories for example, cream, butter and cheese may have been added.

People had access to healthcare professionals to ensure that their health needs were met. Each person was registered with a local GP. Each person's care plan contained information about people's health needs and any other medical conditions. There were contact details of the person's GP, dentist and optician. We saw that details of people's health appointments and messages were placed in the diary or communication book to remind staff to arrange or attend any appointments as required. A record of people's health visits were kept in their care plan. This meant people's health needs were assessed and care and support planned and delivered in accordance with their individual needs.

Good

Is the service caring?

Our findings

People received care and support from staff that were caring, compassionate and respectful. One person told us, "Staff treat me well, everything I need." Another person told us, "They [staff] are really nice. They are really helpful." A health care professional told us, "Staff are always caring and kind and treat people with respect." Throughout the inspection we observed staff interacting with people in a kind and caring manner. Staff told us, "It's pretty simple but we treat people in the way we would like to be treated."

People's privacy and dignity were promoted and respected. When asked if they were treated with dignity and respect, people told us, "Oh yes absolutely." Another person told us, "Staff always ask if they can do things for me." Staff were aware of the importance of respecting people's privacy and dignity. Staff were observed throughout the inspection knocking on people's doors to seek authorisation prior to entering. We observed staff speaking to people in a respectful manner.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was passed verbally in private, at staff handovers or put in each individual's care notes. There was also a diary and a communication book for staff where they could leave details for other staff regarding specific information about people. This helped to ensure only people who had a need to know were aware of people's personal information.

We saw everyone was dressed appropriately for the time of year and due to the warm weather staff were encouraging people to take on plenty of fluids. We observed that staff spent time listening and engaging with people and responding to their questions and offered reassurance when anyone appeared anxious. Staff used people's preferred form of address and chatted and engaged with people in a warm and friendly manner.

Each person had a single room and personal care was carried out in the privacy of their own room. Bedrooms had been personalised with possessions such as pictures and ornaments to make them feel homely. One person told us, "I like my room very much it's lovely."

Good

Is the service responsive?

Our findings

People were involved in drawing up and agreeing a plan of their care. Before they moved into the home an assessment was carried out to make sure the home was appropriate to meet their needs and expectations. This information was used to draw up an initial care plan which was improved and enlarged once staff got to know the person better.

The care plans were on an electronic system and clearly written and uniform in appearance and access which ensured information was easy for staff to find. People had been encouraged and supported to give information and history which gave staff a wide range of information about the person's past and present family, home, health, interests and employment. This helped staff get to know each person and understand the things that were important to them. Care plans were reviewed monthly with people and the reports provided an explanation to show how the care plans had been discussed, and the person's views.

Care plans identified the support people needed and how support should be given. There was information in care plans which included; moving and handling, mobility, personal care tasks, daily routines and routines at night. These care plans detailed what people could do for themselves, what support was required from staff and details of how this support should be given. We saw that where people were quite independent with their daily routines they were supported and encouraged to carry out the majority of care tasks themselves with staff providing advice and encouragement.

However, where people needed more support the care plan gave staff the information they needed. For example one person had a moving and handling plan which detailed the equipment and number of staff needed for different situations such as getting in and out of bed, support to move around the home and accessing the bath. The plan included information on the required outcome and the interventions required to achieve this. Staff were also reminded to keep the person informed at each stage and explain to them what they were doing.

From speaking with people and observing individuals in the communal areas of the home we saw that care plans gave an accurate reflection of the support people required. We also saw that staff provided people's care in a way that took account of the preferences they had expressed in their care plans.

The registered manager had a procedure for receiving and managing complaints. A copy of the complaints procedure was included in the information given to people who lived in the home. We saw that the complaints procedure was also displayed in the home. This meant it was available to people if they wished to make a complaint.
People told us they had never needed to make a formal complaint about the service provided. They told us that, if they had any concerns, they would speak to the registered manager and were confident they would take action in response to their concerns. People who lived in the home told us the registered manager and care staff listened to their views and took action in response to any requests they made. One person told us, "Nothing is too much trouble. If you want it or need it then you get it."

The registered manager monitored any requests or concerns that people raised. We saw records of the action that had been taken in response to issues people had raised. These showed that the registered manager used people's feedback to improve the service.

Good

Is the service well-led?

Our findings

People, health care professionals and staff spoke well of the manager. One person told us, "Very approachable and very nice." Another said, "I know how the manager is and I speak to her every day." A health care professional told us, "The manager is knowledgeable, approachable and dedicated." One staff member said, "I really like the manager, she is hands on and supportive." Another said, told us, "I could definitely go to her [manager] if I had any issues or problems." The manager operated an open door policy, where people, their relatives, staff and health care professionals could meet with her at a time that was convenient to them.

The registered manager held regular meetings with staff and people, which enabled them to influence the running of the service and make comments and suggestions about any changes. The registered manager said she and the team leaders regularly worked alongside staff to observe them carrying out their roles. This enabled them to identify good practice or areas that may need to be improved.

We asked staff about the provider's philosophy. Staff said that this was to provide people with the best care possible and enable people to be as independent as possible. The registered manager said staff at Albany House worked with people to maximise their potential. It was clear from speaking to the registered manager and staff that they were passionate and dedicated to the job they did.

Health care professionals told us that the home was well managed and said they knew who to speak to if they had any concerns about a person they were visiting. One told us, "The staff are very good, there's always someone who I can speak to about anyone I visit."

People, their relatives, staff and health care professionals were encouraged to share their feedback on the service. One relative confirmed that they received the annual questionnaire. The last quality assurance questionnaires were sent out in February 2016. The questionnaires looked at the standards of care delivered, the professionalism of staff, the level of inclusion and if people's needs were being met. The registered manager told us, "All responses are predominantly positive. Anything less than 80% receives an action plan. Transparency is important."

The provider had a policy and procedure for quality assurance. The registered manager aimed to ensure that regular checks were carried out to monitor the quality of service provision. Checks and audits that took place included; food hygiene, financial audits, health and safety, care plan monitoring, audits of accidents or incidents and concerns or complaints. However we found that the last audit of medicines had been carried out in March 2016 and the issues we found had not been picked up. The registered manager accepted our findings and immediately commissioned an audit of medicines. The provider also employed an area manager who carried out monthly visit to the service, they toured the home, spoke with the registered manager, people, relatives and staff.