

Albany Care Homes Limited

# Albany House

## Inspection report

17 Esplanade  
Whitley Bay  
Tyne and Wear  
NE26 2AH

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24 February 2016

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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

Albany House is a large three storey property situated in Whitley Bay town centre. The service provides accommodation and personal care for up to ten people. At the time of our inspection there were six people using the service who had a variety of differing mental health needs.

This inspection took place on 24 February 2016 and was unannounced. We last inspected this service in November 2013, at which time we found the provider was compliant with all the regulations that we inspected.

The service had 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 and secure living at the home with support from the staff. Safeguarding procedures were in place to help staff protect people from harm and improper treatment. People and staff told us there were enough staff employed at the service to meet their needs consistently and records confirmed this.

Personal emergency evacuation plans were in place for each person and regular practice evacuations were carried out to ensure these were kept up to date. The premises were in a good state of repair and people told us repairs were carried out quickly. Some areas of the home were closed off for essential maintenance work to be carried out.

Medicines were managed without concern and records were kept. We found that procedures and practices could be more robust and the registered manager assured us that this would be addressed.

Policies and procedures were in place to assist staff with the smooth running of the service. Accidents and incidents were recorded and monitored. Where appropriate, risks associated with people's care needs had been assessed and were reviewed regularly. Where necessary information was passed onto other health and social care professionals to ensure people's general health and well-being was maintained.

People told us they had access to a variety of good food. Staff told us they encouraged people to maintain a healthy balanced diet. We found that staff received an induction, on-going training, regular supervision and annual appraisal from the management team.

Staff treated people with dignity and respect. The people we spoke with confirmed this. Staff showed caring attitudes and treated people as individuals. People's care needs were recorded and reviewed by staff with input from people, their supporters and other healthcare professionals.

Staff offered people a choice in all aspects of their life and people were involved in a range of activities. Staff supported people to maintain links with the community. People told us they had nothing to complain about but knew how to complain and would feel confident to do so if necessary.

The registered manager held records which showed they monitored the quality and safety of the service. Audits took place to ensure staff were competent in their role. Annual surveys were used to gather opinions from people and staff about the service.

Staff told us their morale was good and they felt valued. They felt supported by the management team who they said were approachable and understanding.

## 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 told us they were happy and felt safe, relaxed and comfortable.

Individual risks to people's health and safety was assessed, recorded, monitored and reviewed by the registered manager.

Recruitment was robust which meant staff were appropriately vetted before they started working with vulnerable adults.

Medicines were managed without concern; however there were practices which could be improved upon.

### Is the service effective?

Good ●

The service was effective.

People were cared for by trained staff who held a mix of skills, knowledge and experience.

Supervision and annual appraisal was carried out to ensure people received care from staff who were supported to fulfil their role.

The registered manager and staff had a good awareness of the Mental Capacity Act (MCA) and worked within its principals.

People's general health and social care needs were met as the service involved other professionals in their care and support when needed. People's health and well-being was promoted by staff through the provision of a variety of nutritious food.

### Is the service caring?

Good ●

The service was caring.

People told us they were cared for by kind and compassionate staff who were familiar to them.

Staff were knowledgeable about the people they cared for and

delivered care which was considerate of people's age and medical condition.

People told us they were involved in decisions about their care, support and the premises.

We observed staff treated people with dignity and respect. Confidentiality and privacy was also maintained.

### Is the service responsive?

Good ●

The service was responsive.

Care needs were assessed using a range of care planning tools. These were monitored and reviewed regularly.

People enjoyed a range of activities of their choice. The service engaged with local services to ensure people were included within their community.

The service received few complaints. People told us they knew how to complain, felt comfortable to do so but had no reason to.

### Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who people and staff told us was approachable and understanding.

Policies and procedures were in place to ensure staff knew what was expected of them.

Audits and checks of the service were routinely carried out to monitor safety and quality.

Feedback about the service was obtained from people, their supporters and staff and used by the registered manager to gather an overview of the standard of service delivered.

# Albany House

## **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 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.

This inspection took place on 24 February 2016 and was unannounced. The inspection team consisted of one adult social care inspector and one inspection manager.

Prior to the inspection we reviewed information we held about Albany House including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are records of incidents or deaths that have occurred within the service, or other matters that the provider is legally obliged to inform us of.

In addition, we contacted Newcastle, Northumberland and North Tyneside Council's contract monitoring teams and safeguarding adult's teams, to obtain their feedback about the service. We also asked the provider to complete a Provider Information Return (PIR) prior to the inspection. The PIR is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. All of this information informed the planning of our inspection.

During our inspection we spoke with five people who lived at Albany House. We also spoke with three members of staff including the registered manager, who were all on duty during the inspection.

We pathway-tracked three people. This meant we reviewed all elements of their care, including inspecting their care records, risk assessments, medication records, finance records and speaking to them.

We looked at three staff files. Additionally, we examined a range of other management records related to the safety and quality of the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt the service kept them and their belongings safe and secure. They made comments such as, "I love it, I have never in my life felt so comfortable, relaxed and happy", "I feel safe" and "Yes, I'm safe here."

One person told us that they were anxious when they went out in public, but felt safe with the staff, who they said protected them from harm. People understood what it meant to be safe and staff were able to explain the company safeguarding procedures to us. Staff told us they were confident to raise any issues with the registered manager and felt that these would be acted on appropriately. The registered manager followed local authority guidance for reporting incidents of a safeguarding nature. We saw evidence that previous incidents of a safeguarding nature had been recorded and monitored by the registered manager. All of the local authority staff we spoke with told us they had no concerns about the service.

The registered manager ensured that care needs were risk assessed, such as personal care and access to the community and people were encouraged by staff to take positive risks where possible. We saw evidence in care records that individual risks to people had been documented and were monitored. There were instructions and preventative measures for staff to follow. We also saw these had been recently reviewed and updates had been made as necessary. Information which related to accidents and incidents was also recorded and monitored by the registered manager to identify emerging trends and then used to adapt and update the risk assessments.

People moved safely around the home and we saw that the service had considered risks to people's safety when furnishing and adapting the property. The provider had undertaken the landlord checks which are required by law, including safety tests of gas, electricity and water. We saw evidence that these had been carried out by a professional contractor. Fire alarms had been serviced and fire-fighting equipment was in place. Records showed that practice evacuations took place. The service ensured people had a personal emergency evacuation plan in place. We reviewed these records and saw that they were updated after a recent practice evacuation as some people's needs had changed.

The property was well maintained. The registered manager told us they were about to start modernisation work in the kitchen. The top floor of the property was not in use by people and doors to all the rooms were locked as repairs to the roof and windows were planned which were essential to ensure safety. We reviewed the maintenance and refurbishment plan for the service and saw that the provider was working towards their plan. People told us that small general repairs were attended to immediately by the provider and that the decoration in their bedrooms was to their liking. Some people had purchased their own furniture and some people had furniture supplied by the provider, which they told us they were happy with.

People told us the service employed enough staff to meet their needs and expectations. We reviewed the duty rosters and saw that shifts were consistently covered with the same staff. The registered manager told us her team of staff were mostly long term employees and there were no concerns about staffing levels. Staff told us they worked similar shifts each week and the team covered for each other when required. A member

of staff worked a nightshift to ensure people were supported through the night if they needed it.

The service recruited suitable people with a mix of skills, knowledge and experience to meet the needs of the people who lived at the home. Staff files showed there had been an application process, two references were obtained from suitable people and an enhanced certificate from the disclosure and barring service (DBS) was also obtained. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role for which they are to be employed. The staff files contained evidence of an induction process, shadowing records and on-going training and development. The staff we spoke with confirmed that the registered manager had carried out these appropriate checks prior to the commencement of their employment. This meant that staff were safely recruited.

During the inspection, the registered manager told us about the company disciplinary process. We saw in staff files, that the process which the registered manager had described to us had been followed. Information about staff conduct was recorded along with minutes from meetings and an outcome.

A member of staff explained the procedure relating to the administration of medicines and we reviewed records of how medicines were handled by the service. Staff encouraged people to self-medicate where it was safe to do so and appropriate risk assessments were carried out. The service recorded all medicines it received on behalf of people. Any refusals or disposal of medicine was recorded and returned to the pharmacy. The medicine book was signed by a pharmacist on these occasions. Medicines prescribed to be used as and when required, were found to be appropriately stored and monitored. Although the service did manage and record people's medicines without concern, there were areas of the medicine management which could be improved upon, such as the storage area, recording and disposal arrangements. We discussed our findings with the registered manager during the inspection. She assured us she would contact the local community pharmacist for advice and best practice guidance to address the actions required.



## Is the service effective?

### Our findings

Staff told us they completed training regularly. A member of staff said, "I'm confident with the medication procedure – I completed an advanced course." Staff files showed that the service used external training providers to train and develop staff. As well as a common induction process, staff had completed training in topics such as mental health, medicine management, moving and handling of people and infection control. Staff told us they completed two shadowing shifts and had met all the residents prior to working any shifts. We observed that the service had a training plan in place to ensure staff were kept up to date with legislation and best practice.

We reviewed staff supervision and annual appraisal documentation. Staff told us these systems worked well and they felt supported. We saw that the registered manager chose a specific topic each month to discuss at supervision. She told us this was to ensure staff fully understood each element of their role. We saw that supervision sessions had covered topics such as, record keeping, falls awareness, fire safety and effective hand washing. The registered manager and deputy manager had carried out competency checks on staff as they performed certain tasks. This meant people were receiving support from staff who had the skills and knowledge to carry out their role.

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. Staff told us they had completed an awareness course about the MCA, this had enabled them to be involved in best interest decision making which included professionals such as a community psychiatric nurse (CPN), police and social services.

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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that nobody who used the service was subject to a DoLS order; however staff had completed an awareness course about this topic.

We saw in care files that people who used the service had consented to their care and support. Records which were signed by the person were regularly reviewed and had been updated in December 2015. For example, records showed that the service had gained people's consent to provide assistance with medicine, to be weighed regularly and to have a photograph taken.

One person told us, "The best thing about this place is the food! It's great." People told us there was a menu plan but you could just choose your own food. People said you could help yourself and make your own meals or you could choose to have the meal which the staff had prepared. Some people told us they preferred to have their meals in their bedroom and staff accommodated this. The registered manager

showed us around the kitchen facilities where we saw plenty of fresh food available and a well-stocked pantry. One person told us, "I like to have mince and dumplings, spaghetti bolognese and curries." A member of staff said, "It's just like a café, we ask people what they want. Sometimes we make five different light meals at lunchtime then a bigger meal at teatime."

People and staff told us everyone enjoyed a fry-up on a Saturday, a Sunday roast and a take-away once a week. A member of staff said, "Everyone tends to sit together for these meals – it's a bit of social time." One person's care needs records stated that a dietician had recommended they followed a weight loss plan. Staff told us they tried to promote healthy eating as best they could but when people specifically ask for meals it could be difficult to manage. Staff also told us they assisted people to manage their diabetes by encouraging them to eat little and often. Diabetes is a metabolic disorder. This is where the pancreas doesn't produce any insulin, or not enough insulin to help glucose get into the cells of our bodies.

Staff told us they made referrals as and when required to other health and social care professionals on behalf of people who used the service. A member of staff told us, "We make appointments, I'm taking (person) tomorrow for an assessment. We accompany people if they want us to." One person told us staff had taken them to have their blood taken at the GP surgery. Care records showed that the service involved a range of professionals to ensure people received on-going support which included details of consultants, opticians, dentists and chiropodists.

# Is the service caring?

## Our findings

One person said, "They (staff) are very caring, they do anything for you – they are very helpful" and, "It's good here; it's a very calm and relaxed atmosphere. It's safe, they take you out, there's good food, plenty of supplies, they decorate for you and you can have your own belongings."

Throughout the inspection, staff displayed caring and friendly attitudes. We saw people were treated with kindness and compassion. Staff were able to tell us about people's conditions, life histories, care preferences and medical needs. Staff told us there was no-one who used the service with a specific diverse need but that people were individual and they were aware of their differing needs. Staff had completed an awareness course in equality and diversity and applied this training whenever they could in respect of delivering care that was specific to people's age, disability and beliefs. For example, personal care and activities.

We observed the registered manager talking to a person who was hard of hearing. The person liked staff to write a message on a note pad so they could understand what had been said. We saw this person responded well to this method of communication. This showed that the service made people feel included and valued by communicating with them in a way they could understand.

There was a good example of how the service showed concern for people's wellbeing and responded quickly to their needs. One person told us they had been quite poorly and recently spent time in hospital. Staff told us how they were persistent with hospital staff to get a diagnosis as the person was not recovering as they had expected.

People were involved with all aspects of their life; people told us they had been involved in decisions about decorating, soft furnishing and meals. A member of staff said, "It's their home, they love getting new furniture – they are all interested in soft furnishings. We just got a new dining room table and blinds downstairs. (Person) liked that because they hate a bare window." We saw in meeting minutes that people had suggested group activities to get involved with and staff had arranged these. People had been involved with care planning. In the care files we examined, people had signed their name against the plans and agreements made.

People's personal information was kept locked away in order to maintain confidentiality. The staff were aware of the importance of maintaining confidentiality and privacy within the home. The registered manager demonstrated this several times during our discussions.

We observed people being treated with dignity and respect throughout the inspection, such as the way staff spoke and interacted with people. A member of staff said, "We knock on people's door and ask if we can come in – we consider them, their privacy and respect their choices." They continued, "We protect their (people) dignity by keeping them covered over (when assisting with personal care)."

## Is the service responsive?

### Our findings

Records about people's care needs were person-centred. They contained information about the person's life history, medical condition, individual care needs, personalised risk assessments, likes, dislikes and preferences. One person we spoke with told us they had contributed to their assessment by informing the staff of their preferences regarding the level of support they would require.

The registered manager carried out pre-admission assessments to ensure the service was suitable for people before they moved in. A member of staff said, "We had a lady here for respite and it worked well. We could see whether the place was right for her and whether she got along with the other residents – they don't just take anyone."

We saw in care records that the service used a variety of care planning tools which included the Star Recovery Plan and MUST (Malnutrition Universal Screening Tool). The Star Recovery Plan allows mental health services to work in a visual way with people to support and measure change, to support treatment needed and to prioritise goals. The MUST tool is used by providers of health and social care to identify adults who are underweight and at risk of malnutrition. The care records we looked at contained information which showed that the service had regularly assessed, recorded and reviewed the needs of people.

Staff told us that most people liked to do their own thing during the day. The people we spoke with confirmed this by making comments such as, "I like to sit in my comfy chair and watch TV", "I'm always going out to look around the charity shops" and, "I like going to the arcades". We saw meeting minutes that showed the staff had encouraged people to be involved and make suggestions about activities. We also saw in further meeting minutes when these activities had taken place, such as trips to the theatre and a meal out in a local restaurant to celebrate someone's birthday.

Staff told us there was an activities plan to follow for guidance which had taken into account the age, gender and needs of people who used the service but it was sometimes difficult to find something that everyone enjoyed. They said, "We accompany people on individual trips out, we have group outings, DVD nights, music nights and BBQ's in the summer – although anything that involves food usually brings people together." We saw in the activities plan that staff had contacted local services such as art groups and fitness instructors who had visited the service and engaged in activities with people. The compliments book contained evidence that people had participated in the activities. One entry read, "I enjoyed the art group, it was fun."

The people we spoke with all said they were happy with the service and they had no complaints. We saw information about the complaints procedure on display in the foyer. People told us they knew how to complain and would have no hesitation in telling staff or the registered manager if something wasn't right. One person said, "I once complained because my light bulb had broken – within minutes it was replaced."

We reviewed the records which related to complaints and saw that the service had received three

complaints since our last inspection. The records contained details of the complaint, action taken to resolve the issue and were dated and signed by the registered manager. We noted these were all low level issues and had all been resolved immediately. We saw small issues that were raised by people during meetings were also investigated. Some people had requested to move rooms because they found the stairs too tiring. Actions were recorded alongside these minutes which showed that the registered manager and the provider were considering the options and were deciding on appropriate action to take.

## Is the service well-led?

### Our findings

Staff told us they enjoyed working at Albany House. Comments were made such as, "It feels like a family", and "I enjoy it here". Staff told us there was good morale amongst the staff team and they felt valued and appreciated. We were told there was no staff recognition scheme in place, however one member of staff said, "I once got a present on a 'big' birthday".

People and staff described the registered manager as "approachable" and "understanding". The staff we spoke with said that if they have a problem at work or personally, the registered manager does her best to work around it. People also told us, "You can go to (registered manager) with anything and she will help you". A member of staff said, "It's a good service, there are good relationships between staff and residents – they are involved with everything".

The service is run by two directors (known as the registered provider), one of which was also the registered manager. This means she has accepted legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run. Prior to our inspection we checked whether statutory notifications were being submitted and we found that they were. The registered manager had also ensured the PIR documentation which we ask for was completed and returned to the Care Quality Commission on time.

People told us that the registered manager had a visible presence at the service and staff confirmed that the registered manager was there most days. The registered manager told us she was always available to talk to the people who used the service and said staff knew they could speak to her at any time about anything. We saw evidence in meeting minutes that the registered manager included people and staff when making decisions about the service and the property.

Policies and procedures were in place and we reviewed evidence on staff files that information about the safe running of the service, staff conduct and expectations of employment had been made available to staff. We saw that these had been signed by the staff as read and understood. Supervision records also showed that the registered manager ensured staff knew and understood what was expected of them.

The registered manager and deputy manager carried out audits of the service to monitor quality and safety. We reviewed records which were well maintained and contained evidence to show that people's care records had been audited for quality purposes. We also saw a general audit which related to the checks carried out around the premises for safety. A weekly audit of medicines was carried out; this included reviewing medicine administration records (MARs), checking medicine stocks for discrepancies, ordering and disposal. The audit form prompted managers to check each task, record an outcome and any action taken.

Quality assurance records contained questionnaires which had been given to people who used the service, their families, friends and supporters. We noted that a pictorial version of the survey with 'happy and sad faces' had also been drafted to make it easier for people to understand and complete. There was a low but

overall positive response to the last survey conducted in August 2015. Staff had also been asked to complete a questionnaire; the last one was carried out in September 2015. The registered manager had recorded a positive response to this, noting mostly 'agree' and 'strongly agree' answers to the questions on the summary sheet after her analysis.