

National Schizophrenia Fellowship

Albany House - Stratford-upon-Avon

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Albany House is a mental health nursing home registered to provide accommodation with nursing and personal care for up to eight people who have mental health illness. A total of eight people lived at the service however one person was in hospital at the time of our inspection visit. The service specialises in providing 'aftercare services'; the care and support of people who have been detained under the Mental Health Act 1983 and then discharged from certain sections of the Act.

People's experience of using this service:

- There were enough staff to meet people's assessed needs and support their planned activities.
- Risks which affected people's daily lives, both in the home and out in the community, were documented and managed by staff.
- Staff had completed safeguarding training and knew what to do if they were concerned about people's well-being.
- Staff provided support for people to take the medicines they needed to remain well.
- Staff received training which enabled them to provide care and support in line with best techniques and current practice to meet people's needs.
- People were supported to make daily living choices such as what they wanted to eat and how to maintain good mental and physical health.
- People benefitted from following their own interests and hobbies and staff helped people to become more socially involved and engaged within the local community.
- Staff were aware people's needs could change, and understood when to seek advice and involve other health care professionals and services.
- People were encouraged and supported by staff to make decisions about their care and how this care was delivered to them. Staff knew people's preferred ways of communicating, to assist people to make their own choices.
- People were treated with respect and understanding. Staff were aware of how their approach could affect people's personalities and wellbeing. Staff took a genuine interest in people, knew them well and had a good understanding of their social and cultural needs.
- Staff encouraged and supported people to be as independent as possible.
- Care plans contained good and clear information for staff to help them provide good and consistent care to people. Plans were personalised and focussed clearly on maintaining physical and mental wellbeing.
- There was a manager in post at the time our inspection visit and they were in the process of registering with us.
- Plans were made to improve the interior and exterior of the home and staff and people living at the home, kept the home clean.
- People and staff's feedback was sought to improve the delivery of service.
- Systems of audits were in place but further scrutiny was needed to make sure actions were taken when checks were completed or delegated to others.

We found the service met the characteristics of a "Good" rating in four areas and "Requires Improvement" in

one area; For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection: Good. The last report for Albany House was published on 29 July 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The previous 'good' service provided to people had remained consistent.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was caring.	Good ●
Is the service responsive? The service was responsive.	Good ●
Is the service well-led? The service was not always well led.	Requires Improvement ●

Albany House - Stratford-upon-Avon

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection Team:

One inspector carried out this inspection, supported by a specialist mental health nurse.

Service and service type:

Albany House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager. 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.' A manager had been appointed on 17 January 2019 and was in the process of registering with us.

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as potential abuse, information from the public such as share your experience forms, whistle blowing concerns and information shared with us by local

commissioners (who commission services of care). We had previously inspected a home managed by this provider in December 2018 and because of the concerns we found at that particular home, we did a full rating inspection at this home looking specifically at some key areas. This was so we could be confident people received care that was safe, effective, caring, responsive and from a well led provider who learnt from previous experiences to help drive improvement. We sent the provider a provider information return (PIR). This is a form which gives them an opportunity to tell us about their service and what they do well. Through our conversations with the management and staff we gave them an opportunity to tell us and show us how what they described to us translated into practice.

During our inspection we spoke with three people living at Albany House to understand their experience of what it was like for them. These people did not want to have a full conversation with us, but were happy to share some of their experiences of living at the home. Other people had gone out for the day or did not wish to speak with us. We spoke with the manager, a nurse and two care staff.

We reviewed a range of records. For example, we looked at three people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for managing any complaints. We looked at the provider's checks on the quality of care provided that assured them they delivered the best service they could. Following our visit, we received further information from the manager to demonstrate audits were completed when records were not available to us on the day of our visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- People's risk management plans were specific to their own physical and mental health needs and staff continually assessed and managed known or emerging risks in a safe way.
- Care plans contained individualised risk assessments and each assessment had an on-going management plan with aims and actions clearly identified for staff to follow.
- Staff knew of people's risks and knew what action to take to help minimise the risk of harm.

Staffing and recruitment

- People told us they thought there were enough staff to support them when needed, whether this was to go out, pursue their interests or to help them improve their life skills. One person told us, "I really like it here, the staff are really good to us and if I need staff, they are here to help me."
- Staff told us there were enough of them to care for people in the home and go out with people if they wanted them to. The manager said if extra staff were needed, such as taking people to appointments, this would be accommodated.
- We observed staff responding to people in a timely way during our visit.
- We did not look at staff recruitment files because there was no information or concerns identified during our planning. Staff working at the service were established staff members and no concerns were raised to us about their conduct.

Using medicines safely

- People received their medicines safely. Medicines were stored and administered safely and records we checked, showed staff had correctly signed medicines administration records when given. However, the provider's audit checks of medicine records showed repeated errors of missing signatures although the nurse was confident, this was a clerical error rather than people not getting medicines. We discussed this with the manager and nurse with a view to further action being taken to ensure these errors reduced.
- Staff were suitably trained to administer medication. Staff received on-going training and had their competencies to do so checked by nursing staff. When medicine errors were found, the nurse told us staff were reminded at supervision or one to one meetings, however errors continued to be made.

Preventing and controlling infection

- The environment was clean.
- Staff told us that they used Personal Protective Equipment (PPE) to reduce the risk of the spread of infection and we observed staff wearing aprons and gloves when required.

Learning lessons when things go wrong

- The manager learned from incidents that had occurred at the service and sought ways to reduce the risk of reoccurrence. Trend and analysis reports were sent to the provider by the manager and these were reviewed across the organisation, although from the reports we saw, calculations were not always consistent with each other. We raised this with the manager who confirmed these would be reviewed further.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained and knew how to protect people from abuse and poor practice. Staff were confident to raise any concerns with senior staff, the manager or the provider. If staff felt no action was taken, staff felt confident to 'whistle blow'. The manager knew the procedure for reporting safeguarding concerns to the local authority and to us (CQC).

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

Good: People's outcomes were consistently good and people's feedback confirmed this. Legal requirements were met.

Staff support: induction, training, skills and experience

- Staff received a full induction to the service at the beginning of their employment. The manager told us they were on their induction which included support from management within the organisation which they said helped them become confident with new processes and procedures.
- Staff received training and refresher updates to ensure that they were suitably skilled to work with the people they supported.

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

- People told us their rooms were decorated in line with their personal preferences and choices.
- The manager had plans to refurbish the home and to improve the outside garden space for people. Plans were being considered to have a summer house which people wanted. Everyone in the home was mobile and could access all areas of the home and outside areas.

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

- People received a pre-assessment before they came to live at Albany House to ensure their individual needs and behaviours were identified and their needs could be met in an environment where they would be sharing with others.
- Care plans were developed from assessments completed and considered people's needs, wishes as well as goals and outcomes they wanted to achieve. Staff used care plans to help them deliver care and support to people.
- People were included in decisions about how they received their care and their feedback was respected and included within their plan of care. Written consent was sought although some decisions made needed review to ensure people continued to consent to decisions made.
- Care records were regularly reviewed and where a change had occurred, records were updated before monthly evaluations were needed.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff worked within the principles of the MCA. They explained to people what was about to happen before delivering care and gained their consent, for example, when supporting them with medicines, daily life skills, or going out. Staff offered people choice and respected their decisions. Where people were unable to make a choice, staff worked with the person and helped them make decisions for them knowing they were in the person's best interests.
- People said staff involved them in making daily decisions about their care and support.
- The manager told us no one had restrictions on their liberty and could come and go as they wished.

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

- Main meals were served at lunchtime and people said the food was what they wanted. People did their own food shopping and prepared their meals themselves or with staff support based on what they enjoyed. Staff helped people eat a balanced and nutritious diet, whilst respecting people's choices.
- Nobody had any specific nutritional needs or cultural diets that needed to be met, but staff said they could be accommodated. Where people were at risk of potential malnutrition, staff encouraged people to eat meals when and how they preferred to help people maintain their wellbeing.

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

- People received support from other healthcare professionals, including GP's, psychiatrists and mental health specialist teams. Multi-disciplinary meetings and regular reviews helped ensure people received the right support at the right time.

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

Good: People were well-supported, cared for or treated with dignity and respect; and involved as partners in their care. Legal requirements were met.

Ensuring people are well treated and supported; equality and diversity

- Staff knew people well and cared about those people in their care. Staff recognised people's individual behaviours, personalities and treated everyone as an individual. Staff tailored their approach to people's present mental state, recognising this could change throughout a period of time. Staff approached people and asked them if they were happy and if they could help.
- People and staff were relaxed and comfortable in each other's presence. Staff had the caring qualities to meet people's needs. Staff said particular skills they had were 'patience, remaining calm and being adaptable'. Staff spoke about, and described people, in a caring and sensitive way.

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

- People said staff supported them to be involved in making decisions about their care. One person said, "I can wash myself but if I need help the staff are there."
- Staff told us they were helping a person find voluntary work to help improve their social skills and to be part of the wider community
- People's involvement in their care decisions took into consideration their diverse needs and preferences. This included any religious needs. The manager said staff had identified one person wanted to attend church and supported them with this.
- People gave feedback at planned meetings about the care and support they received. Minutes of these meetings showed actions were being considered in response to recommendations and suggestions made, for example the provision of a summer house.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the need to maintain people's privacy and dignity. One staff member told us about an example where a person wanted to limit people knowing information personal to them. Staff respected this person's right, but balanced this when important and personal information needed to be shared with other health professionals.
- During our visit, people came into the office but when we needed to discuss personal examples, staff asked people to leave us for a period of time to maintain confidentiality.
- People told us staff treated them as individuals and expressed no concerns about their privacy and dignity needs not being met.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care records contained information that was individualised and focussed on promoting goals, aims and objectives to support people to become more independent.
- People felt involved in the assessment and care planning process. One person said if they did not want to do something, then this was agreed. Another person told us they were involved in regular reviews of their care and as a result, said, "I feel like I am getting better."
- Reviews of care led to positive outcomes. Staff had recognised a person became more sleepy on their current medicines, so responded by working with clinicians to reduce one dose of medicine. This person told us they felt better and this improved their wellbeing which continued to be monitored.
- The manager and staff understood the requirements of the accessible Information standard (AIS). AIS is a responsibility on a service to identify, record, share and meet the communication needs of people with a disability or a sensory loss. Staff's approach to involve and communicate with people was individual to the person.
- People pursued interests and hobbies that were tailored to their individual needs and wishes. Most people went out on their own so were able to go to places they wanted to go to. One person said, "I get encouragement from staff to do things." They told us they enjoyed going out to meet their friends and they enjoyed playing music.
- During our visit some people returned from being out for lunch, then either spent time in their own room or sat with others watching television.
- Through people's feedback, other activities such as bowling and movie nights were being planned for.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and people knew how to make a complaint.
- The manager told us there had been one complaint since January 2019 but this had been responded to and closed.
- People told us they would raise a complaint if they had to, and they knew who to speak with.

End of life care and support

- At the time of our visit there was no one receiving end of life care.
- People's wishes and preferences in the final stages of their life was not recorded. Staff told us they would feel able to support people at the end of their life, and staff were confident they would be able to meet people's wishes and choices for their care.

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.

Requires Improvement: The service was not always consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility;

- People and staff told us that the staff team and the recently appointed manager were approachable. One staff member told us, "[Manager's name] is really good, I am thankful he is here." There had been no registered manager since the previous manager deregistered with CQC in October 2017. Staff said they carried on supporting people, but some staff clearly found this had been a difficult period with no onsite leadership. Staff were encouraged now a manager was in post and staff knew their own roles and responsibilities and what was required of them.
- We were told nursing staff provision had decreased over time and from talking with staff, there was a sense of frustration that nurse positions had been lost through numerous restructuring programmes. Some staff felt the restructuring was confusing and finance driven but staff's commitment to people remained strong.
- The manager told us the quality of the audit system focussed on the individuals completing them, rather than the system being effective. They planned to improve the audit system.
- Some regular daily checks were not always completed or followed. For example, a 'daily walk around' was completed and not recorded so some improvements were not made. During our visit a notice on the refrigerator said all foods must be labelled with dates, but they were not.
- Medicines checks and audits were completed but there continued to be numerous errors every month. The provider's PIR recorded 32 medicine errors in 12 months and we continued to see errors recorded last month. We were told actions were taken and recorded, but when the same issues reoccurred, we were not given any evidence of follow up or actions to reduce them.
- Water temperatures were recorded and in some cases, exceeded the providers safe limits. No action was evidenced to show what had been done to minimise the risk. The temperatures were only slightly over, so people were not put at risk as such, but this showed us the system needed closer scrutiny, which the manager had identified.
- Some audits were sent to us following our visit and we could not be confident, analysis was accurate. For example, accidents, incidents and complaints were analysed for emerging trends or patterns, however, the providers records contained conflicting information. For example, separate reports entitled 'Incidents and complaints by 'type' and by 'cause' for November 2018 recorded different amounts. For January 2019 and December 2018, these same reports also recorded different amounts. We were satisfied actions were taken, but not confident all incidents were correctly recorded and reported to provider level.
- At night, there was one sleep-in staff member on duty, however people did not have call bells or other

methods to summon help. The provider told us a lack of call bell facilities had been assessed, however there were no records or assessment to support this. During our visit a person told us if they needed help at night, 'they had to manage it on their own'. We saw examples of the night handover but they were not specific enough to demonstrate how people sought help. Therefore, we could not be confident, help was always responsive. Following our visit, the provider said they would carry out a review to assess if people wanted or needed a call bell.

- The manager was not registered with us but had made their application to us. The manager understood their responsibilities under Duty of Candour, that was being open and honest and accepting responsibility when things went wrong. Some of the records we requested during our visit could not be located, they were honest about this and sent them to us the following day. The manager told us what they wanted to improve and why, always with people's interests at heart.
- The manager was embedding a programme of audit checks to make sure the provider's policies and procedures were followed and the practices remained safe.
- Statutory notifications had been sent to us for specific incidents, however we discussed that a notification should be sent for each incident. We saw two safeguarding incidents were completed on one form, which means our records did not accurately reflect the actual number and types of incidents for us to monitor risk.
- The provider had displayed their rating in the home in accordance with their legal requirement.

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

- People's feedback about their care, the service and what they wanted was sought through personal reviews and group attendance at meetings. People were listened to and actions were taken to include people's wishes.
- Staff had the opportunity to attend periodic meetings with management staff and their colleagues to discuss issues related to the running and improvement of the home.

Working in partnership with others

- The service had developed good community links and the manager told us that they were committed to reaching out to other outside organisations to benefit the people living at Albany House. For example, staff worked with local businesses to set up voluntary work placements to help people gain extra skills within the community. The manager worked with an employment advisor to get better access to work placed opportunities for people they supported.
- The management team worked in partnership with other organisations such as the local authority commissioners and district nurses to improve outcomes for people and ensure their needs were met.

Continuous learning and improving care;

- Following an inspection at one of the providers other homes that identified shortfalls in the service provision, the provider introduced a 'turnaround plan' to re-evaluate and strengthen specific areas of the service across all the homes. Improvement actions had started such as additional training in key areas around managing sexualised behaviours and understanding professional boundaries. Albany House now had a permanent manager on site and the manager received supervision meetings to discuss and highlight any issues or concerns so they could be addressed. Staff recruitment at all levels was being reviewed and where support was needed, this was provided. Following our visit, the provider agreed to take action where we made a recommendation, such as revisiting the call bell alarms and whether nursing cover outside of daytime hours needed to be provided continuously. The provider welcomed our feedback and had begun to make improvements at Albany House and their other services. The manager said the providers 'turnaround plan' was their main focus to follow and embed tighter procedures to drive good care outcomes for people.