

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 7 and 11 July 2016 and was unannounced.

Albany House is a mental health nursing home, registered to provide personal care, nursing and accommodation for up to eight people over two floors. At the time of our inspection, there were seven people living at the home.

A requirement of the service's registration is that they 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 registered manager was in post.

People told us they felt safe living at Albany House. Staff had received training on how to protect people from abuse and had an understanding of their responsibilities in relation to safeguarding people and keeping them safe. Care records demonstrated the provider had identified risks to people's health and well-being and how they planned to protect people and support their safety. Safety management plans were signed by people to encourage them to take some responsibility for managing risk themselves. People received their medicines from trained, experienced staff who were assessed regularly to confirm their on-going competency to give medicines safely.

Staffing levels were based on the needs of people living in the home. At the time of our inspection the provider was reliant on bank and agency staff to maintain staffing levels. A new member of staff had been recruited to ensure there were sufficient staffing levels to reduce the use of agency staff. The provider's recruitment process ensured risks to people's safety were minimised. Staff received an induction, training and support from managers to carry out their roles safely and effectively.

Staff understood the requirements of the Mental Capacity Act 2005. Staff worked with people to support them in making wise decisions, and to look at the consequences of making decisions which might be harmful to them.

Staff were aware of people's dietary needs and encouraged people to eat a healthy diet which met their needs. There were regular multi-disciplinary meetings with external healthcare professionals to discuss the support needs of people who lived at Albany House.

Staff understood the importance of making time to listen to people. On the day of our inspection visit we saw staff gave good support to people to manage their feelings. People were involved in deciding how their care and support should be delivered, and were able to give their views on an on-going basis. Records demonstrated that people had been actively involved in discussions about their support needs and reviewing their progress against identified goals. Staff worked in partnership with people to manage

people's mental health.

There were regular opportunities for people and staff to share their views about the service and raise any issues of concern. The provider monitored and audited the quality and safety of the service provided to ensure it was effective and remained responsive to people's needs.

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 supported to maintain their safety. Risk management plans were developed with people to keep them and others safe. Staff understood their responsibilities to report any concerns about people's wellbeing. People received their medicines as prescribed from staff who had been trained to give them safely.

Is the service effective?

Good ●

The service was effective.

Staff worked within the principles of the Mental Capacity Act. They supported people to make wise decisions and to look at the consequences of making decisions that may be harmful to them. Staff worked with people and other healthcare professionals to maintain people's mental and physical health.

Is the service caring?

Good ●

The service was caring.

People were actively involved in discussions about their support needs. Staff were supportive of people's feelings and took time to understand their needs. People could be as independent as they wished to be and their privacy was respected. Staff respected the confidentiality of information.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement. Support was goal orientated to help people achieve what was important to them. People were involved in regular reviews and looking at where they were on their recovery. People knew how to raise complaints and were supported to do so.

Is the service well-led?

Good 

The service was well-led.

There was an open culture and dialogue between people who lived at the home and managers. Staff had opportunities to share their views and discuss developments in the service. People's dignity was upheld because they were given the opportunity to influence the service and discuss any issues about the home and the care they received. The provider monitored and audited the quality and safety of the service provided.

Albany House - Stratford-upon-Avon

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.

The inspection visit took place on 7 and 11 July 2016 and was unannounced. The inspection was undertaken by two inspectors.

The provider had completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR accurately reflected the service provided.

We reviewed the information we held about the service. We looked at information received from relatives, from the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

During our inspection visit we spoke with five people who lived at the home. Some people preferred to talk with us informally while others were happy to answer our questions about the service they received. We observed how people were supported to maintain their independence and preferred lifestyle.

We spoke with the registered manager, the service manager, two permanent members of staff and two bank staff. Bank staff work for the provider and work across locations to cover staff absence. We reviewed three people's care plans and daily records to see how their support was planned and delivered. We reviewed management records of the checks the staff and manager made to assure themselves people received a

quality service.

Is the service safe?

Our findings

All the people we spoke with felt safe living at Albany House. One person explained why they felt safe and said, "They don't put much emphasis on rules and regulations. I don't feel tied down. It makes you feel more free." Another person said, "They look after me here, they're very supportive."

The provider protected people from the risk of harm. Staff had received training on how to protect people from abuse and had an understanding of their responsibilities in relation to safeguarding people and keeping them safe. There was information about the local authority safeguarding arrangements in the office so staff knew what to do if they needed to report any concerns. Senior staff and the registered manager were also aware of local procedures for reporting allegations of abuse and understood their responsibilities to ensure people's safety.

Albany House employed nursing and care staff (known as mental health recovery workers) to support people. Care staff were in the home 24 hours a day with nursing staff being on duty during the day. Nursing staff were contactable out of hours through the services on-call system. The nurse could be contacted by care staff when they had a clinical concern or query about someone in their care.

The registered manager told us that staffing levels were based on the needs of people living in the home. They told us hours could be increased if someone's needs changed unexpectedly and they needed additional support. We saw this put into practice as one person's health had recently deteriorated and the registered manager had introduced an extra member of care staff on the night shift to provide extra supervision and support. They explained, "We have a really good team that are flexible. It gives us flexibility when service users do need that extra bit of support."

Normally there was a lead nurse and care workers during the day. At the time of our inspection visit the provider was using bank and agency staff to maintain staffing levels due to holidays and sickness leave. On the first day of our inspection both care workers on duty were not permanent members of staff. One worked in another of the provider's homes, but had previously worked at Albany House. The other was an agency member of staff who worked regularly at the home and knew people well. We observed both care workers to be fully engaged with people who lived at the home and people appeared to be comfortable in their presence.

The provider's recruitment process ensured risks to people's safety were minimised and people with the right knowledge, skills and values were recruited to caring roles. The registered manager talked about how important it was to recruit staff with the right competencies and explained, "Our recruitment process is competency based. We try to do the interviews at the service so we can observe how they (applicants) are interacting with people." The recruitment process included obtaining references from previous employers and checking whether the Disclosure and Barring Service (DBS) had any information about newly appointed staff. The DBS is a national agency that keeps records of criminal convictions. A new member of staff confirmed they had to wait for their checks to come through before starting work for the provider.

Care records demonstrated that the provider had identified risks to people health and well-being and had planned to protect people and support their safety. This included safety assessments referred to as 'safety of self' and 'the safety of others'. Where there were concerns about specific safety issues and a potential lack of engagement by the person in keeping themselves or others safe, the provider used a system of 'safety alerts'. The alerts informed staff what the issues were, and what staff needed to do to keep the person and others safe. For example, we saw safety alerts around smoking in the home, diabetes management and substance use and misuse. Safety management plans were signed by people to encourage them to take some responsibility for managing risk themselves.

Each person had a 'medication plan' in their care records which provided information about the medicines they were prescribed, possible side effects and how they could be managed. For example, one person was on a medicine for their mental health where it was a hazard to the person if their temperature went above 37.5 degrees. The plan informed what staff had to do to minimise the risks of this happening.

Where possible, people were supported to be independent in the management of their medicine as part of their recovery programme. Although nobody in the home was able to self-medicate at the time of our visit, staff encouraged people to take some control of their medicines. For example, one person required insulin for their diabetes. The person administered the insulin themselves, however staff ensured the needles were disposed of safely. People were aware of when they needed to take their medicines. They told us the times they needed to be in the building to have their medicines administered. The registered manager explained, "It is about educating people about the medicines they are on and taking some ownership of it."

Each person's medicines were stored in a safe in their bedrooms. People did not have the code to the safe, however this provided a more personalised way of administering medicines as staff would go to the bedroom with the person when they needed their medicines.

People received their medicines from trained, experienced staff whose competency was regularly assessed to confirm they could give medicines safely. The Medicine Administration Records (MARs) we looked at were signed to confirm medicines had been given and were up to date with no gaps in recording. A policy and procedure was in place for the administration of PRN medicines (medicine which is to be taken as and when required). The lead nurse checked stock balances when booking in people's medicines and completed audits of the MARs to check for any errors and ensure people received their medicines as prescribed.

The service had a pharmacist advice visit in May 2016. Records showed that the pharmacist checked that medicines were stored, administered and disposed of safely, in accordance with the regulations. The pharmacist had recorded, "I am very satisfied with the good honest service provided to the residents."

The Provider Information Return told us "monthly and weekly environmental works are carried out and monitoring of areas such as fire safety is carried out weekly/monthly as required." One person confirmed these checks took place. They told us, "They (staff) check our rooms and run the taps to test for legionella, they check the latches on our windows and the temperature of the water. Once in a while the electrician comes round to PAT (portable appliance test) test things." They then went on to say, "They test the fire alarms once in a while as well." This was also confirmed by the records we looked at. These checks ensured that the environment remained safe for the people who lived in the home.

Staff received health and safety, first aid and fire training to ensure they knew what actions to take in an emergency. During our visit one person became unwell. A member of staff used their first aid training to keep the person safe whilst paramedics were called. This was done calmly whilst minimising the upset to others in the home.

Is the service effective?

Our findings

People we spoke with appeared happy with the level of care and support they received. One person told us, "They look after me here, they're very supportive."

Staff received training considered essential to meet people's care and support needs. This included training in first aid, fire safety, safeguarding people, health and safety and mental health awareness. Some staff had also completed training in supporting people with managing their behaviours when they became anxious or distressed. Staff were happy with the training they received. They told us they could request any further training they needed to support them to carry out their roles effectively.

New staff received an induction to the service which included working alongside more experienced staff so they understood the needs of the people who lived at Albany House. The team leader told us that as part of their induction new care workers would complete the Care Certificate. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment.

Staff told us they felt supported by the registered manager and other staff because they had opportunities to talk about their practice and personal development. One member of staff told us, "We have one to one supervision every three months and we also have group supervisions. If you do need a one to one before your next meeting is due, you drop an email to your managers and they will arrange a meeting."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 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 had a clear understanding of the MCA and how it related to people who lived at Albany House. They told us, "Everyone has capacity but it can fluctuate with people's mental health, so it is always something to be aware of." They went on to explain that if a person had to make a complex decision, for example about a major medical intervention, they would involve the person, their family (if the person agreed) and the appropriate healthcare professionals. This was to ensure there person was supported in reaching a decision in their best interests. Where some people lacked the capacity to make some decisions, for example how they managed their finances, an independent person had been appointed to support and protect them.

Staff had undertaken training about the Mental Capacity Act 2005 (MCA). They understood their responsibilities to work within the Act and where people had capacity, to respect their decisions, even if it was an unwise decision. Staff worked with people to support them in making wise decisions, and to look at the consequences of making decisions which might be harmful to them. One staff member gave an example of a person who required some regular baseline checks through the day to monitor their health. They explained, "If [person] refused we will give them a bit of space and then go back within a specified timeframe. If they refuse three times we will put it down as a refusal and try and bring the next test forward so we are not leaving huge gaps." Another member of staff told us, "We don't make any judgement calls for them because they make their own judgement calls.....We can't push our values onto them."

Records showed people had given consent for their information to be stored on the computerised records maintained by the provider and for support with their medication.

DoLS had been applied for and granted for one person who lived in the home. An Independent Mental Capacity Assessor had supported this process. The registered manager told us that this person's mental health had improved and it was anticipated they would not be seeking to renew the application.

People chose whether they wanted support with their meals and this could fluctuate depending on their abilities to cook and their mental health. People organised their own breakfast and lunch and most people cooked their own dinner in the evening. One person told us they were given an allowance if they cooked and shopped for themselves which supported them to develop their skills in planning and promoted their independence. Staff were aware of people's dietary needs (for example, diabetes) and encouraged people to eat a healthy diet which met their specific needs. However, they respected that people did not always do what was in their best interests.

People told us they could see the local GP if they were unwell. We saw by looking at care records that other healthcare professionals had been involved in people's care. This included the dentist, optician and psychiatric services. One person told us, "The psychiatrist doctor comes and checks how we are. If I'm unwell I can go to the GP around the corner."

Records showed there were regular meetings with healthcare professionals to discuss the support needs of people who lived at Albany House. The notes of these meetings were comprehensive and gave a good understanding of people's mental health.

We spoke with a visiting healthcare professional. They told us that referrals were appropriate and any deterioration in health was referred in a timely manner to try and prevent matters reaching a crisis. They spoke particularly highly of the lead nurse who they described as 'thorough' and said that there was always a good written summary of people's health when they carried out their reviews.

Is the service caring?

Our findings

People told us they were happy living in the home and with the staff who supported them. Comments included: "Staff are quite nice", "Staff are very caring" and "I'm happy living here."

We spoke with the registered manager about how they provided a caring environment. They responded, "When you see anyone who is here it is about being friendly, it is that really basic human interaction. You need to make them feel welcomed and that you are interested in them." On the day of our visit we saw staff being caring and providing meaningful emotional support to people. Two people were feeling very low and we saw staff provided them with good support to help them with their feelings. One person said, "If I am upset I could always go to the staff and they would sort it out."

Staff understood the importance of making time to listen to people. One staff member explained, "You need to be able to sit and talk one to one with the service users about their problems. All the residents here know they can talk to staff at any time they want." During our visit we saw several occasions when people indicated they wanted to talk with staff. The staff member concerned immediately gave the person the time they needed. Staff also explained how a calm and relaxed environment supported people's mental health. A staff member said, "We (staff) have a lot of banter, the residents see it and they join in and it makes them feel relaxed."

People were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. Care records demonstrated that people had been actively involved in discussions about their support needs. They were written from the person's perspective and signed by the person to say they agreed with the information and support required.

It was clear that the ethos of the service was about respecting people as individuals and supporting them to achieve a level of independence in their everyday lives. The registered manager explained, "People cook different levels of evening meals for themselves and they do their own laundry." We were told of some people who were able to make their own healthcare appointments, but needed support to attend them. People we spoke with told us they could be as independent as they wanted to be. During our visit we saw people were able to come and go as they pleased and choose what they wanted to do with their time.

Every person was given a 'Charter of Rights and Responsibilities' which they signed up to when they moved into the home. The registered manager explained, "We are saying to people you have rights but with those rights come responsibilities." We saw that the responsibilities ensured that people were respectful of others living in the home. For example, people had the right to have visitors to the home, but they had the responsibility to ensure their visitors did not impact on the safety and wellbeing of other people who lived there.

People's privacy and personal space was respected. Each person had their own room key so they could lock their room and have privacy from others. Staff did not enter people's rooms without permission unless they were concerned for a person's safety or wellbeing. One person told us they did not like being round other

people and this was respected. They told us that they chose not to go to meetings for people who lived at the home, and again this was accepted by staff.

Staff respected the confidentiality of information. Care records were locked in cupboards in the main office. Staff were seen locking the cupboards when the office was left unattended.

Is the service responsive?

Our findings

We found that staff worked with people to identify their needs and what support they needed to meet those needs. When people first moved to the home they completed a 'First look at my situation' record with staff. This detailed what had been happening in their lives, and what they wanted to achieve during their stay at Albany Road.

The provider used the 'Recovery Star' system. This was a system where people identified what goals they would like to achieve and what staff could do to support them to achieve those goals. The goals included managing different aspects of their care such as mental health, responsibilities and addictive behaviour. People were given the opportunity to assess their own progress and what further support they required in moving towards reaching their goals. People told us they were fully involved in their reviews and in looking at where they were in their recovery. One person told us, "I find talking about my goals useful." Another said, "The meetings about goals are alright."

We spoke with the registered manager about the ultimate goal of people being able to live independently. They told us that some people had spent long periods of time in the care system and they had to be realistic when supporting those people to set goals. They explained, "We get them to be as independent as we can within this home environment.However, quite a few have got goals to go on to more independent living."

The registered manager told us that an important aspect of responding to people's needs was to work in partnership with them to manage their mental health. "We try and do what we can for people at their pace so they feel in control. It is being open with people. It is very much from the person's perspective and understanding their perspective." During the day one person was unwell. We observed that staff encouraged the person to call their care co-ordinator to discuss their escalating concerns rather than making the call for them. A visiting healthcare professional told us that the 'Recovery Star' was useful in helping people identify their own priorities and that staff had 'a good feel for what is the right pace for people'.

Some people had specific health problems or were taking medicines that required careful monitoring. The lead nurse explained how they regularly monitored people's blood pressure to identify any changes in health so they could respond appropriately and quickly. Some people were weighed regularly. We checked some records and found one person's weight appeared to have fluctuated widely and this had not been checked by staff. We discussed this with the lead nurse who said they would talk to staff about this and check the scales were accurate.

Care plans documented peoples' likes, dislikes, hobbies and interests. We saw that people were working towards being more involved in activities. For example, one person had been supported to access guitar lessons in the local town. Initially staff accompanied the person, but they were now able to go on their own. The person talked about the lessons with us and told us they went each week and enjoyed playing the guitar. They also told us they enjoyed reading. Another person told us they liked playing video games.

During our visit we saw people play pool, watch the television, use the computer and listen to music. In the garden we saw some garden pots planted with flowers which had been done by two people who lived in the home. A member of staff explained, "Two service users have taken ownership of the garden project. They are growing their own potatoes and tomatoes and have just planted an apple tree." Another person had an interest in cooking and trying different recipes. We were told they had recently enjoyed cooking octopus.

People were able to leave the home independently but one person told us they liked going with staff to Birmingham to look around the shops. Another person had said they wanted to visit a local place of interest and we were told that was being arranged for them.

Staff supported people to explore their religious and cultural needs. Staff had recently supported one person to find a church they were comfortable to attend. They had also helped a person to explore, understand and follow a vegan diet.

People told us they felt able to express their views and talk about any concerns they had. People were given information about how they could make a complaint when they moved into the home and were reminded of the process during meetings for people who lived at the home. Any complaints received were recorded on the provider's database. This helped the provider to identify any trends or patterns to inform changes in practice.

There had been one complaint since our last inspection visit. This had been managed under the provider's complaints procedure and appropriate action taken.

Is the service well-led?

Our findings

People felt able to talk to the management team if there were any concerns. We saw an open culture and dialogue between people who lived at the home and managers. People approached managers and felt confident to discuss any issues about their health and support needs.

The registered manager covered four of the homes in the area, and divided their time between them. In October 2015, a 'team leader' role had been developed to provide leadership when the registered manager was not in the home. The team leader told us they were completing training to provide them with the skills to carry out their role and responsibilities. Staff told us the registered manager was contactable when she was not at the service and they were able to speak with her when they needed to. Staff also spoke positively about a new service manager who had recently been appointed. One staff member told us, "We have only just had a new service manager and the support is fantastic. We can pick up the phone if we need to and ask for help. If they need to they will come over to the service and talk to us face to face."

The registered manager understood their legal responsibility for submitting statutory notifications to us, such as incidents that affected the service or people who used the service.

At the time of our visit, the service was reliant on bank and agency staff to cover gaps on the rota. The registered manager accepted that staffing had been an issue but told us the provider was taking action. They had recently recruited a new member of staff to ensure they had sufficient staffing levels to reduce the use of agency staff.

There were regular meetings for staff where they could share their views and discuss developments in the service. The meetings were held in the service but there were also regular staff meetings across the provider's other services in the county. These 'inter-service' meetings provided an opportunity for staff to discuss issues that had emerged in other homes and any learning that had been taken from them. Minutes showed that the meetings were also used to share good practice, cascade training and changes to policies and procedures to ensure staff were up to date and working to up to date guidance. One member of staff told us, "We have a discussion where any member of staff can raise anything they think may improve the service and we will look at implementing it."

Staff told us they worked as a team to meet people's needs. One staff member explained, "My colleagues go over and above the call of duty in trying to meet the needs of people. It is part of the job but it is done willingly."

People were given the opportunity to influence the service and share their views on the service provided. People told us there was a 'resident' meeting once a month where they could discuss any issues about the home and the care they received. They told us they felt able to share their views and we saw minutes of the meetings were displayed to remind people what was discussed and agreed. The records of recent meetings demonstrated people had raised issues which were causing them concern and action had been taken to try and resolve the issues. Also each month people had a meeting with their keyworker during which they

discussed what had gone well for them, what they would like to achieve in the coming month and whether they were happy with the care and support they received.

The registered manager told us that although people were not directly involved in interviewing potential new staff, they did try and engage them in the recruitment process. For example, people had suggested asking applicants what social interests they had which could be used to benefit the people using the service.

The provider monitored and audited the quality and safety of the service provided. Senior staff told us they conducted quality checks to make sure staff followed the guidance set out for them. For example, care plans were reviewed once a month by the clinical lead to ensure they accurately reflected people's needs and medication audits checked that people had received their prescribed medicines.

The provider also carried out visits to check the service people received was safe and effective. These had previously been completed as unannounced manager's visits but the provider was reviewing the system to make it more effective. In the meantime the service manager had completed an unannounced visit in April 2016. The records of the visits demonstrated that in most cases the required actions from issues identified had been completed. Outstanding actions continued to be monitored.

The provider had systems and processes to ensure the continued review and development of the service for people with mental health needs. The registered manager told us that one of the challenges facing the service was the lack of supported living facilities within the area for people to move on to from Albany House. They explained that the provider was investigating the development of a supported living service in the locality so they could provide a clear pathway for people with consistency of staff support as they moved on to more independent living.