Partnerships in Care (Albion) Limited

Albion House

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

We conducted an inspection of Albion House on 27 February 2018. We previously inspected the service on 19 January 2016 and found the service was meeting the regulations inspected. The service was rated good.

Albion House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service provides care for up to 24 people. There were 18 people using the service when we visited.

The service had a registered manager, which 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.

Risk assessments and care plans contained information about risks to people's care and contained clear risk management guidelines for care staff to follow.

Staff followed safe practices for administering, storing and recording medicines given to people.

People told us care staff were kind and treated them with respect. Care staff were aware of people's personal histories and had a good understanding of people's personal preferences in relation to how they wanted their care delivered.

Care workers supported people to develop their independent living skills and encouraged them to maintain their personal and family relationships in accordance with their wishes.

People were supported to access activities they enjoyed. Care records included information about activities people attended and whether they enjoyed these.

People were supported with their nutritional needs. The service had a chef who prepared nutritious meals in accordance with people's preferences and where people had specialist dietary needs, this was accommodated.

People received support with their healthcare needs. Care records included up to date information about people's health conditions as well as the details of any treatment they were receiving. Care workers had a good level of knowledge about people's requirements in relation to their health.

Care staff had received training in safeguarding adults from abuse and were aware of their responsibilities. People told us they felt safe using the service and there was an appropriate policy and procedure in place.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA). People's capacity was assessed where necessary and care staff were aware of their responsibility to ensure care was delivered in accordance with people's valid consent.

People told us they were involved in decisions about their care and how their needs were met.

The provider practiced safer recruitment procedures. Appropriate background checks were undertaken of prospective staff before they worked at the service.

The provider had an appropriate complaints procedure and process in place.

Care staff had the appropriate skills to deliver care as they had received an effective induction, ongoing training and management support through supervisions and appraisals. Care was delivered in line with current legislation and standards. There were appropriate policies and procedures in place which were appropriately communicated to care staff.

Quality assurance processes were thorough. The registered manager completed a variety of audits and ensured learning was undertaken from these.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

Albion 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.

We visited the service on 27 February 2018 to see the manager, office staff and to review care records, policies and procedures. The inspection was not announced. After the site visit was complete we then made calls to care workers who were not present at the site visit.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the CQC as well as the previous inspection report. A notification is information about important events which the service is required to send us by law.

We spoke with four people using the service. We spoke with two care workers after our visit over the telephone. We spoke with the registered manager and another senior member of staff during our visit. We looked at a sample of seven people's care records, two staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments from people included, "I feel safe here" and "I trust the staff."

Care staff had received annual training in safeguarding adults and were aware of their responsibilities to safeguard vulnerable people from abuse. When spoken to, care staff were able to explain the different types of abuse and the actions they were required to take if they suspected this was happening. One care worker told us "Abuse is not just physical…There are different types of abuse and we need to be aware of this" and another care worker said, "If I thought someone was being abused I would report it right away and make sure something was being done."

The provider had an effective safeguarding policy and procedure in place. This included a whistle blowing policy. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. The registered manager explained that all safeguarding incidents were required to be reported to the local authority for investigation. We spoke with a member of the local authority and they confirmed they did not have any concerns about the safety of people using the service.

Risks to people's safety were monitored and risk management plans were in place to keep people safe. The provider conducted a variety of assessments when someone new was referred to the service. These included assessments of people's mental health needs which assessed whether they posed a risk to themselves or others or if they were at risk from other people for any reason. Risks were appropriately identified and there were risk management plans in place which were incorporated into the person's plan of care. We found people's care plans gave clear information about what people and care workers should do to mitigate any known risks. For example, we found one person's risk assessment stated they were at risk of relapse in relation to a medical condition if this was not appropriately managed. Their care plan included advice for care workers such as ensuring the person continued to take their medicines as prescribed, that they continued their therapeutic sessions with their key worker and that they monitored the person's behaviour for early warning signs of a deterioration of their condition.

Risk assessments were completed in collaboration with people to manage positive risk taking. People's wellbeing and ongoing recovery was assisted by their participation in recreational activities and the development of their independent living skills. We found, where people chose to undertake activities these had been risk assessed and plans were in place to manage the risks associated with this. For example, we saw one person's risk assessment stated they wanted to independently manage their own finances. The person's care plan, which had been agreed with the person, included details of a budget for the person to maintain daily spending limits and a safe place for the person to store their money. Care workers were required to support the person to work within their budget and to provide advice as necessary.

Some people using the service had behaviours that challenged. We found risk assessments appropriately identified the triggers for these and included information for care workers in how to appropriately manage

them. For example, we found some people's challenging behaviours were exacerbated by alcohol. Care workers told us they were mindful of people's alcohol intake and offered them advice about controlling this. People's risk assessments identified whether they were at risk of alcohol abuse and their care plans included risk management advice for care workers and people using the service. These included an agreement to undertake random alcohol testing with people's consent, to engage in ongoing therapeutic sessions with their key worker and external professionals if needed.

The provider ensured a suitable number of appropriate staff were in place. People told us they felt there were enough care staff on duty to meet their needs. Their comments included, "There are enough staff working here" and "I've never felt the staffing was too low. There's always enough staff around." Care staff agreed with this. Care workers told us "Staffing levels are fine" and "Enough of us are scheduled to work."

We observed that there were enough care staff on duty to respond to people's queries and to speak with people throughout our inspection. We viewed the rotas for the week of our inspection and found staffing numbers were maintained throughout the week in line with our observations.

We found the provider used safer recruitment practices to employ staff. We looked at three care worker's files and found evidence of criminal record checks, identity checks including a check of their right to work in the UK as well as references from their most recent, previous employers. People's records also included their original application forms which included details of their employment history.

The provider ensured that lessons were learned when things went wrong. Care staff had a good understanding of their responsibilities to report incidents that had occurred in the course of their work. One care worker told us "We all know that it's really important to report accidents and incidents to the manager so something can be done about it."

We looked at the provider's systems for recording safety incidents and found these were managed appropriately. The registered manager recorded all accidents and incidents onto a computer system and recorded details such as what happened and what actions were taken as a result. She completed a monthly audit of all accidents to identify any trends in relation to the type of incidents occurring and took appropriate action where necessary. For example, the registered manager identified a trend in the types of incidents relating to one person and demonstrated that appropriate action had been taken to manage this.

Any lessons learned were disseminated to care staff through daily handover meetings, team meetings and regular supervision sessions. Care staff confirmed they were informed about incidents that had occurred and any changes that were required to their practice as a result.

Care staff received emergency training in the event of an accident or incident. People received training in basic life support, emergency procedure awareness and fire safety and records confirmed this. Care staff had a good understanding of how to respond to emergency situations. One care worker told us, "We get training in what to do if there is an emergency situation. It depends what it is, but we might have to call an ambulance or the police. We also have to report everything that happens."

The provider had a clear policy and procedure in place for the safe management and administration of medicines. Care workers were aware of the medicines administration policy and procedure and relevant staff had received training in the safe administration of medicines which records confirmed.

People's medicines were kept in an appropriate temperature controlled room. People's medicines were delivered every 28 days from the local pharmacy within blister packs. People were administered their

medicines at the appropriate times and this was recorded within medicines administration record (MAR) Charts. We looked at the MAR charts and counted the medicines available for three people. We found MAR charts had been appropriately filled in and the correct amounts of medicines were available for them. People confirmed they were given their medicines on time and we saw this happen on the day of our inspection. People told us, "Yes I get my medicines. They store it for me" and "They take care of my medicines for me and remind me when I have to take them."

We saw copies of monthly medicines checks. The checks we saw did not identify any issues and included a check of the amounts of medicines stored.

Senior staff administered medicines and we found they had completed medicines administration training within the last two years. When we spoke with senior staff, they were knowledgeable about how to correctly store and safely administer medicines.

The provider had an appropriate infection control policy and procedure in place. The service was cleaned on a daily basis and we observed the home to be clean and free of clutter on the day of our inspection. People told us the service was usually clean and that they received help in cleaning their rooms if they asked for this. People commented "The place is clean and they clean it every day" and "I usually clean my own room, but if I want help, I can ask for this."

Care staff were aware of their responsibilities in relation to infection control. They had received training in food safety procedures as well as general infection control procedures. Care staff gave us examples of their responsibilities. Their comments included "I wash my hands thoroughly throughout the day" and "We clean the place every day and throughout the day when we need to."

Good

Is the service effective?

Our findings

Peoples' rights were protected in line with the Mental Capacity Act 2005 (MCA) as the provider met the requirements of the Act. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and found that the provider was working within the principles of the legislation. At the time of our inspection no people using the service had been assessed as lacking capacity to make a particular decision. However, we saw examples of mental capacity assessments that had been appropriately conducted and these confirmed that people had the capacity to consent to decisions in relation to matters including their finances. Care staff had a good understanding of the importance of ensuring people gave valid consent in relation to their care. One care worker told us, "We always get people's consent before we do anything and if we thought someone didn't have capacity we would report this."

Care and treatment was delivered in line with up to date legislation and standards. The provider had up to date policies and procedures which underpinned the work they did. Care workers were aware of these and referred to these in their discussions with us. For example, one care worker referred to the whistle blowing policy in their discussions with us about safeguarding people and another care worker referred to the medicines management policy when discussing people's medicines intake. Policies were updated on an annual basis to ensure they were relevant and complied with up to date guidance.

We spoke with the registered manager about how she ensured care workers were working in line with up to date guidance. She explained that they received annual training in various areas and where any changes were made in relation to their work, these were covered in depth. However, any immediate changes to best practice were communicated through regular ongoing discussions at handover meetings, team meetings and supervision sessions. Where the registered manager required further guidance she explained she would contact external professionals for example at the local authority.

Care staff had the skills needed to care for people. People confirmed that care workers had the skills needed to support them. Their comments included "The staff know what they're doing" and "They're very professional." The registered manager told us that care staff received training on an annual basis in numerous areas including basic life support, fire safety and managing behaviour that challenged. We looked at records and these confirmed that care staff were up to date in the training they were supposed to complete. Care staff confirmed they felt they had enough training to do their jobs well. One care worker told us "We have enough training here" and another care worker said "We get all sorts of training and if we feel

we need to repeat anything, we can ask." The registered manager confirmed that care workers could re-attend training if needed and also received specialist training when this was required. For example, records confirmed that all staff had undertaken training in anaphylaxis and suicide prevention.

Care workers told us and records confirmed they had received an effective induction prior to supporting people. This involved a minimum of three days of initial training and a period of shadowing experienced staff before working as part of the service. New care workers were also required to complete the Care Certificate. The Care Certificate is a set of minimum standards that social care and health workers are expected to meet in their daily working life.

Care staff received appropriate ongoing support from senior management including supervision and appraisal. Care workers told us they received supervision sessions with a member of the senior management team every two months and records confirmed this. Matters discussed included their ongoing training needs and whether they were encountering any issues with the people they were supporting. Care workers found the supervision sessions useful to their roles. Their comments included "I find the sessions very valuable. I appreciate constructive feedback" and "I really feel supported through these sessions."

Care staff also received an annual appraisal where their learning and development was discussed in depth. Appraisal records included targets for the year ahead as well as feedback on the care worker's performance. One care worker told us, "I was nervous about my appraisal, but I didn't have to be. It felt really good to get positive feedback, but also useful advice about how I can develop."

People were supported to eat and drink enough and commented positively on the food provided at the service. People's comments included "The food is nice" and "They give you what you want here." We looked at the menu for the week of our inspection and saw it included two options for meals one of which was a vegetarian option. Some people preferred to prepare their own meals and where they required assistance to do so, this was also provided.

We spoke with the chef on the day of our inspection. They explained that they devised the menu in accordance with people's feedback. People were asked whether they enjoyed their meals at monthly 'resident's meetings' and depending on the feedback received, the chef would alter the menu. People could also request alternative, simple meals if they did not like the food available.

There was provision for specialist food to be provided if people were on a special diet. The chef explained that if this was necessary, they would be given specific instructions from a nutritionist. For example, one person using the service required specific supplements. We found their dietary requirements were recorded and known to the chef and care staff. We observed people eating together within the communal dining area. Food looked appetising and people appeared to enjoy this.

People were given appropriate support with their healthcare needs. Care records included information about what people's needs were and whether they were seeing external healthcare professionals for ongoing treatment. Care records included information about people's healthcare conditions and what care staff were expected to do to support them on a day-to-day basis. For example, one care record included details about how care staff were required to support the person with their epilepsy. This included ensuring the person had their observations taken and were taking their medicines as required. Care staff had a good understanding about people's healthcare conditions. They were able to describe what conditions people had and the support they were required to give. For example one care worker explained the importance of encouraging people to keep their alcohol intake to a minimum and another care worker emphasised the importance of people taking their medicines to control their conditions.

The provider had good links with healthcare professionals and were able to make referrals quickly when this was required. Details of people's healthcare practitioners were recorded in their care records and the registered manager knew who to contact if further medical assistance was needed. For example, in one person's care record we saw the details of the hospital and department where they were being treated for a condition and their care records included up to date communications from them.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion when receiving care at the service. People's comments included "The staff are nice. They do care" and "They're really nice people. We all get treated well." We observed care staff interacting with people on the day of our inspection and found them to be attentive and caring towards them. For example, we saw one person was upset and care staff responded to them immediately to offer reassurance and practical assistance with the issues they were experiencing.

Care staff demonstrated a concern for people's wellbeing and told us this motivated them in their work. For example, one care worker told us, "Some of the people living here have had a really hard time. If I can do something to help them then it's the least I can do."

The registered manager told us and care workers confirmed that they encouraged and promoted compassionate and respectful behaviour on a daily basis. The registered manager explained that appropriate behaviours were discussed as part of care staff's supervision sessions as well as discussions in team meetings. Care workers confirmed this. One care worker told us, "We talk about how people deserve to be treated. I treat people as if they were my family."

Care staff showed respect for people's backgrounds and potential for personal development. Care staff knew about people's personal histories and their likes and dislikes in relation to the care and support they needed. For example we spoke with the registered manager about one person using the service and she explained the context of the mental health issues they had experienced as well as the life and career they had held prior to using the service. We looked at the person's care record and saw evidence that care staff had worked closely with the person to rebuild their independent living skills so they would no longer need to remain at the service. The registered manager told us the person was "doing really well" and was in a position to move back to their home soon.

People were encouraged to be as independent as they wanted to be and were supported to develop their independent living skills. For example, people's care records included an action plan in relation to their desired outcomes and this section was divided into 'what I will do' and 'what staff will do' in order to achieve their goals. For example, one person's care record included an obligation for the person to inform care staff and the person's key worker when they intended to visit their family. This ensured that people were proactive in trying to achieve their goals.

People's privacy and dignity needs were understood and respected by care staff. People told us care staff were respectful towards them. Their comments included, "They do show respect for us" and "They don't talk down to you." Care workers gave us examples of how they promoted people's privacy and dignity. One care worker told us, "I have discussions with people in private" and another care worker said, "I remind people to shower and be clean so they are well presented and I help people when they need me to." We observed care workers to be respectful towards people. Where people had matters to discuss, we saw care staff lead them to private areas in order to do so and we observed care workers knocking on people's doors before entering their rooms.

The provider encouraged people to visit and be visited by people important to them. The registered manager and care workers demonstrated that they understood the importance of people's family relationships to their wellbeing. One care worker told us, "When they see their family or their friends it really makes a difference to their mood and how their day goes." The registered manager gave us an example of the lengths they took to encourage one person to visit their family who lived far away. Care staff initially travelled on the train with the person to see their relatives who lived outside London. Once the person had familiarised themselves with the journey, staff just attended the relevant station with them and led them to their train. The registered manager told us the person "now goes to visit [their] family alone. [The person] no longer needs us to take [them]."

As far as possible, the service supported people to express their views and be actively involved in making decisions about their care and support. The management team conducted six monthly reviews of people's care and took action to deal with any requests that people made. The service also had links to an advocacy service if people required the support of an independent body to provide advice, information or representation.

Care records included details of people's cultural and religious requirements including any support people needed from care workers. When we spoke with care staff they had a good understanding about people's culture and spiritual beliefs. One care worker told us, "We assist people to go to church if they ask for this." We saw details of one person's wish to celebrate a religious festival. Care staff assisted the person to do this, by escorting them to their place of worship and ordering specialist, culturally appropriate food as part of their celebration.

Good

Is the service responsive?

Our findings

People told us they were involved in planning their care. People's comments included, "They asked me loads of questions when I moved in and wrote it all down" and "They asked me what I wanted and then wrote my care plan. I've seen it and agreed to it."

People's care plans included details of people's daily living skills and the amount of support they required. For example, they specified whether people needed support with their personal care, or whether they could manage alone. Assessments covered areas including people's physical and mental health, whether they had any addictions to drugs or alcohol as well as their rehabilitation needs. Care records were personalised and were focussed on the person's achievement of their goals. For example, one person wanted to improve their cooking skills. Their care plan included details of cooking sessions they could participate in to do so.

People were supported to meet their goals through collaborative working with a key worker. A key worker is a person who has been specifically allocated to support the person to meet their goals. People met with their key worker once a month to discuss their goals and how they could be supported to meet these among other matters including their feedback about the service.

We saw evidence that people's care records were reviewed within six months. Risk assessments and care records were updated after a six month period and these included updated details about people's needs.

People were supported to follow their interests and take part in activities and education programmes that were relevant to them. The service employed two activities coordinators who ran a scheduled activities programme. The types of activities on offer included board games, pampering sessions or playing pool. The service also provided outdoor activities such as bowling, coffee outings or attending particular places of interest such as Kew Gardens. Activities were provided to meet people's specific therapeutic needs. People reported that activities such as playing football improved their overall wellbeing. Physical fitness was encouraged and the activities programme included a walking group.

People were assisted to access education programmes where this was appropriate. At the time of our inspection, two people using the service attended college and one person was in the process of enrolling onto a course.

People's care records included details about their involvement with activities and the level of success they had with them. For example we saw one person's care record included details of the outings they had, who they went with and whether they enjoyed themselves. People's feedback was sought in relation to the activities they attended and the activities programme was varied depending on what people enjoyed. For example, the activities coordinator explained that some people did not enjoy group activities and as a result, they attended to these people and conducted individual activities with them which included playing board games or having coffee.

People told us they felt confident raising complaints within the service and were encouraged to do so. One

person told us "They always ask us if everything's alright and if not, they want to know what's wrong." The service had a complaints policy and procedure in place which specified the manner in which complaints were to be handled. This included time limits for acknowledging and investigating complaints, instructions for how to manage low level complaints and where to refer people if they were dissatisfied with the result. At the time of our inspection, the registered manager explained that whilst informal complaints had been dealt with straight away, they had never received any formal complaints about any aspect of the service.

Good

Is the service well-led?

Our findings

Care staff told us there were cooperative and supportive relationships among the staff team. They told us they worked well together in order to solve any issues and shared their experiences openly so all care staff could learn from one another's experiences. The provider held team meetings on a monthly basis. We viewed the team meeting minutes which showed that care staff had regularly met to discuss people's individual needs and to share their experiences. One care worker told us, "We always advise and help each other" and another care worker said, "If something goes wrong we discuss it openly and try to learn from it together."

Care workers also gave good feedback about the management of the service. They told us the registered manager and other senior staff were available to provide support and guidance on a daily basis. Their comments included, "The manager and [other senior staff member] are really good" and "The management is really good. We couldn't do our jobs without them." We observed both the registered manager and another senior member of staff assisting people and care staff throughout the day.

Care staff demonstrated they were aware of their roles and responsibilities.. They explained that their responsibilities were made clear to them when they were first employed. Care staff provided us with explanations of what their roles involved and what they were expected to achieve as a result. We saw people's job descriptions and found these tallied with what we had been told.

The provider was committed to meeting their registration obligations with the Care Quality Commission (CQC). As required, there was a registered manager in post and she was aware of the different forms of statutory notifications she needed to submit to the CQC as required by law. According to our records these were sent to the CQC.

The provider operated effective quality monitoring systems which helped ensure the safe delivery of care. The registered manager completed a comprehensive monthly audit in matters including health and safety and accident and incidents. We saw the most recent copy of these and they did not identify any concerns. There were suitable systems in place to obtain people's views on how care was being delivered. Monthly 'residents meetings' took place at the service where people and care staff could discuss matters affecting the service and their care.

The provider worked with members of the multidisciplinary team in providing care to people. This included the mental healthcare professionals. Social workers also attended the service to participate in people's reviews of care. Where issues were identified improvement plans were put in place. We spoke with one person's social worker and they commented positively on the care provided at the service.