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Albany House - Redruth

Inspection report

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Date of inspection visit: To Be Confirmed
Date of publication: 30/09/2015

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 

Overall summary

We inspected Albany House on 3 September 2015. This was an announced inspection. We told the provider two days before our inspection visit that we would be coming. This was because we wanted to make sure people would be at home to speak with us. The service was last inspected in September 2013. During that inspection visit we found the service was meeting regulations.

Albany House provides care and accommodation for up to four people who have a learning disability. There were four people living at the service at the time of the inspection visit.

The service is situated in the centre of Redruth with access to a public transport network as well as the services own transport.

The service had a registered manager in place. 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.

The registered providers also worked and managed the service on a day to day basis. There were no permanent additional staff members. However, on occasions when the registered providers/manager were away from the

Summary of findings

service, there were systems in place for a relative to support people. They had the necessary skills, experience and competence to support people. They also had the necessary safety checks in place to work in the service.

People were supported to lead full and varied lives and staff supported them to engage in a wide variety of activities. People told us, “I like working at the nursery [garden]. I like working with the plants” and “I go out every day and like today had a coffee with someone I know”.

People told us they felt safe living at Albany House. One person said, “I love living here. Yes I do feel safe”. Arrangements were in place to protect people from abuse and unsafe care.

The service was meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. There was flexibility in what people might want to eat. One person told us, “I sometimes eat in cafes so don’t always want a main meal, but there’s always a snack for me”.

People told us they were involved in their care planning and reviews. People had individual care plans, detailing the support they needed and how they wanted this to be provided.

Care records were detailed and contained specific information to guide staff who were supporting people. Life history profiles about each person were developed in a format which was more meaningful for people. This included large print and pictorial information. This meant staff were able to use them as communication tools.

Risk assessments were in place for day to day events and people’s life choices. For example going out into the community or for smoking. These were all included in people’s care documentation.

Medication procedures were safe. Medicines were administered as prescribed and at the times prescribed. Records were accurate and audited regularly.

People were supported to manage their individual finances to maintain a level of independence.

There was a robust system of quality assurance checks in place. People and their relatives were regularly consulted about how the home was run.

Summary of findings

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. Procedures were in place to protect people from abuse and unsafe care.

People's medicines were managed safely and there were safe arrangements in place to assist people with their finances.

Levels of support met the care needs of the people that lived at the service.

Good



Is the service effective?

The service was effective. People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005.

Albany House worked well with other services and health professionals to ensure people's care needs were met.

People's healthcare needs were monitored and continuity of care was maintained.

Good



Is the service caring?

The service was caring. People were treated with respect and their independence, privacy and dignity were promoted.

People and their families were included in making decisions about their care.

The service was caring. The registered manager spoke about people fondly and demonstrated a good knowledge of people's needs.

Good



Is the service responsive?

The service was responsive. Care plans were detailed and informative and regularly updated.

People were supported to engage with the local community and to access a variety of recreational activities and employment.

There was a system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well led. There was an open and relaxed atmosphere at the service.

There was a system of quality assurance checks in place. People and their relatives were regularly consulted about how the service was run.

The registered provider routinely worked in the service and dealt with any issues of quality quickly and appropriately.

Good



Albany House - Redruth

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 September 2015 and was announced. The inspection was carried out by one inspector. Before the inspection we reviewed previous

inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with three of the four people who lived at the service in order to find out their experience of the care and support they received. We spoke with the registered providers/manager. There were no additional staff employed at the service. Following the inspection visit we spoke with three relatives.

We looked at three people's care records, medicine records and other records associated with the management of the service including surveys and audits.

Is the service safe?

Our findings

Relatives told us they were very happy with the care and support the service provided. They said, “Couldn’t think about [the person] living anywhere else”. Also, “[registered providers] makes them feel they are part of a family. We think it provides excellent care for [the person]”. People using the service told us they liked living there. Comments included, “It’s a great place to live. I have lots of friends”. Also, “I’ve got all my figure’s [collection] in my room. I like living here .Everyone is kind”.

The service had a safeguarding policy and procedure in place if abuse were to be suspected. Easy read pictorial posters were in the entrance hall and in every person's own room informing them of what to do should they be concerned about abusive practice. People told us they understood what the posters meant and knew how to raise issues which might cause them concern.

The registered manager supported people to take day to day risks while keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example we saw assessments had been completed regarding one person’s safety in the community due to their vulnerability and lack of confidence. The person had been supported by the registered manager over a period of time to use community facilities including shops. The person was now confident to go out alone and use those facilities. Risk assessments were regularly reviewed and changes made when necessary. For example one person mobility had reduced. The need for more support when going out was identified including how this was going to be managed. This demonstrated that the service protected people.

During the daytime some people were out at local centres or on work programmes. There were no additional staff

working in the service, but the registered manager/ providers were available at all times to support people. During times when the registered providers/manager were away, the provider’s daughter moved into the service. They had suitable recruitment checks and many years’ experience previously living and supporting people at the service. They had the necessary skills and competencies to support people living at Albany House.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents which had occurred or needed to be recorded.

There were appropriate storage facilities available for all medicines being used in the service. Medicines Administration Records (MAR) were completed appropriately. Homely remedies policy showed what types of remedies met this category and how they should be recorded. For example cough linctus and over the counter pain relief.

The service had safe and effective procedures in place to support people in managing their finances. Each person had individual bank accounts. People had their own wallets to make sure there was access to cash when they wanted to make purchases. The registered providers and the person, where they had capacity, signed their financial records when drawing or entering money. Relatives were involved where a person lacked capacity to manage their finances. Receipts were maintained for all cash purchases.

The exterior and interior of the building was clean, tidy and well-maintained. Equipment in use was being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People were supported by skilled providers/manager who demonstrated a good understanding of their needs. The registered manager spoke about people knowledgeably. They provided a good insight into the individual levels of support people required. This demonstrated a depth of understanding about people's specific support needs and backgrounds.

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. The Deprivation of Liberty Safeguards provides a process by which a provider must seek authorisation to restrict a person for the purposes of care and treatment. People using the service had capacity therefore there were no current DoLS authorisations in place for people using the service at the time of the inspection visit.

People told us they enjoyed their meals provided by the home. They said they received a varied, choice and always

had plenty to eat. The service did not work to a set menu and people were asked daily about meals and choices available to them for the day. One person told us they got what they liked to eat and could have a snack if they wanted to. Another person said, "We have our main meal at tea time and we all sit together. We are always asked what we would like. I enjoy meal times". Fresh fruit was readily available with a fruit bowl on the dining table. People had access to a range of hot and cold drinks whenever they wanted. People's preferences in respect of food were recorded in care plans.

People had good access to a range of health support services. Each person had a health plan in place which covered the person's physical health and mental welfare. The health plans were detailed and identified if a person needed support in a particular area. People's care records contained details regarding other health professionals and their contact details as well as easy read, health action plans which outlined what support people needed in an accessible format. Records showed individual appointment and visit records which included reasons for visits and actions to be taken. The registered manager told us how the service dealt with people's changing health needs by consulting with other professionals where necessary. This meant the person received consistent care from all the health and social care professionals involved in their care.

Is the service caring?

Our findings

When we arrived for the inspection visit people were out, either on work placements or in the community. When people returned they wanted to have a drink together and chat about what they had done during the day. The atmosphere was relaxed and unrushed. The registered manager uses this time to chat with people and share what had gone on during the day and what was happening during the evening, when some people are supported to go out to social centres and a local bingo session. One person told us, “[the providers] are good to us and takes us out. I’ve been to a café with her. She is very kind” A relative told us they would not wish (the person) to live anywhere else. They told us, “It gives us piece of mind to know [the person] is being so well cared for”. Also, “[The person] had such a tough time in other places this home has been the best placement by far”.

We observed the routines within the service to be relaxed and arranged around people's individual and collective needs. We saw people were provided with the choice of spending time on their own or in the lounge and dining area. Albany house had a domestic environment and when people returned later in the day we saw they had freedom of movement around the service and were able to make decisions for themselves. For example making a drink and going into the garden to smoke. There were no restrictions.

People’s care plans showed their styles of communication were identified and respected. People could all respond verbally and understood what people were saying. However there were posters and care plans with picture symbols used as a visual tool to assist people.

Care records contained information about people’s personal histories and detailed background information. This helped the registered manager to understand what had made people who they were today and the events in their past that had impacted on them. The registered manager was responsible for making daily records about how people were being supported.

People living at the service needed minimum support with personal care. In most instances they required prompting. The registered manager respected people’s privacy and dignity by knocking on bedroom doors before entering and by gaining consent before providing care and support. The registered manager told us they felt it was important people were supported to retain their dignity and independence. When people returned to the service the registered manager introduced us and asked people if they would like to speak with us.

Two people told us their privacy was respected when they wanted to spend time in their rooms. One person said, “I like to spend time on my own in my room sometimes. I am left to listen to my music if that is what I want to do”. People were smartly dressed and looked physically well cared for. People made their own choices in what to wear.

Is the service responsive?

Our findings

The service focussed on the importance of supporting people to develop and maintain their independence. People told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. For example three people liked to go out daily, some to work placements or day support facilities. Another person liked to go into the community everyday as they were local and knew many people. In some instances people's choices might need to be restricted due to risk factors. This was reflected in the care documentation. For example where mobility issues had been identified and more supervision was necessary to keep the person safe. Also for advising people about lifestyle choices.

On the day of the inspection visit one person was looking forward to going to a local bingo session. This was a weekly occurrence and supported by the registered manager who provided transport. People had opportunities to go on holidays and stay with relatives. One relative told us they often had [the person] to stay at weekends or for meals. They said, "It works well and it's nice for [the person] to spend time with us". Other people were supported to keep in touch in other ways, this included regular telephone calls.

Care plans were structured and detailed the support people required. The care plans were person centred identifying what support people required and how they would like this to be provided. Where possible relatives were fully involved in the care planning process and were kept informed of any changes to people's needs. People were aware they had a care plan and told us the registered manager often spoke with them about what they needed or may have wanted. During the inspection visit we witnessed the registered manager asking people what they wanted to do and how they wished to spend the evening.

In addition to care plans each person living at the service had daily records which were used to record what they had been doing and any observations about their physical or emotional wellbeing. These were completed regularly and the registered manager told us they were a good tool for quickly recording information which gave an overview of the day's events.

There was a policy and procedure in place for dealing with any complaints. This was made available to people and their families and provided people with information on how to make a complaint. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People we spoke with including relatives told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

Is the service well-led?

Our findings

People were comfortable and relaxed in the service. One person said, “I love living here, it’s my home”. Relatives told us; “We are very happy with the excellent standard of care and support [the provider] gives. It’s second to none” and, “[the provider] lets us know if there are any changes or if they need the doctor or dentist. I can’t fault it”. Another relative told us they felt confident the registered provider would act on any concerns they may have. They said, “[the provider] always asks us if we are happy with the way things are going. I am confident [the provider] would listen and act on anything we are not happy with, but that’s not happened”.

There was a clear focus on what the service aimed to do for people. The emphasis was the importance of supporting people to develop and maintain their independence. It was important to the registered manager that people who lived there were supported to be as independent as possible and live their life as they chose. This was reflected in the care planning documentation.

People and their relatives were consulted regularly both formally and informally. People talked together frequently to discuss any plans or changes. Decisions were made individually and as a group about activities, outings and meals. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them. The views of people using the service were regularly surveyed. Relatives told us they were actively encouraged to approach the registered manager with any concerns or ideas they might have. Three recent surveys showed families were very satisfied with the support being provided. Comments included, “Standard is excellent” and, “I am always given information when I ask” also, “We are very happy with all that goes on at Albany House”.

The registered manager regularly audited the service policies and procedures to ensure they reflected current good practice guidelines. Some of the audits included medicines, accidents and incidents and maintenance of the home. Further audits were carried out in line with policies and procedures. For example we saw fire tests were carried out weekly and emergency lighting was tested monthly.