Westcare (Somerset) Ltd

Friarn House Residential Home

Inspection report

35 Friarn Street
Bridgwater
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Date of inspection visit:
29 July 2016
02 August 2016

Date of publication:
01 September 2016

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 was unannounced and took place on 29 July and 2 August 2016.

Friarn House is registered to provide accommodation and personal care for up to 16 people. It specialises in the care of older people who have a dementia. On the days of the inspection there were 16 people living at the home.

The last inspection of the home was carried out on 18 February 2014. No concerns were identified with the care being provided to people at that inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had managed the home for a number of years and had a good knowledge of the needs of the people who used the service. Everyone described the registered manager as open and approachable. People and staff said they felt able to discuss any issues with them.

We were unable to speak with some people in this home due to limited verbal communication.
We therefore gathered information by talking to staff, observing care and reading relatives' satisfaction surveys. We saw kind, caring and compassionate interactions from staff. Staff we spoke with were happy in their work, enthusiastic and confident. This was reflected In the atmosphere of the home. People who could not speak with us appeared happy and relaxed.

People were supported by sufficient staff numbers and staff told us they were always willing to cover shifts to ensure people received a consistent and reliable service. On both days of the inspections we saw people did not have to wait long for staff assistance. People and the staff knew each other very well and these relationships were valued.

Whilst the staffing structure was clear, improvements were needed in the supervision process for all staff. Although staff said they received supervisions, there were no records which showed appropriate on going and periodic supervisions were taking place. However staff appeared motivated and supported. The registered manager said supervisions were currently linked more to information sharing for all staff, or "Informal chats", but would review the process with immediate effect.

Evidence showed that staff were suitably qualified, skilled and experienced. Staff had nationally recognised qualifications. One member of staff who had recently been through an induction period commented the induction process had been "good". They said they felt they had learnt a lot more about people's rights under the Mental Capacity Act (MCA).

Most people who lived at the home were supported to make decisions about the care and treatment they received. Where people were unable to consent, records showed any decision made on their behalf had been done in their best interest and ensuring their legal rights were protected.

Care plans were personalised and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Risk assessments which outlined measures to minimise risks and keep people safe were held in people's care plans.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Where concerns were identified with people's nutrition, staff sought support from professionals such as GP's and speech and language therapists

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice.

The provider sought people's feedback and took action to address issues raised. Any issues raised from the feedback questionnaires were dealt with and people and relatives informed of the issues raised and action taken. People and their relatives all felt the leadership of the home was good. Comments included "My mum is so happy and settled, I think it because she knows all the staff".

People were supported to access external health professionals, when required, to maintain their health and wellbeing.
There were quality assurance systems in place to monitor care, and plans for ongoing improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary

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

There were systems to make sure people were protected from abuse and avoidable harm.

Staff had a good understanding of how to recognise abuse and report any concerns.

There were enough staff deployed to help keep people safe.

People received their medicines when they needed them from staff who were competent to do so.

Is the service effective?

Good

The service was effective

Staff had the skills and knowledge to effectively support people.

People received a diet in line with their nutritional assessment , staff know about people's preferences and special requirements.

People had access to appropriate healthcare professionals to make sure they received the care and treatment they required in a timely way.

The service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Is the service caring?

Good

The service was caring.

People were cared for by kind and caring staff that promoted their well-being.

People were always treated with respect and dignity.

People, or their representatives, were involved in decisions about their care and treatment.

Is the service responsive?

Good

The service was responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People were able to take part in activities according to their interests.

People knew how to make a complaint and said they would be comfortable to do so.

Is the service well-led?

Good

The service was well led.

People and staff were supported by a registered manager who was approachable and listened to any suggestions they had for continued development of the service.

There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with high staff morale.

Friarn House Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 29 July and 2 August 2016 and was unannounced. It was carried out by an adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. 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 also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We used a Short Observational Framework for Inspections (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

During the inspection we spoke with five people who used the service, one relative visiting the home, six members of care staff, the registered manager and deputy manager. Following the inspection we spoke with three health professionals and two further relatives. In addition we observed staff supporting people throughout the home and during the lunchtime meal. We also inspected a range of records. These included three care plans, three staff files, one medication record, and staff duty rotas.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said "I have only been here a short time, but yes I feel safe and supported, the staff are lovely". Relatives told us they were satisfied that people were being safely cared for. One relative said. "I am very pleased with the way [person's name] is cared for." Another relative said, "I have no concerns regarding safety."

Although there was a small staff team there were sufficient number of staff to keep people safe. Each shift had two members of staff on duty, alongside them worked an activity coordinator, cleaner and cook. The cook and cleaner worked seven days a week, the activity coordinator worked Monday to Friday. The registered manager and deputy manager worked an on call systems were one of them were available every day. The registered manager and deputy manager were also available to provide support on shifts if needed. One member of staff told us "We are a small home so don't need lots of staff around". The registered manager informed us "We have never had to use agency staff, I have a staff team who will always cover shifts". The registered manager told us they worked shifts to ensure the staffing levels were sufficient to meet the needs of the people living at Friarn House.

The provider's staff recruitment procedures helped to minimise risks to people. Recruitment records contained a range of evidence that showed all new staff had been checked and were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff files showed new staff did not commence work until all checks had been carried out. New staff members confirmed the registered manager had obtained references and a DBS before they were allowed to start work.

People were protected from potential abuse because staff had received training in recognising and reporting abuse. There was clear guidance around the home on how to raise a concern if anyone witnessed or suspected abuse. One member of staff told us "I think all the staff here would be comfortable raising an alert if we felt anyone was at risk". Staff had attended training in safeguarding people from abuse and they had access to the organisation's policies on safeguarding people and whistle blowing.

Reminders for staff were seen in people's rooms regarding supporting people to remain safe throughout the day . Reminders were seen in people's rooms on the notice board in the staff room and in people's care plans. Staff told us the reminders ensured throughout the day if one member of staff forgot to check, another member of staff did. They gave examples of helping people to move or wear personal items requested by a health professionals. One member of staff said, "We do try to follow the prompts, but we don't want to get people upset". They explained sometimes people forgot to do things like take their walking aid or wear their glasses. They said "We offer support if people refuse our help, we would leave them or another member of staff will try. Sometime we go back five minutes later and they are happy with the offer of support". They said the main objective was to ensure people remained safe.

Care plans and risk assessments supported staff to provide safe care. They were reviewed on a regular basis

or when needs changed by the registered manager. The care plans contained information about risks and how to manage them. For example,one person's care plan reminded staff to ensure a person did not sit more than an hour without moving, to prevent the risk of pressure sores. Staff kept records each hour of the movement for this person. One health professional informed us a person they supported had been unsafe living alone due to "their complex needs" . They told us since moving to Friarn House the person seemed "Settled and happy. They felt this was down to the risk management procedures put in place, and the skills of the staff team. We spoke with the person who confirmed they were happy living at Friarn House. We saw the person had made friends with other people, and appeared happy on both days of the inspection.

Where people were at risk of weight loss this was highlighted in the care plans. Staff were supported by health professionals who used a recognised Malnutrition Universal Screening Tool (MUST) to assess risk. People who were identified as at risk were weighed regularly. The deputy manager informed us "Anyone at risk of weight loss is always discussed with the relevant health professionals". They gave examples of the risks they would identify and discuss as skin integrity, weight loss dietary needs, mobility and medications. One health professionals said "The staff always follow the guidance given, particularly supporting people with particular health risks". They said if staff were not sure about the support a person needed following one of their visits they would be confident they would ring to gather more advice.

There were suitable secure storage facilities for medicines which included secure storage for medicines which required refrigeration. The home used a blister pack system with printed medication administration records. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises.

We looked at the medicine administration records for one person and saw they had been completed accurately. Stock levels of each medicine were counted every day to ensure the correct amounts had been administered. Where errors had been noted these had been investigated and actions put in place to reduce the risk of recurrence. The registered manager told us these actions may include further training for staff.

To ensure the environment for people was kept safe specialist contractors were commissioned to carry out safety checks. A fire risk assessment was in place and this was reviewed annually. Each person living at the home had a personal emergency evacuation plan in place. Staff were aware of their responsibilities with regard to their actions in the event of an emergency situation. Accidents and incidents within the home were analysed on a monthly basis to help identify any traits.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person said, "Its ok living here, if I am struggling to do anything they [staff] will help". Another person told us "I can come and go as I like. There is a lock on the front door, which means my freedom is restrictive, but I understand why. I can always find staff to let me out when I want to go out".

Whilst people said the food provided was good, the experiences for people could be improved to ensure the experience was more enjoyable. For example, although people were able to sit in small groups, the tables were not laid with any cutlery, condiments or napkins or menus. We discussed this with the manager who said tables would be laid before meals in the future. Although people seemed happy to wait they had to ask for any sauces to go with their meals. People were seen being given their dinners without any prompts or reminders of what they had chosen to eat the day before. One person was overheard asking what they were having for their dinner. A staff member reminded them what they had chosen the previous day to eat. The person was given a meal different to their choice. People said the food was good, comments included "The food is good", "Yes I like the food".

The four week menus were not pictorial and were located on a wall outside the kitchen door. We did not see anyone looking at the menus. The menus were not being followed on one of the days of the inspection. The cook explained "We ask people each evening what they would like to have for dinner the next day. As we are a small home sometimes we have different food to what is on the menu, due to people asking for something different". A variety of hot and cold drinks and snacks were available throughout the day. We observed that people were offered drinks and were prompted and encouraged to drink. People's fluid intake was monitored and recorded throughout the day. This demonstrated an understanding of the importance of hydration. Peoples' weights were regularly monitored.

People's nutritional needs had been assessed and care plans held sufficient information which identified the support required. A Short Observational Framework for Inspections (SOFI) was completed at lunchtime. Staff made sure that people received any specialist diets they required including soft textured food and were clear about who required support to eat and when. People that needed additional support to eat their meals were given time and treated with politeness and respect. Staff were able to identify risks to people with complex needs, for example one carer discussed why it was important to ensure the food was at the correct texture for one person. The carer was seen gently coaxing the person to eat their meal.

People were supported by staff who had undergone an induction which gave them the basic skills to care for people safely. In addition to completing induction training, new staff had opportunities to shadow more experienced staff. However following the induction process assessments of staff competency was not completed through a probation period or supervision. This meant there was no record of assessments or system to show they were compliant in their roles. The registered manager explained all new staff were monitored through observations to ensure competency within their roles. The registered manager informed us they would in future link staff induction within the supervision process.

Staff did not receive regular one to one recorded supervisions. Supervisions were an opportunity for staff to spend time with more senior members of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The registered manager said supervisions were currently linked more to information sharing for all staff, or "Informal chats". Although staff said they received supervisions, there were no records which showed appropriate on going and periodic supervisions were taking place. The registered manager explained because the team was small, staff were observed and spoken with on a regular basis. They felt this identified any issues or training needs. The registered manager recognised more formal supervisions needed to be established. They informed us they would review the supervision process to ensure regular one to one supervisions took place and were recorded for all staff with immediate effect.

The training matrix identified training which had been completed and dates when training needed to be renewed. Training certificates in staff files confirmed the training undertaken, which included dementia, safeguarding of vulnerable adults, manual handling, infection control and the Mental Capacity Act 2005 (MCA). The deputy and other members of staff held national recognised qualifications. Staff training certificates were also visible in the hall of the home. Staff were positive about the training and felt they were supported to develop and progress within the service. All new staff were expected to complete mandatory training, safeguarding vulnerable adults, dementia and the mental capacity act. Within the first six weeks of employment. One member of staff who had recently been through an induction period commented the induction process had been "good". They said they felt they had learnt a lot more about people's rights under the Mental Capacity Act (MCA).

The registered manager had an understanding of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

Staff confirmed their training had included the MCA. The registered manager confirmed if a person lacked capacity a best interest meeting would be held with the people relevant to them and their needs. Records held in care plans showed MCA assessments and where a best interest meeting had been held. For example one record showed a meeting had been held in regards to a move of bedroom for a person living at the home due to risk of falling downstairs. The records showed the appropriate legal guidance had been followed. A relative said "I am the legal representative for my relative. I was consulted and involved in the decision process when there was an issue that needed to be resolved, a meeting was held and we discussed what would be best for my relative".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw where restrictions had been made on people's freedom of movement DoL's applications had been made.

Staff knew how to support people if they were unable to make a decision, and respected people's legal rights to make choices and lifestyle decisions for themselves. One staff member said "It is about giving choice, if someone does not want my help I will go, but I will go back later to offer again". The registered manager said the home's culture was based around support and facilitation to promote independence and choice for all people living at Friarn House.

People had access to external healthcare as required. Records demonstrated the service had worked effectively with other health and social care services to help ensure people's care needs were met. The registered manager had made appropriate referrals to health professionals including GPs and members of the multi-disciplinary team as required. Health professionals all spoke positively about the support people were receiving. One health professional told us "The staff are very good at consulting with us and promoting people's independence".

Good

Is the service caring?

Our findings

People were supported by kind and caring staff who showed patience and understanding when supporting them. People who were able to speak with us were very complimentary about the staff who worked at the home. They told us they liked the staff. One person said "The staff are very kind, if I stay in my room they will bring me up a cup of tea." One relative told us they had no concerns about their relatives happiness they said "They are very content". A professional involved with the home discussed the positive changes in a person who lived there. They said "It has done them the world of good moving to Friarn House they are so much happier".

Throughout our inspection we observed staff showing kindness and consideration to people. When staff went into any room where people were they acknowledged people. Staff had a good rapport with people and were seen to be friendly. People were seen to chat in small groups or relax. Cheerful relationships were observed throughout the day. All staff spoken with were extremely positive about the people they supported. Comments included "It is like an extended family", "I love working here and the people are great. We [staff] often come in on our days off", "Everyone is an individual and we treat them as such". "It is easy as we are a small care home to build up good relationships with people and their families".

It was clear from our observations, and from what people told us, that they enjoyed friendly and trusting relationships with the registered manager and the other staff members. Staff also spoke fondly about the people they supported and were clearly keen to promote their welfare and well-being. People who were unable to communicate with us were seen to be happy, smiling and were given regular interactions from the staff team. One member of staff told us "We key work people and try to help people stay as independent as possible". They gave an example of supporting people to recognise toiletries by marking bottles for easier identification.

People had the equipment they required to meet their needs. Where needed, people had access to walking frames. A stair lift was available to assist people with all levels of mobility to access all areas of the home. Doors from the lounge led into secluded gardens, the registered manager told us people were able to walk around the garden without staff, although staff kept an "eye out" for anyone who may be at risk of falling.

Staff respected people's privacy and dignity. Most people had their own bedroom and rooms had en-suite WCs and washbasins. Where people shared a bedroom dignity screens were used. People were free to return to their rooms whenever they wished to be on their own. When people required support with personal care this was provided discreetly in their own rooms.

People were supported to maintain on going relationships with their families. Relatives were encouraged to visit the home as often as they wished and there were no undue restrictions on their visits. Relatives said they were always made to feel welcome when they visited. People also told us they visited their family homes on a regular basis, either independently or with support from the staff. One relative said "The staff around the home are always the same, which is good, I come when I like. I don't say I am coming I just turn up when I want". Another relative said " There is not a high turnover of staff and the staff seem very skilled, I

have full confidence all is OK, I come and go as and when I can, if I am not around I know [registered manager name] will always contact me if there is a problem".

The PIR stated "Communication is key to providing a caring service and service users must feel at all times that they are in control of their own lives and only receive the level of care that has been agreed with them. We encourage staff to sit with service users during quieter times throughout the day and just talk to them or engage in some activities should they so wish". On both days of the inspection we observed staff engaging with people, sitting with them, singing with them, or discussing past and present experiences.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

Each person had a personalised care plan based on their individual care needs. Care plans had been developed from the information people provided during the assessment process and had been updated regularly to help ensure the information remained accurate. Care plans showed that people and/or their representatives had been involved in writing and reviewing their plan of care. One relative said "I have been involved with the care plan, and have been told when changes have been made". One health professional told us "Care plans and records are securely locked away, but when I wish to see the records I can get access straight away.

Care plans identified each person's personal likes and dislikes, daily routines, activity preferences, risk assessments and health needs. They also included detailed information on how people made choices and decisions if they were unable to communicate them verbally. The registered manager told us they reviewed and updated the care plans on a monthly basis or "When changes occur in people's care needs or people required a new plan to be created". Staff were aware of the information in people's care plans and recorded daily updates on how people were and if there were any changes regarding people's care needs, which was also used within the daily handover.

People were encouraged to take part in a range of activities. Activity coordinators were employed to offer a variety of activities according to people's choices and interests. and needs. One activity coordinator said, "I try to get people involved as much as possible. There is an activity programme, but sometimes it is hard to get people to engage in the activity planned so we do other things". Recent activities included a visit from a mobile zoo, cooking and word search. One person told us there was "Not much to do", so they stayed in their room or helped around the house if they could. The registered manager explained it was sometimes difficult for the activity programme to be followed. They said "Wherever possible we gather people's information on likes and dislikes, past interests. Some people find it difficult to engage, others like to help around the home for example wiping the dishes or tables. This is their home and they can help as much as they like". On both days of the inspection people were seen being engaged with different activities such as puzzles or cards.

People and their relatives said the registered manager was very accessible and approachable, and responsive to their needs. Comments included. "I am always consulted about my relatives care, the manager is always available and will respond quickly to any requests". "The staff are good and follow advice, the manager is always available and will respond to any suggestions given". The registered manager said, "We always promote person centred care and will always take the views of the service user into account when making any plans or decisions on care. It is vital that all service users feel included in all areas of their care and we always ensure that things are explained in an appropriate manner to them. A benefit of a small home is that we feel we can be more responsive and can often give immediate answers".

The provider had appropriate policy and procedures for managing complaints about the service. This included agreed timescales for responding to people's concerns. There had not been any formal complaints within last 12 months. Staff members said the communication between staff the registered manager and

deputy manager was on a daily basis, this meant any concerns about people and any problems were known by all the staff involved in their care. All staff said they felt the registered manager would listen and act promptly if they raised any concerns. The registered manager told us "We don't have problems at Friarn House just issues we deal with". We were satisfied that people's concerns and complaints would be dealt with appropriately.

People and their representatives told us they were encouraged to feedback any issues or concerns directly to the registered manager or to any other member of staff. One person said "I like all the staff. I would talk to staff if I had a problem I love it here". Relatives said they were regularly updated if there were any issues or concerns regarding people's health and well-being. One relative commented "I have no concerns and only praise for the way they run the home. On the few occasions when [their relative] had problems the manager dealt with them in the proper manner and contacted me when necessary".

Good

Is the service well-led?

Our findings

The registered manager and deputy manager held nationally recognised qualifications in management. The registered manager had managed the home for a number of years. They told us, they kept their skills and knowledge up to date by on going training, research and reading. They also attended meetings with other managers and registered home providers. The registered manager had the support of the providers who could be contacted at any time and also visited the home on a regular basis.

The provider stated in their PIR "Our managers are encouraged to attend meetings and conferences to broaden their knowledge and we also encourage managers and senior staff to read inspection reports from other care homes to identify areas of good and bad practice. A part of our annual staff appraisal asks each employee if they feel well supported by their managers. The registered providers have constant contact with the home and chair all management meetings as well as providing advice and support when required".

There were quality assurance systems in place to monitor care, and plans for on going improvements. Audits and checks were in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged if necessary. For example on one of the days of the inspection, the registered manager was seen sharing information with staff regarding recording in a person's daily records. The registered manager explained, "I share updated information with all staff as it happens and this way I know that all my team are aware of any changes to people's needs with immediate effect". We saw the actions requested had been followed on the following day of our inspection.

Audits undertaken at the home were overseen by the provider to make sure, where action to improve the service needed to be taken, this happened within the specified timescales. For example, the registered manager informed us the provider carried out monthly audits around the home, if any issues were highlighted actions were put in place with immediate effect. Records showed where staff had needed additional training on fluid and skin care, new forms had been put in place. The provider stated on their PIR "We operate an open style of management. We are transparent in everything we do. All information held concerning a service user is available to them on request and we share this information with appropriate personnel upon request. Our manager is the initial point of contact for all service users and families and is also the point of contact for staff to share their thoughts and express any concerns".

The registered manager told us "There is a strong ethos at Friarn House of treating people with respect, we view this as their home". The staff and the registered manager listened to people, offered them choice and made them feel that they mattered. Staff also felt listened to and respected by the manager and provider. Comments included "The manager and deputy are very approachable". "Fabulous manager". "We are a close team, if we need help the deputy or manager will always support us". "We all work as one team".

People and their representative stated they were happy with the kindness of staff, support of the manager, and general supportive atmosphere of the home. One relative told us "The manager is always around and is very helpful, he lets me know when [person's name] wants anything, we don't need meetings as we are

always seeing the manger and regular staff". A health professional involved in the home said "The manager gives regular updates on the people they support, they really do work in partnership with us all." Another health professional told us they felt it was easy for people to feel safe and settled quickly in Friarn House due to "A stable consistent staff team".
All accidents and incidents which occurred were recorded and analysed. The time and place of any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made. For example, if a person was identified as having an increased risk of falling they were referred to the GP for assessment and relevant measures to minimise risk were put in place.

As far as we are aware, the registered manager has notified the Care Quality Commission of all significant events which have occurred, in line with their legal responsibilities