

Mr & Mrs A G Burn

# Albury House

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

The inspection took place on 10 November 2016. The inspection was unannounced and carried out by one inspector.

We last visited the service on 8 April 2016 to carry out a focused inspection where we looked at the questions, "Is the service safe" and "Is the service well-led." We found that the provider was meeting all the regulations we inspected against.

Albury House is a care home and provides residential care for up to 12 people. It is located near the centre of Berwick upon Tweed and provides accommodation on two floors. There were 11 people living at the home at the time of the inspection.

The provider is a husband and wife partnership, Mr and Mrs Burn. Mrs Burn was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by the assistant manager.

People told us that they felt safe at the service. There had been no safeguarding concerns. Medicines were managed safely.

Checks were carried out to ensure that applicants were suitable to work with vulnerable people. This included obtaining written references and a Disclosure and Barring Service check [DBS]. We saw that staff carried out their duties in a calm unhurried manner.

The premises were clean. Checks and tests had been carried out to ensure that the premises and equipment were safe.

Staff told us, and records confirmed that training was available. There was an appraisal and supervision system in place. This meant there was a system in place to ensure that staff were supported and competent to carry out their job role.

Staff followed the principles of the Mental Capacity Act 2005. People's nutritional needs were met and they had access to a range of healthcare services.

We observed very kind and thoughtful interactions between staff and people. Staff were knowledgeable about people's needs and could explain these to us. A computerised care management system was in place to plan, assess and review people's care.

An activities programme was in place to help meet people's social needs. The provider had their own

transport to enable people to access the local community.

There was a complaints procedure in place. No complaints had been received in the last 12 months. None of the people or relatives with whom we spoke raised any complaints about the service.

Audits and checks were carried out to monitor all aspects of the service. There was a refurbishment programme in place and continual improvements to the environment were being made. Staff told us that they enjoyed working at the home and said they felt valued by the provider.

The registration requirements of the service were met. The provider had notified us appropriately of any changes and events at the service in line with legal requirements.

## 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 safeguarding procedures in place.

Medicines were managed safely.

The premises were clean. Checks and tests had been carried out to ensure that the premises were safe.

Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people. There were sufficient numbers of staff deployed to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff told us, and records confirmed that training was available. There was an appraisal and supervision system in place.

Staff followed the principles of the Mental Capacity Act 2005 in their work.

People's nutritional needs were met and they were supported to access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us that staff were caring. We saw positive interactions between people and staff.

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

People and relatives told us and our own observations confirmed that staff promoted people's privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place which detailed the individual care and support to be provided for people.

An activities programme was in place to help meet people's social needs.

There was a complaints procedure in place.

**Is the service well-led?**

**Good** ●

The service was well led.

Audits and checks were carried out to monitor all the service.

Records relating to people, staff and the management of the service were stored safely and completed accurately.

Staff told us that morale was good and they enjoyed working at the service.

# Albury 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.

The inspection took place on 10 November 2016. The inspection was unannounced and carried out by one inspector.

Prior to the inspection, we contacted the local authority commissioning and safeguarding adults teams. We also checked all the information which we had received about the service, including any notifications which the provider had sent us.

The provider completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

On the day of our inspection, the registered manager was on annual leave. The assistant manager facilitated our inspection. We spoke with three care staff. We conferred with the registered manager following her period of leave. We spoke with six people and one relative on the day of the inspection and contacted four relatives by phone following our inspection.

We looked at three care plans, information relating to staff training, one staff recruitment file, the local authority's quality monitoring report and audits and checks relating to the management of the service.

Following our inspection we contacted four health and social care professionals, one health and social care professional provided feedback about the service..

# Is the service safe?

## Our findings

People told us that they felt safe. Comments from people included, "Oh yes I feel safe here" and "Yes, I feel safe, there's always someone around and they are all so lovely." All relatives with whom we spoke informed us that they considered that their family members were safe at Albury House. One relative said, "I know that she is happy there, she would tell me if anything was wrong." The health and social care professional told us, "The home is maintained to a high level of cleanliness and the personal hygiene of the residents is of high importance. Infection control procedures are adhered to. The care home provides a room for treatment and access to a wash basin. PPE [personal protective equipment] is used by staff as required. We are always asked to sign in on arrival adhering to the fire safety policy. The home is well presented and offers information for its visitors and residents in the form of their displays and leaflets available."

There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. This meant that there were systems in place to help protect people from the risk of abuse. There had been no recent safeguarding concerns.

There was a safe system in place for dealing with people's finances. Where people were unable to manage their finances, people had a legally appointed power of attorney (LPA) or appointee. An appointee is responsible for managing a person's benefits, an LPA (property and financial affairs) is a legal tool which allows a person to appoint someone to make decisions regarding the management of all their financial affairs. No money was kept at the home and the assistant manager told us that people's appointees were invoiced for any required monies. This meant a system was in place to protect people from the risk of financial abuse.

We checked staffing levels at the service. People and relatives told us that there were sufficient staff deployed to meet people's needs. One person said, "Whenever [name of assistant manager] hears a bang he comes running in because he thinks I have fallen."

A senior care worker and care worker were on duty throughout the day. The assistant manager was also on duty. There was one waking staff member on duty during the night. The assistant manager provided on call cover should assistance be required. Staff, people and relatives told us that the registered manager was at the home each day when she was not on annual leave. We observed that staff carried out their duties in a calm unhurried manner and had time to provide emotional support to people. This meant staffing was maintained at a level to ensure that people's needs were able to be met.

All areas of the home were clean and well maintained. People were positive about their rooms. One person told us, "I have a lovely room with lovely views over the river Tweed." Comments from relatives included, "They do decorate the home - they do make a big effort," "It's like a little town hotel with care," "It's a lovely old house with panelled walls, it's what that generation likes" and "It's a well-cared for home."

There was an odour of cigarette smoke outside the smoking room. People who lived in this vicinity told us that they could not smell anything. Immediately following our inspection, the provider installed an

extraction fan to limit any odours. At our previous inspection, we viewed checks and tests relating to the safety of the premises. At this inspection, we noted that these checks and tests remained valid and were in date. Fire safety checks were carried out. Personal emergency evacuation plans were in place which detailed how people should be supported to leave the building in the event of an emergency. A fire safety audit had been carried out by a fire officer from Northumberland Fire and Rescue Service in January 2016. The outcome was considered to be "satisfactory."

We read the local authority's quality monitoring report which stated that the provider was compliant with cleaning management, infection control and health and safety. We also spoke with an infection control practitioner from the local NHS trust who stated that they had delivered infection control training to eight of the 11 staff who worked at the service.

Environmental risk assessments had been completed for hazards such as stairs and windows. These were reviewed on a weekly basis. One relative said, "The risks are proportionate, I feel she is safe there – she climbs the stairs and I think 'go for it mum.'" This meant that the management carried out a range of checks to ensure the safe operation of the home.

A number of research based risk assessments were in place such as falls and pressure ulcer risk assessments. These had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction, such as maintaining independence and avoiding the risk of falls. We read that one person still owned her own house and sometimes liked to return home for several days at a time. A risk assessment had been completed which had been agreed with the health care professionals involved.

A digital accident book was maintained. There had only been three accidents in the previous 12 months and no serious injuries. Accidents and incidents were analysed. No trends or themes had been identified. This meant that there was a system in place to monitor and record accidents and incidents and take action should any concerns be identified.

We examined the management of medicines. People told us that they received their medicines as prescribed. Comments included, "Medicines are given on the dot" and "They bring me my tablets, they never forget and I have other tablets when required." We looked at people's medicines administration records and noted that these had been completed accurately. There was a safe system in place for the receipt, storage, administration and disposal of medicines. The local authority's quality monitoring report stated that the home was compliant with medicines management.

Staff told us, and records confirmed that the correct recruitment procedures were carried out before they started work. One person said, "I think they recruit well, the staff they have are good." We saw that Disclosure and Barring Service checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Two written references had also been received. The local authority's quality monitoring report also stated that the home was compliant with recruitment checks.

This demonstrated the provider had systems in place designed to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and of suitable character to do their jobs.



# Is the service effective?

## Our findings

People and relatives told us that staff effectively met people's needs. One person said, "The staff know what they are doing." The health and social care professional told us, "Some of the clients we visit have mental health issues... and we have found the staff understand the rights of these residents" and "We have recently implemented a training programme for carers to help them care for the patients' feet. This allows the carer to understand more about the feet and what constitutes an emergency allowing them to contact podiatry for intervention as soon as possible. The home have actively engaged with this training and continue to work collaboratively with us for the benefit of the people in their care."

All staff informed us that they felt equipped to carry out their roles and said that there was sufficient training available. Comments included, "I am all up to date with my training" and "The training is good."

The assistant manager provided us with information which showed that staff had completed training in safe working practices and to meet the specific needs of people who used the service, such as dementia care. We read the local authority's quality monitoring report which stated that the provider was compliant with the training standards they checked against and staff had completed training in equality and diversity, safeguarding, whistleblowing, dementia care health and safety, end of life care, fire safety, moving and handling and food hygiene.

Induction training was completed to make sure that staff had achieved acceptable levels of competence in their job role. The assistant manager told us that they were going to introduce the Care Certificate. The Care Certificate is an identified set of standards that care workers adhere to in their daily working life.

All staff told us that they felt supported in their roles. Staff told us they had regular supervision. Annual appraisals were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The manager had assessed whether people's plan of care amounted to a deprivation and was in the process of submitting two DoLS applications to the local authority in line with legal requirements.

A computer software programme was used to manage the care planning process. This programme flagged

up whether a mental capacity assessment and best interests decision was required beside each care plan and risk assessment. Mental capacity assessments and best interests decision records had been completed for areas of care such as the use of bed rails.

We checked how people's dietary needs were met. The assistant manager told us, "We cook fresh daily, breakfast is as and when and they can have whatever they like; tea time they can have whatever they want. We've had barbecues, takeaways - I don't like the hospital regime, you should be able to have what you want, when you like it." He also said, "[Name of person] has decided this week that she doesn't like beef and wants fish, so we now buy her a fillet of white fish each day..." "We do not have a food budget, we shop locally." The registered manager told us, "I go every day for fresh food. It's part of the family thing. We get Greek yoghurt for [name] and cranberry cheese and Coleman's mustard and oatcakes. They are bought solely for her – we supply it."

People and relatives were complimentary about the meals at the service. Comments included, "The food is very good. One of the cooks made two of my favourite things, Cullen Skink (smoked fish soup) and Lasagne," "My favourite meal is macaroni cheese," "The food is good, it's all home cooked," "She loves the food there, they can have what they want. She wanted muesli, but they didn't have it so they went out to get her some. They can do that because it is a small home" and "If you want something different, they will make it for you."

We spoke with a member of staff who also carried out some of the cooking duties at the home. She was knowledgeable about people's diet and their nutritional needs. She told us, "I always put in milk and cream to fortify meals" and "[Name] doesn't like red meat, she just likes fish and she loves cheeses... [Name] likes Jaffa cakes and doesn't like shell fish or smoked fish or roast beef but does like corned beef."

People's weight was monitored and action was taken if any concerns were identified. One person had previously been referred to the dietitian. People's food and fluid intake was monitored on the computerised system. This meant that systems were in place to monitor people's dietary needs and ensure they received a suitable nutritious diet.

People and relatives told us that staff contacted health and social care professionals to meet their needs. Comments included, "They speak to the Parkinson's people if her drugs need changing and get the doctor if needed and make any hospital appointments," "They take her to hospital appointments" and "They have a good rapport with GP. They will say, 'I think [name] has a urine infection' and something us done, they have a good working relationship with health professionals, the optician – everyone comes in."

We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, district nurses, dietitians, the chiropodist and dentist. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

## Is the service caring?

### Our findings

People and relatives were complimentary about the caring nature of staff. Comments included, "The staff are wonderful girls," "The staff are absolutely lovely, warm and welcoming. They go out of their way to help them," "She relates very well to them [staff] and they relate well to her," "I am amazed at how well they look after her," "It's very family orientated and [name] relates well to that" and "The staff are nice." We looked at the results of the relatives' survey and saw that 62.5% of respondents rated the quality of care as "very high" and 37.5% of respondents rated the quality of care as "high." The health and social care professional stated, "When visiting Albury House I have found all of the staff to be very professional and courteous to both the visiting podiatrist and also the residents they care for. At all of our visits the care staff appear loving and caring towards the residents, showing respect and dignity with regards to privacy for treatment."

People and relatives told us that one of the main reasons that they liked Albury House was its family values. Members of the provider's family were actively involved in all aspects of the home. The assistant manager lived in a flat above the home with his partner and young daughter. On the afternoon of our inspection, the assistant manager's daughter came down into the home which people loved. One relative said, "It's lovely how their daughter is part of their [people] lives... They have a parrot too. [Name of registered manager's] sisters do the cooking, it's all very much family orientated and that's why we like it." Other comments from relatives included, "It's like a big family" and "I think there is a lovely homely atmosphere, even the parrot adds to the atmosphere." One member of staff said, "It's amazing how children and animals can make people feel better. [Name's] face lights up when she sees the little one [child]." Another staff member said, "It's family friendly here, it's caring and home from home."

One person had a dog. Staff recognised the importance that the dog had on the person's well-being. They supported the individual to look after the dog and the dog even had its own medicines administration chart for medicines received from the vet which were securely locked away. We spoke with this person who said, "I can't complain, I am happy here and they [dog] sleep with me so they are happy." A care plan was in place which stated, "The dog is a very important feature of [name's] day to day life."

Staff were motivated and committed and spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments from staff included, "Everything is about them [people] and what they want," "I want to be out there being with them and talking to them. We enjoy spending time with them," "I talk to everyone... [Name] lived near my granny and she tells me stories and we talk about the olden days," "I like to sit and talk and have a cup of coffee with them," "We know everything about them, even how strong they like their tea" "I am even working Christmas day and I can't wait to come in."

We observed that people appeared happy and looked well presented. One relative said, "She is always dressed nicely and staff make an effort - her hair is always done nicely, and her nails, they don't neglect anything."

We saw positive interactions between staff and people. We saw staff chatting with individuals on a one to

one basis and responding to any questions with understanding and compassion. One person was unable to communicate verbally. We observed a staff member gently stroke her hair as she spoke with her. The staff member said, "We treat people the same way as we would treat our granny." She then said to the person, "You like to be all wrapped up so there's no drafts to keep your knees nice and warm, don't you?"

Staff were aware of people's comfort and wellbeing. We visited one person who complained that her leg was a little sore. The staff member said, "Let's put your leg up on this nice little poufy."

People enjoyed a joke with staff. One person was telling us that they would rate the home "very highly," a staff member overheard and said, "You can have an extra slice of bread for your tea for that!" The person laughed and said, "Now you see what they are like."

One person still had their own home and went home on occasions. The assistant manager told us, and the person confirmed that the registered manager went to visit the person on an evening if she was staying at home for a couple of days. We spoke with the registered manager about this and she said, "I just want to make sure that she is alright."

We found the care planning process centred on individuals and their views and preferences. This information supported staff's understanding of people's histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

We observed that staff promoted people's privacy and dignity. Staff knocked on people's doors before they entered and they could give us examples of how they promoted dignity, such as keeping people covered when they were providing personal care.

The assistant manager informed us that no one was currently using an advocate. Advocates can represent the views and wishes of people who are not able to express their wishes. We saw that there was a procedure in place should an advocate be required.

Discussion with the staff revealed there were no people living at the service with any particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there; age, disability, gender, marital status, race, religion and sexual orientation. Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this. Staff had completed training in equality and diversity.

People and relatives told us that they felt involved in people's care. One person told us, "Yes, I have a care plan which they always update." A relative said, "They keep you informed."

## Is the service responsive?

### Our findings

People told us that staff were responsive to their needs which was confirmed by relatives with whom we spoke. One person said, "Yes, the staff are responsive, they are very good."

We read three people's care plans and noted that these were detailed and person-centred. This is when treatment or care takes into account people's individual needs and preferences. Each person had a care plan for each aspect of their lives. We read one person's behavioural care plan which stated that loud noises triggered behaviour which could be considered challenging. This meant that staff had information so that they could provide responsive care and support.

People told us that they could choose how they wanted to spend their day and staff were responsive to their wishes. One person said, "You have a rota for baths, but if you want a bath you can have one whenever you like. They will always fit you in." A member of staff said, "There is no, 'You must do this' or 'You must do that' it's whatever they want to do, if they want a lie in, they can have a lie in." This was confirmed by our own observations when we visited someone who was enjoying a lie in.

One person told us, "I have a house – I can do whatever I like. I have had some days at home." Staff explained that this individual sometimes went home for several days at a time. The assistant manager told us, "She has capacity to make this decision, so we would never stop her." We read this person's care plan which stated, "[Name] has her own home and often returns home from time to time. [Name] will leave and return to Albury House at her own choice." A risk assessment had also been completed which had been agreed with the health and social care professionals involved in the person's care. This meant that staff were responsive to people's wishes.

We checked how people's social needs were met. The provider had their own 'black cab' which was used to take people out on trips to the local horse races, garden centres and other local attractions. People told us that there was enough going on to occupy their attention. Comments included, "We have a taxi... There is enough going on for me" and "We went to the pub the other day." People's care plans contained details of their hobbies and interests. We read that one person enjoyed knitting and singing and another individual enjoyed art and the theatre. This meant that people were encouraged to pursue their hobbies and interests and supported to access the local community.

There was a complaints procedure in place. No complaints had been received in the last 12 months. None of the people and relatives with whom we spoke with raised any complaints. One person said, "Nothing needs improving." We read the local authority's quality monitoring report which stated that they were compliant with the complaints and compliments standard.

Online surveys were carried out to obtain the views of relatives. We read the results of the most recent survey. This stated that 87.5% of relatives thought that staff were "extremely responsive" to people's care needs and 12.5% of relatives rated staff as "very responsive."

## Is the service well-led?

### Our findings

The care home had been open since 1990 and was a family run business. The provider is a husband and wife partnership, Mr and Mrs AG Burn. Mrs Burn is also the registered manager. She had always been the registered manager. Their son, the assistant manager played an active role in the service. The assistant manager told us, "We have a family run, hands on business."

People and relatives were complimentary about the home. Comments included, "It's the best of the residential homes," "Nobody wants to be in a home, but if you have to be, then this is the one," "It's the best there is here" and "It's very good here, it has a good reputation in the town."

People and relatives were complimentary about the home. Comments included, "It's the best of the residential homes," "Nobody wants to be in a home, but if you have to be, then this is the one," "It's the best there is here" and "It's very good here, it has a good reputation in the town." The health and social care professional told us, "The manager is keen to ensure the visit runs as smoothly as possible for ourselves, the staff and the residents. The residents are all informed of our visits and brought to us in a timely manner. The staff all appear to be happy in their work. It is always a pleasure to visit Albury House."

Audits and checks were carried out to monitor the service. These covered areas such as medicines, accidents and incidents, infection control and health and safety. Managers' "walk arounds" were also carried out. No concerns were noted. We read that there were continual improvements to the premises as part of the provider's refurbishments programme. We looked at the local authority's quality monitoring report and noted that the provider was compliant with the quality assurance standard.

The home had achieved Band 1 following the local authority's quality monitoring visit which is the highest band. They had also been given the top food hygiene rating of 5 by the local authority's environmental health department. This meant that the provider sought to attain and maintain high standards to ensure that people received a quality service.

Records relating to people, staff and the management of the service were stored safely and completed accurately. The provider used a computerised management system which they had personalised to record and store people's care records. Staff used a hand held computer tablet to complete daily observations and reports about people's care. This system was also used during staff handovers since it flagged up important events, such as any accidents and incidents and GP visits. This meant that important information was communicated to staff to ensure people's safety and wellbeing.

At our previous inspection, the general manager informed us that 'residents' and relatives' meetings were not well attended so they were looking at different ways to communicate with people and relatives to obtain feedback. At this inspection the provider had carried out an online survey to obtain the feedback of relatives. We noted that 100% of respondents stated that they were "very satisfied" with the provider which was the highest possible score.

Staff were very positive about working for the provider. They said they felt valued and enjoyed working at the home. Comments included, "I think it's great how it's run," "We all get on, they [managers] are very approachable," "I love it here, I have regained my faith in caring" and "You'll never see jobs being advertised here. Staff have been here for years because they love it...I'm waiting for my carriage clock for 20 years [service], although I have said I would rather have an [name of Smartwatch]!" We observed that this positivity was reflected in the care and support which staff provided.

Staff were rewarded for going above and beyond. One member of staff was going to a Michelin starred restaurant courtesy of the provider and others had been given vouchers. We spoke with the registered manager about this and she told us, "I appreciate what they do and it's just something to say I'm grateful... At Christmas I will put a £50 in each of their cards to say thank you – they are part of us, like the residents."

The provider had displayed their CQC ratings at the home and on their website in line with legal requirements. There had been one notifiable event at the service which the provider had informed CQC of. Notifications are changes, events or incidents that the provider is legally obliged to tell us about. The submission of notifications is a requirement of the law. They enable us to monitor any trends or concerns within the service.