

Albion Lodge Limited

Albion Lodge Retirement Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

Albion Lodge provides accommodation and personal care for up to 36 older people. At the time of our inspection there were 32 people living at the home. At the last inspection, in June 2015, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive care in ways which helped them to remain as safe as possible. Staff understood the risks to people's safety and offered support and reassurance to people when they wanted this. There was enough staff to care for people and to meet their safety and care needs. People received their prescribed medicines safely, and staff regularly offered pain relief to people and respected their decisions.

The care that people received continued to be effective. Staff had undertaken training which helped them to develop the skills and knowledge needed to care for people. The training staff received was linked to the needs of people who lived at the home.

Staff understood people had the right to make their own decisions and were available to provide reassurance if this was needed. Staff knew which people, relatives and health and social care professionals would need to be involved if people needed support to make key decisions about their lives. People enjoyed their meal time experiences and staff encouraged people to have enough to drink so they remained well. People were supported to access health care services so they would stay well.

People had built strong relationships with the staff supporting them and were confident to make their own day to day decisions. These were respected by staff. People were treated with dignity and staff recognised people's need for privacy and independence.

People and staff were encouraged to make suggestions about the care provided and their views were acted on. People's care plans reflected their individual preferences and needs. There were no restrictions on the time people's relatives could visit them and people told us there were interesting things for them to do, either together or on their own, so their well-being was enhanced. Systems were in place to manage complaints, so the care provided to people would develop further.

People and staff told us the registered manager and senior staff were approachable. A visiting health professional highlighted communication with the senior team was open, and this helped to ensure people received the care they needed. People and staff were positive about the way the home was managed, and were encouraged to let the registered manager know their views on the care provided. Regular checks were in place to assess and monitor the quality and safety of the service.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Albion Lodge Retirement 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 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. At the last inspection on 17 August 2015 the service was rated as good.

This was an unannounced comprehensive inspection which took place on 18 July 2017 and was undertaken by two inspectors.

We reviewed the provider information return (PIR) sent to us by the provider. This 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 information we held about the service including statutory notifications submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding some people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

During our inspection we spent time with people in the different communal areas of the home and spoke with 11 people and one relative. We also spoke with a visiting health professional.

We spoke with the registered manager who was also the provider's representative, the deputy manager, two senior care staff, four care staff, an administrative staff member and a catering staff member. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand

the people's experience of care.

We looked at a range of documents and written records including three people's care records , staff training records and minutes of meetings with people who lived at the home and staff meetings. We saw the checks made by the provider, and senior staff so they could be assured people were receiving the care they wanted in the ways they preferred. These included checks on the ways people's care was planned, checks to ensure people received their medicines safely and to ensure staff were suitable to care for the people living at the home.

We also looked at information about how the provider monitored the quality of the care provided and actions they took to develop the service people received further. These included questionnaires completed by people living at the home, checks on the safety of the home and the equipment people used, and learning from complaints and incidents.

Is the service safe?

Our findings

People told staff knew their safety needs and took action to support them to stay as safe as possible. One person told us staff had worked with them to put equipment in place, so they were able to obtain assistance if they needed. The person said they were confident staff would come quickly if they needed help. One relative we spoke with was positive about the actions staff took to promote their family member's safety and to meet their care needs.

Staff understood how to recognise if people may be subject to harm or abuse. Staff were confident if they raised any concerns for people's safety senior staff would take action to help people to stay safe. We found staff knew they could also raise any concerns they may have for people's safety with other organisations with responsibility for helping to keep people safe.

Risks to people's safety were recognised by staff. One staff member explained how some people needed support to reduce the risk of them experiencing poor skin health, and explained how staff worked with health professionals, so the people would enjoy the best skin health possible. Another staff member told us some people sometimes needed extra reassurance when walking around the home and gardens. Staff had also considered the ways to reduce the risks of heat exposure for people who enjoyed spending time in the garden area of the home. We saw hats were available for people to use and staff gently encouraged people to drink enough to remain well.

We saw staff noted when people needed assistance and provided this, so people's anxiety was reduced. Call bells and pendants were available to people so they could summons assistance from staff in the event of an emergency.

People's individual safety needs had been taken into account in the way people's care was planned, and staff had been given clear guidance on the best way to meet people's individual safety needs. This included information on how people's underlying health conditions may affect their safety and well-being.

People told us there were enough staff to meet their safety needs. One person said, "Staff respond when I need them." Another person said, "Staff come when I need them." Two people told us they occasionally had to wait a few minutes if they wanted assistance. People and a relative we spoke with told us this did not happen often. One visiting health professional told us there were enough staff available so any advice they provided could be and was followed. One staff member told us where additional staff were required to cover permanent staff member's leave this was provided by bank staff who knew people well. Another staff member said, "There's enough staff, occasionally, we pick up extra shifts, we get plenty of notice if this is needed." We saw staff had enough time to chat to people, and people enjoyed this.

We saw checks were undertaken by the provider before new staff started working at the home. The checks included obtaining three references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people.

People told us they were supported to have the medicines they needed so they would remain well. One person said, "They [staff] are really on the ball about this." Staff were not allowed to administer medicines until they had received training and their competency had been checked. We saw staff checked people were receiving their medicines as prescribed and people's medicines were securely stored. There were clear records of the medicines administered to people, and checks were made by senior staff so they would be assured people were receiving the medicines they wanted, as safely as possible.

Is the service effective?

Our findings

People told us staff knew how to support them. One relative said because of this, "Staff are very particular, and make sure I'm looked after." One relative said they knew staff understood how to help their family member as they were well and happy with the care provided. One visiting health professional said staff used their skill effectively in order to assist people and to increase their confidence and independence.

Staff told us they were supported to develop their skills though regular training and working with health professionals. One staff member explained they had recently undertaken training in infection control, and explained how this was discussed with senior staff, so they could be assured staff knew how to promote people's health. Another staff member told us about the vocational training they had done and said, "It makes you more confident, and this shows in your work." One member of staff said, "Managers are really approachable and if you are stuck with something they will help you."

We saw the training staff received was linked to the needs of people living at the home, such as how to assist people to move safely. Records showed us plans were in place so staff would regularly refresh their training.

Staff had received training in The Mental Capacity Act 2005 to help them to develop the knowledge to promote people's rights. We saw many people living at the home decided what they wanted to do, and did not need support from staff to make their own decision. We also saw staff offered support and encouragement and took time to explain options to people. Staff respected people's rights to make their own decisions.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us there were no restrictions on rights. One person said, "I can choose to go for a walk. I'm a free agent and I can come and go as I please." Staff told us they had not needed to apply to deprive anyone of their liberty.

People told us they enjoyed their mealtime experience. One person said, "I am on a soft food diet, and they do it well, here, it's appetising." Another person said, "The food is very good, and there are choices." One person told us they did not always enjoy the food choices offered, but told us staff would always provide an alternative to their liking. Catering staff told us they talked with people, so they could find out their preferences and dietary needs. One person said staff took into account any food allergies they had when preparing their meals.

People were supported by staff with regular hot drinks. One person said, "I am sure I could ask for a [hot] drink whenever I wanted one, but the rounds are enough." We saw cold drinks were available for people to help themselves to. We also saw staff encouraged people to have enough to drink so they remained well.

People were positive about the care they received to manage their health. One person said, "When I have been unwell, they [staff] have been fantastic." One relative told us staff contacted them without delay if they had any concerns for their family member's illness. The visiting health professional told us staff knew the health needs of the people they cared for well. The visiting health professional explained staff promptly sought and followed their advice if they had any concerns for people's well-being.

Records showed us people had access to a range of health professionals including GPs, nurse practitioners and physiotherapists. Plans had been put in place so the advice provided by health professionals would be followed. We saw staff gently encouraged people to take part in interesting things to do so people's mobility would be promoted.

Is the service caring?

Our findings

People were positive about the staff who supported them. One person said, "I find it really good living here, the staff are so good." Another person told us, "It's a very happy home. Staff are very kind and very obliging. I'm happy here." Staff knew people's interests and preferences and spoke warmly about them. We saw people wanted to include staff in their lives and staff took time to chat to people about things that were important to them.

One staff member told us they started to find out about people's needs and preferences before they came to live at the home. The staff member told us, "You do talk to relatives to build up a picture of people's social histories and preferences, but you involve people too." Another staff member explained staff communicated information about the needs and preferences of new people coming to live at the home during regular meetings. The staff member said, "You see their information sheet, look through their care plans and chat to families and people." The staff member said by doing this they found out about the needs of the people living at the home.

People told us and we saw staff regularly chatted to them. One staff member said, "You do chat too, when you are giving them care, you talk about their history and interests. You chat about books, and they ask me about my life, too." A catering staff member told us staff wanted people to feel valued, and marked special events with celebratory cakes, so people would know they mattered. By doing this, the risk of people becoming isolated was reduced.

People showed us they were confident making their own day to day decisions, such as if they wanted to go out and what they wanted to eat and drink, and where they wanted to spend their time. One person told us, "You do have choice over your day, I choose to sit in my room, it's my choice." We saw people decided if they wanted to go out and enjoy chatting to other people in the gardens, or to spend time in the lounge. People also decided where they wanted to eat their meals.

One staff member told us not everyone was able to state their decisions and explained how they communicated with people in other ways, so their choices and decisions would be known and respected. The staff member said, "[Person's name] tells us what they want by writing on a pad. It works for them."

People told us staff took their right to dignity, privacy and independence into account in the way they cared for them. One staff member said, "You shut doors, ask if it's ok for you to go in to their rooms. You treat people as individuals, you don't assume, you check each time." We saw staff were careful to ensure people's privacy was respected when they communicated information about people's changing needs.

Is the service responsive?

Our findings

People decided what support they wanted from staff and how they wanted this to be given. One person told us, "Staff respond to my requests." Another person told us, "It's a very pleasant home and they [staff] do everything they can for you." One relative told us their family member's needs were understood by staff, and said because people living at the home had the care they needed the atmosphere was relaxed and people got along well together. A staff member we spoke with explained how people's care was planned taking into account their needs and said, "It's the person that matters."

We saw people were comfortable to make suggestions about the care they received. For example, one person had highlighted they would like the security of having their own key to their room. This had been taken into account in the way the person's care had been planned. Staff told us suggestions they made to develop people's care further was listened to. One staff member told us they had made suggestions for providing extra equipment for one person, so they would remain well. The staff member said their comment had been listened to, and extra equipment had been put in place.

People's risk assessments and care plans showed us the views of external health professionals had been taken into account when people's care was planned, so people would remain as well as possible. We saw people's care plans reflected their unique histories and preferences, and their individual risks. Staff we spoke with knew people's individual preferences such as how they liked to spend their time, and we saw staff offered reassurance and assistance to people when they wanted this. People's care plans and risk assessments were regularly updated.

The majority of people told us they were confident to ask for things they would like, such as hot drinks. Two people told us they were not sure if they could ask for extra hot drinks. Three people told us they were offered baths and showers regularly, but not always at the time they would prefer. For example, one person told us although they had morning baths, they would prefer to have a bath in the evenings, so they could enjoy a long soak. The provider said this would be addressed immediately following the inspection.

Staff told us there were regular opportunities to communicate information as people's needs changed, so their plans could be adjusted. We saw this happen on the day of the inspection. By doing this, all staff knew what actions they needed to take so people would enjoy the best well-being possible.

People told us there were no restrictions on the times their family members could visit. One person said their family was always made welcome, always received a drink and could enjoy a meal with them. People told us they were supported to do things they enjoyed, such as Tai Chi. We saw people smiling when they did this. One person told us, "They [staff] try to occupy us, there's lots of activities, such as quizzes and art classes." Staff encouraged people to do things they may like, but respected people's rights to make their own decisions. One person told us about the trips out which were organised for people to enjoy. The person told us they preferred not to do these, as they often went out with their family, but said they liked to take part in other things at the home. A member of staff told us some people enjoyed using the ipads that were available, to keep in touch with people who were important to them. We saw people spent time doing

jigsaws, chatting with each other and staff and enjoying spending time in the garden.

People told us if they had any concerns or complaints they would raise these with senior staff. Staff we spoke with knew what action to take if any person or relative wanted to make a complaint about the care provided. We saw systems were in place to manage complaints and concerns so people would benefit from living in a home where improvements were made.

Is the service well-led?

Our findings

A registered manager, who was also the provider's representative, was in post at the time of our inspection. 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.

People told us they knew the senior staff well and found them to be approachable. One person told us they knew the home was managed well because, "I'd rate the care as perfect, and there are such nice staff." A further person said, "I can't fault it here." One relative we spoke with told us that although their family member would prefer to live in their own home, the home was run in a way which meant they were happy living there. We saw the registered manager and senior staff spent time chatting with people and assisting them.

One member of staff told us, "It's [the home] is run so there's a good family atmosphere, it's not too clinical, and it's not too large." Another member of staff told us, "I am proud to come to work here It's like a big family and you sit and have conversations them [people] and this makes them feel secure." A further staff member told us, "Staff and the manager work together. It means people get the care they want."

The registered manager told us, "We want staff to look after people as if they are their own relatives. We are proud we do this at Albion Lodge, and this means people are looked after and enjoy each other's company." The visiting health care professional told us staff were open about the care needs of the people they assisted, and said this meant people received the care they needed.

People told us they were encouraged to make suggestions for developing the support they received further. One person said they attended regular residents' meetings. The person told us they had made suggestions about how tables were laid and their suggestions had been listened to. Another person said they had been involved in choosing the crockery and told us how much they liked the pattern chosen.

One member of staff told us people had been encouraged to decide where they wanted a bird box placed. Another member of staff explained they had made suggestions to improve the care people received as their needs changed. The staff member told us their views had been listened to. A further member of staff gave us examples of suggestions they had made. These had led to increases and changes in equipment available for use when supporting people.

Minutes of residents meetings showed us suggestions people had made had been acted on. For example, we saw people had decided they did not want any music on during their meal times. We saw this had been respected. The meetings were used to encourage people to let staff know if there were any particular meals they would like. We also saw there was a suggestions box for people and their relatives to use, in case they preferred to let staff know their views in this way.

Staff told us they knew what was expected of them as senior staff gave them feedback and advice when they worked together. One staff member highlighted how important the regular meetings were where people's changing needs were discussed. Another staff member said senior staff and the registered manager also provided guidance through supervision and staff meetings. The provider and senior staff told us they kept their knowledge up to date by working with health and social care professionals and through research. We saw staff meeting minutes which showed us staff were encouraged to reflect on their practice, training needs and to ensure people were encouraged to make their own decisions.

We saw the registered manager and senior staff checked people were receiving the care they wanted, and people were invited to communicate their views through questionnaires. We saw these asked people for their views on a wide range of aspects of their care including the environment at the home, their personal care and how the home was led. We saw people's responses had been positive. The registered manager told us they planned to further improve the paved access to the garden area, which had been suggested by people living at the home. Checks were also undertaken by the registered manager and senior staff on the safety of the home and the equipment in use, people's care planning arrangements, and staff training.

The deputy manager gave us an example of changes which had been introduced as a result of the checks made on people's medicines. The registered manager had taken action to reduce the risk of people not receiving their medicines safely by changing the way people's medicines were managed. We saw there were checks made on the medicines administered to people. We also saw an external pharmacist had audited the medicines.