

Albion Lodge Limited

Albion Lodge Retirement Home

Inspection report

Hanley Swan
Robert End
Worcester
WR8 0DN
Tel: 01684 310626

Date of inspection visit: 16 June 2015
Date of publication: 24/07/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 16 June 2015 and was unannounced. Albion Lodge provides accommodation and personal care for up to 36 older people. There were 36 people who were living at the Albion Lodge on the day of our visit. People had their own bedroom with en-suite facilities along with access to four communal bathrooms,

with specialist baths. The communal areas of the home consisted of a lounge, dining room, bar area and library area. People had access to formal gardens that surrounded the home.

There was a registered manager in place at the time of our inspection. The registered manager was also the provider of the home. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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 lived in a safe environment as staff knew how to protect people from harm. We found that staff recognised signs of abuse and knew how to report this. Staff made sure risk assessments were in place and took actions to minimise risks without taking away people's right to make decisions.

There were sufficient staff on duty to meet people's needs. People told us that staff helped them when they needed assistance. Regular reviews of people's care and deployment of staff meant staffing levels were reviewed and reflected the needs of people who lived there.

People's medicines were administered and managed in a safe way. We found that medicines were handled and stored in a safe way.

People received care and support that was in-line with their needs and preferences. Care and support was provided to people with their consent and agreement. Staff understood and recognised the importance of this. We found people were supported to eat a healthy balanced diet and were supported with enough fluids to keep them healthy. We found that people had access to healthcare professionals, such as the dentist and their doctor when they required them and were supported to hospital appointments.

We saw that people were involved in the planning around their care. People's views and decisions they had made

about their care were listened and acted upon. For example support and guidance was provided to the person and their family member to help resolve their concerns around finances. The family member told us that this support had been helpful.

People told us that staff treated them kindly, with dignity and their privacy was respected. For example, people had their own telephone in the room which meant people could call them directly and they could make calls in the privacy of their own room.

We found that people knew how to complain and felt comfortable to do this should they feel they needed to. Where the provider had received complaints, these had been responded to. While there were no patterns to the complaints, learning had been taken from complaints received and actions were put into place to address these.

The provider demonstrated clear leadership. Staff were supported to carry out their roles and responsibilities effectively, which meant that people received care and support in-line with their needs and wishes. We also found that communication had been encouraged between people and staff, which improved the effectiveness and responsiveness of the care provided to people.

We found that the checks the provider completed focused upon the experiences people received. Where areas for improvement were identified, systems were in place to ensure that lessons were learnt and used to improve staff practice.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were cared for by staff who had the knowledge to protect people from harm. People were supported by sufficient numbers of staff to keep them safe and meet their needs. People received their medicines in a safe way which encouraged their independence.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the knowledge and skills to do so. People were provided with food they enjoyed and had enough to keep them healthy. People received care that was in-line with what they had consented to and staff understood the importance of this.

Good



Is the service caring?

The service was caring.

People's decisions about their care were listened to and followed. People were treated respectfully. People's privacy and dignity were maintained.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their individual needs. People's concerns and complaints were listened and responded to.

Good



Is the service well-led?

The service was well-led.

People were included in the way the service was run and were listened too. Clear and visible leadership meant people received good quality care to a good standard.

People received a good standard of care because the provider focused on how the service delivered a positive experience to the people who lived there.

Staff were involved in improving and developing the service.

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 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 16 June 2015 and was unannounced. The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke with 13 people who used the service and three relatives. We also spoke with four staff, a person in an administrative role who managed services such as staff training and the registered manager who was also the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed one person's care record. We also looked at provider audits for environment, complaints, people and staff meeting minutes and the monthly newsletter.

Is the service safe?

Our findings

All the people we spoke with at Albion Lodge told us they felt staff protected them from harm. One person told us how they could move around the home safely, with clear access through doors and always had their walking frame to hand. Another person we spoke with told us they felt safe as they had their call bell within reach and said, "There's always help to hand when I need it". Another person told us they felt safe as the provider tested the fire alarms regularly. We spoke with one relative who told us that the consistency of long-term staff helped to keep their family member safe as they knew their care needs well. Another relative told us that when they first visited the home when they were looking for a suitable place for their family member to live, they had a good feeling about it and felt comfortable. They told us that since the person had moved into the home everything was going very well.

Staff showed an awareness of how they would protect people from harm and shared examples of what they would report to management or other external agencies if required. There had been no safeguarding concerns raised from the provider or about the provider. We found that the provider had a good understanding of what steps needed to be taken should a safeguarding matter arise.

The provider maintained the culture to protect people from risk in the least restrictive way. The provider had assessed people individually and staff we spoke with told us how they kept people safe in a supportive way. One staff member told us that one person liked to visit the local shop on their mobility scooter and this involved them crossing a busy road. They told us that the person did this independently, however a staff member would watch to ensure they crossed the road safely.

All the people, relatives and staff we spoke with told us there were enough staff on duty to meet care needs and keep people safe. A relative told us that when they visited, the home was always calm and staff did not seem rushed. Staff told us they felt there were enough staff on duty to keep people safe and meet their needs. One staff member said, "We are not rushed". We saw the provider consistently

reviewed staffing levels and made changes where shortfalls had been found. For example, the provider found that the morning shift did not start early enough to accommodate people who wanted to get up. This was because staff were receiving hand over information from night staff at this time. The times of the morning shift were made earlier, which meant that staff handover was completed and staff were ready to assist people when they woke. In turn, this provided an overlap of staff, as night staff were still on duty and could continue to provide care and support during the busy morning period. The provider had also recognised that staff spent considerable time completing laundry tasks. The provider used an external company to launder bedding, providing staff with more time to provide care. We saw the provider had plans in place to minimise the chance of requiring agency staff to cover unforeseen staffing shortfalls, such as sickness. We were told that all staff worked dedicated shifts as cleaners. In the event of an unplanned staffing shortage the staff member on cleaning duties would be stopped and would help to provide care, until the shifts could be appropriately covered.

People and relatives we spoke with did not raise any concerns with the way their medicines were managed and administered. One person told us, "When staff give me my medicine they always watch me to make sure I take it". Another person told us, "I have a chest infection; I need medication three times a day. They [staff] bring it to me." We spent time with the staff on duty who completed the lunch time medicines. They showed good awareness of safe practices when handling and administering medicines. For example, ensuring that people who required their medicines prior to food had these before they ate lunch and those people who required their medicines following food had these after they had eaten. They told us they had completed medicines training and had observed practice to ensure they were safe to administer medicines before doing this alone. A recent medicines audit by the provider found an area for improvement in the management of prescribed creams. Actions had been put into place following the audit and staff told us this worked well. There were suitable arrangements for the safe storage, management and disposal of medicines.

Is the service effective?

Our findings

People were involved in ensuring they received the right care and support. For example, one person had moved into the home the day prior to our visit. The person told us that staff were knowledgeable about their needs and felt good communication was in place to ensure their care needs were met in a supportive way. All staff we spoke with knew about the person's health care needs. Staff told us that the registered manager would provide relevant information about the person's care and support needs during handover time. This gave staff the opportunity to ask questions about the person's care and support. We spoke with staff who told us that they would speak to the person to ensure they were providing care to them the way in which they preferred. A staff member told us that they had contacted the person's family member to gain further understanding around an aspect of personal care to provide a home from home service.

People felt that staff had the knowledge and skills to meet their needs. One person said, "I'm very happy here. Staff work well together, well-trained as carers." A relative told us, "I don't have to prompt them to do anything, they do it all".

Staff told us they had received training that was appropriate to the people they cared for, such as infection control, manual handling and Mental Capacity Act (MCA) training. Staff gave examples of how learning and sharing experiences helped them to understand why and how to provide the right care for people. For example, the provider told us that infection control training was provided to staff in the form of a video. The provider believed a more practical based session was required to demonstrate effective hand-washing. These techniques were brought into practice so staff were able to practice and demonstrate effective hand washing in order to prevent the spread of infection. We saw throughout our inspection staff wash their hands before and after providing care to a person.

We spoke with a staff member who had begun working for the service. They told us how they were supported in their role and how their knowledge was developed. They told us how they shadowed staff members until they and the provider felt confident they were able to work alone. They told us how communication was key to ensuring people received the right care. For example, they would spend time talking with people to get to know them and also

ensure they received detailed information about people's care needs from the provider and staff. Formal training was provided and encouraged for further development. The staff member told us they were well supported by people in management and their peers and felt confident to ask questions where they were unclear in any aspect.

Staff we spoke with understood their roles and responsibilities in regards to gaining consent and what this meant or how it affected the way the person was to be cared for. We saw that people's capacity was considered when consent was needed or when risk assessments were carried out. We found the provider ensured people received care and treatment that was in-line with their consent. For example, staff reported incidents that one person would be found on the floor. These incidents would be noted as an un-witnessed fall, with no injuries. Staff made attempts to reduce the number of un-witnessed falls however recognised that these techniques may be restricting the person's freedom and alternative action was required. A mental capacity check had been completed which showed that the person chose to roll to the floor. Plans were put into place to protect the person from risk in the least restrictive way. For example, the person agreed to an alarm sensor mat, however they were able to unplug this at their discretion. The provider told us that this experience was learnt upon and shared with all staff members. Staff told us that this experience being shared with them had helped them understand more about people's mental capacity and decision making as they were able to relate it to a person they knew. The provider also told us that valuable contacts with outside healthcare professionals had been made during this experience for whenever they were unsure in the future. At the time of our inspection there were no people restricted of their freedom.

People who we spoke with told us they enjoyed the food at the home. One person said, "Fantastic food, yes, very good." Lunch time was a positive experience for people. People were able to join others for their meal in the dining room if they wished or away from the main dining area, in their bedroom or lounge. One person explained how they preferred to eat on their own and staff respected this. In the dining room we saw the tables were laid with cutlery, napkins and condiments. We saw people chatting with each other and staff. People were given time to enjoy their food and staff ensured people had enough to eat, with more offered to people.

Is the service effective?

At the time of our inspection it was a hot and sunny day, we saw people were offered hot and cold drinks throughout the day and staff ensured people had drinks to hand. We spoke with one person who said, “I always have plenty of cups of tea”. We spoke to staff about what steps they took to ensure people received adequate fluids. Staff said that people were independent in maintaining their fluids and regular drinks round were provided. We saw people asked staff for drinks throughout the day and this was provided promptly.

Staff were able to tell us about people’s individual nutritional care needs. Staff told us how they had monitored a person’s weight monthly and recognised they were losing weight. They told us the doctor was contacted who ensured the person received high calorie drinks. Staff told us they would also increase the person’s food intake by

adding calories to food, such as using double cream in mash potato. We saw that following this input from healthcare professionals the person had begun to put on weight.

People we spoke with told us they had access to healthcare professionals when they needed to and that visits were arranged in a timely manner when they requested these. One person we spoke with said, “The doctor visits every Tuesday to make sure we are all okay”. Another person told us that they had been unwell with a chest infection, the staff had arranged a doctor’s appointment and they were seen by the doctor promptly. People told us they saw the chiropodist regularly and did not have any concerns with access to the dentist or optician. People told us how they were supported to hospital appointments by staff with access to the providers transport.

Is the service caring?

Our findings

People we spoke with told us staff were kind and caring towards them. One person said, “They seem to be caring and compassionate. I’ve no complaints and I’ve been here four years.” Another person said, “Staff are absolutely wonderful. I have no worries. The senior [staff member] on duty comes round every shift to make sure we are all okay”. Another person said, “They’re very good”. A relative we spoke with told us that, “Everybody is polite”. Another relative said, “All staff are caring, [the person] is very settled”. We observed kind and caring care. Two relatives told us that their family members had made the decision to live in the home following a period of respite. One relative said, “[The person] always said they would never live in a home, but they stayed here for one week and they told me they wanted to stay”.

People told us they were invited to discussion groups, or if they were concerned about anything they could speak with any member of staff and were confident they would do something about it. People told us that staff knew them well and respected their wishes. For example, one person preferred their own privacy and chose not to interact with others in the home. They told us that staff respected this and did not treat them any differently. We spoke with a relative who also told us that staff respected their family member’s decision about remaining in their room. The relative said, “They have encouraged [the person] to interact with others, but they haven’t pressurised them at all”. We found that people were supported and encouraged to maintain relationships with their friends and family. Throughout our visit family and visitors would come into the home to see the person to just have a cup of tea and a chat or to go out into the gardens or community. People

told us that visitors were welcome at any time. Relatives we spoke with told us they could visit as often as they liked and were able to take the person out for the day and staff ensured they were prepared.

People told us how the provider helped them to make decisions about their care. A relative told us how the provider supported them and their family member with information and guidance about who to contact for the person’s finances. They explained how this had been a big worry to the person and themselves and that they were much happier that things had resolved following the right support.

We saw staff spoke to people in a respectful way and maintained people’s dignity. One person told us how staff used people’s first names, but only “with their permission”. We saw one staff member providing support to a person who required assistance with their mobility. The staff member used a stand-aid hoist to help the person to sit in their chair. We found the staff member was supportive and reassuring throughout. They asked the person where they would like to sit, did not rush the person and went at the person’s own pace. Once seated, they ensured the person was comfortable in their chair before they left. The person’s dignity was maintained throughout.

We found that people’s privacy was respected. People had the choice to stay in their room or use the communal areas if they wanted to. We saw staff always knocked on people’s doors and waited for a reply before they entered. Each person had their own landline telephone in their room, which meant they could receive and make phone calls at their discretion. Staff told us that people’s personal letters were kept private for the intended person and were given to the person each morning. The provider explained to us how they had ensured everyone who lived in the home was registered to vote via the postal service, so they had the opportunity to do this if they wished.

Is the service responsive?

Our findings

People were involved in the development and review of their care. We found that a system was in place to ensure people's care was reviewed on a monthly basis or when their needs changed. For example, two people told us how staff were responsive in their changing needs around medicines. They told us they were supported to their doctors for blood tests to ensure they were on the correct doses of medicines and staff were aware of the correct doses.

Another person told us how the staff were responsive when they became unwell. They told us when they needed to rest in bed staff looked after them in their room and brought food they enjoyed to them. We found that staff regularly assessed people to ensure their needs were being met in a way that maintained their independence. For example, one person who was receiving respite care was seen to require some assistance with their personal care. Staff spoke with the person about how they preferred their personal care done at home. Following this conversation the person's family member was contacted to provide the person's equipment from home to help the person maintain their independence with their personal care while at Albion Lodge.

We asked people if they were supported to maintain their hobbies and interests. Most people we spoke with told us that they did not wish to pursue their hobbies and interests as they wanted a more relaxed pace of life. They told us they were happy to go for drives or visit local attractions. People spoke about how the provider supported them to

do this and how they had recently visited Tewkesbury Abbey. We saw one person completing a decorative piece of embroidery. They told us they had more time to do this however they were becoming less agile. They explained to us that they were able to maintain this hobby because of the physiotherapy input the provider had put in place for people to receive twice a week, saying, "Regular physiotherapy helps keep my hands busy". The provider told us that the person's embroidery had been displayed at the village show and had won first prize.

The provider shared information with people about how to raise a complaint about the service provision. This information gave people who used the service details about expectations around how and when the complaint would be responded to, along with details for external agencies were they not satisfied with the outcome. One person we spoke with told us, "If I was concerned about anything I'd speak to any member of staff and they would do something about it." Another person said, "There's no need [to complain], but it wouldn't be a problem complaining or seeking change."

We looked at the provider's complaints over the last twelve months and saw that four complaints had been received. We found that these had been responded to with satisfactory outcomes. There were no patterns or trends to the complaints raised however we did see systems were in place that showed lessons had been learnt. For example, we found that a new policy had been put in place; to give, people, their relatives and staff clear guidance around expectation of support to hospital appointments should these be an unplanned event.

Is the service well-led?

Our findings

People told us they had many opportunities to contribute to the running of the service. They told us about 'residents' meetings' that were held quarterly, where people could voice their comments about the service provided. The meetings were used to discuss what was important to the people who lived there and areas such as food and outdoor activities were discussed. The minutes of the meeting were then shared with all people who lived in the home. As a result of the last meeting a day trip to Tewkesbury Abbey was organised. People we spoke with told us they had enjoyed this outing. We also saw where someone had made a suggestion to provide people with diabetes a suitable diabetic pudding. At the meeting the provider was able to answer people's comments and suggestions, explaining that kitchen staff had undertaken diabetic training to assist people with diabetes in having a healthy balanced diet.

We saw the provider had a suggestions box available for people and staff to use along with a questionnaire available for people, relatives and staff to use. This questionnaire had recently been provided to people, so no results were available at the time of our inspection.

We spoke with people about the activities on offer. Two people, who had just finished a Tai Chi session told us they enjoyed it and helped to keep them fit. We saw that the provider produced a monthly newsletter, where upcoming events were detailed, for example, the celebration of the homes 30 year anniversary where people could invite family and friends for afternoon tea. Or the options of activities that had been booked for the month, such as Tai Chi, word games club, group physiotherapy and religious services.

Staff told us they felt supported by the management team and their peers. All staff members we spoke with told us they enjoyed their work and working with people in the home. They told us that any concerns they or questions they felt confident to approach the provider. One staff member said, "I am really supported, I enjoy the work here". We saw that staff were listened to about improvements or suggestions to the home. For example, we heard a staff

member made suggestions to improve the cleaning rota for the communal rooms, to ensure these were being done regularly. We spoke with the staff member about the support they received. They told us that they felt supported and anything they requested was provided, for example, a more appropriate vacuum cleaner was requested and this was bought promptly.

The registered manager was the provider and owner of Albion Lodge. They told us that being in this position meant that they had greater understanding of the day to day running of the service provision. They told us that decisions related to the running of the home could be made quickly and effectively resulting in minimum impact to people and staff. For example, making and implementing the decision to use an external laundry company to wash the bedding gave staff more time to provide care and support to people instead of task orientated work.

People and staff told us that the registered manager was always visible within the home and felt able to talk to them in passing, or felt able to visit them in their office. We found that when visitors came they would visit the office first to check how the person was. One relative said, "It is a nice personalised and homely service. It's clean and well kept. The staff are lovely and know [the person's] little ways". Staff told us that visibly seeing the provider made them feel more confident to approach them and they were part of the everyday running of the home.

The provider looked at areas such as staff training, environment and care records. The experience people received was looked at within these areas. This identified areas where action was needed to ensure people's individual needs were met. For example, through reviewing one person's care records it was found that hospital appointments were being missed. This was because the person received their own correspondence and communication wasn't shared with staff to ensure they made their appointment on time. The person told us, "They helped me with sorting out correspondence which was of concern." The registered manager told us that with the person's agreement plans were put into place for the provider to receive correspondence about hospital appointments to ensure these were kept.