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Albany House - Redruth

Inspection report

Albany House
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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

We carried out a comprehensive inspection of Albany House on 30 August 2017. This was an announced inspection. We told the provider one day before our inspection visit that we would be coming. This was because we wanted to make sure there would be people to speak with and we would have access to records. At the previous inspection the service was rated good. At this inspection the rating remained good.

Albany House provides accommodation and personal care for up to four people who have a learning disability. During this inspection four people were living at the service.

The service is situated in a residential area close to the centre of Redruth. All the people living at Albany House were mobile and had a good level of independence which meant there was no need for the use of mobile aids and adaptations. Some people using the service were supported to use community facilities.

Accidents and incidents were appropriately recorded and the registered manager understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the administration and storage of medicines.

Risk assessments were in place to minimise the potential risk of harm to people who lived at the service. These had been kept under review and were relevant to the care and support people required.

People told us they felt safe living at Albany house. Comments included, "I do feel safe here. I like living here. I have everything I need" and "(Registered manager) is very kind and helps me with everything."

People had their healthcare needs met and there were examples of how people's health needs had been effectively responded to. People were treated with dignity and respect and independence was promoted wherever possible.

There were no additional staff employed at the service other than the registered providers. However, where necessary they were supported by a person with the necessary recruitment checks and experience to support people living at Albany House.

People were able to do things they enjoyed and keep in touch with those people who were important to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People and relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

Checks were undertaken on the quality of the care by the registered manager through regular communication and by seeking the views of people using the service and their relatives.

Most service certificates were in place to show the service maintained its Gas, fire and electric systems. However the electric maintenance certificate was out of date. This was being addressed by the registered manager to ensure the systems were safe.

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.

Albany House - Redruth

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 30 August 2017 and was announced the day before to make sure people were available due to the way the service operated. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed previous inspection reports and other information we held about the service including notifications. A notification is information about important events which the service is required to send to us by law.

We spoke with the registered provider and registered manager. We spoke with all four of the people living at Albany House. We received feedback from a local authority commissioner. We looked at care records of two people living at Albany House as well as medicine records and records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live. This involved a walk around the premises.

Is the service safe?

Our findings

People living at Albany House told us that they felt safe. Observations made confirmed people were being respected and supported in a safe and caring environment. For example, where a person was planning to go out, the registered manager made sure they were supported to where they wanted to go and that there was a plan and approximate time to return. This showed there were systems in place to protect people while supporting independence.

Family members had commented in a recent survey that, "We have peace of mind" and "So well care for."

There were no additional staff working at the service other than the registered provider's one of whom was also the registered manager. On occasions an additional person supported people in the provider's absence. There were suitable recruitment checks and the person had the skills and experience to support people living at the service. One person told us they felt it was just like a family home and that's what they liked about living at Albany House. They told us they felt very safe living there.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. For example one person health had deteriorated and the registered manager had put additional safeguards in place for when the person went out independently. This meant they still had the level of independence that was important to them.

Risk assessments identified the actions needed to be taken to support people to maintain their independence safely. For example when going out independently, cooking, mobilising and receiving personal care. Other risk assessments included mobility and medicine needs. This meant the registered provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Risks to people's safety in the event of a fire had been identified and managed, for example, fire alarm and fire equipment service checks were up to date. Work was being carried out to replace fire doors and to extend the number of fire alarms in the lounge area as advised by the fire service. Gas servicing records were up to date however the electric service certificate had expired. When we discussed this with the registered manager they told us this was currently being addressed. The previous contractor was no longer operating so they were sourcing a new contractor to address the issue.

There were safe systems in place to support people to manage their finances. Arrangements were in place for people to keep their money securely in the service. Records were in place to show receipts of purchases. There were accurate records and tallied when checked on inspection.

Medicines were being administered as prescribed. The medicine administration records for two people were checked and accurate. We checked this against individual medication packs which confirmed administered medicines could be accounted for. This meant people had received their medication as prescribed and at

the right time.

Is the service effective?

Our findings

People received care and support from the registered manager and provider who knew them well and had the knowledge and skills to meet their needs. No other staff worked in the service other than a person who had the skills and competencies due to them working in the care sector. They provided support in the registered manager's absence on occasions.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)."

The registered provider and registered manager clearly understood the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. We did not observe people being restricted or deprived of their liberty during our inspection.

There was a flexible approach to meals and menus. Menu planning was usually done on a weekly basis with a collective choice. Most people ate together but this was their choice and flexible. One person said, "I sometimes go out so am not always there, but I have my meal when I get back." Another person had a main meal at lunchtime when at day care but they had a snack with other people in the evening. Breakfast was at various times because of people's daily plans and routines. The registered manager told us they all tried to eat together because it was a time when everybody could talk about the day and anything that they might want to share. They said, "It's a social time for everyone." There was fresh fruit available to people and snacks and drinks whenever people wanted them. This was observed throughout the inspection with people making drinks for themselves and others.

People had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits to see external specialists including GP, dentist and hospital appointments. People were encouraged to have regular comprehensive health checks, so they would experience good health.

There was evidence of the service working collectively with a range of health professionals to support a person whose health needs had changed. This demonstrated the service understood the importance of working with health professionals to get the best outcomes for people in order to maintain their health and wellbeing.

The service was of a domestic nature with no additional equipment or aids and adaptations in place.

Nobody living at Albany house required specialist equipment to move around. There was one ground floor room which could be used by people who may not be able to access the upper floors. Internal doors had been replaced in order to meet fire authority recommendations. One person had recently changed their bed and was eager to show the inspector how comfortable it was. All rooms were personalised with personal items and interests.

Is the service caring?

Our findings

There was a clear rapport between the registered provider and manager with people using the service. Banter and humour was being used and people were relaxed and comfortable with each other. People were spoken with in a polite and respectful manner. They were assisted by the registered provider and manager in a patient and friendly way. One person said, "It's always like this. We seem to get along OK." The registered manager asked what a person's plans were for that day and regularly checked on people's welfare. This demonstrated the empathic and caring approach, while giving people every opportunity to make their own decisions.

The registered manager clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe behaviours which indicated when a person was happy or anxious. Also what action and prompts that might be taken if they were in an anxious state of mood. This showed the registered manager understood the care and support people needed.

The routines within the service were very flexible and arranged around people's individual and collective needs. People were provided with the choice of spending time wherever they chose including their own rooms. People were going about their own routines without any restrictions throughout the inspection. People using the service were independent and in most cases required only prompting and overview in respect of personal care. The registered manager talked about how this was done in a respectful and confidential way so people privacy and dignity was upheld.

Bedrooms were individualised, some with people's own furniture and personal possessions. There were photographs of relatives and social occasions in people's bedrooms. People told us they had visitors whenever they wished. One person recalled visiting their family and how happy they were when their relatives visited them at the service.

People were encouraged by staff to remain as independent as possible. Care records detailed the importance of promoting people's independence wherever possible. For example. One person's health had changed so that it had limited their choice of going out independently. The service recognised this and supported the person with transport so they could continue to enjoy their independence into the community. Some people liked to bake or make drinks for themselves and were supported to do this. This demonstrated care was approached in a person centred way and it was not task driven.

Is the service responsive?

Our findings

Care plans contained information about people's backgrounds, preferences, and support needs. Care plans were regularly reviewed and showed they had been updated where changes had occurred. For example where health appointments had identified the need for regular checks and observations by the registered manager. Each person's care record included important information about the person including emergency contact details, disability, allergies and contact details for health care professionals involved in reviewing the person's care needs.

The registered manager and provider protected people from social isolation. People told us and we observed, examples of how the service delivered a person-centred approach when providing activities which met people's specific needs. For example, talking collectively with people about what their interests were. One person had a keen interest in exercising and boxing. The person would not have been confident in a gym environment so the registered provider and manager obtained equipment for them to use at the service. The person told us they liked the fact they could use it whenever they chose to. Other people told us of their enjoyment at going out to social groups. This showed the registered provider took account of people's choices and supporting them to engage in activities of their choice.

The service took account of individual needs and choices by focusing on the person and what steps to take to broaden their life experiences. This had resulted in people extending their boundaries beyond the service. For example, using community facilities including shopping and leisure activities. There were numerous photographs around the service and in people's own rooms of activities they had been involved in.

We observed people were occupying themselves within the service. One person was using gym equipment, another was watching television. Another person was moving around the service without restriction and they said liked to use their room when they chose to. Some people had their own televisions and music collections in their rooms. There was space in shared areas of the house so people could spend time on their own or with others as they chose.

There was a complaints procedure in place which gave the details of relevant contacts and outlined the time scale within which people should have their complaint responded to. No complaints had been received. An easy read version was also available for people which used pictorial symbols alongside simple and limited text. People told us they had never felt the need to raise a complaint but had the information if they felt they needed to.

Is the service well-led?

Our findings

There was a registered manager running the care service Albany House. 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.

Albany House has a total occupancy of four people who have lived together for a number of years. The registered manager described the service they provided to people as 'homely'. They said, "It's important everybody feels safe and well cared for. We also make sure everybody has a voice and we listen to what is important to them." This was evident throughout the inspection with people telling us how they loved living at Albany House. Comments included, "We all get along. It's nice living here" and "Lived here a long time I like it very much."

People's views were sought on an informal basis. Everyday the registered provider and manager spoke with people using the service to check on their welfare. People talked together frequently to discuss any plans or changes. Group and individual decisions were made about activities, outings, meals and any changes made to the environment. This showed people living at the service were provided with as much choice and control as possible about how the service was run for them.

Relatives were in regular communication with the service. The registered manager told us they thought it was very important for families to be involved with the service. For example, supporting people to visit their relatives. A recent survey included very positive comments including, "Excellent, so lucky (Person's name) lives at Albany House" "We get piece of mind" and "Lets (Person's name) make their own decisions."

The registered manager oversaw quality assurance systems to drive continuous improvement within the service. Policy and systems audits were carried out annually or if guidance changed. There were other regular audits for systems including medicines, accidents and incidents and maintenance of the service.

Records were kept securely and could be located when needed. This ensured people's personal information could only be viewed by those who were authorised to look at records.