

## Alba Rose Partnership

# Alba Rose

### Inspection report

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Date of inspection visit:  
22 May 2017  
06 June 2017

Date of publication:  
27 July 2017

### 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Alba Rose is registered to provide residential accommodation for up to 22 older people. Accommodation is provided over two floors. At the time of this inspection the service was providing accommodation to 20 people.

This inspection took place on 22nd May 2017 and was unannounced. A second day of inspection took place on 6 June 2017 and this was announced.

At the last inspection in December 2014, the service was rated Good. At this inspection we found the service remained Good.

Staff understood the procedure they needed to follow if they suspected abuse might be taking place. Risks to people were identified and plans were put in place to help manage the risk and minimise them occurring. Medicines were managed safely with an effective system in place. Staff competencies, around administering medication, were regularly checked.

There was sufficient staff on duty. On the day of inspection there was one senior and three care workers to support 20 people. The registered manager was also at the service but was not included in staffing number. Staff had time to provide one to one support and respond to people in a timely manner.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Most staff had completed up to date training although we did identify some staff who had not completed training in safeguarding and the Mental Capacity Act. Supervision sessions had been delivered by the registered manager to cover shortfalls in such training.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff supported people to maintain their health and attend routine health care appointments and people were able to choose meals of their choice.

We found the provider had continued to provide a highly responsive service. People were actively involved in the development of their care plans and the areas that mattered to each individual the most. People worked with staff to develop specific instructions to guide staff on how they wished for the support to be delivered. Care plans were reviewed on a regular basis to ensure they contained up to date information that was meeting people's care needs.

The emphasis was upon meaningful engagement which enhanced quality of life and helped people feel worthwhile and fulfilled. Each person had identified areas of interest within their care plan and was supported to pursue these.

People who used the service had access to a wide range of activities and leisure opportunities. They were encouraged to continue to participate in activities and hobbies that they had enjoyed prior to admission to the service.

The service had a clear process for handling complaints which the registered manager had followed.

Staff told us they enjoyed working at the service and felt supported by the registered manager. Quality assurance processes were in place and regularly carried out by the registered manager to monitor and improve the quality of the service.

The service worked with various health and social care agencies and sought professional advice to ensure individual needs were being met.

Feedback was sought from people who used the service through regular 'resident meetings' and feedback forms. This information was analysed and action plans produced when needed.

Further information is in the detailed findings below:

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Outstanding	<b>Outstanding</b> ☆
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# Alba Rose

## 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.'

This inspection took place on 22 May 2017 and was unannounced. A second day of inspection took place on 6 June 2017 and this was announced.

The inspection was carried out by an adult social care inspector. An expert-by-experience attended on the first day of inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The area of expertise was in older people.

Before the inspection we reviewed all the information we held about the service which included notifications submitted to CQC by the registered provider. We spoke with the responsible commissioning office from the local authority commissioning team about the service. The safeguarding team at the local authority were also contacted prior to the inspection to gain their views.

The registered provider had completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan for the inspection.

During the inspection we reviewed a range of records. This included three people's care records including care planning documentation ten medicine administration records were reviewed. We also looked at three staff files, including recruitment, supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures.

We spoke with eight people who used the service and one relative to gain their views. We also spoke with seven members of staff which included the registered managers, cook and the activities coordinator. We looked at all the facilities provided including communal lounges and dining areas, bathrooms and people's bedrooms with permission.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe. Comments included, 'The whole place is safe, people are caring for us all the time', 'I feel safe and I don't know what I would do without this place' and 'Staff make you feel safe, they really look after us'.

All staff spoken with had a good knowledge and understanding of safeguarding and the different types of abuse. We identified that staff had not completed certified training in safeguarding. The registered manager told us that they had struggled to source such training but supervision sessions had taken place to ensure staff had sufficient knowledge. Discussion also took place during staff meetings. Staff and records we looked at confirmed this. Safeguarding referrals had been made to the local authority when required.

A positive approach was adopted to ensure people were supported to take risks safely and, where possible, encouraged to make choices and decisions concerning their lives. Risk assessments were in place, for areas including personal care, medication, falls and mobility. These had been completed in a person-centred way for each individual.

Risk assessments were in place for the day to day running of the service and regular checks were made by maintenance staff in areas such as water temperatures, emergency lighting and fire alarms. Required testing certificates were also in place. People's environment and equipment was well maintained, clean, safe and free from unpleasant smells. We identified that personal emergency evacuation plans (PEEP's) were not in place. PEEP's provide staff and emergency services with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. We discussed this with the registered manager who told us they would develop PEEP's and ensure they were kept updated.

We reviewed the accident and incident records held within the service. There was evidence to show that the registered manager reviewed the information and took appropriate action to reduce the possibility of future occurrence.

During the inspection we could see there were enough staff on duty to support people. There was a total of three care assistants and one senior on duty. In addition there were also two domestic staff, two maintenance staff and two kitchen staff on duty. Staff were available to respond, in a timely manner, to people's needs and requests and people we spoke with confirmed this. One person told us, "The staff are very visible, they seem to be everywhere. They are usually on with jobs but always have time to chat." The registered manager used a dependency tool to calculate staffing levels. We could see that when people's health had deteriorated staffing levels had been increased as the dependency tool indicated an increase was needed.

Systems were in place for the safe management of medicines. Medicines were stored securely and staff had completed relevant training and had their competencies checked on a regular basis. Medication administration records (MARs) that we looked at during the inspection had been completed accurately. Medicines that were prescribed 'as and when required (PRN)' had been administered accordingly and fully

recorded. Guidance on when PRN medicines should be administered was available for staff to follow.

We looked at the recruitment records for three staff. We could see that the registered provider had a safe recruitment process in place and this had been followed. All necessary checks were made before employment commenced. This included a disclosure and barring service check (DBS) and two checked references. The disclosure and barring service carry out a criminal record check on individuals who intend to work with vulnerable adults. This helps the employer make safer recruitment decisions.

## Is the service effective?

### Our findings

People told us they thought staff were suitably trained. One person said, "They seem to get good training and they certainly know what they are doing, yes I'd say they are very well trained." Another person told us, "I would say they do have the right training. Staff are very good, very positive; nothing is too much trouble. You can have anything you want."

Training records we looked at confirmed that all staff had received some training relevant to their roles although we did identify that not all staff had received training in the Mental Capacity Act, Deprivation of Liberties, infection control or safeguarding. We discussed this with the registered manager. They told us this training was covered in supervision sessions and team meetings to ensure all staff had a good understanding. Competency assessments had also taken place. Staff we spoke with confirmed this. There was a number of staff who had completed National Vocational Qualifications in Health and Social Care (NVQ's) and new staff were in the process of completing these.

All staff completed an induction to their role and the service when first employed. We looked at records which demonstrated staff received regular supervisions and an appraisal every 12 months. Supervisions provided staff with the opportunity to discuss any concerns or training needs.

Staff we spoke with told us they were supported in their roles. One staff member told us, "[Registered manager] is really good and offers good support when it is needed. If there is anything we want or need we only have to ask." Another staff member told us, "Supervisions are themed to cover any training shortfalls. I enjoy them. They give us the opportunity to ask any questions and provide clarity on anything we are not sure of. They happen on a regular basis."

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). Where people lacked capacity to make decisions, MCA and best interest decisions were visible in care records. The registered manager kept a tracker of all DoLS authorisation so these could be renewed in a timely manner.

People were supported to ensure their health and wellbeing was positively promoted. The service maintained close links with community healthcare professionals, such as the GP, speech and language therapists (SALT) and the district nursing service. People's care records contained evidence of consultation with medical professionals when required together with evidence of close monitoring of people's health conditions. Visits from health professionals had been arranged promptly. SALT had visited the service at the request of the registered manager and delivered additional training to staff to improve their knowledge of pureed diets and the importance of fortified foods to improve nutritional intake.

People who used the service told us they enjoyed their meals and participated in regular meetings to help plan meals and ensure their nutritional needs were appropriately supported. One person told us, "The food

is very good, in fact excellent. There is lots of choice and there are plenty of snacks and biscuits that come round with tea trolleys." We found that kitchen staff were aware of people's dietary requirements, such as gluten free and dietetic diets and were appropriately managed.

## Is the service caring?

### Our findings

People told us that care staff promoted their individual needs and personal wellbeing in a respectful manner and were kind and friendly. One person told us, "They [staff] seem to know people well. They do listen and all the staff are kind and caring." Another person told us, "They [staff] listen to what I want and explain what they are doing to me. They [staff] are very respectful. They don't do anything without asking first." A relative we spoke with told us, "My Mother has no regrets coming in here and I am the same; I have peace of mind that she is cared for properly. My mother is treated with dignity and is well respected by all staff."

We found staff demonstrated a positive regard for what was important and mattered to people. People told us they were very happy with the care and support they received. They told us they were involved in the development of their care plans and were aware of the content. Some people told us they did not know where their care plan was stored but commented, "I know I would only have to ask if I wanted to see it."

We found staff demonstrated a positive regard for what was important and mattered to people. People were supported by a small, regular team of staff who were familiar with people's needs and preferences. We found people's care records contained this information to help staff support people's personal aspirations such as hobbies and interests and relationships with relatives and friends. People told us staff respected their wishes and spoke to and involved them about decisions and choices with regard to their support in a respectful and meaningful manner. People's care records contained evidence, such as signatures to show that they and their relatives had been involved in assessments and reviews of their support to ensure it continued to meet their needs.

Throughout the inspection we observed a calm and comfortable atmosphere throughout the service. We observed interactions between staff and people. Staff were friendly, positive in their approach and spoke with people in a patient and unhurried manner. We found staff promoted people's dignity and privacy, knocking on their doors and waiting for approval before entering. People who used the service told us staff sought their consent when providing personal care and ensured doors were closed to enable their privacy to be promoted. There was evidence staff had developed strong relationships with people and knew them very well.

Information was available about the use of advocacy services to help people have access to independent sources of advice when required. Personal details about people were securely maintained and we observed staff respected people's confidentiality and did not disclose information to people that did not need to know.

At the time of this inspection there was no one receiving end of life support but this was an area the registered manager spoke passionately about. They told us about a person who had recently passed away and explained how relatives had been provided with accommodation to allow them to be close to loved ones in their final days. Advanced care plans were in place and contained person-centred information which focused on people's wishes with regards to end of life support. These had been reviewed and updated when

required to ensure staff had the most up to date information around people's preferences. We saw flowers were on display within the reception area of the service as a sign of remembrance. Memorial and remembrance services were also held to remember people who had passed. This gave people and staff the opportunity to talk about the person and honour their lives.

## Is the service responsive?

### Our findings

A range of assessments and care plans were available about people's individual needs, to help care staff support their wishes and aspirations. We saw people's care plans were reviewed and updated on a regular basis.

People who used the service confirmed staff involved them in decisions about their support to ensure it was personalised to meet their individual needs. People were actively involved in the development of their care plans and the areas that mattered to each individual the most. People worked with staff to develop specific instructions to guide staff on how they wished for the support to be delivered. For example, we saw how one person had started to experience incontinence. Staff suggested that the person recorded how many times they had been to the toilet and any times that incontinence had occurred each day. Staff then analysed this information and developed a continence promotion plan with the person's involvement. It detailed specific times in the day when the person wished to be supported to use the toilet. As a result we saw that incidence of incontinence had reduced and this had a positive impact on the person. They told us, "I stopped going out because I was worried about toileting issues. I don't have that problem now and have started going to the coffee shop again which I really enjoy."

People told us about meetings they had to ensure staff could listen and act on their ideas and suggestions. One person who used the service told us how they were supported to maintain their hobbies and encouraged to follow their interests in the North Yorkshire National Park. They had been empowered by being able to arrange for National Park speakers to visit the service and were responsible for arranging suitable times and dates. This had allowed this person to fulfil their role as an organiser whilst using their experience of previous work history.

The managers and staff described an approach which was focused on the individual. The emphasis was upon meaningful engagement which enhanced quality of life and helped people feel worthwhile and fulfilled. Each person had identified areas of interest within their care plan and was supported to pursue these. One person had a keen interest in gardening and growing vegetables. This person was seen on the first day of inspection in the green house within the service's gardens tending to flowers and plants. He told us how he provided instructions to staff on how to keep the greenhouse 'in full swing.' Another person assisted staff with household tasks such as setting tables for lunch and assisting with meal preparation. The person told us, "It makes me feel useful and it is what I enjoy doing – looking after people."

Throughout our inspection we observed a relaxed and inclusive atmosphere throughout the service. We observed people involved in the extensive range of activities. Planned activities that were available were displayed so people could see and choose what they wanted to do. Weekly 'coffee mornings' took place and these involved a trip out in one of the services mini buses. Flasks of tea and coffee and light snacks were prepared and people chose a location of their choice to park up and enjoy the views with a snack and a drink. The people we spoke with told us they thoroughly enjoyed these outings. One person told us, "It is nice to get out and about. Sometimes it is nice to just park up and enjoy the views of a different place. It makes you want to get up on a morning that's for sure."

Gentlemen at the service told us how they were currently fixing an old bike and had an engine that they were all 'tinkering with' whilst the ladies at the service proudly showed items they had made at the 'knit and natter' group. One person told us, "I missed the knit and natter when I was in hospital. It really is enjoyable." Fresh flowers were delivered to the service weekly and people were responsible for arranging these and displaying them around the service. There was evidence the service continued to place a high degree of importance on involving people and helping them to make decisions about their lives. Activities were arranged according to people's previous work history and hobbies they enjoyed. One person told us, "We make things in the 'knit and natter' group and then sell them to raise money for charity. It's nice to be able to give something back and the staff are really supportive."

The staff and people we spoke with told us that the home encouraged visitors, that there were no restrictions on visiting times and that the staff supported people to maintain their relationships. For example, they would assist people to visit one another, make visits into the local community and invite relatives for meals at the home. During our inspection we observed visitors being warmly welcomed by staff.

A complaints policy was available to ensure people's concerns could be listened to and addressed. People all told us they knew how to make a complaint and were confident these would be followed up when required in line with the registered provider's policy. One person told us, "I know how to complain. I would go to the boss. They would sort it out, but in all honesty I have nothing at all to complain about."

There had been a number of compliments that had been received from people who used the service and relatives. Comments included, "Thank you so much for all the care, support and love you have shown. Mum and Dad have been given a new lease of life since moving to Alba Rose" and "Thank you for the outstanding care you have shown by such a dedicated team of carers. My mother could not have been in safer hands."

## Is the service well-led?

### Our findings

People who used the service and their visiting relatives told us they had confidence in the service and felt it was well-led. One person told us, "Staff are excellent; they must be well led." Another person told us, "The managers are always around and checking things are running smoothly. I have no issues at all and every confidence in all the staff."

The service had two registered managers in place who worked on a job share basis. One of the managers was also a partner. 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 managers carried out a number of quality assurance checks, in areas including medication, care planning, health and safety and continence promotion to monitor and improve the standards of the service. Action plans were produced when required and these were reviewed by the managers monthly to ensure actions had been completed. For example, it was identified that medicine counts for paracetamol did not tally. This resulted in a further audit being completed and additional competency checks being completed for staff administering medicines. The findings of these audits were shared with staff during meetings and also displayed in the staff room at the service. These also identified areas where improvements had been made and areas that required further improvements.

Peoples 'goals' were reviewed on a monthly basis. The quality assurance tool used detailed progress that had been made towards achieving these goals and whether the goal was met or unmet for the month. If the goal was unmet action plans were put in place to try and ensure the goal would be met the following month. For example, one person had not participated in many activities that were on offer so their recreational goal was unmet. Action was taken to speak with the person to establish how they would like to spend their time. The activities the person suggested were accommodated the following month and we saw that this goal was then met.

Staff we spoke with told us they were actively involved in decisions and implementing improvements. For example, new staff had been asked their opinion on the recruitment process and if they felt they had a thorough induction. New staff expressed that keys for medicines storage were not clearly labelled and it was difficult for new staff to find the correct keys. As a result the keys had been labelled accordingly. One staff member told us, "You are always made to feel valued and that is what I like about this job. Everyone is listened to by management and ideas or suggestions are actually taken on board."

Staff told us they felt supported by the manager. Regular staff meetings had taken place and minutes of the meetings showed that staff were given the opportunity to share their views and ideas for areas of improvement, such as additional training or ideas for future activities. We also saw staff were consulted about personal preferences to working hours which were accommodated when possible. Management used these meetings to keep staff updated with any changes within the service and to encourage staff to share

their views.

Staff were also rewarded with 'long service achievement awards' which were given to staff when they had been at the service over 10 years. We saw a display in the reception areas of the service which contained photographs of members of staff receiving such awards.

The manager told us how they encourage staff with individual personal development. They told us, "One member of staff had joined the service with no experience of care but with the correct support and training they were now a senior carer with a passion for high quality care." They also told us how one manager has started at the service as an apprentice and had been given the opportunity to develop their skills and knowledge to progress within the service into their current role.

Monthly 'residents meetings' had also taken place. These were used to discuss menu choices, activities, to ask people if they had any concerns or complaints and any suggestions they had for improvement at the service. On the first day of inspection we attended a residents meeting and saw this was well attended by people. The conversation demonstrated that the meetings were led by people who used the service and covered areas which were important to them. There was an agenda for the meeting and some of the time was used to discuss anything the people wished to talk about.

The registered managers had a range of knowledge and experience to effectively manage the home and took their roles seriously. They had notified the CQC about incidents and notifiable events that occurred during the delivery of the service to enable us to take action when this was required.

We looked at the culture of the service, including if it was open, transparent and accountable. Throughout the inspection staff were open and cooperative, answering questions and providing the information and documents that we asked for. The registered provider was keen to act on any feedback provided at the end of the inspection.