

Albany Care Homes Limited

Albany House

Inspection report

17 Esplanade
Whitley Bay
Tyne and Wear
NE26 2AH

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28 September 2018

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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

Albany House is a residential care home for 10 people with enduring mental health needs. The accommodation is across three floors of a large house. When we inspected there were five people living at the home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

People and staff felt the home was safe. Staff were aware of safeguarding and the provider's whistle blowing procedure. They told us they had no concerns about people's safety but would report concerns if required.

There were enough staff on duty to meet people's needs in a timely way. There was a visible staff presence during our visit to the home. New staff were recruited safely.

Medicines were managed well with accurate records available to show which medicines staff had given to people. Staff had been trained to administer medicines and assessed as competent to do so.

Regular health and safety checks of the premises and equipment were carried out. The provider had up-to-date procedures to help ensure people remained safe in an emergency.

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.

People were supported to meet their nutritional needs. People chose what they wanted to eat and drink each day. Staff encouraged people to have a diet which balanced both their preferences and their medical conditions.

Staff supported people with their health care needs. For example, supporting people to attend medical appointments.

People's needs had been assessed both before and after admission to the home. Care plans reflected people's needs and preferences. Care plans were evaluated regularly so they contained information about people's current needs. People chose how they spent their time and could take part in activities if they wanted to.

People said they had not had cause to complain about their care. There was a complaints procedure should

anyone wish to complain. There had been no complaints received since we last inspected.

The provider carried out quality assurance checks to ensure people received a good standard of care. People and staff had provided feedback when they were consulted about the home.

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.

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

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 21 September 2018 and was unannounced. One inspector carried out the inspection.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with four people who used the service. We spoke with a range of staff including the registered manager, the deputy manager and two care workers. We viewed a range of records including three care records, five people's medicine records, training records and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

When we last inspected Albany House we concluded the home was safe and rated it Good. Following this inspection, we found the home was still safe and our rating remains Good.

People and staff said the home was a safe place to live and work. People commented, "It is very safe, especially at night. I have my key and I lock my door" and "It is always safe in here." Staff comments included, "Yes, it is safe. The staff make sure it is safe" and "I do think it is safe. We give them [people] such one-to-one attention." Staff knew how to raise safeguarding and whistle blowing concerns. They told us they had not needed to do so whilst working at the home but would not hesitate to raise concerns if required. All staff, from the registered manager to the care workers, demonstrated a commitment to maintaining people's safety and welfare. There had been no safeguarding concerns in the past 12 months.

Potential risks to people's safety had been highlighted and assessed. Standard assessments were completed covering risks such as poor nutrition or skin damage. Additional risk assessments were in place depending on people's individual needs. These described the measures needed to help keep people safe. They had been reviewed regularly and updated as people's needs changed.

Staffing levels continued to be appropriate to meet people's needs. People commented staff responded quickly when they needed help. Staff also confirmed staffing levels were good. One staff member told us, "They [staffing levels] are fine. With five [people] they get a lot of attention." Another staff member said, "Staffing levels are brilliant, we can see to [people's] needs quickly." Staffing levels consisted of two care workers plus the registered manager to care for the five people using the service. During our inspection we observed staff were always available.

The provider continued to operate effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people.

The home was clean and well maintained. People told us they liked the environment and felt settled. People's comments included, "It is very homely. I feel fine here, I am very settled. I have never in my life felt this comfy" and "I am settled here now. I have the best house in the world." Staff followed good infection control procedures.

The provider continued to manage medicines safely. Staff completed medicines management training and medicines were stored securely. Medicines administration records (MARs) accurately recorded the medicines people had been given. People told us medicines were managed safely. They commented, "The staff keep an eye on you when you take your medicine, they are very professional" and "They are on time with my tablets."

Checks were completed to maintain a safe environment. Personal emergency evacuation plans (PEEPs)

were written to help ensure people continued to receive the care they needed in an emergency. The registered manager kept accurate records of incidents and accidents, including details of action taken and lessons learnt.

Is the service effective?

Our findings

When we last inspected Albany House we concluded the home was effective and rated it Good. Following this inspection, we found the home was still effective and our rating remains Good.

People's needs had been assessed both before and after admission to the home to identify the care they needed and wanted. This was then used as a baseline for developing people's care plans. The assessment included determining whether people had any needs relating to equality and diversity. Staff told us none of the people living at the home currently had needs in these areas. One staff member commented they had previously supported people to attend church. Staff understood the importance of treating people fairly and had completed equality and diversity training.

Staff were well supported and able to access the training they needed. One staff member commented, "I have a very good relationship with the manager. I can talk to the manager. We get a lot of training" and "I get 100% support from the manager and staff, everyone is brilliant. I have a written supervision every couple of months." Staff had completed a range of training courses including mental health, fire safety and nutrition. Records confirmed training, supervision and appraisals were up to date.

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 living at Albany House could consent to their stay and did not require a DoLS authorisation. People confirmed staff asked them for their consent before providing care.

People were supported with their nutritional needs. They told us the meals they received were varied and they had choices about what they wanted to eat and drink. People were independent with eating and drinking. One person said, "We get a variety of things [to eat]. We get everything we want. If you don't fancy what is on the menu, you get what you fancy. [Staff member] is often making two or three different meals." Another person commented, "We make individual meals, we can be doing three different meals on an evening. Some people required changes to their diet due to medical conditions. Staff showed a good understanding of these needs and described how they adapted the menu to ensure people didn't miss out on their preferences.

Staff supported people to access health care services in line with their individual requirements. Records showed people had input from a range of health and social care professionals. This included GPs, social workers and community psychiatric nurses. Where specific recommendations had been made, these were incorporated into people's care plans to guide staff about the most effective ways to care for people. For example, professionals wanted staff to encourage one person to access the local community more to promote social inclusion and enhance their wellbeing. The person confirmed this happened regularly. Each person had an appointments planner which helped staff keep track of the health appointments people had each month.

Is the service caring?

Our findings

When we last inspected Albany House we concluded the home was caring and rated it Good. Following this inspection, we found the home was still caring and our rating remains Good.

People gave us extremely positive feedback about both their care and the staff team. People commented, "This is the best place I have ever lived in. It is my home, I don't know what I would do if I had to move on. I love it", "I am happy here", "This is the best place for the way I feel. I like everything about it", and "It is canny [nice], I like living here."

People and staff described kind and caring relationships having developed between them. This was due to the home having a stable staff team, who had known the people living at the home for years. One person said, "The staff are really supportive and good. The staff are brilliant, all of them." Another person commented, "I am champion with them [staff], they look after us all." A third person told us, "The staff, oh they are good. I like them all, I get on well with them all." One staff member said, "We are one big family. If anyone wants anything, they get it as much as we can."

People were treated with dignity and respect. One person said, "No problems [about dignity], they make sure no one is around when you are getting changed." Staff explained to us how they adapted their care practice to promote dignity. For instance, explaining what was happening, gaining consent, closing doors and keeping people covered up as much as possible.

Staff supported and encouraged people to be independent where possible. One person said, "I can come and go as I want. They actually encourage it. I don't like going out, the staff encourage me to go out." Another person we spoke with had just returned from a regular shopping trip.

Care records were personalised and provided staff with information about people's life history. This is important so staff have a better understanding of the needs of the people they care for. As with our last inspection, confidentiality was respected in the home. Although nobody at the home had an independent advocate, information was provided so people were aware this was available to them.

Is the service responsive?

Our findings

When we last inspected Albany House we concluded the home was responsive and rated it Good. Following this inspection, we found the home was still responsive and our rating remains Good.

People had personalised care plans which provided sufficient information about the care each person needed. Care plans covered a range of core needs including physical health, spiritual needs, nutrition and medicines. Care plans were evaluated monthly so that they remained relevant to people's current circumstances. The provider also used a visual tool called 'The Recovery Star' which enabled staff to complete an assessment of people's needs across a range of areas, including relationships, hope and self-esteem, independence and choice. Outcomes had been identified for people to work towards. We noted some of these outcomes were not clear. For example, for one person the goal stated the person was very isolated. This meant it was not possible to determine what the person hoped to achieve and the action needed to improve the situation. We discussed with the registered manager about making the outcomes for people more specific, so that progress could be identified and measured.

People had been given the opportunity to record their end of life care wishes. Some had chosen not to discuss this and their choice was respected. One staff member said, "We don't push it [talking about end of life care]. We have had discussions about end of life and what people's wish are. It is difficult because they don't like to talk about it."

People had opportunities to participate in activities if they chose to. However, some people told us they preferred their own company and this was fine. One staff member said, "We take them out for a coffee and shopping. Only a few people join in. For our last outing everyone went out for a meal." Another staff member said they tried to involve people in tasks around the home to help keep them occupied. They said, "We have time to spend with people and involve them."

People and relatives gave only positive feedback about the care provided at Albany House. One person commented, "I have never complained but I would go through [registered manager] if I needed to. I haven't had any problems so far. I can't see how it could be any better." Another person said, "I have no worries about being here." There had been no complaints made about the home since our last inspection. The provider had a formal complaint process for people to access should they choose to complain.

Is the service well-led?

Our findings

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff told us the registered manager was supportive and approachable. One person said, "I like [registered manager], she is a good manager. I can talk to her." Another person commented, "[Registered manager] does everything for us. Her loyalty is to us." Staff commented, "[Registered manager] tells us what is going on and what we are going to do. I can talk to her, she listens to you and will do what she can to accommodate it" and "It is 100% well managed."

There was a friendly and homely atmosphere in the home. One staff member said, "There is a really good atmosphere. The staff get on with all the residents." Another staff member told us, "There is a good atmosphere. It is relaxed, not regimented, an easy atmosphere. It is as much a home like as you can make a place."

There were opportunities for people and staff to provide feedback about the home. For example, people and staff had been consulted to gather their views and regular meetings took place. Minutes of these meetings were available which showed a range of topics had been discussed. For example, people had discussed the activity programme and health and safety issues, such as fire drills.

The last formal consultation with people and staff took place in November 2017. People had given positive feedback about safety, the staff team and how well staff know about their likes and dislikes. Likewise, staff had given positive feedback about management, communication and being able to share their thoughts and ideas.

The provider continued to operate a structured approach to quality assurance. This included regular checks of medicines management and health and safety. These had been effective in identifying and addressing issues in the home.