Partnerships in Care (Albion) Limited

Albion House

Inspection report

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Ratings

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

Overall summary

This unannounced inspection took place on 19 January 2016. Albion House provides personal care and accommodation for up to twenty four people with mental health needs. Twenty people were using the service at the time of the inspection. The previous inspection of the service took place on 20 July 2014. It met all the regulations we checked at that time.

The service has 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 told us they felt safe at Albion House. Staff had fully assessed risks to people and had up to date information about how to support them safely. Healthcare professionals told us people received safe and appropriate support with their mental health needs. Staff supported people to receive their medicines safely as prescribed. There were sufficient staff to meet people's needs.

Summary of findings

Staff had relevant skills and experience to undertake their role. Staff received relevant training and felt supported in their work. Staff understood people's needs and respected their views. People received care and support as planned. People gave consent to their care.

People told us staff were kind and treated them with respect. Staff were respectful of people's dignity and privacy.

People told us they enjoyed the nutritious food which met their dietary needs and personal preferences. People received effective support in relation to their mental health and physical needs.

People told us staff responded to any concerns they raised. The service had responded to complaints appropriately. Staff took into account people's views and experiences when they supported them.

The service carried out checks on the quality of the service. The registered manager asked people and staff for their views about the service. Staff recorded incidents and put plans in place to prevent a recurrence. The registered manager worked in partnership with the community mental health team (CMHT) to deliver people's care and support.

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?

Good

The service was safe. People received their medicines safely as prescribed. Staff understood the actions to take to protect people from abuse and neglect. There were enough staff on duty to meet people's needs.

Staff carried out risk assessments and had guidance on how to manage these appropriately.

Is the service effective?

Good

The service was effective. Staff had relevant training and appropriate support. People received appropriate support from staff who understood their mental health needs. People liked the meals provided at the service.

People gave consent to the care and support they received. The service complied with the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People told us staff were kind and caring. Staff respected people's dignity and privacy. People made decisions about how they received their support.

Staff understood people's background and preferences and supported them as they wished.

Is the service responsive?

Good

The service was responsive. People had their needs assessed and support planned. Staff had responded appropriately to meet people's individual needs.

People's views about the service were valued and listened to. The complaints system was effective.

Is the service well-led?

Good

The service was well-led. People and staff told us the registered manager was approachable and listened to them.

The service worked constructively in partnership with the community mental health team to meet people's needs.

The registered manager carried out regular checks on the quality of care and support people received and had made improvements if necessary. The service managed incidents appropriately.

Albion 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. It 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 19 January 2016 and was unannounced. The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We used this to plan the inspection.

During the inspection we spoke with four people using the service. We spoke with the registered manager, members of care staff, domestic staff, the cook and a senior manager. We spoke with a psychiatrist and two care coordinators who were visiting people at the service. We looked at records of complaints and safeguarding incidents. We reviewed four care records and four medicines administration records (MAR) charts. We viewed four records relating to staff including training, supervision, appraisals and duty rotas. We looked at monitoring reports on the quality of the service. We made general observations of the care and support people received at the service.

Good

Is the service safe?

Our findings

People told us they felt safe at Albion House. One person told us, "I have no concerns with my safety at all". Another person told us, "Staff look after me well. I feel safe here". A psychiatrist told us the service provided effective care and support which protected people from risks to their health and well-being.

Staff supported people to take their medicines to help maintain their mental health and well-being.. One person told us, "I need my medicines to remain healthy and staff remind me to take them". Another person told us staff contacted the community mental health team (CMHT) if they had any concerns about their medicines which they could not answer. Staff told us they worked closely with health professionals to ensure people received appropriate support in relation to their medicines. A care coordinator told us, "The staff support people with their medicines and promptly contact us if there are any questions."

People had received their medicines at the prescribed time and dosage. Staff accurately completed medicines administration record (MAR) charts. The service had suitable arrangements in place for people who required their medicines when they went out. Medicines were stored appropriately and secured safely to minimise the risk of misuse.

Staff knew how to protect people from identified risks. The registered manager met with a member of the CMHT and discussed the risks to a person and how these were managed prior to their moving into the service. Staff told us they had information about risks to people and had guidance on how to manage these. Care records showed the actions staff should take to minimise the chances of a person coming to harm from identified risks. For example, staff were aware a person was at risk of financial exploitation when they went out. There were plans to support the person to go out when they wished whilst ensuring they protected their finances. For example, staff discussed and agreed with the person to plan how much money they needed when they went out and the frequency of cash withdrawals. The person told us they were happy with the arrangement and could get more money if needed.

The registered manager used a robust system to keep people's money safe at the service. Records showed two staff and the person signed for any financial transactions. The registered manager regularly checked how staff managed people's finances and had signed the records as accurate and up to date.

People had regular reviews of their risk management plans and the support they received. Staff had information on people's mental and physical health. The service gave updates on people's mental well-being to the CMHT and had received appropriate guidance on how to manage their risks. People's support plans addressed the risks to their safety when in and out of the service. For example, we saw a person supported to prepare a meal in the kitchen. Staff told us they used a risk management plan in place in relation to the person's use of sharp equipment in the kitchen. Staff had protected the person from the risk of an accident whilst preparing their food.

The registered manager ensured staff met people's needs. There were sufficient staff available on duty to support people. One person told us, "There is always staff around to help". People received the support they required to attend appointments and to go out into the community. Rotas confirmed absences and sickness were covered appropriately.

The provider carried out rigorous recruitment checks to ensure new staff were suitable to work at the service. The provider had obtained references and employment histories and carried out criminal records checks. Staff had only started to work in the service after the return of all satisfactory checks.

Staff understood how to treat people well. Staff knew the different types of abuse and neglect that could happen to people. They understood their responsibility to recognise signs of abuse and the actions to take to ensure people were safe. Staff knew how and when to contact the local authority using the service's safeguarding procedures to report concerns about abuse. Staff knew how to 'whistle-blow' if they felt the registered manager had not fully addressed their concerns of abuse at the service.

Staff knew what action to take in the event of a fire to keep people safe. The registered manager ensured people and staff had regular fire drills. The service had appropriate equipment in place to deal with a fire. Records had details

Good

Is the service safe?

of the information of people's response to the evacuation drill and times. Staff had discussed with people concerns about response times and smoking in the designated area to improve their safety in the event of a fire.

Good

Is the service effective?

Our findings

People told us they received the support and care they needed. One person told us, "The staff help when asked". Another person told us, "Staff look after me well". People told us they made decisions about what they did each day and staff asked them how they wished to receive support. One person told us, "I spend my time as I wish. I go out if I want to".

The service had ensured mental health professionals assessed people's mental capacity as appropriate. Staff respected people's decisions and choices. For example, a person told us staff supported them to attend hospital and mental health appointments. We saw staff ask a person if they wished to attend a pre-booked appointment with a visiting health professional. Staff told us that if a person did not wish to attend appointments they had a discussion with them about it and agreed what action to take. The registered manager was able to explain to us how she would put into practice the Deprivation of Liberty Safeguards (DoLS) should this become necessary. At the time of the inspection no-one was subject to DoLS.

People received care and support from staff with the appropriate skills. Staff told us they attended relevant training such as safeguarding, Mental Capacity Act (2005) MCA and management of medicines. Staff supported people in line with the principles of the Mental Capacity Act (2005). A care coordinator told us staff had the skills and experience to support people effectively with their complex mental health needs.

The registered manager ensured staff received appropriate support to undertake their role. New staff received induction which ensured they had sufficient knowledge and training to support people effectively. Staff told us they had regular one-to-one supervisions with senior staff to support them in their work. Supervision records showed staff had discussed how they supported people and their training needs. Staff had annual appraisals when the registered manager reviewed their work and how they supported people. Records showed they had discussed what staff needed to do to develop in their role. The registered manager had put a learning development plan in place to ensure staff received appropriate training to carry out their role.

People had a choice of nutritious food at the service which they liked. One person told us, "I enjoy the meals". People told us staff asked them every day what food they liked to have. Another person told us, "I get to choose what I eat". This provided people with an opportunity to choose a meal which met their needs and personal preferences. The chef told us the service involved people and a dietician through regular meetings in planning the menu. We saw there were set times for meals although people could have their food outside these times. Fruit and snacks were available for people if they wished. People told us they could make their drinks and refreshments when they liked.

People received food which met their dietary needs. One person told us staff knew their food preferences. Staff had recorded this information in the person's care plan and staff and the chef understood what food they liked. Alternative menu options were available if someone did not want a planned meal. The service supported people who liked to prepare their meals as individuals or as a group. We saw a person prepare a meal in the kitchen and they were happy with this arrangement.

People told us they saw health professionals for their mental health and well-being. One person told us they visited their GP when they were unwell. Records showed staff had involved the person's GP to ensure they received appropriate healthcare. Staff had supported people to see health professionals such as the dentist, podiatrist and optician and attend hospital appointments. Staff supported people to attend their appointments with a community mental health team (CMHT) professional. A psychiatric visiting a person told us they had an effective partnership with the service to meet people's mental health needs. Staff told us they monitored changes to people's mood or well-being and contacted the CHMT if necessary. Staff appropriately engaged the CMHT if people showed any signs of mental health decline and followed their guidance on how to support them effectively.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person told us, "This is a good place to be. Staff do things with a smile". We observed the registered manager and staff were polite and friendly with people. Staff greeted each person by name and asking them how they were.

Staff upheld people's dignity and privacy. One person told us, "Staff knock on my door and ask if it's alright to enter". We observed staff knocked on people's doors and waited to be invited in. Staff told us they respected people's choice of who they wanted to provide their personal care to promote their dignity.

Staff knew and respected people's preferences. One person told us how staff supported them to pursue their interests in the community. People had choices and were encouraged to make decisions in relation to daily activities such as on how they wanted to spend their day. For example, people told us they could participate in activities offered at the service or go out. Staff knew people's preferences and interests and supported them in line with them.

People received support from staff who knew them well and had worked in the service for several years. Staff had sufficient information about people's background and their needs. People told us they were happy to receive support from the staff as they had established positive relationships over a period. One person told us, "I feel comfortable around the staff. I know them so well". Another person told us, "I know all the staff and they know all about me". Care records showed staff involved people and supported them with their recovery plans.

People received the support they needed with their daily lives. One person told us, "Staff are there to help if I need help to do something". For example, staff told us they supported people to maintain contact with their family and friends. Staff told us they supported people arrange to visit people who were important to them. People decorated and arranged their bedrooms as they wished. People told us they were happy with the refurbishment of the service.

People took part in making decisions about how the support they received. Records identified people's communication needs and explained how staff should support people in a way that maximised people's involvement in planning their care and support. Records showed meetings held between people, staff and CMHT professionals in decision making meetings about people's care. People told us the health professionals and staff considered their opinions about how they wished to receive support and respected their views. Another person said, "I attend meetings were we discuss my health and I agree to what should happen".

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received. One person told us staff supported them with their personal hygiene, reminded them to take medicines, prepare their meals and encouraged them to budget their money. Staff supported people to be as independent as possible. For example, one person told us, “Staff encourage me to keep my room tidy”. Another person’s said, “Staff help with me the tasks that I find difficult to complete. I may at times ask for support with routine tasks if I am unwell”. Care records showed staff reminded people about the tasks they needed to do to remain as independent as possible.

People contributed their views to how they were to be cared for. Staff had received input from the community mental health team (CMHT) when they planned people’s care and support. A CMHT professional involved in the care of a person at the service told us they were happy with the support provided to enable people to manage their physical and mental health care needs. Care plans included information on how staff promoted people’s mental health. For example, a person’s care plan explained how staff encouraged them to take part in activities in the service and community as this was important for their well-being. Staff had completed daily records which showed whether they had delivered support to people as planned.

Staff had assessed people's care and support needs before they moved into the service. Care plans had information about how staff were to provide support to people. Staff reviewed each person’s care plan regularly and amended them to reflected their needs and preferences. One person told us staff had discussed with them how they wished to spend their time and were supporting them to find activities to do. Staff explained to us how they supported a person in relation to their personal hygiene. Their care plan did not include information on this. Despite the staff not having recorded the information, they had appropriately supported the person to maintain their physical and mental health.

The registered manager acted on people’s feedback. People told us they would raise any concerns they had with the registered manager. Staff had regular meetings with people and obtained their views of the service. People had made suggestions about the menu. Staff had taken action in response and made changes to the menu.

The complaints system was effective. People knew how to make a complaint if they needed to. They felt confident the registered manager would listen to them and act on their complaint. The registered manager had responded appropriately in writing to a complaint made by a person and resolved the issue.

Good

Is the service well-led?

Our findings

People told us the registered manager was approachable. They spoke highly of the registered manager and the service. One person told us, “The manager listens if I have a problem”. Another person said, “The manager checks on me regularly and asks if I am ok”. Staff told us the registered manager was in day to day contact with people.

A registered manager had been in post since 2013. The service had submitted statutory notifications to CQC as required.

Staff told us there was a positive culture in the service which ensured they met people’s needs. They said the registered manager was open to ideas and respected their opinions. Staff received support from the registered manager through daily communication. The registered manager discussed with staff the service's expectation of them when they provided support to people. Staff told us they discussed how to maintain good team work. Staff said they were able to discuss any difficulties in relation to the delivery of people’s care and support at team meetings. Regular staff meeting records showed they discussed how they treated people, carried out their work role and how to maintain good team work.

Healthcare professionals told us the registered manager effectively led the service and communication with the CMHT was engaging and constructive. They said CMHT valued the service because of the quality of support people received.

The registered manager monitored the quality of the service and made improvements if necessary. Regular audits on care records showed they were accurate and up to date. We saw the registered manager checked medicines administration record (MAR) charts and ensured staff had fully completed them. Staff carried out health and safety checks on the maintenance of the building and equipment. Reports showed there was appropriate follow up if there were any issues which required improvement.

The registered manager told us the provider was involved and provided all the support they required. The registered manager told us, “I feel supported by senior management and can make contact with them as often as I want”. The registered manager had an action plan to improve and develop the service and regularly updated and reviewed by senior management.

The registered manager monitored incidents that occurred at the service and ensured staff took appropriate action. For example, an incident report showed staff had sought timely guidance from health professionals and had arranged a follow up healthcare and medicines review for a person who had suddenly become unwell. The service took action to ensure people received appropriate care.