Lancam Care Services Limited

Albany Park Nursing Home

Inspection report

43 St Stephens Road
Enfield
Middlesex
EN3 5UJ

Date of inspection visit:
20 September 2016

Date of publication:
24 October 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**

Summary of findings

Overall summary

This focused inspection took place on 20 September 2016 and was unannounced. During this inspection we looked at safe and effective following information received from the local authority on the management of pressure areas, medicines and nutrition and hydration.

This focused inspection took place on 20 September 2016 and was unannounced. During this inspection we looked at safe and effective following information received from the local authority on the management of pressure areas, medicines and nutrition and hydration.

An inspection took place on 26 January 2016. During the inspection the home was in breach of two legal requirements and regulation associated with the Health and Social Care Act 2008. People were not protected from the risks of receiving unsafe care as the provider had not made sure that safe recruitment practices were being followed. People were at risk as appropriate measures had not been taken to mitigate the risk of fire as fire drills had not taken place in line with the provider's policy. During this inspection we looked at recruitment practices and fire safety arrangements to check if this was compliant.

Albany Park Nursing Home provides nursing care and accommodation for a maximum of forty-three older people, some of whom may have dementia. There were 39 people living at the home on the day of our inspection.

The home had a registered manager in place during our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks assessments were being carried out to identify people at risk of skin complications. Action plans were not in place to minimise the risk of serious skin complications for people identified as high risk of skin complications. Some actions were not being carried out to support people with pressure sores such as repositioning regularly and using devices to relieve pressure.

Medicines were not being managed safely.

Comprehensive systems were not in place to calculate staffing levels contingent with people's dependency levels.

Records did not show how the home supported nurses with their continuing professional development (CPD) and revalidation, which are part of the requirement of registration for nurses with the Nursing and Midwifery Council. We made a recommendation that support should be introduced for nurses in relation to their CPD and revalidation.

We did not find food was being monitored for some people at risk of malnourishment to ensure they had a healthy balanced diet. One person required weekly weight monitoring, we found the person's weight was not being monitored and recorded weekly. Referrals were being made to health professionals for people at risk of malnourishment. Choices were offered for people during meal times.

Pre-employment checks had been made for new staff members to ensure they were of good character and were suitable for the role.

Appropriate fire safety arrangements were in place to protect people in the event of an emergency.

We identified breaches of regulations relating to medicines, risk management and nutrition and hydration. You can see what action we have asked the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

Medicines were not being managed safely.

Risks assessments were being carried out to identify people at risk of skin complications. Action plans were not in place to minimise the risk of serious skin complications. Some actions were not being carried out to support people with pressure sores.

Staffing levels were not being calculated contingent with people's dependency needs.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles.

Regular fire drills were taking place to protect people in the event of an emergency.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Training was not in place to support nurses with CPD and revalidation according to NMC standards.

One person's weight was not being monitored consistently. Food intake was not being monitored for some people at high risk of malnourishment.

Referrals had been made to health professionals for people at risk of malnourishment and meal plans were in place.

People told us they enjoyed their meals.

Albany Park Nursing 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.

The inspection was carried out on 20 September 2016 and was unannounced. This was a focused inspection following concerns that were raised with pressure management, management of medicines and nutrition and hydration. The inspection team comprised one inspector, a specialist advisor in dementia care and medicines 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.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people.

During the inspection we spoke with 12 people, three relatives, six staff members, the lead nurse, the registered manager and the provider. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves.

We looked at records that related to people's care and the management of the home. We looked at eight care plans focusing on pressure management and nutrition and hydration.

We reviewed four staff files that had commenced employment since our last inspection. We looked at other record held at the home such as arrangements in place to protect people in the event of an emergency and records relating to the management of medicines.

Requires Improvement

Is the service safe?

Our findings

People told us they were safe at the home and had no concerns. One person told us, "Safe, of course I'm safe" and another person said, "The home is very good really." A relative commented, "I trust this place here to care for my [the person] of 62 years. They [staff] do care" and another relative commented, "The manager and staff here deserve great credit for their patience and caring attitude. They really listen to me and to the residents."

A recent survey had been completed by people and their relatives. The survey focused on people's safety, care, privacy and dignity and respect. The results were mainly positive. Relatives comments included, "I have full trust in [registered manager] and her staff", "My [the person] is very happy here" and "Staff are kind to [the person]." People's comments included, "Appreciate the help and kindness [the person] has received at Albany Park" and "I would like to thank all the carers for their kind, care and assistance."

Despite these positive comments we found that some aspects of the service were not safe.

We looked at how medicines were managed at the home. The home was carrying out internal audits on medicines facilitated by the home's senior nurse and provider. A recent internal audit completed on August 2016 documented some issues found and what actions should be taken such as why some medicines were being administered late.

Records showed that the nurse had received recent medicines training and competency assessments had been carried out. However, care staff administering or supporting medicines administration had not yet had their competencies tested although they had received training in medicines. The provider explained that concerns had been raised in relation to the length of time the rounds had been taking especially at night with only one nurse on duty. Night care staff who had attended medicine training were now supporting the nurse by 'running' a practice where staff were observed by the nurse whilst physically giving the medicine and the nurse signed people medicines administration records (MAR). The provider told us he did not consider this to be delegation. Records did not show if care staff had competency assessments in place following the medicine training and the care provider's medication policy did not mention if this process was applied.

The Nursing Midwifery Council (NMC) that regulates nurses and midwives, standards for medicines management states, 'A policy must be in place and adhered to in assessing the competence of an individual to support a patient in taking medication. A record of the individual's training and assessment should be kept, and all refresher or continuing education and training should also be routinely kept. The registrant delegating should be satisfied that the individual has an appropriate level of education and training and has been assessed as competent. Where this is not the case, the registrant may refuse to delegate, even when requested to do so by another health professional. The registrant is accountable for her own actions including delegation'. Therefore the requirement to delegate and ensure staff had been assessed as competent was not being met.

We observed the medicines trolley was generally tidy and people's medicines were separated. The home used a fridge to store some medicines. There were daily temperature records. However, the fridge recorded occasions when the temperature had breached acceptable limits. The normal range was 2C to 8C. Records showed the temperature was 15C on 5 July 2016 and 9C on 10 July, 11 August, 11 September and 15 September 2016. Records did not show what action had been taken when the temperature had breached acceptable limits. Room temperature had mainly stayed at 25C or below and the provider had introduced a fan to be used on warmer days. The policy we looked at did not list the temperature ranges medicines should be stored at and what action should be taken if the temperature went above or below acceptable limits.

On the day of the inspection we observed that creams and emollients were stored in open access in people's bedrooms for staff to apply at the times of personal care. All products had been dispensed during the current medicine cycles. However, these products should be stored in locked cabinets to ensure it was not removed without authorisation.

We observed in one person's room, a prescription only medicine gel was unlabelled that was stored in a container with the person's toothbrush and toothpaste. The registered manager and nurse both agreed that this was not acceptable and could not explain how care staff were safely applying a prescription only medication with no pharmacy label attached.

Medicines no longer required were disposed of, and collected by the supplying pharmacy. Records were in place documenting items that had been returned.

The controlled drugs (CD) cupboard contained only CDs balances in the Controlled Drugs Rregister (CDR) that matched those held in stock, there was evidence that stocks were regularly checked and returned for destruction. The provider also had a controlled drug destruction kit.

We found one instance when a person had a controlled drug administered on the morning of the inspection. The CDR had been completed by the nurse but without a second signature witnessing the removal for administration. We also noted that the CDR had separate pages for each person. However, these were not clearly annotated with the person's name. There was a risk that if two people were on the same medicine then the record keeping may not be accurate due to people's name not being clearly annotated.

Medicine administration records (MAR) were unclear. The NMC guidance states, 'When medicine administration records in a care home are hand-written by a registrant [nurse], they may be transcribed from the details included on the label attached to the dispensed medicine. However, in doing so the registrant must ensure that the charts are checked by another registrant where possible, and where not, another competent health professional'. MAR charts that were hand transcribed were not always signed by a second nurse nor were they always clear. One person's had been transcribed MAR chart had not recorded the quantity of medicines added and there was no second signature.

On the MAR chart for one person, it stated that a specific medicine should be administered at 10:00pm. However, the medicine was being administered and signed for at 5:00pm. The person's care plan was checked with a member of staff and there was no record of change of time being recommended by the prescriber. The staff explained that this person liked to go to bed early. However, the change appeared to have been made at home level without consultation of the prescriber. We did note that the home had requested all people's medicine be reviewed, which included this person's medicines.

In one person's MAR we found that four of their medicines did not reconcile against the signature on the

MAR to confirm as administered. There was a risk the person may not have received their medicine. Records showed the provider had identified issues related to stock balances and had devised a reconciliation counting sheet with instruction that five people's medicines should be checked weekly. The forms were in place and the checks were due to start at the end of the inspection week.

A person had been prescribed lactulose. The person's MAR chart records showed that this should be administered twice daily. However, the MAR for the current cycle we found the evening dose was mainly left blank. Records did not show if this medicine was offered, was not required or if it was administered. The person also had a medicine prescribed to treat infection over a seven day period. We found there were gaps in three days. The medicine did not reconcile against the MAR chart. The nurse told us the person had refused to take this medicine. When asked if the person's GP had been aware of the non-compliance, the nurse confirmed no contact had been made.

We asked the nurse in charge why the MAR records of people on PRN medicines were all set up to the standard medicine round times and there appeared to be no access at other times. The nurse agreed the MAR did not support the PRN approach. The registered manager told us after the inspection that a nurse is on duty at all times and PRN medicines were available when requested by people. Records did not evidence that PRN was being offered or taken outside the standard medicine times.

In one person's care plan, documentation included a letter from the person's GP dated July 2015 confirming there was no concern regarding crushing the person's medicine. The person's medicine care plan also stated, 'Medication to be administered disguised in food'. The nurse confirmed the person had their medicines added to their food. However, there was no risk assessment, Mental Capacity Assessments (MCA), Best Interest Decisions (BID) or pharmacy recommendations in place to ensure the person had capacity to consent and, if not, a best interest decision had been made and how to ensure the medicine was administered covertly and ensure the person takes it. In two people's care plans, the medicine care plan documented that medicine was also to be given covertly. However, there was no risk assessments, MCA, BID or pharmacy advice documented in people's care plans or on the MAR sheet. The NMC guidance states, 'As a general principle, by disguising medication in food or drink, the patient or client is being led to believe they are not receiving medication, when in fact they are. The NMC would not consider this to be good practice. The registrant [nurse] would need to be sure what they are doing is in the best interests of the patient and that they are accountable for this decision'.

The registered manager told us that the issues with medicine may be due to not having a lead nurse for a long period of time to oversee the safe management of medicines. A lead nurse had been appointed recently and a clinical deputy manager had also been appointed that will have oversight of the management of medicines. We were informed after the inspection action had been taken to ensure medicines were managed safely at all times. An external medicine audit had been booked in October 2016 to assess whether medicines were being managed safely.

Skin integrity was assessed using Waterlow charts to determine risk levels. SSKIN (Surface, Skin inspection, Keep patients moving, Incontinence and Nutrition) bundles were being used for pressure ulcer prevention and intervention. SSKIN is a five step model for pressure ulcer prevention. We saw people with pressure ulcers were placed on pressure relieving mattresses and there were instructions on how to reposition people on their rooms. Referrals were being made to tissue and viability nurses (TVN) and physiotherapist's and actions plans were in place. Staff had received recent skin integrity training and were able to tell us how to prevent and manage pressure sores such as reporting any redness in people's skin, repositioning regularly and keeping people mobile. There was an action plan created on 11 September 2016 to manage pressure ulcers.

Records showed that some people were at high risk of skin complications. However, no action plans had been completed to reduce the risk of serious skin complications. One person, who had pressure sores, had a device in place to relieve pressure on the sore area. The nurse told us that the device required to be turned on for three hours and off for an hour throughout the day and night, which was to be recorded. We found the instruction on the records listed the device to be turned on for three hours and off for three hours, the nurse told us this was incorrect. We checked the record for the past five days. The record showed that staff were following the correct instruction to turn on the equipment for three hours and off for an hour in most cases. However, records for 20 September 2016 showed that the machine was left on for four hours between 12am to 3am and also switched off for three hours between 8am to 10am. There were also gaps on the records between 16 September 2016 and 19 September 2016. The nurse told us that this may have been a recording error and the equipment was to be reviewed for its effectiveness by the physiotherapist who had initially recommended the device. In another person's records, we found that a body map that was to be completed every week had been last completed on December 2013. The person's Waterlow chart showed the person was at risk of developing skin complications. However, no actions plans were in place to minimise the risk of serious skin complications.

A pre-admission assessment completed on 12 July 2016 stated a person required turning every two hours and was in need of a pressure mattress and had acquired pressure sores from hospital. The provider had completed a prevention of pressure ulcer care plan, which included SSKIN bundle to be completed and the person should be repositioned every two hours. The SSKIN bundle charts were completed over a 24-hour period and records showed repositioning had not been done every two hours. For example, records showed on 16 September 2016, the last recorded repositioning was at 11:00pm and the next repositioning was at 02:00am, a three hour gap. The last entry on 17 September 2016 was at 10:00pm and the next entry was on 18 September 2016 at 02:00am, a four hour gap.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Out of the 12 people and three relatives we spoke to, one person raised concerns with staffing. The person told us, "I ring the buzzer for the toilet, they take their time coming." A person's nutrition care plan stated 'Carer should allow at least 20 mins of one to one time'. A staff member told us that she always tried to give this person time but it was not always possible due to workload and lack of staff. A relative that completed a recent survey commented, 'Always appears to be shortage of care staff'. There were two nurses and eight care workers on duty during the morning and two nurses and seven care workers in the afternoon. The care workers were supported by a chef and domestic staff. One nurse and four care workers were employed during nights.

There was an action plan to recruit a deputy manager with a clinical background and an extra staff during nights. The registered manager and the nurse told us that the deputy manager had already been recruited and will start shortly and recruitment is under way to recruit staff at nights.

We observed that there were staff on each floor and call bells were answered promptly. We did a random test on the call bells with the registered manager on two floors to check the response by staff members and found staff response was within an appropriate time. Records showed that the call bells were checked by staff to ensure that it was in working order. This meant that people could receive immediate attention should the need arise by using the call bell.

Some people were mobile and some people used walking aids and wheelchairs for support and therefore required regular prompting and supervision. At times, people required the support of two staff. There were

people with high dependency needs that required regular supervisions. Staff told us that more staff were needed during the day. We noted that a detailed dependency assessment was being carried out to determine people's dependency. We did not see evidence that the dependency assessment had been used to calculate staffing levels contingent to people's needs. We fed this back to the provider and the registered manager, who informed us that the dependency assessments would be used to calculate staffing levels and further staff would be employed, if required.

We found that there were no window restrictors installed on the first floor. This placed people at risk of harm if they were to attempt to climb out of the window. We fed this back to the provider and registered manager who told us after the inspection the restrictors had been installed.

There was a strong smell of urine in people's rooms on the first floor and second floor. The registered manager told us that this was due to the carpets in people's rooms and this was being replaced in stages. We saw that carpets in some rooms had been changed and new carpets had been ordered ready to be placed in people's rooms. A person told us, "I'm very pleased with my new bedroom carpet; everyone is going to have one." The home had a dedicated cleaning staff and we observed the home and people's room was clean and tidy. Staff used appropriate equipment and clothing when supporting people.

During our last inspection, the service was in breach of Regulation 19 as we found safe recruitment practises was not being followed. References had not been obtained, gaps in employment had not been explored and DBS checks had not been made when recruiting staff.

During this inspection, staff files demonstrated that the provider followed safe recruitment practice. We looked at files for four staff that had been recruited since the last inspection. Records showed the provider collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff members were not offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. The dates of the checks corresponded with the start date recorded on the staff files. Gaps in employment were explored in interviews and evidence of qualifications were requested and checked.

During our last inspection, the service was in breach of Regulation 17 as appropriate measures had not been taken to mitigate the risk of fire as fire drills had not taken place in line with the provider is policy.

Monthly fire tests and regular evacuation drills were carried out. Risk assessments and checks regarding the safety and security of the premises were completed.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people that listed how people mobilised. Staff had been trained in fire safety and were able to tell us what they would do in the event of an emergency. There was an allocated fire warden for each day.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us that staff members were skilled and knowledgeable. One person told us, "I like the carers" and another person commented, "Staff are really all nice and kind. They are good, polite and thoughtful. I like them a lot." A relative whose family member passed away recently commented, "Everyone at the home cared for [the person] sympathetically, knowing that [the person] was dying. The staff really adjusted to [the person's] difficulties and affectionately made [the person's] last years as happy as they could."

Despite these positive comments we found that some aspects of the service were not effective.

During this inspection we found nutritional risk assessments were being carried out, which included people's ability to eat, skin type and appetite intake. A Malnutrition Universal Screening Tool (MUST), which is a screening tool to identify adults who are at risk of malnourishment, was being completed to determine Body Mass Index (BMI) for people at risk of malnourishment. One person's nutritional risk assessment identified them as low risk. However, this contradicted the person's MUST, which had identified them as medium risk. This meant that staff may not be aware if the person was at risk of malnutrition. A person's swallowing treatment plan had contradictory information stating, '[The person] is not at risk of swallowing' and the person's dependency assessment documented no risk of choking. However, the eating and nutrition care plan stated the person was at risk of aspiration (choking). This meant that there was a risk that staff may not be aware if the person was at risk of choking.

Another person MUST and nutrition risk assessment showed that they were high risk of malnourishment. A referral had been made to the dietician and an action plan was recommended, which included a meal plan, seven day food record chart and weekly weight checks. The person's MUST showed their daily nutritional intake to be monitored. Food intake was not being recorded for the person. It would be difficult for the home to ascertain if the person was following the meal plan and their food intake. The person's weight was not being monitored weekly on a consistent basis and records showed that the person's weight was unstable. The nurse confirmed staff had reported the weight loss but there was no record of action taken or the MUST risk in relation to the weight loss even though the person appeared to have lost more than 9% of their body weight in a short period of time.

After the inspection, the registered manager told us that 10 people had been identified as high risk of malnourishment and food charts would be introduced from 26 September 2016 to monitor their food intake.

The above issues related to a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Referrals had been made to dieticians and records showed that there were food fortifying care plans in place for people who were on soft or pureed diet. There were instructions placed in people's room on nutritional intake for people who were cared for in bed or required peg feeding. There was clear guidance for

staff on how much thickener was to be used to ensure the Speech and Language Therapist (SALT) guidance was followed. In one care plan, records showed the person had a swallowing difficulty and was at risk of choking, the person had been referred to the SALT team and was awaiting a review. In the meantime the SALT team had made recommendations regarding thickened fluid and diet consistency and these were documented and staff told us they followed these. A relative told us their family member's health had improved due to their relative eating regularly since being admitted to the home.

Some people told us that they enjoyed the food at the home. One person told us, "Food jolly good. I like 95% of it, I never leave anything on my plate" and another person commented, "I need to slim and the chef makes me special salads frequently." The menu showed that choices were offered to people. A person commented, "The food is very good. There is a chef on the premises." Staff told us that people were always given choices and if they did not prefer anything on the menu then alternatives were offered.

We conducted a Short Observational Framework (SOFI) during lunch time. A SOFI is a way of observing people and their interactions when they may not be able to tell us themselves. We saw that one person who needed support when eating was assisted and staff explained what they were doing and regularly interacted with the person. People were not rushed and we saw good interactions between people and staff who communicated with people and encouraged people to eat when required. We observed that food was plentiful and the food and drink was placed within easy reach of people and staff helped clean people's mouth, when needed. We observed a person wanted to have their lunch near the television and staff listened to the person and transferred the person next to the television.

We found, the provider had systems in place to keep track of which training staff had completed and future training needs. Staff told us that they had easy access to training and found the training useful. Staff completed essential training that helped them to understand people's needs and this included a range of courses such as, first aid, infection control, moving and handling and health and safety. Specialist training had been provided on dementia and pressure sore.

Records did not show if the provider had supported nurses with their Continuing Professional Development (CPD) and revalidation, which was part of the requirement of registration for nurses with the NMC. The nurse we spoke to told us this had to be done in their own time and support was not provided, which made it difficult to keep up to date with their CPD and revalidation. This is important particularly for a nursing home to ensure nurses knowledge and competencies were continuously refreshed for safe and effective practise.

We recommend that support is provided for nurses to work towards their CPD and revalidation according to NMC requirements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users (Regulation 12(2)(a)(b)) The service provider was not providing care in a safe way as they were not doing all that was reasonably practicable to ensure the safe management of medicines (Regulation 12(2)(a)(g))

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs In order to reduce the risk of harm from malnutrition or unexpected weight loss the service should ensure that they appropriately record diets and take action at the right time to keep people in good or the best of health (Regulation 14(4)(a))