

Topcare Limited

Albany Nursing Home

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 ●

Summary of findings

Overall summary

About the service

Albany Nursing Home is a residential care home providing personal and nursing care to 56 younger people with disabilities and older people with varied conditions including dementia and complex nursing needs. The service can support up to 61 people in one building.

People's experience of using this service

People were protected from the risks of harm or abuse. People had risk assessments to minimise the risks of harm or abuse they may face. Staff knew what action to take if they suspected somebody was being harmed or abused. Staff were recruited safely and there were sufficient staff on duty to meet people's needs. Medicines were managed safely. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's care needs were assessed before they began to use the service. Staff were supported to carry out their role with training, supervision and appraisals. People were supported to maintain their health and were offered a varied and nutritious diet. Staff understood their responsibilities under the Mental Capacity Act (2005).

People and relatives thought staff and the management were caring. Staff understood how to deliver a fair and equal service. People and relatives were included in the decision making around the care provided to them. Staff understood how to promote people's privacy, dignity and independence. People were encouraged to make choices.

Staff were knowledgeable about people's individual needs and they knew how to provide a personalised care service. People's communication needs were met and they were offered a variety of activities. Complaints were handled appropriately. People who were at the end of their life had their wishes for their last days documented.

People, relatives and staff spoke positively about the leadership in the service. The provider held regular meetings for people using the service, relatives and staff. The provider sought feedback from people using the service, relatives and staff to identify areas for improvement. The provider had a variety of quality checks in place and worked in partnership with other agencies to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 October 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

Albany Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of three inspectors 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.

Service and service type

Albany Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided.

We spoke with eight members of staff including the registered manager, three care staff, two nurses, the chef and the activity co-ordinator.

We reviewed a range of records. This included three people's care records including risk assessments. We looked at two staff files in relation to recruitment and supervision. A variety of records relating to the management of the service including health and safety checks and quality assurance were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

The registered manager sent us documentation we requested including training data. We sought feedback from the local authority.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. Responses included, "I feel safe with [staff]" and "I have no reason to doubt my safety."
- People were protected from the risks of being harmed or abused.
- Staff received training in safeguarding and whistleblowing.
- Staff knew what action to take if they suspected somebody using the service was being abused. One staff member told us, "First of all, we make a report. Everything is written down and we inform the manager and the head of care."
- Staff understood how to blow the whistle. One staff member said, "If you see [abuse] is still going on you have to phone the whistleblowing number or CQC or the local authority."

Assessing risk, safety monitoring and management

- People had risk assessments carried out to protect them from the risks of harm they may face. Risks assessed included specific health conditions, falls, nutrition, swallowing, skin pressure damage and safety needs.
- For example, people's risk assessment around their safety needs indicated if the person was able to use the call bell, whether they were mobile and how often staff should check on them.
- People who were at risk of falls had a falls diary so staff could monitor the frequency, identify any triggers and take steps to reduce the risk.
- Staff told us how they knew about the risks people faced. One staff member said, "We have to go to the risk assessment form."
- Building safety checks such as portable appliance testing and gas safety checks were carried out as required.
- The service had an up to date fire risk assessment, people had individual emergency evacuation plans and fire drills took place every six months.

Staffing and recruitment

- Overall people thought there were enough staff on duty. Responses included, "There seem to be enough [staff]" and "There's enough [staff] for sure."
- Two people said staff did not always respond quickly when they pressed their call bell. They told us, "Sometimes they take a while [to respond]" and "On occasion I have to ring the buzzer and wait a very long time before help comes."
- However on the day of inspection, we observed people did not have to wait for too long for assistance. Records confirmed there were enough staff on duty to meet people's needs and call bells were answered in a timely manner.

- The registered manager told us there were no staff vacancies and they did not use agency staff to cover staff absences. They told us, "[Care staff] are always ready to accept extra shifts because it does not happen often."
- The provider had a safe recruitment process in place to confirm staff were suitable to work with vulnerable people. This included criminal record checks of new staff and regular updates to confirm continued suitability of staff.
- The service carried out checks to ensure nursing staff were registered with the nursing regulator and that this remained up to date. These checks ensured nurses remained competent to carry out their role.

Using medicines safely

- Staff who administered medicines had the appropriate training and competency assessments to ensure medicines were given safely to people.
- Medicines were stored appropriately and at the recommended temperature in a locked cabinet and fridge in a locked room.
- Medicines that were controlled under the Misuse of Drugs Regulations 2001 were stored appropriately and fully accounted for.
- People who required 'as needed' medicines had guidelines on the medicine administration records to inform staff at a glance how to administer these safely and appropriately.
- Medicines which needed to be given to people in a disguised format had clear guidelines in place to advise staff how to do this safely. These had been agreed with the pharmacist and signed by the GP.
- On the whole medicine administration records were fully and accurately completed. However we noted that one person's records had not been signed for the medicines administered to them on the day of inspection. This was raised with the nurse in charge who rectified this immediately.
- We were confident the above would have been picked up through the provider's medicine audit system which included the daily nurse handover checks and the registered manager's monthly checks to ensure medicines were managed safely.

Preventing and controlling infection

- People told us the premises were kept clean. Responses included, "There's a cleaner that comes every day" and "The cleaners come in every day. They mop and do all the rest."
- The service employed domestic staff whose responsibility it was to keep the home clean.
- Staff had received training in preventing the spread of infection.
- Staff and people using the service had access to hand wash facilities including antibacterial gel.
- Staff demonstrated they understood the importance of preventing the spread of infection. A care staff said, "We wash our hands and then we have the gel to apply. Each time we change the gloves and apron."
- Staff confirmed they had access to adequate amounts of personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong

- The provider had a system to record accidents and incidents. Records showed appropriate details about these were documented and discussed in staff meetings to prevent re-occurrence.
- Staff confirmed learning from accidents and incidents was shared with them. One staff member told us, "Sometimes you make a mistake, you discuss it and you know what you have to do next time."
- The registered manager gave an example of a lesson learnt. One person who previously used the service made allegations against the staff. The lesson learnt was the registered manager raised a safeguarding for each allegation. The registered manager said, "This made staff feel supported and kept them safe."
- Another example was new furniture was delivered and the maintenance person did not clip a cabinet to the wall. The cabinet fell on a person using the service. The lesson learnt was this was immediately rectified and now furniture is not left free standing.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs were assessed before they began to use the service. This meant the provider could ensure they would be able to meet the person's care needs.
- Information gathered at the pre-admission assessment included past and current medical history, communication, dietary requirements, support needs and relationships.
- After people began to use the service, an interim admission care plan assessment was carried out. This included support they needed with religion and culture, social interests and family involvement.

Staff support: induction, training, skills and experience

- People and relatives told us staff had the skills to provide them with care. One person said, "I believe [staff] are trained." A relative told us, "[The care was] absolutely first class. Staff were brilliant in every aspect."
- Records showed staff were up to date with training. Training offered included dementia awareness, incontinence, swallowing difficulties and moving and handling.
- One staff member told us, "The training is good. [Registered manager] will provide more training if we need it. [Registered manager] will bring in teachers and doctors to provide the training."
- The registered manager told us new staff received an induction which included completing a handbook during the first three months and shadowing a minimum of three shifts until competent. Records confirmed this was the case.
- Records showed staff received regular supervision and appraisals. These meetings included a discussion about the staff member's overall performance, training and areas for development.
- One staff member told us, "Every three months I am supervised. We talk about code of conduct and the work here and if communication is okay."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and were given choices. One person told us, "Very good. I'm quite satisfied with the options and kind of food they offer. I think they cater to people with different needs. You can ask for other things."
- A relative told us, "The food was always good." They explained their relative had a health condition where, "The food needed to take that into account."
- We observed lunch being served. The menu choices were displayed on a board. Nobody had to wait for their food once seated and everyone was given a drink first. Staff supporting people to eat were patient and did not rush them.
- The chef told us people made the meal choices the day before which staff recorded on a sheet containing individual dietary requirements. The menu was varied and nutritious. The kitchen was well stocked with

fresh fruit and vegetables.

- People's care plans included their preferences for food, drink and snacks. They also included swallowing risk assessments and eating guidelines for people who needed support with this.
- People were weighed monthly and if there were concerns about their weight this was increased to weekly. Each person had a separate folder which contained their dietary needs and food and fluid intake charts.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed staff supported them to maintain their health. One person said, "We have exercises and the food options are healthy."
- Staff explained how they supported people with their health needs. One staff member told us, "Those [people using the service] can tell you if not feeling well."
- Staff described how they supported people with oral healthcare. One staff member said, "We have a dentist who comes here and we sometimes send people to [the dentist]. Every day we have to make sure they have oral care."
- People had a general health care plan which included appointments with health professionals such as dentist, chiropodist, optician, hearing and the outcome of appointments.

Adapting service, design, decoration to meet people's needs

- The service was laid out across four floors with the kitchen located on the top floor. People's bedrooms and communal areas were situated on the first three floors.
- People had access to communal areas such as a lounge area and dining room on each floor. People could access the outside garden area which was used for activities during the summer.
- People's bedrooms contained pictures and photographs of their choosing. There was a board in each lounge area with the clock, date, day of the week and weather picture. The boards helped people using the service to be orientated to time.
- The home had gone through a refurbishment where bedrooms had new carpets, lounge areas and dining rooms had been redecorated in bright colours and new furniture been purchased.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff asked for their consent before delivering care. Responses included, "I'd say they do overall. They're very good" and "Oh yes, it's first class. I get on all right with all the nurses here."
- Staff understood the need to obtain consent from people before delivering care. One staff member gave an example of getting consent before washing a person and if they refuse trying later. They told us, "You need consent all the time."
- Records showed whether or not people had capacity to consent. Where people had capacity they had

signed to consent to receiving care and treatment, and where appropriate to photographs, bed rails and a lap strap on their chair.

- At the time of this inspection, thirteen people had a legally authorised DoLS and eighteen people were awaiting the outcome of their DoLS application because they required a level of supervision that may amount to their liberty being deprived.
- Staff had received training in DoLS and MCA. One staff member told us, "Mental capacity is where people who have a little problem with capacity, we make decisions for them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "Yeah of course they are [kind and caring]. They're all lovely here." Another person told us, "Oh yes, they're very good."
- A relative said, "[Staff] are very caring, kind and welcoming, considerate, hardworking and friendly. [Staff are] fantastic. For what they get paid they go above and beyond. They're lovely."
- Staff described how they got to know people and their support needs. One staff member told us, "You need to read the file. You have to talk to them, you talk to [staff] where they have come from and the families."
- The provider had a keyworker system where each person had a named nurse and care staff who had overall responsibility for their care. One staff member explained this included ensuring all documents were in place and establishing good relations with next of kin."
- Staff knew how to provide a fair and equal service. One staff member said, "Everyone gets the same care. We treat [people using the service] the same as we would treat [our parents] or how you would even treat yourself."
- The registered manager said, "We get the [equality and diversity] information as part of the pre-admission assessment. We ask the family. All of the same things would apply to [people who identified as lesbian, gay, bisexual or transgender]."

Supporting people to express their views and be involved in making decisions about their care

- People confirmed their choices were respected and told us staff listened to them. One person said, "Yes, they listen. I think they have to listen to me because I shout." Another person told us, "I tell them to [listen]."
- A relative told us the service included them in discussion about their relative's care. They said, "[The service] did that without fail. They would always give their opinion and they would ask for mine, then we would come to an agreement."
- The registered manager told us relatives were involved at the assessment and arrangements were made if they wished to meet with the GP. They said, "We have 'resident and relative meetings every quarter."
- Staff explained how people using the service were involved in making decisions about the care given. One staff member said, "We ask them [person using the service] about anything we want to do with them."
- Staff told us how they encouraged people to make choices. One staff member said, "They get choice about food and personal care, and if they want to do an activity."

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their privacy and dignity. One person said, "If they want to tell you something or ask you something they take you in your room."

- Staff understood how to maintain confidentiality. One staff member told us, "You keep everything you see private. You don't tell [other] people about [person using the service]."
- Staff described how they promoted people's dignity. One staff member said "When giving personal care, we don't leave [person using the service] naked. We cover them."
- People told us staff enabled them to complete tasks independently when they were able. One person told us they were able to feed themselves. Another person said, "I do what I can by myself."
- Staff explained how they promoted people's independence. One staff member told us, "You always have to ask [person using the service] before you do anything. We try to encourage them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff understood how to deliver a personalised care service. One staff member told us, "Everybody has their own way of wanting care." This staff member gave examples of the different way individuals preferred their care.
- Care plans were detailed, pictorial and contained people's preferences. They included people's preferences about dressing grooming, oral care, washing and bathing.
- Care plans included the support people needed with each task and there was a checklist to remind staff a person wore glasses or hearing aid, had the correct wheelchair or the correct walking aid.
- A relative told us they were involved in their relative's care plan reviews. They said, "There were regular reviews and everything was done to ensure [relative] wouldn't have to go into hospital."
- Records showed care plans were reviewed monthly and more often if there was a change in a person's need.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans.
- The registered manager told us how they supported people with a sight impairment to have access to written information. They said, "We had someone who we could read it [care plan] to them and they could tell us their wishes."
- The registered manager gave an example of one person who kept forgetting things so they gave the person a notebook and a pen so they could write things down.
- Staff explained how people with a hearing impairment or who were unable to talk were given information. One staff member told us, "We use our hands and gestures to make us clearly understood. [Activity co-ordinator] uses picture cards."
- Care plans gave details about people's communication needs and included if they needed to wear glasses or hearing aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were activities available. One person said, "We have a children's day and quiz day. When the weather's good we go out. We have arts and crafts and card making."
- Some people told us they chose not to participate in the activities. One person said, "I read. I have two books right now. I never to in the lounge or go out." Another person said, "There are activities but I don't go. I like to watch the TV."
- The activities coordinator said, "I always ask for feedback from [people using the service] after the sessions and they are more often than not, positive. I get a lot of information [from relatives] so I can know when and how to target the sessions."
- A range of activities were available to people including karaoke, ball games and bingo, mobility sessions, memory games and sing-alongs. People were also offered one to one activities in their rooms such as hand massage and pedicures.
- A hairdresser visited the service every week, regular visiting entertainers and outings to shops, cafes and the seaside. The service produced a three-monthly activities newsletter which included activities that had taken place and future planned activities.
- People were able to participate in spiritual activities. A priest visited the service regularly. Staff who were Muslim read the Quran to people using the service who were of the same faith.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint but told us they had not needed to. One person said, "No, I've got no complaints."
- A relative told us, "There were a few very minor issues that were dealt with there and then. I only complained once but that was sorted very quickly."
- The provider had a complaints policy which gave clear guidance to staff about how to handle complaints. Staff demonstrated they understood what to do if somebody wished to make a complaint.
- A staff member told us lessons learnt from complaints were shared with staff. They told us, "We have a meeting and [registered manager] tells us so the next time it does not repeat itself."
- Records showed five complaints had been made in the last year. These were handled appropriately and actioned within a week. The log showed seven verbal concerns had also been raised and these were actioned appropriately.

End of life care and support

- The provider had an end of life care policy which gave clear guidance to staff about how to provide this care sensitively.
- People who were diagnosed as needing end of life care had an end of life care plan which included symptom management and whether or not they wished to go to hospital.
- Care records also contained an appropriately signed 'Do not attempt cardiopulmonary resuscitation' agreement form for people who did not wish to be resuscitated if they had a cardiac arrest.
- People also had an advanced care plan in place which stated their preferred place to die and wishes for funeral arrangements.
- Staff received training in end of life care. One staff member told us, "We have a good relationship with the palliative nurse and the GP and family are involved. If we need support from the hospital we receive it. We do an advanced care plan."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People gave positive feedback about the leadership in the service and how it was managed. Responses included, "Oh yes, I'm satisfied with living here" and "There's nothing that could be improved. I'm quite satisfied."
- A relative gave positive feedback about the registered manager. They told us, "I get on with [registered manager] very well, caring, thorough and is not afraid to correct the staff if their performance isn't up to scratch."
- Staff also gave positive feedback about the leadership in the service. One staff member told us, "[Registered manager] is very alert. Every day [they] come and check everything. [They] are supportive [and] respect everybody."
- The registered manager explained how they ensured the staff voice was heard. They said, "I think I am a very approachable manager. I have got some staff feedback through questionnaires. Staff know they can call anytime."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility to notify CQC and the local authority about incidents and safeguarding concerns as required.
- The registered manager said when there was an incident or a safeguarding concern, "We inform the CQC and the safeguarding [team]. It's about being open and we always apologise." Records confirmed the service did this.
- The registered manager also told us, "We need to understand we are looking after people's loved ones. We have to report to them if something goes wrong, making sure we accept our mistakes and everybody learns lessons."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff confirmed they were kept updated on people's wellbeing and any changes needed in the care provided. One staff member told us, "Nurses hand over and tell [staff] about the food, fluid or if there are any problems."
- The provider held regular meetings for people using the service and relatives. We reviewed the minutes of the three most recent meetings.

- Topics discussed included dementia, activities, complaints procedure and dental support. People using the service used these meetings to put forward their views about the quality of the service.
- Staff had regular meetings and told us these were useful. We reviewed the minutes of the most recent meetings held for nursing staff and all staff. Records showed that appropriate topics were discussed at these meetings including training.
- Staff confirmed they received fair and equal treatment from the staff team, management and the provider.

Continuous learning and improving care

- The provider kept a record of compliments and we observed 26 compliments had been recorded over the past year from relatives expressing their thanks for the care their relative had received.
- The provider carried out feedback surveys with staff, relatives and people who used the service. We reviewed the survey analysis for October 2019 which were generally positive. One person stated they would like more music variety. This was actioned where staff had purchased more music discs.
- The provider carried out various quality checks for the service in order to identify areas for improvement.
- A pharmacist from the local clinical commissioning group visited the home regularly to check medicines management. We reviewed the checks carried out in July and in September 2019
- We reviewed the provider audit carried out in September 2019. The areas looked at included hospital admissions, safeguarding, falls, pressure ulcers, complaints and the service's continuous improvement plan.
- We reviewed the continuous improvement plan and saw actions were marked as completed. For example a recent fire brigade inspection visit had identified some fire doors were defective. These had been rectified by November 2019.

Working in partnership with others

- Records confirmed the service worked in partnership with health and social care professionals to improve outcomes for people.
- The registered manager told us, "We work with all professionals. We take part in a research project if I think it will benefit [people using the service]."
- The registered manager also told us they worked with a local sixth form college who are encouraging their students to enter the medical field. The students spent a period of time at the service assisting with activities and taking part in training.