London Residential Healthcare Limited

Albany Lodge 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 Lodge Nursing Home is a residential care home that provides accommodation, nursing and personal care to up to 100 older people in a purpose-built building over five floors. At the time of the inspection 98 people were using the service, several of whom were living with dementia.

People's experience of using this service:
• People felt safe using the service. There were systems in place to protect people from abuse and harm. Risks were appropriately assessed and managed. Staff made sure equipment people needed was safe to use.
• People were protected from the risk of infection because staff followed appropriate guidance.
• Medicines were managed safely.
• The provider responded appropriately to accidents and incidents to prevent them from happening again where possible.
• There were enough staff to care for people safely. There were robust recruitment procedures to avoid unsuitable staff being recruited.
• People's needs were assessed and, where appropriate, other agencies were involved in assessments and care planning to ensure care was delivered in line with appropriate guidance.
• Staff had appropriate training and support to equip them with the skills and knowledge they needed.
• People had a choice of nutritious, good quality food. People had enough to eat and drink and received support to use healthcare services when they needed to.
• The environment was adapted to meet people's needs. The home was spacious, wheelchair accessible and pleasantly decorated.
• Staff obtained people's consent before providing care to them. Where people did not have the capacity to consent, the provider followed appropriate legal processes to ensure decisions about people's care were made in their best interests, including where decisions were made to deprive people of their liberty as part of the care they received.
• People were involved and enabled to make choices about their care. Staff knew how to communicate information to people so they understood it, including people who did not speak English and people with sensory or cognitive impairments.
• Staff spoke to people in a friendly and respectful way so that people felt comfortable and valued. Staff took time to get to know people well.
• People received care and support from staff who had a good understanding of how to respect and promote their privacy and dignity.
• Staff gave people enough time, encouragement and support to enable them to do as much for themselves as possible.
• People had person-centred care plans that they and their relatives were involved in developing. The care plans contained detailed information about people's needs, preferences, routines and interests.
• Care plans took into account people's diverse needs relating to, for example, religion or sexuality.
• The provider had improved the activities that were on offer since our last inspection. People now had more

opportunities to engage in individual activities if they did not want to take part in group activities.
• Staff made sure people's social needs were met, particularly if they did not have relatives visiting them regularly.
• People had end of life care plans to ensure they received appropriate care in their last days.
• There was a robust complaints procedure. The registered manager dealt with concerns and complaints appropriately.
• The provider had clear values and made sure these were communicated to staff. The registered manager made an effort to get to know people and make sure people knew who they were.
• There were clear lines of accountability within the staff team and the registered manager took action where appropriate to ensure staff were clear about their roles and responsibilities.
• Records were generally kept to a high standard. However, we identified some minor concerns around the recording of people's food and fluid intake and unnecessary paperwork in care files, which the registered manager told us they would address.
• People, relatives and staff had opportunities to express their views and be involved in the running of the service.
• The provider used a range of audits and checks to ensure care was of a high standard, monitor the service and continuously improve the service. They learned from difficult situations and had a proactive approach to solving problems.
• For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:
• At our last inspection, this service was rated "requires improvement." Our last report was published on 27 February 2018.

Why we inspected:
• All services rated "requires improvement" are re-inspected normally within 12 months of the last comprehensive inspection report being published.
• This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:
• We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Albany Lodge 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We were aware of some incidents that were being investigated by local authority safeguarding team at the time of our inspection, including an allegation that staff did not respond appropriately to a medical emergency. As part of this inspection we looked at staff training in emergency first aid, relevant policies and procedures, and incident records.

Inspection team:
This inspection was carried out by two inspectors, a specialist advisor who was a nurse, 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 Lodge Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 looked at information we held about the service. This included information the provider had sent to us, including notifications of incidents that took place in the service. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at previous inspection reports and spoke with two commissioners and the local authority safeguarding team.

During the inspection, we spoke with 18 people who used the service and five relatives of people who used the service. We also spoke with the registered manager, area manager, 10 members of staff and a visiting healthcare professional. We looked at 12 people's care records and five staff files and we also looked at audits, records of accidents, incidents and complaints and other documentation. We carried out informal observations of the care staff provided to people and we also used the Short Observational Framework for Inspection. This is a method of observing and recording the experiences of people who are not able to express themselves verbally.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People in general told us they felt safe at Albany Lodge. One person said, "I like the deputy manager. Yes, I feel safe and comfortable." A relative told us, "I like it very much for [my relative]. She has been here a long year; she came from home. She couldn't look after herself anymore."
- Records showed the provider responded appropriately to allegations of abuse. They recorded the action they took and had a system to identify any trends such as patterns in marks on people's bodies. The registered manager reported safeguarding concerns to the appropriate authorities.
- Staff had a good understanding of how to recognise and report abuse.

Assessing risk, safety monitoring and management

- One person's relative told us, "The way [a risk] was dealt with was professional. [My relative] is cared for by the staff." Each person had personalised risk assessments and risk management plans so staff knew how to care for them safely. These covered risks arising from people's specific needs, such as health conditions. Staff were clear about what they needed to do to ensure they managed risks appropriately and kept people safe.
- We observed staff using equipment to help a person move between a chair and a wheelchair. They did this in a safe way. Equipment was regularly checked and serviced.
- One person did not have a risk management plan for behaviour that challenged the service, such as shouting and throwing objects. There was a risk that staff would not know how to deal with this behaviour safely and consistently. However, staff told us how they responded in these situations and that there was no significant risk of anyone coming to harm as a result of the behaviour. We also saw staff responding appropriately on two occasions when people presented aggressively. The registered manager told us they would ensure an appropriate plan was put in place. We did not identify any other missing information about risk management.
- There were systems to keep people safe in emergencies. People had access to emergency alarms in bedrooms and bathrooms. Although two people told us staff took a long time to answer their call bells, we saw evidence this was because of a problem with the call bell system which the provider had since resolved. Each person had a personalised evacuation plan, which took into account additional risks such as impaired mobility.
- Some people required support to change position to reduce the risk of them developing pressure ulcers. However, records did not indicate that this was always done in accordance with people's care plans. The registered manager was already aware of concerns around repositioning. We saw evidence that they held a meeting with staff the month before our inspection to discuss repositioning and make sure all staff were aware of the importance of this. We will check this again at our next inspection.

Staffing and recruitment

● People, staff and relatives felt there were enough staff at the home. One person said, "There's always someone around." The registered manager used a dependency tool to set staffing levels across the home according to people's needs. Our observations showed there were enough staff on duty to meet people's care needs and rotas showed no issues with staffing levels in general.
● The provider carried out appropriate checks to make sure the staff they recruited were suitable. This included criminal record checks, looking at qualifications and experience and obtaining proof of identity and references.

Using medicines safely
● The provider had robust systems in place to ensure medicines were managed safely, including checks to make sure stock levels were correct. This included controlled drugs, which require staff to take extra precautions to ensure they are stored and administered safely.
● We spoke with a visiting healthcare professional, who told us the service managed medicines well.
● Staff recorded administration of medicines appropriately and records showed people received their medicines as prescribed, at the right times and in the right doses. Information for staff who administered medicines was clearly written to minimise errors.
● There were protocols for medicines prescribed to be taken only when required, so staff understood when people should receive them.
● Medicines were stored securely and were within their expiry dates.

Preventing and controlling infection
● The home was visibly clean and free of unpleasant odours. Domestic staff were employed to maintain cleanliness. Kitchen staff followed appropriate guidance to maintain a good level of food hygiene. This helped to prevent the spread of infection.
● Staff wore personal protective equipment such as gloves and aprons to help prevent the spread of infection.
● The service had an infection control champion, who showed us how they supported staff to maintain appropriate standards of cleanliness and infection control.

Learning lessons when things go wrong
● Staff knew how to record and report accidents.
● The registered manager used an accident/incident tracker and we saw examples of how this helped them analyse trends and identify risks, which they used to update people's risk management plans.

Good

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

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
● One relative told us, "The work with the deputy manager has improved [my relative's] memory and she has become more outward." Each person had an initial assessment, which covered nutrition, continence, mobility, risks, mental and physical healthcare needs, and what additional support the service required to meet people's needs, such as regular input from specialist healthcare providers.
● The provider used a structured tool to assess exactly how much support each person needed. This helped them make decisions about whether the service was able to meet people's needs effectively.

Staff support: induction, training, skills and experience
● People felt staff had the knowledge and skills to provide effective care. One person said, "They are well trained. They're skilled." Staff told us they were happy with the support they received. They felt training had improved over the last year and this had equipped them with the skills and knowledge they needed to achieve good outcomes for people. Staff received training that covered a broad range of needs including how to support people with specific health conditions.
● Staff received regular one-to-one supervision to support them in their roles. They were also able to have informal meetings with their supervisors if they wished to discuss anything to do with their work.

Supporting people to eat and drink enough to maintain a balanced diet
● Most people told us they liked the food provided at the home. They said, "The food's nice - all nice food and plenty of drinks," "The food is fine, plenty" and, "I get what I like. The food here is good." One person told us they asked for specific foods but did not receive them. However, kitchen staff demonstrated they had a special menu planned for that person and also accommodated other people's dietary needs and preferences.
● Staff supported people to choose the food they wanted daily from a menu, which included pictures so people could easily understand what they were offered. Staff also checked people's choices again when they served food in case people changed their minds or had forgotten what the choices were. Kitchen staff demonstrated how they made meals look appealing even when people needed their food pureed. Providing people with food they liked helped encourage people to eat enough to remain healthy.
● We saw staff supporting and encouraging people to eat their meals, cutting up food if people had difficulty doing it themselves and checking they were enjoying their meals.
● A choice of drinks was available to people throughout the day. We observed one person saying they wanted both of the drink choices they were offered, and staff gave them both.
● Staff knew what to do if people were not eating or drinking enough.

Staff working with other agencies to provide consistent, effective, timely care

● People had regular reviews of their care, which involved other agencies such as healthcare providers and social workers.
● When people received support from other services, such as healthcare providers, staff took note of their guidance and recommendations and added these to people's care plans. An example we observed was staff supporting a person with their meal in line with guidance supplied by a speech and language therapist to reduce the person's risk of choking.

Adapting service, design, decoration to meet people's needs
● The service was adapted and decorated in line with best practice guidance around caring for people living with dementia. For example, there were signs to aid orientation and objects on corridor walls for people to touch and look at.
● The home was pleasantly decorated. Some communal areas were painted to look like gardens.
● The service was spacious and fully wheelchair accessible. Corridors contained seating at regular intervals and there was a variety of communal spaces people could use to sit quietly or engage in group activities.

Supporting people to live healthier lives, access healthcare services and support
● People confirmed they received support to see healthcare professionals for regular check-ups, such as dentists and chiropodists. One person told us, "Doctor or dentist I get to see when they come here."
● When people needed medical attention, staff arranged for them to see a doctor.
● Staff supported people to attend appointments with any specialist services they used.

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 with appropriate legal authority. 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.
● Where people had DoLS authorisations in place, the service had involved people's relatives and advocates as part of careful consideration of whether it was necessary to deprive people of their liberty. The registered manager had systems to ensure DoLS authorisations were up to date and conditions were adhered to.
● Where people did not have capacity to consent, the provider acted in accordance with the MCA and followed procedures to ensure that care was provided in people's best interests. This included obtaining evidence of arrangements people made to give another person legal powers to make decisions on their behalf.
● Where people had capacity to consent, they only received care they consented to. When people refused to receive care, staff respected their wishes and engaged them in discussions about why they did not want the support that was offered.
● People signed consent forms in their care plans to indicate that they agreed to their care being delivered as planned. In some cases we found staff had signed on people's behalf. The MCA states that a person cannot consent on behalf of another adult. However, we found evidence that the provider had followed the proper process to ensure the appropriate people agreed that decisions were made in people's best

interests. The registered manager agreed to make sure only authorised people signed consent forms in future.

Good

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

People were supported and treated with dignity and respect; and involved as

Ensuring people are well treated and supported; equality and diversity

- One person told us, "This is one of the better homes." A relative told us, "You can have a laugh here. Staff are friendly." We saw staff interacting with people and they spoke in a friendly and respectful manner.
- Staff took the time to support people at a pace that suited them. When providing care, they told people what they were going to do and checked people were happy with this.
- Staff told us they had opportunities to get to know people well. This helped them provide better quality care as they were familiar with people's likes and dislikes, interests and other things that were important to them.

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

- We saw staff offering people choices about their care and treatment throughout our inspection.
- There was accessible information displayed to help people make decisions about their day-to-day lives. This included information about planned activities and menus.
- For one person who did not speak English the provider engaged interpreters, so the person could be involved in planning their care and understood information given to them at medical appointments. They also had access to a computer with a translation facility to help them communicate with staff.
- Care plans included information about how to communicate with people, taking into account sensory and cognitive impairments that could be a barrier to communication. This helped staff deliver information so that people understood their care options.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity by ensuring people were dressed in clean, seasonally appropriate clothing and that their hair, nails and general appearance were kept neat.
- The home had recently done work to promote dignity in care, including a workshop where staff were asked to think about what dignity meant to them and how to put these values into practice.
- Staff were aware of the need to respect people's privacy. They knew how to ensure they did this when providing personal care and told us they would not share confidential personal information with people, except when others needed to know.
- Care plans contained information about how to support people to maintain as much independence as possible. Staff encouraged people to do things for themselves when they could. We observed several examples of staff giving people the space, time and support they needed to complete tasks as independently as possible.

Good

Is the service responsive?

Our findings

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

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

- At our last inspection in January 2018 we found some care records were difficult to follow because they were not well organised and there was a risk that staff would miss important information when reading people's care plans.
- At this inspection, we found the provider had improved care plans so they were easy to follow and clearly written. Although one relative told us about an occasion where staff did not follow their relative's care plan, most of the feedback we received was positive. People and, where appropriate, their relatives were involved in planning care. Care plans were based on people's views and preferences about how they wanted to be supported, as well as their basic care needs. There was a high level of detail in care plans so staff knew exactly how people wished to receive personal care and what their preferred routines were.
- Where people were unable to communicate verbally and did not have relatives who could tell staff about preferences and interests, staff added this information to care plans as they got to know people, to ensure the information they had was as full as possible.
- Care plans took into account people's diverse characteristics such as religion, culture, sexuality and disability, although two people told us they would like to receive communion more often.
- Care plans were reviewed regularly to ensure they remained up to date with people's needs and preferences.
- Staff supported people to maintain relationships with those who were important to them.
- Where people disagreed with staff about the care they needed, such as how often they should wash, staff discussed the issue with people and agreed a compromise with them.
- Information was on display about events such as upcoming birthdays and planned activities available in different parts of the home. Activities included physical exercise and games, sensory activities such as aromatherapy and other pursuits such as poetry readings.
- At our last inspection in January 2018 we found the provider was not following best practice guidance around providing suitable activities for people living with dementia. At this inspection we found the provision of activities, particularly individual activities, had been improved since our last inspection, although one relative told us their family member did not have enough to do. Other feedback we received was positive. Records showed people were offered group activities at least daily and those who did not join in had opportunities to engage in a variety of one-to-one activities with staff. We observed an activities coordinator leading a music activity and encouraging people to reminisce about the songs. The activities coordinator knew people well, what they were interested in and whether they preferred group or individual activities.
- The provider engaged with local services that provided befriending and social support to people who did not have regular visits from family and friends. This helped protect people from social isolation.

Improving care quality in response to complaints or concerns

● There was a clear complaints policy and procedure, which included the steps for taking a complaint further if people were not satisfied with action the provider took. We saw evidence that the registered manager responded appropriately to complaints, took action to resolve them to people's satisfaction and made changes to improve the quality of care as a response to complaints.
● The provider displayed "you said, we did" notice boards to demonstrate how they had improved care in response to people's feedback. One example was supporting people to go for a pub lunch after they requested it.
● Comments boxes were available for people and their relatives to feed back anonymously if they wished. The complaints policy was on display so people and their relatives knew how to complain.
● Records showed the provider met with people to discuss informal complaints and concerns they raised. They changed care plans to reflect what people said they wanted when they were not happy with the way staff provided care to them.

End of life care and support
● Care plans contained clear information on any decisions made by medical professionals about whether staff should attempt to resuscitate people in the event of cardiac arrest.
● People had end of life care plans, which were developed in line with appropriate guidance and were individualised. They included people's wished in terms of funeral arrangements, where they wished to be and whom they wanted to have present.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- One person told us, "I have no idea who is the manager. I have problems, I don't know who I would tell." However, we observed the registered manager walking around the home speaking with people. It was clear they knew people well, despite the large size of the service. The registered manager told us they spoke with people daily and attended activity sessions to get to know people.
- The provider had clear values, and when a staff survey revealed some staff were not familiar with them, the provider responded by displaying information around the home about their values to make sure staff knew what they were.
- The registered manager used staff meetings to praise staff for good work and promote examples of good practice they had observed at the home. They also checked the knowledge of staff about topics relevant to their work, such as the Mental Capacity Act.
- The provider complied with requirements about displaying their CQC rating where people and visitors could see it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had clear lines of accountability and staff were aware of their roles. Heads of department and clinical staff had daily meetings to discuss risks and other significant information.
- Staff were assigned 'champion' roles to give them responsibility for different aspects of service delivery such as infection control and safe moving and handling.
- We saw two examples of different occasions where the registered manager identified that staff did not fully understand part of their role. They held special meetings with those staff to make sure they were clear about what their roles and responsibilities were, and continued to check afterwards to ensure their actions had been effective.
- Although the quality of record keeping was generally good, we noted there were a large number of blank documents in people's files and some out of date documentation had not been removed, which could cause problems with the clarity of the information staff needed to know about people. We also found some records were not completed. For example, staff should have recorded some people's food and drink intake but did not always do this and we found significant gaps in these records. We fed these issues back to the registered manager, who told us they would remove unnecessary paperwork from files and would take action to ensure staff were aware of their responsibility to keep accurate and complete records. We will check this again at our next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People had opportunities to express their views at residents' meetings and be involved in making plans for the service. For example, people gave feedback about what activities they wanted to try or do more often and staff responded by planning those activities where possible.

● Staff told us they enjoyed working at the home and felt they worked well as a team.

● Staff found the registered manager and other senior staff approachable and supportive.

● The provider carried out staff surveys to gather feedback about the service. They then gave staff an opportunity to meet and discuss what the provider could do to act on their concerns.

● Staff had regular opportunities to feed back and discuss their work at staff meetings.

Continuous learning and improving care

● At our last inspection, we found the provider did not have all the safety checks they should have in place. At this inspection, we found they were now doing the checks regularly. These included checks of hot water temperatures, fire safety, checks of equipment and a quarterly health and safety audit.

● There were systems in place to assess, monitor and improve other aspects of the quality of the service. The registered manager compiled a monthly report of data from audits, which helped them make plans to improve the care people received.

● Relatives told us about improvements the managers had made. One said, "The deputy manager dealt with [an incident] quickly and efficiently" and told us about follow-up action managers had taken to stop the incident happening again.

● We saw other examples showing how the registered manager made improvements as a result of learning from difficult situations. For example, they had changed the procedure for staff reporting sickness and improved the support staff received from management. As a result, there had been fewer instances of staff calling in sick at the last minute, which impacted positively on people's care by reducing staff shortages.

● Where audits identified areas for improvement the registered manager acted on them promptly. For example, a care plan audit two months before our inspection revealed a significant amount of information was missing but this was in place by the time of our visit.

● Staff told us the registered manager was good at making improvements and solving problems where needed.