

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Albany Lodge Nursing Home is a care home that provides nursing and personal care for up to 100 older people some of whom were living with dementia. At the time of our inspection there were 82 people using the service including those living with dementia.

People's experience of using this service and what we found

At the last inspection the service provided was not always safe for people to use as risks relating to pressure ulcer prevention, the home environment and the use of equipment were not always managed appropriately, and people were at risk of harm. The provider did not always demonstrate a strong focus on capturing learning to improve the service when things went wrong. The service was not always well-led as the quality assurance systems were not sufficiently robust to identify and resolve some issues or follow them up within a suitable timescale.

At this inspection risks to people regarding pressure sore prevention, the home environment and use of equipment and robustness of the quality assurance systems were addressed.

People, their relatives and staff told us that the home was a safe environment for people to live and staff to work in. Risks to people were assessed, regularly updated, reviewed and minimised. This meant they were able to enjoy their lives safely by taking acceptable risks. Accidents, incidents and safeguarding concerns were reported, investigated and recorded. There were enough staff provided by the home to support people and meet their needs. Staff had been recruited and trained appropriately including how to safely administer medicines. Personal Protection Equipment (PPE) was used safely, effectively and the infection prevention and control policy were up to date.

Albany Lodge Nursing Home was led and managed in a way that was transparent, open, and positive way with an honest culture. The provider had a vision and values that were clearly set out, staff understood and followed. Areas of responsibility and accountability for management and staff were identified, clarified and a good service was maintained and regularly reviewed. There were thorough audits conducted, and records kept up to date. Where possible community links and working partnerships were established and kept up to minimise social isolation. The provider met Care Quality Commission (CQC) registration requirements. Healthcare professionals said that the service was well managed, and people's needs were met in a professional, open and friendly way.

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.

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 Requires Improvement (published 30 September 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, and Well-led which contained requirements. A decision was made for us to inspect and examine the risks associated with these issues.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We did not inspect the key questions of effective, caring and responsive.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Albany Lodge Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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. 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

This inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

Inspection activity started on 13 March and ended on 27 March 2023. The inspection site visit took place on 15 and 17 March 2023 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and health professionals who work with 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 in person with the registered manager, 4 people using the service, 7 relatives, 8 staff and 9 health professionals to get their experience and views about the care provided. We reviewed a range of records. They included 10 people's care plans and risk records and 7 staff files in relation to recruitment, training and supervision. We also checked a variety of records relating to the management of the service, including staff rotas, audits, quality assurance, policies and procedures. We observed activities and lunch.

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.

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 as Requires improvement. At this inspection this key question rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection we found no evidence that people had been harmed however, there were issues regarding risk management of pressure ulcer prevention, the home environment and the use of equipment. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach of regulation 12.

- People were risk assessed and their safety monitored.
- At the last inspection there were issues with people's risk assessments. At this inspection people were now enabled, by staff following their risk assessments to take acceptable risks and safely enjoy their lives. This was in line with the provider's action plan. The risk assessments contained all aspects of people's health, daily living and social activities. People were kept safe by the risk assessments being regularly reviewed and updated as people's needs, interests and pursuits changed. People using the service told us they felt safe using the service.
- Staff understood the identified risks people might face and the action required to prevent or safely manage those risks. Staff were patient and continuously explained to people they were supporting to transfer exactly what they were doing and why. A staff member told us, "100% safe." A relative said, "I have peace of mind knowing [person using the service] is safe and happy here."
- People had care plans that were kept up to date and contained detailed risk assessments and management plans to help keep people safe. Important areas were addressed such as people's mobility, nutrition and hydration needs, risk of falls and personal care.
- There was a well-established staff team who were familiar with people's routines, preferences, and identified situations where people may be at risk and acted to minimise those risks.
- There were regularly reviewed and updated general risk assessments that included reference to equipment used to support people. This equipment was regularly serviced and maintained.
- At the previous inspection issues were identified with the maintenance of the home. At this inspection the outstanding maintenance issues were addressed, and a refurbishment schedule was being rolled out.

Learning lessons when things go wrong

At our last inspection we found no evidence that people had been harmed however, the provider did not ensure adequate action was taken to learn from incidents and safeguarding investigations and to ensure the

same problems did not arise again. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvements have been made and the provider is no longer in breach of regulation 12.

- At the previous inspection there were issues with the home learning lessons when things went wrong. At this inspection the registered manager demonstrated how lessons were learnt when things went wrong in line with the action plan.
- The home maintained regularly reviewed accident and incident records to reduce the possibility of reoccurrence and there was a whistle-blowing procedure that staff said they were confident in and prepared to use.
- Safeguarding concerns and complaints were reviewed, responded to and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of avoiding them from happening again. This was shared and discussed with staff at team meetings and handovers.
- Healthcare professionals thought the home provided a safe environment for people to live in.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us that Albany Lodge Nursing Home was a safe environment for people to live in, staff treated people well and had their best interests at heart. This was reflected in the care and support we saw people receiving and their positive body language, towards staff. It was relaxed and indicated that people felt safe. A person said, "As far as I'm concerned, I feel completely safe here." A relative told us, "[person using the service could not be in a safer place."
- Staff received training in how to identify abuse towards people, safeguard them and the appropriate action to take if encountered. This included how to raise a safeguarding alert. A staff member said, "I know what to do if I need to and wouldn't hesitate with the great management we have." Staff had access to the provider safeguarding policy and procedure.
- Staff informed people about how to keep safe and any areas of concern about people, was recorded in their care plans.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations was being met.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated that it was followed. There were enough staff to meet people's needs.
- Staffing levels during our visit; matched the rota and enabled people's needs to be met safely. People

said the home had enough staff to meet their support needs. Staff were visibly present throughout the inspection providing people with the care and support they needed. A person told us, "Plenty of staff around."

- We saw staff respond quickly to people's requests for assistance or to answer their questions, throughout the inspection visit. People using the service and staff told us the care home was well-staffed.
- The recruitment interview process included scenario-based questions to identify prospective staffs' skills, experience, knowledge of care and support for older people including those with dementia. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 6-month probationary period with a review. This could be extended if required so that staff can achieve the required standard of care skills.

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited by the care home's management team and nursing staff, and appropriately stored and disposed of. People's medicine records were kept up to date with no recording errors or omissions found on any of the MAR sheets we looked at. People told us staff ensured they took their prescribed medicine's as and when they should. A person said, "I get my pills on time."
- Staff understood their roles and responsibilities in relation to the safe management of medicines. Managers and nursing staff who were authorised to manage medicines had been trained and assessed as competent to safely do so and training was regularly refreshed.
- People's prescribed medicines, including controlled drugs were securely stored in locked medicines trollies and cabinets located in the clinical room, which remained locked when not in use.
- People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered. If appropriate, people were encouraged and supported to administer their own medicines.

Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff had infection control and food hygiene training that people said was reflected in their work practices. This included frequent washing of hands, using hand gel and wearing PPE such as gloves, masks and aprons, as required.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We observed that staff wore PPE in line with current guidance and wore gloves and aprons appropriately when required. People told us staff always wore personal protective equipment in the care home. One person said, "Staff always wear facemasks in the home." Managers and staff confirmed they had ample supplies of PPE and were routinely tested for COVID-19.
- People told us, and we saw that the home environment was kept clean and hygienic.

Visiting Care Homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely. A relative told us, "The change in management has made a big improvement, making the home a very safe environment."

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 as Requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection there were some concerns regarding the consistency and quality of clinical leadership at the service. At this inspection staff changes had occurred and suitable improvements were made.
- The registered manager and staff now understood and were clear about their roles, the quality assurance systems and there were clear lines of communication. This meant the service ran smoothly.
- People and staff were very positive about the way the service was managed. A person told us, "The [registered] manager and staff are all friendly and approachable."
- Staff gave us positive feedback regarding the leadership style of the registered manager, other managers and how well run the care home was. A person using the service told us, "I can't speak highly enough of the [registered] manager and all the staff. They go out of their way to make sure I'm okay and always have time to chat with me." A relative commented, "Absolutely love this place, I come everyday and they treat [person using the service] with such respect and compassion. A staff member said, "They [management team] have taught me the right way to work with people. The standards are very high and there are no barriers."
- The quality assurance systems contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents. Staff were aware that they had specific areas of responsibility such as record keeping and medicines management and carried them out well. The praise from people and their relatives reflected this.
- The registered manager, managers and nursing staff met every morning to discuss changes made to people's packages of care and do a walkabout tour of the premises to observe staffs working practices.
- The registered manager, other managers and staff regularly reviewed audits and they were kept up to date and included care plans, night visits, mealtime experience, documentation and health and safety. There was also a regional manager service visit report, development plan and visits from the provider quality assurance team. This meant people received an efficiently run service.
- The provider displayed their previous CQC inspection report and rating conspicuously, ensuring this information was accessible to everyone living or visiting the care home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Continuous learning and improving care

- The service improved care through continuous learning.

- At the previous inspection concerns were raised regarding errors being picked up by the quality systems not being acted upon and a recommendation was made regarding this.
- At this inspection, any performance shortfalls identified by quality systems and audits were addressed and progress made towards addressing them was recorded.
- There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the registered manager, staff and the provider to learn from and improve the service.

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

- The home had a culture that was person-centred, open, inclusive, and empowering.
- People and their relatives said the home was very well run, the registered manager excellent. This was reflected in people's positive, relaxed body language towards the registered manager and staff. It indicated the service was provided in a way that met their needs. People felt the managers and staff worked hard to meet their needs and make their lives enjoyable. A person told us, "I love it here. I've made a wise choice. Everyone is lovely and we have a good giggle." A relative remarked, "This was the only home we were interested in. The [registered] manager and team are incredibly helpful and made a stressful time easy, when [person using the service] was moving in. They do everything so well."
- The services that the home provided were explained to people and their relatives so that they understood what they could and could not expect from the home and staff. This was reiterated in the statement of purpose and guide for people that also set out the organisation's vision and values. The vision and values were understood by staff, and people said reflected in staff working practices. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.

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 provider understood their duty of candour responsibilities and was open and honest with people.
- People and their relatives were informed if things went wrong with their care and support and provided with an apology. This was due to the registered manager and staff having a positive and proactive attitude.

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

- People, relatives, and staff were engaged by the provider, listened to and their wishes acted upon.
- There was an open and inclusive culture that was encouraged by the provider and sought the views of people using the service, their relatives and staff. This meant people could voice their opinions about the service. The provider used a range of methods to gather people's views about what the care home did well or might do better. This included regular meetings, care plan reviews, and annual satisfaction surveys.
- Staff could contribute their ideas about what the service did well and what they could do better during regular 3 monthly individual and group supervision, work performance appraisal meetings and monthly staff meetings. They also had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the home's management.
- During the inspection visit, the registered manager, management team and staff regularly checked that people were happy and getting the care and support they needed, within a friendly family environment.
- Relatives said they had frequent contact with the home and made regular visits. They also said that they were kept informed, and updated with anything about people, good or detrimental and adjustments were made from the feedback they gave. The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.

Working in partnership with others

- The provider worked in partnership with others.
- The home maintained close links with services, such as tissue viability nurses, continuing healthcare practitioners and the local authority care home intervention team. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The provider worked in partnership with various community health and social care professionals and external agencies, including local authorities.
- Healthcare professionals told us the home was well managed and there were good lines of communication.