

Mr & Mrs A G Burn

Albury House

Inspection report

17-19 Tweed Street
Berwick upon Tweed
Northumberland
TD15 1NG
Tel: 01289 302768
Website: www.alburyresidential.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Inadequate



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 28 and 29 July 2015 and was unannounced.

The last inspection was carried out in April 2014 when we found that the provider was meeting all the regulations we inspected.

Albury House provides care and accommodation for up to twelve people. Some of whom have dementia related conditions.

The provider is a husband and wife partnership, Mr and Mrs AG Burn. Mrs Burn is also the registered manager. The

home has been open since 1990 and Mrs Burn has always been the registered manager. Their son, who we refer to as the provider's representative throughout the report, played an active role in the service and lived in a separate flat on the third floor of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the home is run.

Summary of findings

We identified serious shortfalls with the suitability of the premises and certain infection control procedures. The provider was unable to locate or provide evidence to confirm that all equipment was serviced and safe to use on the days of our inspection. We sent the provider an official request for information about the maintenance and servicing of the premises and equipment as part of our inspection. The provider sent us a response to our letter in line with legal requirements. However, their response and evidence provided did not demonstrate that all equipment had been checked in line with the Lifting Operations and Lifting Equipment Regulations (LOLER).

People, relatives and staff informed us that there were sufficient staff to look after people. We found however, that night staffing levels of only one care worker for nine people had not been fully assessed to ensure that the staffing arrangements could enable people to be evacuated safely and in a timely manner.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. There were no ongoing safeguarding concerns.

The registered manager and provider's representative were unaware of the Supreme Court ruling which had redefined the definition of what constituted a deprivation of a person's liberty. They had therefore not assessed what impact this judgement had on people who lived at Albury House. The provider's representative informed us that they would liaise with the local authority about this issue. We found there was a lack of documented evidence to demonstrate that care and treatment was given in line with the Mental Capacity Act 2005. We have made a recommendation that the provider ensures records demonstrate that care and treatment is always given in line with the Mental Capacity Act 2005.

People were happy with the meals provided at the home. We saw that discreet support was provided to meet people's nutritional needs.

People and relatives told us that staff were caring. All of the interactions between people and staff were positive. Staff promoted people's privacy and dignity. We saw staff knocked on people's doors before entering.

Some people told us that more activities would be appreciated. They informed us that a rota was in place for baths and showers. We spoke with the manager about these comments. She told us that people could get up, go to bed and have a bath when they liked.

There was a complaints procedure in place. The provider's representative informed us that relatives' meetings were not well attended so they were looking at different ways to communicate with them.

The provider's representative carried out a number of audits and checks. However, these checks had failed to identify the shortfalls which we found with the premises, infection control arrangements, equipment used to help care for people and any deprivation of people's liberty. It was not clear how the registered manager maintained their own overview of the service, since all documented audits and checks were carried out by the provider's representative. However, evidence of their input and quality and safety monitoring was not apparent.

We found concerns with the storage of people's records and other records relating to the management of the service. These were not stored securely.

All staff told us that they were happy working at the home and felt valued. One staff member told us, "I love my job."

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to safe care and treatment and good governance. You can see what action we have taken at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Parts of the premises were not safe or suitable for people to use. In addition, aspects of infection control had not been assessed. The provider was unable to evidence that equipment had been checked in line with the Lifting Operations and Lifting Equipment Regulations.

People, relatives and staff informed us that there were sufficient staff to look after people. Night staffing levels had not been fully assessed to ensure that the staffing arrangement of only one care worker could enable people to be evacuated safely and in a timely manner.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. There were no ongoing safeguarding concerns.

Medicines were administered safely. We found however, that medicines records were not stored securely.

Inadequate



Is the service effective?

Not all aspects of the service were effective.

Staff did not fully understand the Deprivation of Liberty Safeguards or the key requirements of the Mental Capacity Act 2005. The manager had not assessed whether people were being deprived of their liberty following the Supreme Court ruling.

Staff told us and records confirmed that training was provided in safe working practices and to meet the specific needs of people who lived at the home.

People were happy with the meals provided at the home. We saw that discreet support was provided to meet people's nutritional needs. People were supported to access healthcare services.

Requires improvement



Is the service caring?

The service was caring.

People and relatives told us that staff were caring. All of the interactions between people and staff were positive.

Staff promoted people's privacy and dignity. We saw staff knocked on people's doors before entering.

No one was currently using an advocate.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

A computerised care plan system had been introduced. An iPad was used to record all care provided.

People were supported to access the local community. Trips to the races, garden centres and local towns and villages had been planned. Two people told us that more activities would be appreciated. The manager told us people were always asked where they would like to go and what they would like to do.

There was a complaints procedure in place. The arrangements for meeting with relatives and gaining their input and opinion were under review.

Is the service well-led?

The service was not always well-led.

People were not fully protected because the systems used to assess the safety of the service were limited and ineffective.

It was not clear how the registered manager maintained their own overview of the service, since all documented audits and checks were carried out by the provider's representative.

We found shortfalls with the storage of people's records and other records relating to the management of the service which were not stored securely.

Staff told us that they were happy working at the home and felt valued.

Requires improvement



Albury House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one inspector. The inspection took place on 28 and 29 July 2015 and was unannounced.

We spoke with eight people and two relatives who were visiting on the days of our inspection.

We spoke with the registered manager, provider's representative and three care workers. We read two

people's care records and three staff personnel files to check details of their training. We looked at a variety of records which related to the management of the home such as audits, minutes of meetings and surveys.

We conferred with a district nurse and GP. We also consulted an infection control practitioner from the local NHS Trust, an environmental health officer; a safeguarding adults officer and contracts officer from the local authority.

Prior to carrying out the inspection, we reviewed all the information we held about the home. We did not request that the provider complete a provider information return (PIR) because of the late scheduling of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions, what the service does well and what improvements they plan to make.

Is the service safe?

Our findings

We spent time looking around the premises and identified shortfalls in a number of areas. We spoke with people and relatives about the premises. One relative said, “It could do with a little sprucing up.” Another told us, “The windows are antiquated.”

We found that the communal shower room was also being used as a laundry area. We saw items of underwear and outerwear drying over the radiator. In addition, there were two baskets of clean clothing and two wheelchairs stored in this room. We checked the ‘dedicated’ laundry facility which was located in a wooden shed outside. There was a notice on the door which reminded staff to keep the door closed. However the door was damaged and would not close properly. We checked inside and saw that four commodes pots were soaking in the sink in close proximity to the washing machine and dryer. This was an infection control risk. We checked the home’s infection control policy and which stated, “They [commodes] must be taken to the sluice room and placed into the sluice machine.” The home however, did not have a separate sluice room or mechanical sluice machine.

Commodes were stored in the upstairs communal bathroom and two commode frames were stored in the bath. Some of the commode frames were rusty and stained and there was tape on one of the commode seats. In addition, the lid of one of the commodes was damaged. This was an infection control risk because this equipment could not easily be cleaned. The provider’s representative informed us that new commodes were to be purchased.

We found that some people had a shower cubicle within their rooms. People informed us that these showers were not operational and said they preferred a bath. We saw the shower cubicles were sometimes used as a wardrobe or storage area. The provider’s representative told us that they did not want to remove the showers since people may request to have a shower in the future.

We checked fire safety. The provider’s representative informed us that he carried out regular tests of the fire alarm and checked the emergency lighting and fire doors. We noted that some people’s bedroom doors were kept

open with a wooden wedge. The provider’s representative informed us that this was to “air the rooms.” This was a fire safety risk, since the wedged open doors could allow the spread of fire throughout the home.

The provider’s representative informed us the home is a listed building. We saw that many of the windows were a combination of metal and wooden frames with accumulations of debris along many of the window frames. The provider’s representative informed us that this was “window putty” and they could not clean the frames as it would interfere with the integrity and safety of the windows. One person told us, “The windows are rusty and antiquated.” We saw that three people’s windows opened widely and did not have any restriction device to prevent potential falls or incidents. The provider’s representative informed us that people had requested that their windows fully opened. The provider’s risk assessment stated, “When windows to floors other than the ground floor are opened, the opening restraint mechanism, which is intended to ensure that the window will not open enough to allow a person to fall through will be checked.” However, this was not the case in reality and posed a significant risk of injury.

The provider’s representative informed us that a maintenance book was not kept and anything which needed to be fixed was attended to straight away. We checked one person’s ensuite bathroom and noted there was a towel placed around the toilet base. The person told us there was a leak and said, “The towel’s there to stem the tide.” The provider’s representative informed us that a plumber had been out and was addressing this issue. We saw that another person’s sink was cracked. The provider’s representative informed us they were aware of this issue and were trying to find a suitable replacement that would fit in with the “character” of the room.

We read the home’s Legionella policy which stated, “An external contractor carries out a full risk assessment of the hot and cold water systems to ensure measures are in place to control possible risks.” When we asked for a copy of the Legionella risk assessment the provider’s representative informed us that a risk assessment had not been completed since an annual water test and regular water temperature checks were carried out to monitor the risk of Legionella.

We checked equipment at the home. The provider’s representative stated that the local NHS Trust’s joint equipment and loans service provided the hospital beds

Is the service safe?

and pressure relieving mattresses. He was unable to provide us with any servicing records for the moving and handling mobile hoist, three stair lifts and bath hoist on the days of the inspection to demonstrate that these had been checked and serviced in line with legal requirements. We sent the provider an official request for information about the maintenance and servicing of the equipment following our inspection. In response to our letter, the provider sent us copies of the examination reports which had been carried out. These however did not demonstrate that equipment checks had been carried out within the recommended timescales stated in the Lifting Operations and Lifting Equipment Regulations (LOLER).

The home's Control of Substances Hazardous to Health (COSHH) policy stated, "All COSHH substances are kept locked away securely." We checked the unlocked boiler room and noticed that continence pads, cleaning materials and records were stored here. The provider's representative informed us that this door could not be locked since he needed immediate access to the boiler in case of a fire. This was a health and safety risk because hazardous cleaning materials were stored in this area.

These findings were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We passed our findings to the local authority's contracts department, environmental health and fire safety team and an infection control practitioner from the local NHS Trust.

The registered manager informed us that there was two staff on duty through the day and one staff member at night. The provider's representative provided sleep in cover and would wake up if assistance was required. There was no evidence to demonstrate that the provider had assessed these staffing levels at night to ensure that people could be evacuated safely and in a timely manner. People, relatives and staff did not raise any concerns about staffing levels.

One staff member said, "We never think we need more staff." Staff informed us that the registered manager and provider's representative were always on duty throughout the day. This was confirmed by our own observations.

We noted that medicines were stored in a trolley which was securely attached to the wall. There was no separate medicines room or cupboard and the trolley was located next to the kitchen. A controlled drugs cabinet was securely fitted to the wall. Controlled drugs are medicines that can be misused. Stricter legal controls apply to these medicines to prevent them being obtained illegally or causing harm. We checked everybody's medicines administration records and found these were completed accurately and legibly. We noted however, that the controlled drugs register, medicines administration records and the disposal of medicines book were stored insecurely on top of the medicines trolley.

The provider's representative informed us that a Disclosure and Barring Service (DBS) check and two references were obtained before staff started work. We noted however, examples where the DBS check and references had been obtained after the staff member had commenced work. The provider's representative informed us that this was probably due to the start date that he documented for staff. He said that sometimes he recorded the start date as the date when he offered staff the job, however they had not actually commenced work at the home. He said that he would look at this issue, to ensure that it was clear when staff had actually commenced their employment.

All people informed us that they felt safe living at the home. There were safeguarding policies and procedures in place, although we noted that these sometimes mentioned other locations and local authorities such as Southampton. However, the correct numbers for the local authority's safeguarding adults and children's teams were available. We spoke with staff who were knowledgeable about what action they would take if abuse were suspected. There were no ongoing safeguarding concerns. This was confirmed by the local authority.

Is the service effective?

Our findings

People were positive about staff and told us that they considered they knew what they were doing. One person said, “They are very good at looking after me, they must be well trained.”

Staff told us that there was training available. One said, “There’s always training going on.” The provider’s representative provided us with information to demonstrate that staff had completed training in safe working practices, such as moving and handling. In addition, training had been carried out to meet the specific needs of people who lived at the service, such as dementia.

Staff told us that they felt well supported and they had regular supervision. Annual appraisals were carried out. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005 (MCA). These safeguards aim to make sure that people are looked after in a way that does not inappropriately restrict their freedom. In England, the local authority authorises applications to deprive people of their liberty.

The provider’s representative and registered manager were unaware of the Supreme Court judgement which had redefined the definition of what constituted a deprivation of liberty. The Supreme Court ruled that anyone who was subject to continuous supervision and not free to leave was deprived of their liberty. Staff had not assessed whether people were being deprived of their liberty following this ruling. The provider’s representative and manager told us that they would liaise with the local authority about this issue.

A computer software programme was used to manage the care planning process. The provider’s representative informed us that this programme flagged up whether a mental capacity assessment and best interests decision

was required beside each care plan and risk assessment. We noted however, that staff had not yet completed mental capacity assessments and best interests decisions. The provider’s representative informed us that he was in the process of recording these.

People and relatives spoke positively about the meals at the home. The registered manager informed us and our own observations confirmed that there was an emphasis on home baking and all meals were home cooked. The provider’s representative said, “There’s no set menu. I wouldn’t want a set menu. They can have whatever they want.” This was confirmed by people using the service. One person said, “I don’t like coffee so they make me Horlicks” and “I always have a choice, the carers come around and ask me what I want.”

We saw that there was fresh fruit available throughout the day. Lunch was a three course meal and two people required support with eating and drinking. Staff supported people in a calm unhurried manner, asking them, “Is that nice?”; “One more mouthful?” and “You’re doing so well.” Fluid charts were completed for people who were at risk of dehydration. These were completed accurately and legibly and had a target fluid level to ensure adequate hydration. We asked how people’s weight was monitored where they were unable to use the standing scales. The provider’s representative said that one person was unable to use the standing scales. He said that they had used the local hospital’s weighing scales in the past. He said that other methods of assessing the person’s weight had not been used as there were no current concerns about weight loss.

We noted that people were supported to access healthcare services. We read that people attended GP appointments; consultant appointments; dentists, opticians and podiatrists. We spoke with a GP and district nurse. They informed us that staff always contacted them “promptly” and they had no concerns about people’s care.

We recommend that care and treatment is always given in line with the Mental Capacity Act 2005.

Is the service caring?

Our findings

People and relatives were complimentary about the care provided and the caring nature of staff. One person told us, “The staff are very pleasant and helpful.” Another said, “Staff are a great bunch of girls.” Other comments included, “I’m happy” and “The staff are caring.”

We read a compliment which the provider’s representative had recently received. This stated, “Just a little thank you for your hospitality and kindness and for the care you provide so wonderfully for [name of person].”

We spoke with a district nurse who told us that staff were very good at caring for one person who needed end of life care. She said, “The staff have been great, we will support them and come in twice a day, they’re very good.”

We observed that people appeared happy and looked well presented. We saw people had positive and caring relationships with staff and saw staff talk with people who were walking around the home. We observed staff chatting with individuals on a one to one basis and responded to any questions with understanding and compassion. One person who lived with dementia asked a staff member, “I have kept them hot for you is that alright?” The care worker said, “Oh that’s so nice of you, you’re such a nice person. Are you talking about those lovely buns that [name of husband] used to make?” She then told us, “[Name of

person and her husband] used to have a bakery didn’t you? You were a very good cook.” The care worker proceeded to talk about the bakery, pointing out the bowl on the shelf which had the name of the bakery on.

We found the care planning process centred on individuals and their views and preferences. This information supported staff’s understanding of people’s histories and lifestyles and enabled them to better respond to their needs and enhance their enjoyment of life.

We observed that staff promoted people’s privacy and dignity. Staff knocked on people’s doors before they entered and they could give us examples of how they promoted dignity, such as keeping people covered when they were providing personal care.

People told us that they were involved in decisions about care. One person said, “[Name of manager] comes round and asks me how I am.” Another person told us, “They show me my care plans. I feel involved.”

The provider’s representative informed us that no one was currently using an advocate. Advocates can represent the views and wishes of people who are not able to express their wishes. We saw that there was a procedure in place should an advocate be required. We noticed that this was not fully up to date with the name of the current advocacy provider.

Is the service responsive?

Our findings

People told us that they were happy living at the home and staff were generally responsive to their needs. Two people told us that there were set days to have a bath. We spoke with the manager about these comments. She told us that people could have a bath whenever they liked. All people informed us that they had sufficient baths to meet their needs.

We spoke with a district nurse who told us that she considered that staff were responsive. She said, “The staff are absolutely fantastic. I have no concerns. Everything we ask of them they do. Everything is always top notch.” This was confirmed by the GP who said that staff contacted the surgery promptly if there were any concerns.

The provider’s representative spoke enthusiastically about the new computer software programme that they had purchased to manage the care planning process and other aspects of the home. We noted that care plans, risk assessments, a section on people’s likes and dislikes were completed, amongst other areas.

There were a number of specific assessments related to the risk of falls. The provider’s representative informed us, “I know that some people may think there are too many [assessments] but it helps us assess the risk of people falling from a number of different angles.” He informed us that the programme flagged up when any reviews were overdue and we saw these were carried out monthly. Care workers used individual iPads to document daily notes about people’s care and support. The provider’s representative had set a number of questions about people’s care to ensure that staff had to answer each question and could not simply state, “No changes” or “Slept well.” Questions about people’s personal hygiene, nutrition, medicines, social activities and mood were included.

The manager told us that frequent outings were organised. We looked at photographs which were displayed on the notice board. We noted that trips to the local horse races, Alnwick Gardens and visits to local towns and villages had taken place. One person told us that she preferred not to join in any activities. She said, “They do offer me to go on trips but that doesn’t bother me. I’m never bored.” Two people told us that more activities would be appreciated. One person said, “We’re supposed to have a resources person. There’s not a lot going on.” The provider’s representative informed us that activities were planned flexibly depending upon people’s wishes, needs and weather conditions. He said, “We are flexible, we have our own transport, we can do what they want to do.”

One person had a dog. The person informed us that staff supported her to take the dog for walks. We saw staff going out for a walk with the person and her dog on the second day of our inspection. A member of staff informed us, “The dog is really important to her and we recognise that.”

There was a complaints procedure in place. The provider’s representative informed us that no complaints had been received.

The provider’s representative told us that surveys were sent out “all the time” and there were copies available in reception to obtain the feedback of relatives and health and social care professionals. We read the analysis of the most recent survey. This stated, “13 residents’ family surveys have been sent out. 10 have been returned by 10 June 2015, eight professional surveys have been sent out, two have been returned by 10 June 2015. A residents meetings was offered in both May and June, no relatives elected to attend.” We read that the purchase of a “London Black Cab” was discussed to enable people to access the local community.

Is the service well-led?

Our findings

The provider's representative undertook a number of checks of the service including "fire logs," "kitchen inspection," "laundry," "staff files," "medicines" and "rooms furnishings". These checks were stored on the computer. There was no information however, about the areas which were examined or standards expected. For example, we read that a "kitchen inspection" was carried out on 1 July 2015. This stated, "Cleaning record verified." The laundry check stated, "tested" and medicines stated, "QWPS pass." Quality Weighted Payment Scheme [QWPS] is the local authority's monitoring visit. There was no supporting information recorded alongside these checks to state what areas of the kitchen, laundry and medicines had been checked. We noted that the provider's representative had documented that the supplying pharmacist had carried out an audit on 1 June 2015. He told us he was unable to locate this audit.

It was unclear how the registered manager oversaw and monitored the service since the provider's representative carried out all the checks. In addition, he wrote all the care plans and carried out staff supervision and appraisals. We asked the registered manager about this issue. She informed us that the provider's representative carried out all of these duties since they were 'computerised' and she was not very good with IT. She said she oversaw all aspects of the service and had frequent conversations with the provider's representative and staff.

There was no overview or evidence of the maintenance of equipment in use for care delivery or when the equipment needed to be serviced. In addition, the provider's representative was unable to locate evidence of the five year electrical installations test. We sent the provider an official request for information about the maintenance and servicing of the equipment and premises following our inspection. The provider's representative sent us copies of the checks and examinations which had been carried out. These however, did not demonstrate that equipment had been tested in line with legal requirements.

We found shortfalls with the storage of records relating to people and the management of the service. We saw that

some people's records were stored in the unlocked boiler cupboard and other records relating to staff and checks of the service were stored in a box underneath a cabinet in the dining room. Records relating to medicines were stored on top of the medicines trolley which was stored in an open area next to the kitchen. This included the controlled drugs register, medicines administration records and the medicines disposal book.

We checked the provider's policies and procedures and found these did not always relate to the home. We read the safeguarding and infection control policies which referred to a Southampton location and did not always contain accurate information about procedures within the home. For example, the infection control procedure stated that there was a designated sluice room and sluice machine. The home however, did not have either of these.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The care home had been open since 1990 and was a family run business. The registered manager informed us they prided themselves on their homely atmosphere. This was confirmed by people, relatives and staff. People and relatives who told us that they considered the service was well led. One person told us, "The owner is always around and her son." We read a completed relative's questionnaire. This stated, "Friendly, homely, well run."

Staff informed us that they enjoyed working at the home and felt valued. One staff member said, "It's so relaxed here, it's just like a family." Staff also spoke positively about the registered manager. One staff member said, "[Name of manager] puts a lot of work into the home. She does a lot of care. The place has to be spotless. She is a good boss" and "You can tell that she cares for the residents by the way she talks to them."

Staff meetings were carried out. We saw that brief notes were made. Staff told us that they felt able to discuss any issues that they wanted and their views would be listened to. We read that a staff meeting was held in June where the local authority monitoring visit was discussed.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured that systems were in place to make sure that the premises and equipment were safe or that systems were in place to assess and prevent the risk of infection.

The enforcement action we took:

We issued a warning notice.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider did not have an effective system in place to assess, monitor and improve the quality and safety of the service. In addition, a system to ensure the maintenance and safe storage of records was not fully in place.

The enforcement action we took:

We issued a warning notice.