

Albany Care Limited

# Albany House - Doncaster

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service: Albany House is a residential care home, providing personal care and accommodation. The home is divided into two units consisting of a residential unit and a dementia unit. The service is located in the Woodlands area of Doncaster. At the time of our inspection there were 35 people using the service.

People's experience of using this service:

We carried out a tour of the home and found some infection control, health and safety and environmental issues, which required immediate attention. The manager and regional manager told us these areas would be fully addressed following our inspection.

We recommend the provider ensures they understand their regulatory responsibilities to ensure they are complying with fire regulations.

The manager conducted quality assurance audits to monitor the running of the service. However, we found that these were not always effective as they didn't always identify the shortfalls we found on inspection.

People remained safe at the service and risks around their well-being were assessed, recorded and regularly reviewed. People were supported by sufficient staff that knew them well.

Recruitment procedures to appoint new staff were thorough. People were supported to take their medicines safely. People received their care and support from a staff team, that had a full understanding of people's care needs and the skills and knowledge to meet them. Staff were given an induction when they started and had access to a range of training to provide them with the level of skills and knowledge to deliver care efficiently.

Staff treated people with respect and kindness at all times and were passionate about providing a quality service that was person centred. People's dignity and privacy was respected.

People had access to healthcare professionals when required. People received a nutritious diet which met their needs and preferences. Staff received training which enabled them to effectively carry out their role.

We spent time observing staff interaction with people who used the service and found they were kind and caring. People's relatives we spoke with said their relatives received good care.

We viewed people's care records and found they reflected their needs and preferences. A range of activities were provided which gave people opportunity to access social stimulation. The service had a complaints procedure.

Rating at last inspection: Good (report published 30 July 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Enforcement/Improvement action we have told the provider to take: Please see the 'action we have told the provider to take' section towards the end of the report.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 always safe

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring

Details are in our Caring findings below

**Good** ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Albany House - Doncaster

## 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.

#### Inspection team:

This inspection was carried out by one inspector.

Service and service type: Albany House is a care home. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a registered manager at the time of the inspection. However, a new manager was in post since 7 January 2019 and had applied to CQC to become the registered manager. This means that the registered 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 took place on the 14 March 2019. We gave the service 48 hours' notice of the inspection because we wanted to ensure that the manager was available.

#### What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We spoke with people who used the service and their relatives. We spent time observing staff interacting with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five staff including care workers, senior care workers, the manager, cook, and the regional manager. We looked at documentation relating to three people who used the service, two staff files and information relating to the management of the service.

After the inspection the regional manager sent an email giving details of the immediate actions taken with regards to some environmental issues, and how outstanding issues identified during the inspection would be addressed in a timely manner.

# Is the service safe?

## Our findings

Safe: This means people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our previous inspection in July 2016, we found the service was safe. At this inspection we found some shortfalls relating to people's safety and infection control.

### Preventing and controlling infection

- We completed a tour of the home with the manager and found the environment was not always clean. We identified a toilet seat which had started to split in one bathroom, and a commode that had a torn covering which prevented them from being properly cleaned. These areas had not been picked up in the providers own audit systems and are covered in more detail in the domain of well led. Some areas of the home also needed a deep clean. We raised these issues with the manager who told us they had already allocated more cleaning hours and a deep clean would be taking place. They also said the other areas would be addressed.
- Staff had access to personal protective equipment such as gloves, which were used when supporting people with their personal care. □

### Assessing risk, safety monitoring and management

- The provider had not ensured that people and staff took part in a fire evacuation. Staff told us that they had not received any fire evacuation drills in a considerable length of time and comments from staff were, "They [fire evacuations] are long long overdue."

We recommend the provider ensures they understand their legal responsibilities and follows guidance laid out in The Regulatory Reform (Fire Safety) Order 2005 or "the Fire Safety Order".

- Health and safety checks had been carried out on areas such as fire alarm, emergency lighting, gas safety and electrical safety.
- Risk assessments were in place to ensure people were supported in a safe way. Risk assessments documented any hazards and how these may be minimised.
- Where people required the assistance of a hoist to mobilise safely, staff supported them in line with their care records. For example, details such as the size and type of sling to use were documented.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to ensure people were protected from the risk of abuse.
- Staff remained well-trained with regard to safeguarding and knew how to deal with any issues relating to people's safety. People told us they felt safe living in the home.

### Staffing and recruitment

- The provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references

from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at staff recruitment files and found they contained relevant checks.

- Through our observations we found people were supported by enough staff to ensure their needs were met, and to engage with people in a positive and meaningful way.

#### Using medicines safely

- Staff who administered medicines had received appropriate training and had their competency to do so, verified through observations. We observed staff giving medicines in line with best practice.
- People received their medicines on time and when they needed them.
- Regular medicines audits were taking place. Action was being taken to address issues that were found on audits.

#### Learning lessons when things go wrong

- The provider responded to accidents and incidents and measures were put in place to help minimise them reoccurring.
- Accidents and incidents were monitored to identify trends and patterns.



# Is the service effective?

## Our findings

**Effective:** This means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

**Good:** People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and care was delivered in line with people's needs and preferences.
- Support plans had been developed with people which ensured their preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.
- Relatives we spoke with felt their family members were supported to live as good a quality of life as possible. One visitor said, "The staff are lovely, they are very good. They are on the ball, any problems and they ring to let me know."

Staff support: induction, training, skills and experience

- People continued to be supported by staff who had received appropriate training to fulfil their roles and responsibilities. Relatives we spoke with told us staff were well trained to care and support their family members.
- We spoke with staff and found they had a wealth of experience and were competent, knowledgeable and skilled in their individual role. Comments about access to training and development were all positive for instance, "We have really good training here and lots of support from the management."
- We saw training and supervision records which indicated that staff had received appropriate training and supervision and appraisals of their work

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

- People received sufficient food and drinks to ensure they maintained a healthy and balanced diet. During our inspection we observed meals were of a good quality with thought being given to how meals were presented. We also saw regular drinks and snacks being offered.
- We spoke with the catering staff who were aware of people's dietary needs. This included any known allergies, special diets and food preferences.
- We spent time observing lunch being served and found people were offered a choice of what meals they wanted. People told us that they liked the food and it was good quality.

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

- The home in some areas showed considerable signs of wear and tear, the provider told us they had started work on redecoration of the home.
- The design of the service and decoration met people's needs. However, we found there was nowhere to store equipment and found wheelchairs and other items stored in corridors and bathrooms. We discussed this with the manager who said they would look at more appropriate storage. We saw people freely having access to the outside space.

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

- People had access to healthcare professionals when they required their interventions.
- Relatives we spoke with all told us they felt day to day health needs of their family members were met. One relative said, "They noticed [my relative] was sick and took action to get a doctor to check them."

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).
- The provider had made appropriate applications for people requiring a DoLS.
- Staff understood the need to assess people's capacity to help them make decisions. People's rights were protected because the staff acted in accordance with the MCA. We observed staff actively encouraging decision making with people throughout the inspection.

# Is the service caring?

## Our findings

Caring: this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives we spoke with were complimentary about the care and support their family member received. One relative said, "These carers are fantastic. You couldn't get any better carers anywhere." Another relative said, "The carers are really caring, so it feels like home. I'd be happy being looked after here."
- We observed staff interacting with people and saw they were patient and understanding. One staff said to a person, "Wow, you look gorgeous, I think your hair looks lovely and it really suits you. You look really nice." The person responded with a big smile saying, "Oh thank you, that's really made my day."

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

- People were supported to express their views and be involved in their care. We saw staff spoke sensitively and respectfully with people living in the home, explaining what they were about to do if a care intervention was needed, and allowing time for people to respond to requests where appropriate.
- We saw that staff knew the preferences of people well, such as their meal and drink preference and they knew how best to reassure or motivate individuals. We saw one member of staff soothingly reassure a person who was becoming distressed. This sensitive intervention helped the person to quickly recover from their distress.

Respecting and promoting people's privacy, dignity and independence

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.
- People were treated with dignity and respect. Staff knocked on people's doors before entering and respected people's right to have quiet time alone if they wished. People's bedrooms were their private spaces and staff were conscious of respecting these boundaries.

# Is the service responsive?

## Our findings

Responsive: This means that services met people's needs

Good: 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

- We looked at care records and observed staff interacting with people and saw people received person-centred care and support.
- Records were regularly reviewed and updated so they contained the most recent information.
- We observed one person being reassured and offered extra support when they became breathless. Staff said, "I'm here if you need me, don't try to talk if it's hard for you, just give me a little wave and I will be right over."
- Relatives we spoke with told us they had been involved in their family members care plan. We saw that regular care plan reviews took place
- The home employed an activity co-ordinator who ensured people received social stimulation and meaningful activities. The activity co-ordinator was seen interacting with people throughout the day, the rapport they had with people was clear to see and people appeared to be fully engaged and occupied.
- We observed activities being provided during our inspection and found they were meaningful and people enjoyed taking part in them.
- Relatives we spoke with felt the activities added value to the service. One relative said, "Last week we had a couple of singers performing here and they were excellent." Another relative said, "Whenever I visit, there's always something going on. It's great to see the residents doing something that they enjoy. I like visiting because it always feels like everyone is happy as they can be."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and people we spoke with told us they would raise concerns if they needed to. One person told us they had some unresolved informal complaints and would be bringing them to the attention of the manager.

End of life care and support

- At the time of our inspection no one was being supported with end of life care. Staff said, "We have supported people in the past, we are respectful and try to make them as comfortable, dignified and pain free as possible."

# Is the service well-led?

## Our findings

**Well-Led:** This means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

**Requires Improvement:** Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our previous inspection in July 2016, we found the service was Well Led. At this inspection we found systems in place to monitor the service were not effective.

### Continuous learning and improving care

- The manager and provider conducted a series of audits to ensure the service was operating effectively. Where concern had been identified, action plans had been devised to ensure issues were addressed promptly. However, we found that audits were not robust enough in identifying all areas of improvement we found on inspection and needed to be strengthened. These included infection control, environment issues and significant gaps in fire evacuations. For example, we checked records for fire safety and found that the provider had not been carrying out fire evacuations. We found a toilet seat and commode which was in use was split, meaning it could not be adequately cleaned. One area which was used to store food needed a deep clean. Following the inspection, the regional manager sent an email telling us that these areas would be addressed.
- We spoke with health professionals about their views of the service. One professional felt the standards in the home were slipping and the cleanliness and overall appearance of people wasn't up to standard. The above is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good governance.

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

- The home had a newly appointed manager in place who was applying to register with CQC. Staff knew their roles and responsibilities.
- Most relatives we spoke with thought the manager and all the staff were approachable. However, one relative had a complaint they were going to raise again with the new manager as they felt that previously their concerns not been listened to.

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

- People who used the service, their relatives and staff, were involved in the home and their views and opinions mattered.
- The registered manager sought feedback from people, families and professionals to monitor quality and make improvements. We saw the last satisfaction survey results some comments were 'The home is clean and tidy, food always smells good. Staff very friendly the main thing for me is how they are with residents.' And, 'At this time I have no concerns about my family member's care at Albany. All ongoing care is up to

standard with all ongoing care needs are met.' The provider had analysed the feedback and identified that some people had said they did not know the companies' complaints procedure, so the regional manager was looking at ways to improve this. There was also a book in place called 'visitors voice' this gave visitors the opportunity to leave anonymous comments about the quality of the service.

- The manager held resident's and family meetings, where feedback about care was discussed.

Working in partnership with others

- The provider was aware of their duties regarding the submission of statutory notifications to CQC. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

- The manager had developed effective working partnerships with professionals involved in people's care. This included working with occupational therapists, community nurses, and doctors. The staff ensured that all input and recommendations from professionals were recorded in people's care records. This helped to ensure that staff were providing care in line with professional guidance.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems were not fully robust to effectively monitor the quality and safety of the service.