

Mr & Mrs A G Burn

# Albury House

## Inspection report

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01 December 2023

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

### About the service

Albury House is a small family run care home which provides personal care and accommodation for up to 12 older people. At the time of the inspection, 11 people were living at the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider did not have a comprehensive oversight of the service. Following the last inspection improvements had not been made in the areas of greatest concern.

We identified shortfalls relating to checks on staff suitability to be employed in a care role, the maintenance of records relating to care and the building, the Mental Capacity Act 2005 (MCA)/Deprivation of Liberty Safeguards [DoLS] procedures and meeting regulatory requirements.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care records and risk assessments were not always person-centred and lacked detail. Some risks were not appropriately assessed so measures could not be put in place to keep people safe.

Medicines were not always managed safely. Medicines audits were not clearly documented, and some medicine care plans were out of date. Most people received their medicines.

Staff, people and relatives were not always engaged with in line with the provider's policies.

Staff had not received training in the MCA, or in learning disabilities and autism. Staff had received training in other aspects of care. There were enough staff to care for people safely.

People were supported to eat and drink enough to maintain their health. The provider worked well with visiting healthcare professionals and ensured people received healthcare support whenever they needed it.

People and relatives said the care they received was good. We observed staff knew people's needs and gave person-centred care.

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

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 April 2023). At this inspection we found the provider remained in breach of regulations.

At our last inspection we recommended that the provider review staff training. At this inspection we found that sufficient improvements had not been made in this area. We had recommended that the provider review their information sharing systems, we found that the provider had made improvements in this area.

### Why we inspected

We received concerns in relation to overall management of the service and the safety of care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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

The overall rating for the service has remained requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider took action to reduce immediate risks to people during the inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Albury House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to the provider's oversight and management of the service, recruitment processes, mental capacity and best interest decisions, staff training and display of ratings. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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.

<p><b>Is the service safe?</b></p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service effective?</b></p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p><b>Requires Improvement</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was not well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Inadequate</b> ●</p>

# Albury House

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector 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

Albury House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Albury House is a care home without nursing care. 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

This inspection was unannounced.

Inspection activity started on 8 November 2023 and ended on 7 December 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We contacted the local authority commissioning team for their feedback about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 2 people who lived at Albury House and 3 relatives about their experience of the care provided. We observed interactions between staff and people in communal areas. We spoke with 5 members of staff including the registered manager who was also the nominated individual, general manager, and care staff. We reviewed a range of records. This included 3 people's care and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained required improvement. This meant 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulations 12(1) and 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulations.

- An effective system to manage risk was not in place. Records relating to checks to ensure the building and equipment were safe were not all available for example, lifting equipment. Essential checks on lifting equipment were overdue by several months.
- Risks to people had not been fully assessed or acted on. Plans to ensure people could be evacuated from the service in the event of a fire were not always in place. Some risk assessments contradicted others and there were no actions documented to explain how to minimise the risks to people. Some risk assessments did not explore all the risks and were not person centred. For example, a moving and handling record said the person required a mobility aid, but no specific information was provided.
- The management team had not learnt lessons, or implemented improvements following inspections, local authority visits or incidents.

The failure to ensure accurate records were maintained and risks were identified and reduced was a breach of Regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, checks to lifting equipment were completed and an action plan had been put in place to improve risk assessments.

Staffing and recruitment; Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to have a robust recruitment process in place. This was a breach of regulation 19 (1)(2)(3) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Not enough improvement had been made at this inspection and the provider was still in breach of

regulation 19.

- We were not assured that people were always safe from the risk of abuse.
- At the last inspection there were no up to date DBS checks for staff, the general manager said they would be updated. At this inspection no action had been taken to update staff DBS checks. This meant we could not be sure that staff working at the service were not barred from working with vulnerable people.

The failure to ensure safe recruitment procedures were followed was a breach of Regulation 19 (1)(2)(3) (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had introduced a new recruitment process for new starters following the last inspection. There had been no new employees since this was implemented.
- There had been no safeguarding incidents since the last inspection. Staff had received training in safeguarding and were able to explain what they would do if they suspected abuse was taking place.
- There were enough staff on duty to provide care to people.

Following the inspection, the provider had put an action plan in place to ensure staff had up to date DBS checks as soon as possible.

#### Using medicines safely

- Medicines were not always managed safely. Medicines checks were not detailed enough. There were discrepancies between medicines administration records and medicine care plans. We could not be assured that all aspects of medicines were being checked and problems identified or acted on.

The failure to monitor the management of medicines was a breach of Regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had received appropriate training to manage medicines and their competency was assessed. Medicines were stored safely.

#### Preventing and controlling infection

- We were assured that the provider was keeping people safe from the risk of infection.
- People were able to receive visitors and leave the service line with current guidance.





# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained required improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to implement an effective system to ensure the principles of the Mental Capacity Act (MCA) and /DoLS were followed. This was a breach of regulation 11 (1)(2)(3) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 11.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider did not work in line with the MCA. An effective system to ensure the principles of the MCA/DoLS were followed was not in place.
- The general manager told us that 2 people had a DoLS authorisation in place, or an application submitted. However, the local authority confirmed these applications had not been received or authorised.
- Staff had made decisions about people's care for them. Although people's relatives were involved, there had been no formal capacity assessment carried out and no best interest decision was recorded.

The failure to ensure an effective system to ensure the principles of the MCA/DoLS were followed was a breach of regulation 11 (1)(2)(3) (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Staff support: induction, training, skills and experience

At the last inspection we recommended the provider review staff training to ensure staff were suitably trained to meet people's needs. The provider has not made improvements in this area.

- The provider did not always make sure staff had the skills, knowledge and experience to deliver effective care and support.
- The provider's policy stated staff would have monthly supervisions. The provider was not following their own policy and staff had not had recent supervisions. This meant staff performance may not be monitored effectively.
- Staff had not received training in the Mental Capacity Act. We identified shortfalls in the way capacity decisions were made for people.
- At the last inspection we identified staff had not received training in learning disabilities and autism. At this inspection we found staff had not yet completed this training which was booked for January 2024.
- Staff had received training in other aspects of care.

The failure to oversee and manage the provision of training for staff was a breach of Regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were assessed and care was given in line with guidance. However, care records lacked person-centred information. At the last inspection we identified similar issues, but improvements had yet to be made.
- The provider was introducing a new electronic care planning system which they believed would help improve care records in the future.

The failure to ensure records were accurately person-centred was a breach of Regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff knew people well and provided person-centred care. One relative said, "The staff are lovely."

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

- People were supported to eat and drink enough to maintain their health. There was home cooked food made with fresh produce each day. One person was feeling unwell, and staff spent time encouraging them to choose anything they wanted to eat.

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

- Staff worked effectively with other healthcare providers. A visiting professional commented, "The communication from the home has improved in the past few months."
- A relative commented, "If [person] is feeling unwell, they don't hang around, they get the GP in."

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

- The design of the service met people's needs. The provider was making improvements to the service, including upgrading some bathrooms.
- One person said they loved the décor of the service and the view from their bedroom window.

# 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 our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure an effective governance system was in place. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider did not have an effective management structure. The provider did not monitor the quality of care appropriately in order to drive improvements.
- This was the second inspection where there were shortfalls in recruitment practices, care records, MCA/DoLS procedures and meeting regulatory requirements. The provider had not taken adequate action since the last inspection to make improvements to the service.
- We met with the provider to discuss the concerns we had about the management of the service. The provider created an action plan with a view to making improvements as soon as possible.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and make improvements was a breach of regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At our last inspection the provider had failed to display their rating correctly. This was a breach of regulation 20A(1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulations 20A.

- The provider was still not displaying their CQC performance rating at the service in line with legal requirements. This matter is being followed up separately.

At our last inspection the provider had failed to ensure CQC were informed of notifiable events. This was a breach of regulation 18 (1)(2) (Notification of other incidents) of the Care Quality Commission (Registration)

Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(registration).

- The provider had reported relevant notifiable events to CQC.

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

At our last inspection the provider had failed to ensure the duty of candour policy was being followed. This was a breach of regulation 20 (1)(4) (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

- Since the last inspection there had been no incidents reportable under the duty of candour. The general manager was able to explain what constituted a duty of candour incident, and what actions they would take if one should occur.

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

- People and staff were involved in the running of the service. However, the provider did not follow their own policy around gathering feedback from people, relatives and staff.
- Staff said the management team were approachable and receptive to ideas.
- One relative said, "[The managers] do enough to get our feedback, they are good, if I need to talk to them, they seem to sort things." However, another relative said, "They could organise for relatives to meet other relatives as I think we could do more as a group to help the residents. Collectively we could have an impact." Another relative said, "They don't talk about [person's] care to me."

The failure to ensure policies and processes were appropriate and implemented was a breach of regulation 17 (1)(2) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- There was a positive culture at the service. People and relatives spoke positively about the care they received. We observed staff giving people person-centred care.
- Staff spoke positively about working at the service. One staff member said, "I am really happy here, I know the residents and their families well."
- People were supported to maintain their independence where possible. Some people continued to visit the town to do their own shopping.

Working in partnership with others

At the last inspection we recommended the provider reviewed their information sharing processes. At this inspection we found the provider had improved their communication with healthcare partners.

- The provider worked in partnership with others. Healthcare professionals that worked with the service said staff were responsive and followed their advice.
- One visiting professional said in relation to a person who had passed away recently, "Staff went the extra mile to support [person] and attend to her needs [in line with our 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 11 HSCA RA Regulations 2014 Need for consent  An effective system to ensure the principles of the MCA/DoLS were followed was not fully in place. Regulation 11 (1)(2)(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  An effective system was not fully in place to ensure staff were safe to be employed in the care sector. Regulation 19 (1)(2)(3)(a).

This section is primarily information for the provider

## Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  An effective system was not fully in place to monitor the quality and safety of the service and ensure accurate records were maintained. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(f).

### **The enforcement action we took:**

We issued a warning notice to the provider