

# London Residential Healthcare Limited

# Albany Lodge Nursing Home

## Inspection report

201 St James's Road  
Croydon  
Surrey  
CR0 2BZ

Tel: 02086844994  
Website: [www.lrh-homes.com](http://www.lrh-homes.com)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Albany Lodge Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Albany Lodge Nursing Home accommodates 100 people across four separate units, each of which have separate adapted facilities. Two of the units specialise in providing care to people living with dementia. At the time of our inspection 85 people were using the service.

We undertook an unannounced inspection on 23 and 24 January 2018. At our previous inspection on 12 and 13 September 2017 we rated the service 'requires improvement' and identified six breaches of legal requirements relating to safe care and treatment, person centred care, good governance, staffing, notifications about deaths and other incidents. We issued warning notices in relation to the breaches of regulation relating to good governance and staffing. We undertook this inspection to review the quality and safety of the service and to ensure action had been taken to address the breaches identified at our previous inspection.

The registered manager remained in post. 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 2008 and associated Regulations about how the service is run.

At this inspection we found the provider had taken sufficient action to address the breaches of regulation identified at our previous inspection. We also saw the provider had taken sufficient action to improve their rating to 'good' for the key questions 'safe', 'effective' and 'caring'. However, we found the provider was still rated 'requires improvement' for the key questions 'responsive' and 'well-led'.

We found that whilst improvements had been made and people were now receiving person-centred care, that some staff's lack of verbal and written English was impacting on the quality of interactions with people and/or their relatives. The provider had begun providing English classes to staff where English was not their first language and they told us they would continue to do so. Care records had been updated and improved and now provided clear information about people's support needs and the support staff delivered. However, we found some care records were disorganised and there was a risk that some information may be missed. The provider's quality and compliance team were in the process of redesigning the care records which would address these concerns.

The group activities programme remained in place and people continued to enjoy the activities on offer. However, we continued to find there was a lack of engagement and stimulation for people who were unable or did not want to engage in the group programme, particularly for people living with dementia. We recommend the provider implements best practice guidance and resources to further support meaningful engagement with people living with dementia.

The registered manager improved their practices to review and improve the quality of service delivery. We saw the programme of monthly audits of key areas of service delivery were adhered to, as well as analysis of key service data to identify any trends which indicate additional support or improvement is required. Whilst much progress was made to improve the monitoring of the quality of service delivery, we saw the staff had not undertaken health and safety checks at regular intervals. The management team told us they would ensure this was rectified.

People felt safe at the service. Risk management processes had been improved and staff were knowledgeable about the risks to people's safety and how these were to be mitigated. Equipment was regularly checked to ensure it was in good working order and being used appropriately. Staff continued to support people with their medicines and followed good practice in regards to the prevention and control of possible infection. All staff spoken with felt there were sufficient staff to keep people safe and safe recruitment practices remained in place.

The provider had introduced a new training programme to ensure staff had the knowledge and skills to undertake their roles, this included reviewing staff's competency after completion of each course. Staff were also now receiving regular supervision and an annual appraisal. The chef met with people and specialist healthcare professionals to ensure people's preferences and dietary requirements were catered to. Staff liaised with a range of healthcare professionals to ensure people's health needs were met and staff had access to specialist advice and guidance. Staff continued to support people in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had improved their practice to ensure they supported people with kindness, respect and compassion. Staff were prompt to offer support to people. They communicated to people whilst supporting them and encouraged people to be involved in day to day decisions. Staff respected people's privacy, dignity, religious and cultural needs.

The provider improved opportunities for staff, people and relatives to feedback about the service and we saw staff were now having regular meetings to discuss service provision. A complaints process remained in place and complaints were investigated and responded to appropriately. Staff worked with other agencies, including the local authority, in order to continuously review and improve practice.

## 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. Improvements had been made to identify and manage risks to people's safety. Staff checked that equipment used to help manage risks were in good working order and used appropriately. People continued to receive their medicines as prescribed. Staff followed good practice in order to prevent and control the risk of infections.

There were processes in place to review any incidents and ensure lessons were learnt. Safeguarding adults procedures were followed appropriately.

There continued to be sufficient staff on duty to safely meet people's needs and safe recruitment practices remained in place.

### Is the service effective?

Good ●

The service was effective. Improvements had been made to ensure staff had the knowledge and skills to undertake their role. A new training package had been implemented which staff had completed and there was regular supervision and appraisal.

The chef met with people and specialist healthcare professionals to ensure people's preferences and dietary requirements were catered to. Staff liaised with a range of healthcare professionals to ensure people's health needs were met and staff had access to specialist advice and guidance.

Staff continued to support people in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Albany lodge is a purpose built building which is fully accessible throughout.

### Is the service caring?

Good ●

The service was caring. Improvements had been made to ensure people were treated with kindness, respect and compassion. Staff were prompt to support people and communicated with them when supporting them. Staff helped orientate people to place and time, and encouraged them to make day to day

decisions.

People's privacy and dignity was maintained. People's families were welcomed and encouraged to visit their family member. People's religious and cultural preferences were respected.

### Is the service responsive?

Some aspects of the service were not responsive. We saw that many improvements had been made to ensure people received person-centred care. We saw that people received appropriate support in regards to their care and nursing needs. However, we found that staff's lack of English was impacting on the quality of interactions between staff and people and/or relatives.

The group activity programme remained in place. However, there still continued to be a lack of engagement for people living with dementia. We recommend the provider implements best practice guidance and resources to further support meaningful engagement with people living with dementia.

Care records had been updated and improved. Daily records were now being completed reflecting the level of support the person received. However, we identified that some care records were disorganised and there was a risk that some information may be missed. The management team said this would be addressed through the new care plans being introduced.

A complaints process remained in place and complaints were investigated and responded to appropriately.

**Requires Improvement** ●

### Is the service well-led?

Some aspects of the service were not well-led. Improvements had been made to the quality assurance processes to review and monitor the quality of service delivery. However, we saw the provider's processes in regards to undertaking health and safety checks had not been adhered to. The provider had established a new quality and compliance team and they were in the process of supporting the service to develop and implement a new care records system.

The registered manager now adhered to the requirements of their registration with the CQC and submitted notifications about key events that occurred at the service.

Systems had improved to obtain feedback from staff, people and relatives about their views of the service. The provider continued to work with the local authority to monitor and improve the

**Requires Improvement** ●

quality of service delivery.

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# Albany Lodge Nursing Home

## **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.

We undertook an unannounced inspection on 23 and 24 January 2018. The inspection was undertaken by an inspector, a specialist professional advisor with a specialism in nursing 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.

Prior to the inspection we reviewed the information we held about the service, including the statutory notifications received about key events that occurred at the service. We also reviewed the action plan the provider submitted after their previous inspection outlining how they were going to address the breaches that were identified during our September 2017 inspection.

During the inspection we spoke with 11 people, five relatives and 13 staff, including the registered manager, members of the senior management team, nursing and care staff, the chef and a member of the domestic team. We also spoke with a GP visiting the service at the time of inspection. We reviewed eight care records and two staff records, as well as the team's training, supervision and appraisal matrices. We reviewed records relating to the management of the service as well as medicines management arrangements. We undertook observations on each floor during the day and at mealtimes. We used the short observational framework for inspection (SOFI) during dinner on the second floor. SOFI is a recognised tool for obtaining the views of people who are not able to communicate with us.

# Is the service safe?

## Our findings

People and their relatives felt that Albany Lodge was a safe place to live and that the staff do their best to keep them safe. One person told us, "Yes, it's quite safe".

At our previous inspection in September 2017 we found that whilst risks to people's safety and welfare were identified, sufficient action was not taken to mitigate and manage those risks. People at risk of developing pressure ulcers were not supported to reposition regularly, those at risk of dehydration or developing urinary tract infections were not supported to have sufficient fluids, sufficient information was not captured in people's records about how to safely support them to transfer and mobilise, and sufficient checks were not in place to ensure equipment to protect people's safety were well maintained and used appropriately.

At this inspection we found risk management had improved. Risk assessments were up to date and regularly reviewed, in line with any changes in people's health or support needs. Staff were knowledgeable about the specific risks to people's safety and welfare and how these were to be managed and mitigated. We observed staff supporting people with their mobility. Staff did this patiently and at a pace dictated by the person. Staff encouraged the person to do as much as they could for themselves whilst supervising them to ensure their safety. Additional practices were introduced to regularly check equipment used to maintain a person's safety. This included pressure ulcer mattresses and practices to minimise the risk of injury from falls. People were provided with regular fluids and we saw people had drinks within reach whether they were in their bedroom or the communal lounge to minimise the risk of dehydration and urinary tract infections. Staff, including the chef, were also clear about who was at risk of choking and how this was to be managed. The provider continued to check the safety of the environment including fire safety procedures, gas safety, electrical safety and water safety.

The provider was no longer in breach of the regulation relating to safe care and treatment.

There continued to be safe practice in regards to medicines management and people received their medicines as prescribed. One person told us, "My medication is on time, they're very strict about that. I've got five different ones to take." Medicines were stored securely and at the correct temperature. Accurate records were maintained of all medicines administered and there were clear stock checking processes in place, this included in regards to controlled medicines. Protocols were in place to instruct staff as to when people should be given their 'when required' medicines. Staff were clear about the procedure to administer covert medicines and the associated decision making process in order to ensure medicines given to a person without their knowledge was in their best interests. At our previous inspection we identified there were inconsistencies in the completion of medicine administration records (MAR) for topical creams. At this inspection we saw there was an improvement in the completion of these records. Staff supported people to have regular medicines reviews with their GP to ensure their medicines prescriptions were still suitable for their needs. Where people needed short term medicines, including antibiotics, we saw these were given as directed and clear records were maintained.

Staff adhered to processes to ensure the prevention and control of infection. One person said, "It's very



clean here. ... you could not possibly complain about the cleanliness." The service was clean and free from malodour. Information was available throughout the service about good hand hygiene. We observed staff wearing personal protective equipment when supporting people. Domestic staff were clear about what equipment to use and in what part of the service to reduce the risk of cross contamination. Staff were clear about what laundry bags to use and how to dispose of clinical waste safely. The registered manager undertook regular infection control audits, staff received training on infection control and infection control policies were in place.

An incident reporting process remained in place and the registered manager reviewed all incidents records to ensure appropriate action was taken to ensure the safety and welfare of the person, and also to ensure action was taken to minimise the risk of the incident recurring. The registered manager kept an incident log up to date which enabled them to identify any patterns or trends that needing addressing.

Since our last inspection the registered manager had alerted the local authority safeguarding team about three concerns of possible abuse. We liaised with the registered manager about these concerns and they provided evidence that these concerns were dealt with effectively and efficiently. Any areas requiring improvement were learnt from and advice was taken on board. From discussions with staff they were able to identify signs of possible abuse and told us they would raise any concerns they observed to their manager. They also told us they would ensure a clear record was made of any concerns identified so they could identify any patterns or changes in a person's welfare.

All of the staff we spoke with confirmed they felt there were sufficient staff on duty to enable them to undertake their duties and provide a responsive service that met people's needs. The registered manager told us staffing levels were regularly reviewed and we saw the rota confirmed the service was staffed as planned. The registered manager told us over the winter there had been some reliance on agency staff, due to staff sickness, however these were regular agency staff who were familiar with the service and people's needs.

Since our last inspection there had been some staff turnover with new staff being employed. Safe recruitment practices continued to be followed, including checking staff's eligibility to work in the UK, obtaining references from previous employers and undertaking criminal record checks.

# Is the service effective?

## Our findings

At our previous inspection in September 2017 we identified that staff did not receive the required training to undertake their duties and ensure they had the knowledge and skills to meet people's needs. They had not completed the provider's mandatory training and there were insufficient checks in place to review staff's competency to undertake their role. Staff were inadequately supported and they did not receive regular supervision or annual appraisals.

At this inspection a relative told us, "Staff are well and truly qualified, but communication skills are still found wanting." Since our last inspection the provider started offering English classes to staff to help improve the written and verbal communication. The provider also introduced a new elearning programme. This programme was available through an application on staff's phones so they could easily access the courses. Staff said the training had much improved since our last inspection. Staff were now compliant with the provider's mandatory training which included basic life support, Dementia awareness, end of life support, equality and diversity, fire awareness, food safety, health and safety, infection control, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, moving and handling and safeguarding adults. The registered manager was also undertaking staff competency checks, in addition to the knowledge tests at the end of each elearning session, the registered manager observed staff's practice including in regards to medicines management. Staff now received regular two monthly supervision and an annual appraisal.

The provider was no longer in breach of regulation relating to staffing.

People received meals that met their individual dietary requirements. One person told us, "The food is really, really good...they will always get you something to eat if you want it." Another person said, "The food's great here, especially the fish and chips...when you break open the fish it's lovely inside...it's not all batter...it's very tasty." The chef met with each person when they were admitted to the service to discuss their food preferences and this was regularly reviewed during 'residents' meetings. The chef used this information to design and develop the service's menu. At each meal there were a number of options available for people to choose. In addition, people could choose alternatives if they did not want what was on the menu. We saw examples where some people had an individually tailored menu where they wanted specific meals throughout the week.

The chef met with the speech and language therapist to discuss people's specific dietary needs. This enabled them to provide meals in line with the person's specific needs, including ensuring pureed meals were available for people at risk of choking. The chef used moulds to present pureed meals so the meals were appetising and so they visually looked similar to what they were eating to help them identify foods. At our previous inspection we identified that staff did not always follow up when people lost weight. At this inspection we saw staff regularly weighed people and took action if there were concerns about a person's weight loss. This included liaising with healthcare specialists when required. One person's relative said, "[Their family member] eats very well normally, and they are good at encouraging [them] to eat when [their] appetite is not so good."

People's allocated GP undertook weekly visits as well as additional visits outside of these allocated times if people required it. The GP visiting on the day of inspection told us there was good communication between themselves and the nursing and care staff. They said staff were knowledgeable about the people they supported and provided them with any information they required. They told us nursing staff took people's vital signs and other required information about the person's needs so the GP was able to prescribe any short term medicines over the telephone if they were unable to visit the service.

Staff liaised with other specialist healthcare professionals when people's health required it. A physiotherapist regularly visited the service to help with people's mobility needs, their strength and sense of balance. Staff also liaised with tissue viability nurses, dieticians, podiatry, palliative care specialists, the rapid response team and care home support team when people needed these services.

Staff liaised with other health and social care professionals to obtain advice and guidance about how to support people in line with best practice guidance. This included adhering to the National Institute for Health and Clinical Excellence (NICE) guidance on management of medicines in care homes. The service was also accredited with the local hospice's gold standard framework for end of life care.

Staff supported people in line with the Mental Capacity Act (MCA) 2005. Staff were aware of what decisions people had the capacity to make and respected those decisions. Where people did not have capacity, best interests' decisions were made on their behalf in liaison with relevant professionals involved in their care and their relatives. Information was included in people's records about any nominated individuals who had power of attorney to make decisions on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff supported people in line with the conditions in their DoLS authorisation. Where people had capacity and did not have a DoLS authorisation in place, people were not unduly restricted. One person told us, "I'm not really prevented from doing anything...it's complete freedom really...as long as I tell someone that I'm going out."

Albany Lodge Nursing Home is a purpose built building across four floors. The service is fully accessible via a lift. Each floor has its own lounge and dining area. The bedrooms are all en-suite and fully accessible bathrooms are available for people who want a bath. There continued to be signage displayed through the home to help people to navigate around the service. Whilst some rooms on the floors dedicated to support people with dementia were themed, we found there was a lack of use of colour to help people navigate around the service and a lack of reminiscence objects to provide stimulation and support recognition and discussion. We spoke with the management team about this who told us they would ensure learning from one of the provider's other services who were providing support to people living with dementia was shared and implemented at Albany Lodge.

# Is the service caring?

## Our findings

People said in regards to the staff, "Yes, they are caring – I get on well with some of them," and "Everybody is very nice." Relatives told us, "The staff are very friendly and very professional," and "I'm very, very happy with the care, and the staff are very kind and they check on [their family member] regularly."

At our previous inspection in September 2017 we found people were always treated with respect and compassion. On some floors there was very limited meaningful interaction or engagement between staff and people using the service and staff did not always communicate with people or about people with kindness. Staff were not always responsive to people's requests for assistance. People living with dementia were not supported to orientate themselves to time and place. Staff supported people to move to different rooms but did not explain why they were in the room or what they were waiting for. Staff did not dedicate their time to one person when assisting them at meal times. Staff did not always offer people choices and involve them in day to day decisions.

At this inspection we saw staff across all floors engaging with people and speaking to them with kindness, respect and compassion. Staff clearly knew the people they were supporting, this included care staff as well as domestic and administrative staff. They referred to people by their name and were aware of their preferences. Staff were prompt to respond to people's requests for assistance. We also saw the staff working well together to support everyone, particularly at mealtimes. This included supporting those who displayed behaviour that challenged whilst enabling other staff to provide people who required it with dedicated support and time.

We saw each floor had the day and date clearly displayed, and all clocks were showing the correct time to help orientate people. Staff clearly explained to people they were supporting to move rooms as to the reason why. For example, explaining that people were being supported to go to the dining room because dinner was being served. Staff spoke to people before providing support so they knew what to expect.

Staff involved people in day to day decisions. One person said, "I'm able to make choices about what I wear, and do. I like puzzles and reading books". Staff were clear about what decisions people were able to make and encouraged everyone to make their own choices. Staff told us where people found it more difficult to make a decision they helped them by limiting the choices available, for example showing them two different outfits to choose from. In other circumstances they used 'trial and error' to help identify what people liked or wanted to participate in.

The provider was no longer in breach of regulation relating to person-centred care.

People's privacy and dignity was maintained. Staff knocked on people's door before entering. Where people needed support with their personal care this was offered discreetly and in the privacy of their bedrooms.

People were encouraged to maintain relationships with friends and family. There were unrestricted visiting hours and people's relatives were welcomed when visiting. One person confirmed this by saying, "I can have

visitors whenever I want."

Staff supported people with their religious and cultural preferences. A priest visited the service weekly to hold holy communion with those that wished to participate. Staff arranged for the priest to read people their last rites when appropriate and respected their religious preferences when providing end of life care. People's cultural and religious preferences were taken into account during food preparation and meals on offer.

## Is the service responsive?

### Our findings

A relative told us, "The care [their family member] got was fantastic...It was as lovely as it could be."

At our previous inspection in September 2017 we identified that staff did not consistently follow advice from specialist healthcare professionals in order to provide person-centred care and ensure people received the level of care and support they required. Adequate information was not provided in order to meet people's needs regarding their diabetes. There was a lack of timely action taken in response to weight loss and the development of infections. We also identified there was little engagement and stimulation for people who did not wish to or were unable to participate in the group activity programme. Information had been gathered about people's hobbies and interests but we did not see this information being used to provide people with meaningful activities.

At this inspection we found people received appropriate support with their care and support, and this was confirmed by the people we spoke with. One person told us, "I can have a shower or a bath and staff help me...I do what I can for myself...They try to support me to be more independent by encouraging me to get involved and do things for myself". Staff were knowledgeable about people's support needs and the level of support they required. Staff said communication processes had improved to ensure appropriate information was shared amongst the team about any changes in people's care. Advice from specialist healthcare professionals was followed up to ensure people received appropriate care, including to do with wound management, diabetes care, weight loss, infections and any other specific clinical needs.

One person said, "We do get an enormous number of new carers, and language is a problem.... with some of the staff it's impossible.... but they are very kind and that's nothing to do with language." A relative told us, "They are a lovely bunch of [staff] here but the different languages can be difficult to understand what some of the staff are saying sometimes." The communication difficulties were having an impact on the quality of interactions between staff and people and/or their relatives. We spoke to the management team about this who would ensure staff whose first language was not English continued to access the English classes on offer.

The group activity programme continued to be in place and well attended. One person said, "I played dominos last night, there were six of us playing. I enjoy the activities here." Another person told us, "I sometimes go for a walk over the park on my own or with staff. I go in all weathers, I've always liked walking." A relative said, "[Their family member] has freedom of choice, and there's quite a lot going on from one week to the next. Petting animals, entertainers, quizzes." The service built links with the local authority and were able to borrow their minibus in order to provide more trips for people to access local amenities. The registered manager also linked with the local college and arranged for students to visit the service and provide interaction and engagement with people.

At this inspection we found whilst staff's engagement with people improved there continued to be a lack of activities and stimulation for people who did not wish to participate in the group activity programme. We found this was particularly for the two floors dedicated to people living with dementia. The service did not

undertake reminiscence work with people and there was a lack of reminiscence resources to help stimulate conversations, or sensory resources to support people who were not able to verbally or cognitively engage in the group activity programme. We saw on one occasion when a staff member did spend some time sharing photographs with one person this was responded to positively, however this was not a regular activity.

The provider was no longer in breach of regulation relating to person-centred care. However, we recommend that the provider follows best practice guidance and resources in order to engage and support people living with dementia.

At our previous inspection we identified that complete and contemporaneous care records were not maintained. Information regarding the daily support people required was not adequately recorded, particularly in regards to fluids chart and repositioning records. We also found some records contained conflicting information.

At this inspection we identified that all required information was detailed in people's care records showing they received appropriate care and support to meet their needs. However, we noted that care plans did not always link to each other. For example, where people had a wound. A detailed wound care plan was in place however, this did not reference links with their nutritional and hydration care plan or their mobility care plan. We also saw that whilst people were being regularly weighed and any concerns identified were acted upon, these records were kept in a separate folder and there was a risk that this information would not be taking into consideration when reviewing people's other care records, including their nutritional care plan. From one person we saw they received appropriate support with their diabetes care and accessing specialist services, however, they did not have a specific diabetes care plan. We spoke with the management team about our concerns with the records and information not linking across a number of clinical needs and they said this would be improved with the implementation of the new care records system which was in development.

We saw daily records were being completed including in relation to repositioning of people who were at risk of pressure ulcers, recording people's fluid intake for those at risk of dehydration or due to additional clinical need, and bowel movement charts.

The provider was no longer in breach of regulation relating to good governance.

Staff were supportive and proactive when planning end of life care to people. Staff worked with the person and their family to identify their wishes, in order to detail advanced care plans. Staff liaised with the GP, rapid response team and the local hospice to ensure the appropriate care could be put into place as soon as it was required. The service worked closely with the local hospice. This included receiving training on death and dying and how to support people and relatives with end of life care. The service had been accredited in September 2016 with the gold standard framework recognising good practice in end of life care.

The complaints process remained in place. In addition, a suggestions box was installed in the reception area. One person said, "I would certainly go to the top – manager if I had a complaint". Another person told us, "I know how to make a complaint, but I've never made one." There had been six complaints received since the previous inspection. From the registered manager's analysis of these complaints we saw there was no clear pattern or theme and each complaint was investigated and responded to. The service received a number of compliments, including those posted on the website [carehomes.co.uk](http://carehomes.co.uk). Comments on this website included, "Very good care home friendly staff, very clean, well trained carers. Great manager" and "I can't speak highly enough of the staff who cared for mum. The carers were outstanding with the care and

kindness they gave mum."



## Is the service well-led?

### Our findings

Staff said about the registered manager, "He's the best manager." Another staff member said, "Now we know our job" and that this was due to the support and guidance they received from the management team.

At our previous inspections in September 2016 and September 2017 we found there were not sufficient systems in place to review and improve the quality of service provision. Sufficient action was not taken to address our concerns identified in 2016 and the registered manager had not undertaken regular audits on key areas of service delivery, this included reviewing the quality of care records and ensuring complete and contemporaneous records were maintained.

The provider's quality assurance framework remained in place and we saw the registered manager had improved their practice since last inspection to ensure they adhered to the requirements and expectations to review, monitor and improve practice. We saw the programme of monthly audits of key areas of service delivery were adhered to, as well as analysis of key service data to identify any trends which indicate additional support or improvement is required. Whilst much progress was made to improve the monitoring of the quality of service delivery, we saw the staff had not undertaken health and safety checks at regular intervals. This included regular review of hot water temperatures and bed rails. From the checks undertaken we saw no concerns identified however, there was a risk that due to these checks not being undertaken frequently that any areas requiring improvement would not be identified and addressed in a timely manner. We spoke to the management team about this who told us they would ensure the provider's processes regarding this were adhered to.

Since the regional manager came into post they had undertaken unannounced night spot checks to review the quality of service when the management team were not at the service. They identified some concerns regarding staff performance and undertook action to address the concerns identified. Since this incident ongoing checks were planned to check the quality of care provision at night and during weekends.

Since our previous inspection the provider had established a quality and compliance team. This team audited the service and were supporting the staff to make the necessary changes in line with the concerns identified at our previous inspection. As part of this the team were in the process of reviewing all policies. They were also redesigning the care planning process to provide clear and easier to use records.

The provider was no longer in breach of regulation relating to good governance.

At our previous inspection in September 2017 we saw the registered manager had not adhered to the requirements of their CQC registration and had not submitted statutory notifications about key events that occurred at the service as required by law.

Since our September 2017 inspection the registered manager submitted statutory notifications as required. This included in relation to any deaths at the service, if a serious injury was sustained, any allegations of

possible abuse and in relation to Deprivation of Liberty Safeguards authorisations. The registered manager responded to us and submitted additional information when we requested it in regards to any of these incidents.

The provider was no longer in breach of regulation relating to notifications.

Since our previous inspection the registered manager had reintroduced staff meetings to enable clearer communication and dissemination of information. Different meetings were held depending on staff's lead role and management level. From reviewing the minutes of these meetings we saw they focused on the findings from our previous inspection and action the service was taking to address those concerns and improve service delivery. In addition to staff meetings the service continued to hold 'residents' and relatives meetings. Minutes from these meetings were attached to an information board so people unable to attend the meeting were able to read what was discussed.

People and their relatives were encouraged and supported to feedback about the service through the website [www.carehomes.co.uk](http://www.carehomes.co.uk). We viewed the comments on the website that were very positive about the care and support their family members received at Albany Lodge.

The provider continued to liaise with the local authority. The local authority undertook a quality monitoring visit since our last inspection which acknowledged the progress the service had made. In response to the progress made the local authority removed the service from their provider concerns process. Staff attended the provider forum held by the local authority which enabled them to share ideas and practice with staff from care homes in the local area.