

brighterkind (Loyds) Limited

# The Albany Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 15 November 2016.

The Albany Care Home supports people with personal and nursing needs. The home is registered for 37 people. At the time of our inspection there were 34 people living in the home.

A new manager was in post. The manager had submitted an application to become the registered manager with the Care Quality Commission. 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.

People were positive about living in the home. People and relatives were complimentary about the new manager and the changes they had made to improve the service. There was an open and honest culture that encouraged people, relatives and staff to raise concerns and comment on the quality of the service. Staff were knowledgeable about their responsibilities to raise concerns relating to safeguarding of vulnerable adults.

There was a cheerful, relaxed atmosphere throughout the inspection and it was clear people had developed meaningful relationships with staff. We saw many kind and compassionate interactions which demonstrated staff knew people well.

Where risks to people were identified there were management plans in place to manage the risks. Staff followed guidance to ensure risks were managed.

The manager and staff were knowledgeable about their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People were supported in line with the principles of the act.

Staff felt well supported and valued. Staff received regular supervision and were supported to access development opportunities to ensure they had the skills and knowledge to meet people's needs.

People were complimentary about the food and were encouraged to give regular feedback to the chef. Where people had specific dietary requirements, these were met. Staff supported people to eat their meals where they chose and gave individual support where this was required.

Health and social care professionals were positive about the management of the home and told us people were referred appropriately when their condition changed. Records showed people had access to a range of health professionals.

There was a range of activities available to people and we saw people enjoying activities during our visit.

People who remained in their room were visited regularly to prevent social isolation.

There were effective systems in place to monitor and improve the service. This included a range of audits which identified areas of improvement and how those improvements would be made.

## 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.

Staff understood their responsibilities to identify and report concerns relating to the safety of vulnerable people.

Medicines were managed safely to ensure people received their medicines as prescribed.

Risks to people were identified and there were plans in place to manage the risk

### Is the service effective?

Good ●

The service was effective.

The manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff supported people in line with the principles of the act.

People enjoyed food that was appetising and met their nutritional needs.

People were supported to access health professionals appropriately.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and showed empathy when supporting people.

People built meaningful relationships with staff and each other.

People were supported in the way they chose at the end of their life.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans reflected how needs would be met.

People had access to a range of activities that interested them.

Complaints were responded to in line with the providers policies and procedures. People felt comfortable to raise concerns.

**Is the service well-led?**

**Good** ●

The service was well led.

People and relatives were positive about the improvements made in the service.

Staff felt valued and listened to. This created an open and honest culture.

There were systems in place to monitor and improve the service.

# The Albany Care 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.

This inspection took place on 16 November 2016 and was unannounced.

The inspection was carried out by two inspectors 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 looked at notifications sent by the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern.

During the inspection we spoke with 11 people, three relatives and one visiting health professional. We also spoke with the home manager, the deputy manager, the area manager, seven members of the care team, the activity coordinator, the chef and the maintenance person.

We looked at seven people's care files, medicine administration records, six staff files and records relating to the management of the home.

Following the inspection we sought feedback from two social and healthcare professionals.

# Is the service safe?

## Our findings

People told us they felt safe. Comments included; "I feel really good here", "Yes I do feel safe here" and "The staff are always checking on me". Relatives were also confident people were safe. One relative told us, "Certainly, I feel they are safe here".

People were supported by staff who were knowledgeable about their responsibilities to identify and report concerns relating to safeguarding of vulnerable adults. Staff had attended training in safeguarding vulnerable people and had good knowledge of the provider's safeguarding procedures. Staff were aware of types and signs of possible abuse. One member of staff told us, "Types of abuse can be physical, psychological, sexual or verbal. We know people well and can easily pick up when something is wrong. I would report to the manager straight away". Another member of staff told us they would report concerns to the safeguarding team. Staff told us they knew how to report to outside organisations this included the local authority safeguarding team, the police and the Care Quality Commission (CQC).

There was a safeguarding policy and procedure in place. Any concerns had been dealt with in line with the policy and had been notified to the appropriate agencies. All concerns had been thoroughly investigated and people's safety ensured.

People's care plans included risk assessments and where risks were identified there were plans in place to ensure risks were managed. Risks identified included: falls, nutrition, skin damage due to pressure and moving and handling. For example, one person was assessed as at risk of choking. This person's risk assessments and care plans were reviewed promptly and the person was commenced on thickening agents following advice from Speech and Language Therapy (SALT).

People who were assessed as at risk of developing pressure sores had appropriate equipment in place which included pressure relieving mattresses and cushions. However, there was no guidance available for staff to set the pressures at the correct setting according to people's weights. We spoke to the manager who took immediate action to ensure all pressure mattresses were set appropriately for each person. The manager also put a system in place to monitor the mattress settings.

People told us there were usually enough staff to meet their needs. People told us there was sometimes a wait if staff were off sick but that staffing was much improved. Comments included: "Most of the time the bell is answered quickly, I can't complain", "It is definitely covered now, it is so much better" and "Sometimes I think they could do with more staff, but it is usually to cover sickness".

When asked about staffing levels one relative told us, "That's a hard one; is there ever enough staff? One to one would be the ideal wouldn't it, but of course that would not happen. However, it is much better now and apart from sickness I think it is adequately covered".

On the day of the inspection one member of staff had called in to report they were unwell. The registered manager took steps to get additional staff on duty. Until the additional member of staff arrived we saw that

although staff were busy, call bells were answered in a timely manner and people's request for support were responded to promptly.

Staff told us there were enough skilled staff to meet people's needs. Comments included, "We have enough staff and are not using any agency" and "Now we have enough staff and don't feel rushed".

The manager completed a dependency assessment for each person. These assessments were used to determine the staffing level required to meet people's needs. These staffing levels were met on the rotas we looked at. The registered manager told us they no longer used agency staff and this had improved the consistency of support people received.

There were safe systems in place to manage medicines. People received their medicine as prescribed. Medicine administration records (MAR) were detailed and gave clear guidance about people's prescribed medicines. MAR were completed accurately to show when medication had been given or if not taken the reason why. Staff supported people to take their medicines and people were offered 'as required medicines' (PRN) as prescribed.

The service followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.



## Is the service effective?

### Our findings

The manager had a clear understanding of the Mental Capacity Act 2005 (MCA). 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.

The manager had made Deprivation of Liberty Safeguards referrals for people who had restrictions in place in relation to their care and support. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, we found two DoLS authorisations that had expired and a new application had not been submitted. We spoke to the manager who told us they would submit the applications. Following the inspection the manager confirmed they had contacted the supervisory body and submitted the applications.

Staff had been trained and understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff understood how to apply the principles of the act when supporting people. Staff comments included; "MCA is about giving people to make decisions for themselves. We always assume capacity" and "I received the training. MCA is about supporting people to make decisions about choices".

Where decisions had been made in people's best interests there were records showing that a best interest process had been followed and who had been involved in the decision making. However, we saw that people's records did not always contain capacity assessments and best interest processes in relation to the use of bed rails. We spoke to the manager who had identified this issue through an auditing process and was completing appropriate assessments and records to ensure decisions were being made in people's best interest.

People told us staff were knowledgeable and knew how to support them to meet their needs. One person told us, "Yes, the staff are very good here". Relatives were positive about the skills of the staff. One relative told us how nursing staff had taken prompt action in relation to a person's pressure damage and the wounds had healed. Another relative said, "Yes, they (staff) seem to be doing really well and she is much happier".

New staff completed an induction programme before working on their own. This included training for their role and shadowing an experienced member of staff. Staff told us, "Induction was very good. It was done over 3 days and included practicals", "I shadowed more experienced staff until I was comfortable to work independently" and "Induction was very useful and I shadowed until I was confident".

Staff told us they had training that gave them the skills and knowledge to support people and meet their needs. Staff completed training which included safeguarding, infection control, values of care for person

centred care, manual handling and fire safety. Staff were supported to attend specific training courses to ensure they had the skills to meet people's individual needs. Staff said, "We requested venepuncture and catheter training for nurses and it was provided" and "I requested NVQ (National Vocational Qualification) and OOMPH (Our Organisation Makes People Happy) training and it was arranged". We viewed staff training records which confirmed staff received training on a range of subjects.

Staff told us they felt supported. Staff had regular supervisions with their line manager as well as yearly appraisals in line with the providers supervision and appraisal policy. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. They said, "We have supervisions every other month and appraisals annually. We discuss concerns and ways of development professionally" and "I had my first supervision last month".

People were positive about the food. Comments included, "Yes, mealtimes are pleasurable and yes, there is often too much food" and "Mmm, yes, it is tasty". Relatives were complimentary about the food. Comments included; "It looks and smells nice, is presented nicely; it is good food" and "You can't beat the food here". People told us they were visited by the chef when they first moved to the home. People told us they discussed their nutritional needs and their likes and dislikes with the chef. Several residents told us they had dietary requirements and these were catered for by the chef. One person said, "The cook knows about me because he interviewed me".

The chef was knowledgeable about people's needs and had clear information available in relation to people's nutritional needs. The chef told us this information was updated monthly to ensure the information was accurate and up to date.

The lunchtime meal looked appetising and people enjoyed the food. People were given a choice of food and staff took time to explain the choices available. Where people had specific dietary requirements they received food to meet their needs. For example, one person's care plan identified they required pureed food due to risk of choking. We saw this person received food to meet their needs.

Where people required support to eat and drink this was provided. People were supported to eat at their own pace. People were able to decide where they wanted to eat. People who remained in their rooms were supported appropriately. Staff sat with people ensuring people enjoyed a relaxed mealtime.

People's care records showed relevant health and social care professionals were involved with people's care. This included G.P, care home support service (CHSS), opticians and occupational therapy. People's care records showed details of professional visits with information on changes to treatment if required. One health professional told us people were referred to them appropriately.

A visiting health professional was complimentary about the home and told us they enjoyed visiting the home. The health professional told us, "Look how busy it is today, yet there are a couple of care staff helping me out too. I always enjoy coming here".

## Is the service caring?

### Our findings

People told us staff were kind and caring. Comments included: "Yes, they are very caring, very sympathetic"; "Yes, of course. For instance a month ago (a relative) died and I was unable to go to the funeral. A carer sat with me at the time of the service and talked to me. That was so thoughtful".

Relatives were positive about the caring approach of staff. Comments included: "[Person] gets phenomenal care here. Staff are so lovely with her"; "Yes. My wife got into a right paddy when I was late one day, the staff stepped up and supported her. They all cheered when I finally got there"; "Yes, very much so, they are great" and "[Person] is very happy here and that's all I need".

Staff told us they enjoyed working at The Albany. Comments included, "I love working here. I like the opportunities that I have been given", "This is like a big family. We know our service users and share information" and "I love working here. The residents are great and they are individuals with different characters". Staff told us about the values of the provider which emphasised the caring aspect of the support role. It was clear staff had embraced the caring culture promoted in the service.

People received care and support from staff who knew them well. People had developed positive relationships with staff and with each other. Staff told us, "We spend time engaging with people even during personal care. We get to know them well and build good relationships" and "We talk to people about things that matter to them to build relationships with them".

We saw many kind and caring interactions. Staff took time with people and used touch to reassure and calm them. Staff showed genuine affection for the people they supported. For example, one person became anxious when walking into lunch. A member of staff approached the person, took their hand and showed empathy in relation to their anxiety. The member of staff guided the person, reassuring them and asking them where they would like to sit. The person was smiling and sitting calmly at the end of the interaction.

People were given choices in relation to all aspects of their care. They were given time to consider decisions about their care. Staff told us, "We respect people's choices and support them with simple things like picking clothes or food" and "I always give people choices. For someone with dementia I can show them two shirts to choose from".

Staff knew people's individual communication skills, abilities and preferences. Care plans contained information and guidance on how best to communicate with people who had communication needs. For example, we saw staff communicating with a person whose first language was not English. Staff used a translation sheet with pictures to aid communication.

Staff treated people with dignity and respect. People's privacy was respected when they were being supported with personal care. Staff told us, "We listen to residents. Always shut doors and curtains during personal care" and "During personal care we cover areas not being washed with towels". People's independence was promoted. One relative told us how they were pleased to see staff supporting

the person to remain as independent as possible. The relative gave the example of staff reminded the person to put their hearing aids in each morning.

Staff told us that people were encouraged to be as independent as possible. Staff said, "We offer people to wash themselves if they can" and "I always say to residents 'I'm here to help you and not to do things for you'. I do not take over".

We saw staff encouraging people to be independent and supporting them to do as much as they could for themselves. For example, one person was encouraged to eat independently. A member of staff sat with the person to ensure they could manage.

Staff understood and respected confidentiality. Records were kept in locked cabinets in a key coded office and only accessible to staff. Staff comments included; "We keep the nurses' office with care plans locked", "We do not discuss residents in corridors" and "No talks about clients in public".

Relatives were positive about the palliative care provided to people. One relative told us, "The whole family is supported. It is such a comfort to know we are welcome at any time. Anything we ask they will explain".

Staff understood the importance of keeping people as comfortable as possible as they approached the end of their life. They told us how they would maintain people's dignity and comfort and involve specialist nurses in the persons care. One member of staff said, "We ensure the resident is comfortable. We also support family members and just be there for them".

People's care records included information relating to how people wished to be supported at the end of their life. One person's care plan stated the person wished to remain at the Albany. The care plan gave clear guidance to staff in relation to this decision and the need to contact the person's GP.

## Is the service responsive?

### Our findings

People's needs were assessed prior to them moving into the home to ensure their needs could be met. Information was sought from people, their relatives and other professionals involved in their care to inform the assessment. One relative told us the preadmission assessment visit had been a positive experience. The relative said, "[The manager] was so caring and affectionate when she visited us. It made the transition easier".

Preadmission assessments were used to develop care plans that identified how individual needs would be met. Care plans detailed people's needs which included: nutrition; mobility; falls; communication and specific health conditions. There was guidance for staff on how to support people to ensure their needs were met.

People's care plans included people's likes, dislikes and personal histories. One person's care plan detailed the music the person liked and how the music could be used to calm the person when they became anxious. We visited the person in their room and found the person listening to the music they preferred.

People told us staff and management were responsive to their needs. One person told us they when they moved to the home they were unable to mobilise around the home as they did not have a wheelchair. The person told us the manager became aware and immediately ordered a new wheelchair. The person said, "I didn't ask for it, they just did it for me".

Relatives were complimentary about the impact the care and support people received had on them. One relative told us, "Within days [of moving to the service], she was up and in the garden. Her spark came back and her enjoyment of life was completely restored".

Social and healthcare professionals were positive about the responsiveness of staff to people's changing needs. One professional told us, "People are always appropriately referred and they always follow guidance. They have improved outcomes for people".

People were positive about the activities on offer. One person told us, "I join in with whatever is going on". People told us there were trips out and outside musicians who came to perform. The service had recently purchased a larger mini bus and staff were learning to drive the bus. People were involved in deciding where they would like to go and were excited at the prospect.

The activity coordinator arranged a variety of group activities in the mornings and afternoons. An activity calendar was displayed in the entrance showing people what activities were planned. The activity coordinator spent some time during the afternoon an evening visiting and socialising with people who chose to remain in their rooms. People were encouraged to attend activities. If people preferred to stay in their room this was respected. One person told us, "I can do my own thing, go on my computer or watch tv. Visitors are welcomed, it is very good here".

The activity coordinator arranged a daily reminiscence session to enable people to talk about the day. This helped people living with dementia to talk about their day.

During the morning of our visit the activity coordinator organised a session of music bingo. People were supported to participate and clearly enjoyed the activity. People and staff laughed together and there was pleasant joking between everyone.

People knew how to make a complaint and were confident to raise concerns with the manager or the deputy. No one we spoke with had made a complaint. One person told us, "There is no need to do any complaining now".

Relatives also knew how to make a complaint. One relative told us, "You know who to go to if there is a problem. Or just look on the notice board, everything is there for all to see".

There was a complaints policy and procedure in place which was displayed on the noticeboard in the main entrance of the home. Records relating to complaints showed that complaints were responded to in line with the providers policy and to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

People and relatives told us the service was well led. One relative said, "You can tell by the attitude of the staff. They used to come in to the room and simply turn off the call bell and not do anything. That would not happen anymore. It is so much better".

Staff told us they felt the service was transparent and honest. Staff said, "It's a good company to work for. Any concerns are dealt with openly" and "I feel comfortable to talk to the manager about both bad and good practice".

Staff felt listened to. Staff told us, "We give ideas and they are taken on board", "Management team is strict but fair. They listen to us" and "The management team listens to us and appreciate our work".

People and relatives were complimentary about the manager and the changes they had made. Comments included; "There have been so many improvements and now it is in a much better position. Staff attitude and call bells were a problem - but not anymore" and "'I am happy with how things have moved on". One relative told us, "I can go in and speak with [manager] at any time. Any concerns are dealt with immediately. She is very open and very supportive".

Health professionals were positive about the management of the service. One health professional told us, "As soon as the new manager was in place I saw a difference. Almost immediately there was a different air. It was calm. There has been such a a huge change". The health professional also told us that due to working more closely with the management and nursing staff hospital admissions had reduced. Another health professional told us, "[Manager] has done the most remarkable job. There is now continuity of care. There is an open culture and staff morale is much better".

Staff were complimentary about the manager, the support they received and the way the service was managed. Staff comments included: "I am very well supported by the manager, and that make all the difference. She is the most caring person. She is so passionate about her job, and she praises everyone. She praises good work, and she has that way about her where she can also deal with difficult issues without making anyone feel bad or disheartened"; "Manager is approachable and leads by example. She helps on the floors when we are short"; "Manager is lovely and very supportive"; "Manager is fantastic. Very caring towards staff" and "Manager is approachable and supportive. I can talk to her anytime about anything".

Staff commented positively on how communication had improved within the team. They told us, "Communication was not brilliant with the nurses and this was mainly due to cultural differences" and "Communication within the team is getting better. There was miscommunication before between nurses and carers".

Staff told us team meetings were regularly held where staff could raise concerns and discuss issues. The meetings were recorded and made available to all staff. Staff told us, "We have staff meetings monthly and we discuss grievances and changes in the home" and "We have daily handover meetings before each shift,

monthly staff meetings as well as weekly head of department meetings".

The manager held regular meetings for people and relatives. This provided opportunity for people to comment on their care and make suggestions about improvements to the service. The new mini bus had been purchased as a result of suggestions at these meetings. People told us they had been encouraged to make suggestions about the menus.

A survey had been sent out in April 2016 and the feedback had been used to inform an action plan of improvements. For example, people had commented about the unwelcoming atmosphere in the reception area. This had resulted in a noticeboard displaying information about the service, an area for visitors to help themselves to tea and coffee and a comments book to encourage on going feedback.

There were regular audits in place which included: medicines; care plans; falls and infection control. Where issues were identified there were clear action plans identifying actions to be taken and a date actions would be completed. There were systems in place to monitor trends and patterns in relation to accidents and incidents. Information relating to The Albany was monitored by the manager and fed into wider analysis by the provider of all services.