

Mr & Mrs A G Burn

Albury House

Inspection report

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10 March 2016
08 April 2016

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 10 March 2016 and was announced. We carried out a further announced visit on 8 April 2016 to complete our inspection.

At our last inspection in July 2015, we found that the provider was not meeting two regulations relating to safe care and treatment and good governance. We issued two warning notices and told the provider they needed to take action to improve.

At this inspection we found that action had been taken to improve and the provider was now meeting legal requirements. While improvements had been made, we have maintained the overall rating as requires improvement. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating at the next comprehensive inspection.

This report only covers our findings in relation to these areas. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Albury House on our website at www.cqc.org.uk.

Albury House provides care and accommodation for up to twelve people. Some of whom have dementia related conditions. There were 11 people living at the home at the time of our inspection.

The provider is a husband and wife partnership, Mr and Mrs AG Burn. Mrs Burn is also the registered manager. The home has been open since 1990 and Mrs Burn has always been the registered manager. Their son, who we refer to as the assistant manager throughout the report, played an active role in the service. A registered manager is a person who has registered with the CQC 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.

The premises were safe and well maintained. Checks, tests and assessments had been carried out on all areas of the premises. These included water, electrical installations and portable electrical equipment. No concerns were noted.

There were sufficient staff on duty at the time of our inspection to meet people's needs. Night time staffing levels had been assessed to ensure that people could be evacuated safely in an emergency. There had been no changes in staff since our last inspection. Staff confirmed that safe recruitment procedures were followed.

There were safeguarding procedures in place. Staff knew what action to take if abuse was suspected. There were no ongoing safeguarding concerns. There was a safe system in place for the receipt, storage, administration, recording and disposal of medicines.

Comprehensive audits and checks were carried out to monitor all aspects of the service. These were carried out daily and covered areas such as medicines, accidents and incidents, infection control and health and safety.

Records relating to people, staff and the management of the service were stored safely and completed accurately. The provider used a computerised management system which they had personalised to record and store people's care records.

The manager informed us that 'residents' and relatives' meetings were not well attended so they were looking at different ways to communicate with them. She said they were introducing an email survey to see if this would be more successful. She told us, and people and staff confirmed that she was always around and any issues were dealt with immediately.

Staff told us that morale was good and they enjoyed working at the home. They said they felt well supported by the management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that action had been taken to improve the safety of the service.

We found that the premises were safe and well maintained. Checks, tests and assessments had been carried out on all areas of the premises.

There were sufficient staff on duty who had been correctly recruited to meet people's needs. Night time staffing levels had been assessed to ensure that people could be evacuated safely in an emergency. There had been no changes in staff since our last inspection.

There were safeguarding procedures in place and staff knew what action to take if abuse was suspected. There were no ongoing safeguarding concerns. There was a safe system in place for the handling of medicines.

Requires Improvement ●

Is the service well-led?

We found that action had been taken to improve in this key question.

Comprehensive audits and checks were carried out to monitor all aspects of the service.

Records relating to people, staff and the management of the service were stored safely and completed accurately.

The provider was introducing a new system to obtain feedback from people, relatives and health and social care professionals.

Staff told us that moral was good and they enjoyed working at the home. They felt well supported by the management team.

Requires Improvement ●

Albury House

Detailed findings

Background to this inspection

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

We carried out a focused inspection of Albury House on 10 March 2016 which was unannounced. We visited the service again on 8 April 2016 to complete our inspection. This inspection was undertaken to check whether improvements had been taken to meet legal requirements after our comprehensive inspection in July 2015. We inspected the service against two of the five questions we ask about services: is the service safe? and is the service well led? This is because the service was not meeting legal requirements in relation to those questions.

The inspection was undertaken by one inspector. We were also accompanied by the local authority's health and safety officer.

Before our inspection we reviewed the information we held about the home. We spoke with a local authority's contracts and commissioning officer and safeguarding adults officer. We also conferred with an infection control practitioner from the local NHS Trust.

We spoke with two people who lived there, the registered manager, the assistant manager and two senior care workers.

During the inspection we spent time looking around the home. We examined records relating to tests and checks which had been carried out on the premises. We also viewed records relating to the management of the service and medicines administration records.

Is the service safe?

Our findings

At our last inspection in July 2015, we found that parts of the premises were not safe or suitable for people to use. The provider was unable to evidence that equipment had been checked in line with the Lifting Operations and Lifting Equipment Regulations (LOLER). In addition, aspects of infection control had not been assessed.

At this inspection we found that the premises were safe and well maintained. Both people with whom we spoke informed us that they were happy with their rooms and communal areas of the home. One person said, "My room is rather nice." Many areas of the home had been redecorated. The shower room was no longer being used as a laundry area. A new sluice and laundry facility had been built outside.

Checks, tests and assessments had been carried out on all areas of the premises. These included water, electrical installations and portable electrical equipment. No concerns were noted. The local authority's health and safety officer who accompanied us on our inspection raised no concerns about the safety of the home.

Fire safety checks were carried out. A fire safety audit had been carried out by a fire officer from Northumberland Fire and Rescue Service in January 2016. The outcome was considered to be "satisfactory." Personal emergency evacuation plans were in place which detailed how people should be supported to leave the building in the event of an emergency.

The service was clean and there were no malodours in any of the areas we checked. We spoke with the infection control practitioner who told us that she had carried out infection control training at the service.

LOLER checks had been carried out in line with legal requirements. No concerns were noted. Environmental risk assessments had been completed for hazards such as stairs and windows. These were reviewed on a weekly basis. This meant that the management carried out a range of checks to ensure the safe operation of the home.

There was a safe system in place for the management of medicines. We checked medicines administration records and noted that these were completed accurately. A medicines management technician from the local NHS Trust had visited the service in January 2016. We noted a letter had been sent to the home following their visit. This stated, "No issues at time of visit."

People and staff told us that there were sufficient staff on duty to meet people's needs. A senior care worker and care worker were on duty throughout the day. In addition, the registered manager and assistant manager were also on duty. There was one waking staff member on duty during the night. The assistant manager provided on call cover should assistance be required. This was confirmed by people and staff with whom we spoke. One person told us, "[Name of assistant manager] came to help me when I fell out of bed." Night time staffing levels had been assessed to ensure that people could be evacuated safely in an emergency. This meant staffing was maintained at a level to ensure that people's needs were able to be

met.

Both people informed us that they felt safe living at the home. "I feel safe that is the word that comes to mind, yes – definitely safe." There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse were suspected. No concerns were noted. There were no ongoing safeguarding concerns. This was confirmed by the local authority's safeguarding adults team.

A number of research based risk assessments were in place such as falls and pressure ulcer risk assessments. These had been identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction, such as maintaining independence and avoiding the risk of falls.

A digital accident book was maintained. Accidents and incidents were analysed and monitored, no themes or trends had been identified. There had been one accident in March 2016 where one person had slipped. This meant risks related to people's care were considered and action taken to mitigate such risks.

There had been no change in staff at the service since the last inspection. Staff confirmed that appropriate checks were carried out before they started work at the service. These included Disclosure and Barring service checks (DBS) and obtaining references. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Most staff had worked at the home for a considerable period of time. One of the staff with whom we spoke had worked at the home for 11 years.

Is the service well-led?

Our findings

The care home had been open since 1990 and was a family run business. The provider is a husband and wife partnership, Mr and Mrs AG Burn. Mrs Burn is also the registered manager. She had always been the registered manager. Their son, the assistant manager played an active role in the service.

At our last inspection in July 2015, we found systems to assess the safety of the service were limited and ineffective. We found shortfalls with the storage of people's records and other records relating to the management of the service which were not stored securely.

At this inspection we found that audits and checks were carried out to monitor all aspects of the service. These were carried out daily and covered areas such as medicines, accidents and incidents, infection control and health and safety. Managers' "walk arounds" were also carried out. We found that these checks were comprehensive and recorded what actions had been taken with regards to any deficits in expected standards. We read that the outside shed door had been damaged in the wind. The assistant manager had recorded, "New high grade steel hinges fitted." This meant that action was taken in a timely manner when deficits were found to ensure the quality and safety of the service.

Records relating to people, staff and the management of the service were stored safely and completed accurately. The provider used a computerised management system which they had personalised to record and store people's care records. Staff used a hand held computer tablet to complete daily observations and reports about people's care. This system was also used during staff handovers since it flagged up important events such as any accidents and incidents and GP visits. This meant that important information was communicated to staff to ensure people's safety and wellbeing.

Staff told us that they were a small supportive staff team. They spoke positively about the provider and assistant manager. One staff member said, "They are always around. [Name of manager] sits in on the [staff] change overs and will talk things through with us. They are very approachable." Both people were also complimentary about the manager and assistant manager. One person said, "They are always around and very approachable." The other person said, "[Name of assistant manager] is very good, he helped me put my socks on the other day." This meant that the provider and management staff were approachable and available to support both people and staff.

Staff told us that morale was good and they were happy working at the home. Comments included, "I love my job," "We're just like a family here" and "I wouldn't want to work anywhere else." The manager said, "Everything we do is for the residents. They are the important ones."

The manager informed us that 'residents' and relatives' meetings were not well attended so they were looking at different ways to communicate with people and relatives to obtain feedback. She also said, "I am always here and I deal with any feedback straight away, so maybe that is why because everything is seen to immediately." An email survey was going to be introduced. Neither of the people we spoke with had any concerns and considered that their views were taken into account. This meant that the provider was looking

into more effective ways to obtain feedback from people and their representatives to ensure that they felt involved in all aspects of the service.