

London Residential Health Care Limited

Albany Lodge Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 15 and 16 October 2014. Breaches of legal requirements were found. This was because guidance was not available to staff on when to give 'as required' medicine to people. Some people using the service received covert medicines, (covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them.) There was no evidence of a mental capacity assessment taking place or records of the decision making process taking into account the person's best interests. We saw pharmacists had not always been consulted and when pharmacy had offered advice this had not always been followed.

There were also examples where complaints from people and their relatives had been investigated by the service

but when problems were discovered these had not always been put right and when areas for improvement had been identified, during audits or quality checks, they had not always been acted upon.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We also received concerns in relation to low staffing levels and the lack of senior staff on duty over the weekends.

We undertook a focused inspection on the 18 and 21 April and 14 May 2015 to check that the service had sufficient staffing levels and management presence to meet people's needs and to confirm that they had followed their plan to meet legal requirements.

Summary of findings

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Albany Lodge Nursing Home' on our website at www.cqc.org.uk

Albany Lodge Nursing Home provides nursing care for up to 100 people over the age of 65, some of whom are living with dementia. A new manager had just been appointed who was in the process of applying to the Care Quality Commission (CQC) to be a registered manager for 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 and associated Regulations about how the service is run.

During our focused inspections on the 18 and 21 April and 14 May 2015, we found that the provider had followed their plan and legal requirements had been met.

Improvements had been made to the information available for staff regarding people's medicines. There was guidance for when 'as required' medicine should be given and information to help staff manage people's pain.

The service had procedures and guidance in place for people that received their medicine covertly (covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them.)

There were enough staff available in the home to meet people's needs. We checked staffing levels over one weekend and systems had been put in place to ensure a senior member of staff was always on duty.

Improvements had been made in the way the service monitored and acted upon people's complaints and checked that people were receiving good care.

Summary of findings

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 this service. Information was available for staff regarding people's 'as required' and covert medicines. Procedures and guidance had been put in place so people received their medicine safely.

There was enough staff at the service to meet people's needs.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Is the service responsive?

We found that action had been taken to improve the responsiveness of the service. People felt they could complain to the manager and their concerns would be acted upon. Improvements had been made in the way complaints were recorded and acted upon.

We could not improve the rating for responsive from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



Is the service well-led?

We found that action had been taken to improve the well-led aspect of this service. Improvements had been made in the way the service monitored the quality of people's care and made changes and improvements where it needed to.

We could not improve the rating for safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement



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 was 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 focused inspection of Albany Lodge Nursing Home on 18 and 21 April and 14 May 2015. These inspections were completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 15 and 16 October 2014 had been made. We inspected the service against three of the five questions we ask about services: is the service safe, is the service responsive and is the service well-led. This is because the service was not meeting legal requirements in relation to these questions.

We had also received concerns in relation to low staffing levels and the lack of senior staff on duty over the weekend so we also used our focused inspection to check staffing levels.

The inspection on 18 April 2015 was undertaken by two inspectors. One inspector visited the service on 21 April and 14 May 2015.

Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements.

At the visit to the home we spoke with six people who lived there, five staff, the activities coordinator, the provider and the manager. At the visit we looked at four people's care records and records relating to people's medicines. We also observed the care and support provided to people during our time at the service.

Is the service safe?

Our findings

At our comprehensive inspection of Albany Lodge Nursing Home on 15 and 16 October 2014 we were concerned about the information available and the management of some people's medicines. We found guidance was not available for staff on when to give 'as required' medicine to people. For example, when to give the medicine, why it was needed and how much to give in any one period. Some people using the service received covert medicines, (covert is the term used when medicine is administered in a disguised way without the knowledge or consent of the person receiving them.) There was no evidence in people's care records as to why this decision had been made such as, mental capacity assessments or records of the decision making process taking into account the person's best interests in respect of covert medicine. We saw pharmacists had sometimes not been consulted, this was important because adding certain medicines to food or breaking and crushing medicines to hide them can alter the way they work.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At our focused inspections we found that the provider had made improvements to the information available for staff and the management of people's medicines and had met the regulations. We looked at people's care records and noted detailed guidance was available for staff when people's medicine was to be given 'as required'. For example, there were details about the type of medicine, when it would be needed and what it was for. There was guidance about the gaps to give between doses and what the maximum dose should be. There was clear information to when the GP should be contacted. Measurement of pain charts were in place to help staff to recognise when people were in pain, especially those people who were unable to verbally communicate.

People who were receiving covert medicine had written details in their care records with the reasons why covert medicines were required, the type of medicine with the dose and details of how this was to be administered. Each agreement had been signed by the nurse in charge, the GP, the pharmacist and where possible the person's relative.

People had mental capacity assessments in their care records and when a person lacked capacity decisions about their care had been recorded in their best interests.

We looked at staffing levels during our focused inspection and carried out one of our visits over a weekend to look at the staff and management levels.

People and their relatives told us they thought there was enough staff at the time of our visit and felt they were well looked after. People told us, "They put the residents first", "I feel comfortable and safe here" and "I am well looked after very well, thank you." One relative explained that previously there had been issues with staffing over the weekend but the new manager seemed to have improved things.

We looked at the staffing rotas and checked the numbers of staff on each floor. Staff numbers were in line with the information on the rota. We spoke to staff and asked them if they felt there were enough of them to meet people's needs. Comments from staff included, "From what I have seen there is enough staff, in the past there had been problems but recently things have really improved", "There is always someone senior here at weekends", "At weekends the staff cover is good", "We have enough staff" and "We have enough staff now, It's an improvement from the past."

During our observations staff were always visible, we spoke to the manager who was on duty during our weekend inspection. They explained their new management team was organised to always provide cover at weekends and to ensure a senior presence at the service at all times.

Is the service responsive?

Our findings

At our comprehensive inspection of Albany Lodge Nursing Home on 15 and 16 October 2014 we saw that there was a process of dealing with people's complaints or concerns. However, we did not always see information about how the service responded to the complaint, the improvements it made for that person and their care and what actions the service had taken to make things better.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010.

During our focused inspections we found the provider had made improvements in the way it monitored and acted

upon people's complaints. We were shown the system used to monitor complaints and noted actions taken as a result were now recorded. People told us they felt comfortable complaining to the new manager and she would put things right. They told us, "If we have any problems we speak to the manager and they move heaven and earth", "On the whole, it's pretty good and it's getting better. Even more so with the new manager. She will try to put something right before it's wrong" and "I know how to complain. This new manager is visible she is always checking." A relative told us, "I have given a list to the manager of the things that were wrong...things have already improved...I'm sure she will turn things around."

Is the service well-led?

Our findings

At our comprehensive inspection of Albany Lodge Nursing Home on 15 and 16 October 2014 we saw that when areas for improvement had been identified, during audits or quality checks, they had not always been acted upon. We found the service did not always respond to advice and recommendations highlighted during audits. For example, recommendations made during a pharmacy audit had not been implemented and there were no checks in place to make sure this had been done.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010

During our focused inspections we found the provider had made improvements in the way it monitored the quality of people's care. The service had just introduced 'resident of the day' staff explained that once a month each person's care records would be reviewed. People would meet with senior members of staff, their keyworker, housekeeping and maintenance. This gave an opportunity for any issues

to be highlighted and rectified. It allowed for a review of care needs and the opportunity to improve things that mattered to that person. For example, food, activities, maintenance issues and looking at people's healthcare needs.

The manager had met with pharmacists and had implemented any advice they had given to improve the quality of care and safety for people with their medicines. We found improvements were being made with the quality and regularity of information written in people's care records. Steps were being taken to make people's records more person centred. Person centred means that care is tailored to meet the needs and aspirations of each individual.

We were assured that improvements had been made in the way the service checked that people were receiving good care, however, we will review the quality assurance arrangements in place at our next inspection and look at how these systems are used to drive improvement at the service.