

Healthcare Homes (Spring) Limited

The Albany Care Home

Inspection report

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Headington
Oxford
Oxfordshire
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Ratings

Overall rating for this service

Insufficient evidence to rate

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Albany is a care home that can support up to 38 people. The service is in one adapted building over two floors. The service supported people who were discharged from hospital and required support with rehabilitation prior to returning to their own homes. These were referred to as 'HUB beds'. At the time of inspection 33 people were using the service.

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

Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

There were sufficient staff deployed to meet people's needs and staff recruitment was on-going. Risks to people's safety and well-being were managed through a risk management process.

Medicines were managed safely, and people received their medicines as prescribed. The systems in place to monitor the quality of care within the service were effective. The Registered Manager promoted a positive person-centred culture and fully understood their responsibilities as a Registered manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection This service was registered with us on 31 July 2020. We completed a targeted inspection looking at infection prevention control (13 February 2021).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, nutrition, HUB beds and risk management. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Albany Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection team consisted of two inspectors

Service and service type

The Albany Care 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

The service had a manager registered with the Care Quality Commission. Registered Managers and providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority.

We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four people about their experience of the care provided. We spoke with two members of staff, two nurses, registered manager and the provider. We reviewed a range of records. This included eight people's care records 6 of which specifically related to people using HUB beds and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. For example, were people had been identified as having swallowing difficulties, they had been referred and assessed by a speech and language therapist (SALT). Staff supported people in line with their care plans and their individual SALT recommendations.
- People's risk assessments included areas such as mobility, falls, choking, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans and appropriate action had been taken where necessary.
- People who were assessed as being at risk of malnutrition and dehydration had food and fluid charts completed and were being regularly reviewed.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff had been trained in administering medicines and their competency was checked regularly to ensure they followed best practice.
- There was accurate recording of the administration of medicines. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.
- Some people had medicines that were time specific. Records showed that people received these medicines on time. We spoke with one person who confirmed they received their time specific medicine at regular scheduled times.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us "I've got no concerns being here, they do a great job of looking after me".
- People were protected from the risk of abuse and avoidable harm because staff knew how to identify and respond to allegations of abuse.
- The provider had safeguarding policies in place and the manager and staff reported concerns accordingly.

Staffing and recruitment

- People told us there was enough staff. We observed, and staffing rotas showed that planned staffing levels were being achieved.
- Staff were not rushed in their duties and had time to speak with people and respond to their care needs appropriately.
- People were protected against the employment of unsuitable staff as the provider followed safe

recruitment practices.

Learning lessons when things go wrong.

- The manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people.
- Accidents and incidents were reviewed by the registered manager and included in a monthly clinical governance report which was submitted to the provider to identify patterns and trends
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning resulting from incidents at team meetings and on an individual basis.

Preventing and controlling infection

- The service had recently had a inspection carried out for Infection Prevention and Control (IPC) assurances. We were still assured with the IPC practices within the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were given opportunities to contribute feedback and ideas regarding the running of the service.
- Staff were complimentary of the support they received from the registered manager. One staff member said, " I am able to approach the manager with any concerns, they will take action".
- There was a positive open culture at the service that valued people as individuals. Staff told us the service was well run.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their obligations and responsibilities.

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

- The manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. The registered manager regular submitted statutory notifications.
- The provider had quality assurance systems in place. These included, safeguarding, medicine records and accidents and incidents. These provided an oversight of these areas of care to ensure improvements were made where necessary.
- The registered manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

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

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and individual meetings with the registered manager.
- People and their relatives had opportunities to provide feedback through surveys and raise any comments via an open door policy at any time.
- From observations of staff and speaking with registered manager we noted that the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the registered manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.
- The service was managed in a transparent way by a registered manager who had a positive approach to partnership working.