

Albury Care Home Limited

# Albury Care Homes Limited

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Albury Care Homes Limited (Albury Care Home) is a residential care home providing accommodation and personal care to up to 33 people. The home provides support to older people with physical and health related support needs, some of whom live with dementia. At the time of our inspection there were 26 people using the service.

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

People were protected from abuse, neglect and avoidable harm and received care which empowered them to keep well and to live the life they wanted. Staff knew people, their individual risks and capabilities and provided safe support. People had clear care plans in place.

Staff knew how to support people safely with their medicines. The provider ensured lessons were learnt from any adverse events in the service and from people's, their representatives and staff feedback. The management team followed up on those lessons learnt which had improved the home and people's experience.

New staff were recruited safely and there was enough staff to support people timely. Staff adhered to good infection prevention and control.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider reviewed their management structures and ensured there was good, hands on leadership available on a day-to-day basis in the home. The systems and processes of quality and safety monitoring were improved, and additional support of a care consultant was sought by the management. Staff completed regular checks and audits, worked well with other health and social care partners and took action to improve when needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 02 December 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 27 October 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve medicines management and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe and Well-Led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Albury Care Homes Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Albury Care Homes Limited

## 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 Health and Social Care Act 2008.

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 was carried out by 2 inspectors.

#### Service and service type

Albury Care Homes Limited (Albury Care Home) is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Albury Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post and a manager who managed the home on a day-to-day basis delegated by the registered manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 5 relatives about their experience of the care provided. We observed the interactions between people and staff. We spoke with 7 members of staff including the manager, administration staff, care staff, maintenance and the cook. We received feedback from a healthcare professional working with the home.

We reviewed a range of records. This included multiple people's medicines records and elements of care documentation for 6 people. We looked at 3 staff files in relation to recruitment and staff supervision and agency staff check. A variety of records relating to the management of the service, including quality monitoring records, risk management records, staff training and meeting records as well as policies and procedures were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks to people's safety were consistently managed and we found shortfalls with the management of people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The management team made a range of improvements in how medicines were managed in the home. The managers now regularly checked staff competency to support people with medicines and audited the medicines records to ensure people received their medicines as prescribed.
- For example, the topical medicines administration charts (TMAR) were now regularly checked and signed off by staff when they applied creams for people. Where some singular gaps in signatures were identified via checks, the management team took action to check this with staff and reminded them to record support.
- There was now detailed guidance in place for staff for people using 'when required' medicines. Staff regularly checked the available stock of medicines. The provider improved on their storage of medicines to make it more person-centred and placed lockable cabinets in people's rooms. One staff member commented this change also improved safety, "I love the system now. Having medicines in people's rooms is so much easier. It means that you know the medicine is for that person and there is no risk of mixing up tablets or anything. All staff love it."
- Staff supported people safely with their medicines. People were aware of what medicines they were taking. One person told us what medicines they needed daily and commented, "Yes, staff are on time with my tablets."
- We provided feedback to the management team about how they monitored medicines storage temperatures and ensured people who received their medicines covertly had an appropriate advice from a pharmacist in place. The manager acted on that feedback straight away and provided evidence of these areas being fully reviewed the day after the inspection.
- People received safe support around their individual risks and needs. One person told us about staff constantly 'keeping an eye' on them and always encouraging them. They explained how staff ensured they were safe when walking or how they quickly spotted when the person was not well and called an ambulance for them.
- People's care plans were regularly reviewed and included details around their individual risks and needs. For example, there was clear guidance for staff around people's risk relating to their mobility, personal and oral care, continence needs, skin condition, specific health conditions. When people could get distressed at

times, their care plans guided staff on how to support them. Staff we spoke with knew people's needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and neglect. People and their relatives told us the home was safe and they had no concerns around how staff treated them. One person said, "Yes, I feel safe, staff are nice." Another person told us, "I feel very safe and have freedom to be me."
- People's relatives echoed these views and told us they felt their loved ones were safe in the home. One relative told us, "I can't see any dangers here. The good thing here is management. They are not distant like in some places, they do get involved and relate to all the people and are always checking. It feels it is more than just a job for them, it is like they are actually concerned and they would listen."
- Staff completed training in safeguarding and told us they felt comfortable and competent to report any concerns they might have. The management team ensured all safeguarding concerns were treated seriously, externally reported, investigated and addressed which protected people.

The Mental Capacity Act 2005 (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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- People and their relatives told us there were enough staff to support them timely. One person said, "Staff come in very quick.", and they showed us the call bell pendant they used to call staff for help. We observed calls for assistance were answered by staff promptly on the day of the inspection. Staff were always available to support people, including those people who could not call for help when they needed it. The management team monitored and audited call bell response times regularly.
- Staff told us there were enough of them to provide care and to spend some time with people, for example, chatting or helping them to do what they wanted daily. People told us they were supported to go out or for appointments when needed. The provider used a dependency tool to assess staffing levels and ensured consistent agency staff were available to support in emergencies. They also undertook a big recruitment drive since our last inspection and were planning ahead to ensure if staff were leaving, suitable recruitment was undertaken in advance.
- New staff were recruited safely. Staff had to submit application forms with clear employment history and underwent an interview. All relevant pre-employment checks were carried out prior to new staff starting work in the home. The provider also required the new applicants to undergo a Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of



infection.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

People could host visitors freely and safely.

Learning lessons when things go wrong

- The management team ensured lessons were learnt when things went wrong. They analysed all incidents, accidents and safeguarding concerns and took action to minimise risks to people and to support staff around their practice.
- The manager kept a clear log of all lessons learnt which were shared with the staff team during regular staff meetings and daily 'huddle' meetings. For example, we saw additional information supporting staff to provide good care was discussed with them and displayed in the relevant areas of the home following lessons learnt from two recent safeguarding investigations.
- Staff were supported to reflect on any near misses and errors. The management team held a reflective supervision with staff members involved to identify any lessons learnt and provided them with additional guidance, support and training as per individually identified needs.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to have robust quality monitoring processes in place and there was no clear structure for management oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team had clear structures and systems of oversight of the quality and safety of the service. There was a manager delegated to oversee the day-to-day running of the home, as well as a senior carer and administration staff supporting them. The registered manager held overall responsibility of the service and supported the home management team. There were clear plans of succession within management team and upskilling for management staff.
- The managers had a clear system of auditing and carrying out checks in the home. They were also supported by a consultant visiting the provider to assess key areas of the service and to provide support with any required actions. This ensured the provider had an objective view of the quality and safety of the service and could access additional support when needed.
- Managers completed audits around care people received and their individual records, home environment, mealtime experience and night-time care, infection prevention and control and catering, fire safety or incidents and accidents. Where actions for improvements were identified, this was clearly addressed in the service improvement plan monitored by the manager.
- The management continuously improved the service, people's care, and supported the staff team. Health and safety checks were booked and updated when required. Staff updated their training when it was identified as required via audits. People were referred to other healthcare specialist services and their care plans were updated following accidents.
- The culture of the service was friendly, supportive and encouraging. It reflected the provider's values and vision for the home. One person said, "(Care) is very individualised here. (Staff) support me but also let me get on with (my life)." Another person commented, "I am enjoying living here."
- People's relatives told us they felt welcome and listened to by staff. One relative said, "It has all been very good. Staff are very genuine, helpful, competent, and always able to spot things. They are very good at

listening, getting people involved and making a friendly atmosphere, so residents feel it is their home." Another relative told us, "It is all good, first class. [Person] is like a part of the family (in the home). If anything, we are always listened to and it is all answered and dealt with."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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; Working in partnership with others

- People and their representatives had opportunities to provide feedback and were listened to. One person said, "I had such an encouragement here, [staff] were so helpful, it is nice they went into so much trouble." A relative of a person told us, "[Staff] would let me know if anything, they would call." Another relative said they were always informed of any changes affecting their loved one and commented, "We also filled a survey."
- Staff took action to address people's feedback and improve their experience. For example, people did not like the food on offer, so the provider employed a cook and started to run their own catering service, so people had more 'homecooked' food which they preferred. This was complimented by people who told us food was now good. The provider used 'you said, we did' cards to inform people about action they took to address their feedback.
- Staff were involved in the home and supported to voice any ideas, suggestions and concerns. Staff members commented, "I have good contact with the management. They listen."; "It's good teamwork. If I want to say something, I can go to a staff meeting."; "Everyone is very supportive. We all work together as a team."
- The provider was aware of their duty to work in an open and transparent way and to adhere to the duty of candour. People's relatives told us they were always informed of the accidents and incidents affecting their loved ones and offered an explanation of what happened and what was done to prevent any further risks to the person.
- The management team worked together with the local health and social care services. We saw evidence of people being supported to access GP, community nursing teams, social workers and other specialist services. People were encouraged to go out and do things they liked, staff supported them when needed.