Lancam Care Services Limited

Albany Park Nursing Home

Inspection report

43 St Stephens Road
Enfield
Middlesex
EN3 5UJ

Tel: 02088041144

Date of inspection visit:
19 February 2016

Date of publication:
19 November 2020

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 two days 26 January 2016 and 16 February 2016 and was unannounced. When we last visited the home on 07 July 2015 we found the service was not meeting all the regulations we looked at. We found that people were not always protected from the risk of from unlawful or excessive control as the provider had not made suitable arrangements to address this by assessing people's capacity to consent to care and having guidance on the when restraint could be used. The provider sent us an action plan telling us how they would address this.

Albany Park Nursing Home provides nursing care and accommodation for a maximum of forty-three older people, some of whom may have dementia. There were 41 people using the service on the day of our inspection.

The home had a registered manager. 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.

We found two breaches of regulations at this inspection. People were not protected from the risks of receiving unsafe care as the provider had not made sure that safe recruitment practices were being followed. People were at risk as appropriate measures had not been taken to mitigate the risk of fire as fire drills had not taken place in line with the provider is policy.

People's needs were met as a system had been put in place to ensure that staff were deployed consistently to care and support them.

People could choose to be engaged in meaningful activities that reflected their interests and supported their well-being.

The registered manager had a plan for the redecoration and refurbishment of the service that took into consideration the needs of people so that they were not disturbed whilst these redecoration were taking place.

Appropriate procedures were in place to protect people from abuse. Risks to people were identified and staff took action to reduce those risks. People were provided with a choice of food.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support

needs.

People were treated with dignity and respect. There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately. People and their relatives felt confident to express any concerns, so these could be addressed.

People using the service, relatives and staff said the registered manager was approachable and supportive.

At this inspection there were breaches of regulations in relation to the need for fit and proper persons and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People were not protected from the risks of receiving unsafe care as the provider had not made sure that safe recruitment practices were being followed.

People were at risk as appropriate measures had not been taken to mitigate the risk of fire as fire drills had not taken place in line with the provider is policy.

Procedures were in place to protect people from abuse.

The risks to people who used the service were identified and managed appropriately

People received their medicines safely and as prescribed.

Is the service effective?

Good

The service was effective. Action had been taken to comply with the Mental Capacity Act 2005 (MCA) as mental capacity and best interest assessments had been carried out.

People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

People told us they enjoyed their meals.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Is the service caring?

Good

The service was caring. Staff were caring and knowledgeable about the people they supported.

People's privacy and dignity were respected.

People and their representatives were supported to make informed decisions about their care and support.

Is the service responsive?

Good

The service was responsive. People were supported to engage in meaningful activities.

People's care was planned in response to their needs.

People and their relatives were supported to raise concerns with the provider and there was an effective complaints system in place.

Is the service well-led?

Good

The service was well-led. The provider had carried out regular audits of the care provided to people.

The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Albany Park 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 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 two days 26 January 2016 and 16 February 2016, and was unannounced.

The inspection was carried out by an inspector, a pharmacist inspector, a specialist professional advisor who was a nurse with knowledge of older people's needs 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 reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with fourteen people who used the service, five visitors, five care staff, two nurses, the cook and the registered manager. We spent time observing care and support in communal areas.

Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them. We used the Short Observational Framework for Inspection (SOFI), which is a specific way of observing care to help to understand the experience of people who could not talk with us. We wanted to check that the way staff spoke and interacted with people had a positive effect on their well-being.

We also looked at a sample of ten care records of people who used the service, 20 medicine administration records, three staff records and records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People were not protected from the risks of receiving unsafe care as the provider had not made sure that safe recruitment practices were being followed. We were notified of safeguarding incident that highlighted that recruitment practices were not sufficiently robust to ensure that only people of good character with the appropriate skills were recruited to work with people who use the service. Since our last inspection three members of staff had been recruited. In one recruitment record there were gaps in the employment history of the person that had not been explored with them at interview as no interview notes were available to show that this had been done. The two referees that had been given were not former employers of the person. This meant that no checks were carried out as to whether this member of staff was suitably experienced and qualified to work with people use the service. The relevance of any training they had had not been confirmed, so the registered manager had not taken all reasonable steps to confirm if the member of staff was suitably qualified.

In recruitment record references had not been taken up from the most recent employment where the staff had worked as a nurse in a nursing home. We looked at the record of the interview of this member of staff; it did not show that the registered manager had discussed this at the interview. We asked the registered manager whether this had been explored with the member of staff. The registered manager told us that after they had offered them a job they had subsequently explored why the member of staff had ceased work at the previous employment as a nurse. The registered manager told us that the member of staff could not provide an explanation, and did not commence employment with the service as they did not come for their induction training.

Two of the recruitment records had vetting and barring checks from the staff's previous employment. These were in date, but the service had not obtained new vetting and barring checks employing these staff. The services recruitment policy stated that vetting and barring checks should be obtained before an offer of employment was made. The recruitment policy had not been updated with the latest guidance for obtaining vetting and barring checks.

The services recruitment policy stated that gaps in employment should be explored with applicants and that references should be taken from previous employers. The policy further stated that the registered manager or provider could take up references from previous employers if they wished to the check potential staff suitability to work with people who used the service. The policy had not been reviewed and no date had been set for this. The service had failed to follow their recruitment policy and this had potentially placed people at risk. The registered manager was not able to explain why they had not followed the services recruitment policy. They told us that there were lessons to be learned about how they could recruit staff safely in future. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The records of fire drills showed that the last drill had taken place in July 2015. In the fire drill record stated that the drills should take place monthly. The provider is fire safety policy confirmed that fire drills should be held each month. The service was not able to evidence that fire drills had taken place as specified in the

policy. People were at risk as appropriate measures had not been taken to mitigate the risk of fire as fire drills had not taken place in line with the provider is policy. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were shown records of health and safety checks of the building and the appropriate certificates and records were in place for gas, electrical and fire systems. The provider had emergency contingency plans for the service to implement should the need arise.

At our inspection in July 2015 we found that staff were not deployed around the home so that they were available to meet people's needs. Following the inspection the provider sent us an action plan detailing how they would make improvements by putting system in place to ensure staff were deployed and available to meet people's needs. At this inspection people and relatives told us that staff were available when they needed care and support. One person said, "When I ring the call bell they come." Staff were assigned to work on first and second floors so that support was available to people who were in their bedrooms. We observed that staff were in the sitting room with people, and around the home. If people called for assistance and when they used their call bells they responded to quickly. Staff were assigned to work on first and second floors so that support was available to people who were in their bedrooms.

The registered manager showed us an allocation sheet that is completed at each handover so that each member of staff is given specific task to do throughout the shift. The registered manager had introduced a system of senior care staff that assisted the nurses to ensure that care was provided when people needed it. Staff said that the allocation system worked well and they knew what they were to do throughout their shift and understood the importance of responding to people's needs quickly. Sufficient staff were available to meet people's needs and maintain their safety.

People told us they felt safe at the home and with the staff who supported them. People's comments included, "I feel safe," and "They are so good to me." They are so kind." People said they could raise concerns with staff. Relatives were aware of the safeguarding policy and knew how to raise concerns.

Staff understood the provider's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both within the service and to authorities such as the local safeguarding team and the Care Quality Commission. All the staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular safeguarding adults training as well as equality and diversity training. This showed that appropriate policies and procedures were in place for reporting and responding to allegations of abuse.

Risk assessments were in place that ensured risks to people were addressed. These were detailed covering areas of potential risks, for example, falls, pressure ulcers and nutritional needs. These were reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risks were highlighted. Staff were able to explain the risks that people might experience when care was being provided. Where necessary professionals had been consulted about the best way to manage risks to people.

Comprehensive up to date risk assessment and management plans were in place. Risk identified and management plans were in place to ensure people were kept safe. For example, When people presented challenging behaviour like touching people staff inappropriately, risk management plans were in place and there was evidence that the plan had been effective.

The documentation were clear and evidence based. We observed that they are understood the various

precaution to take in order to ensure that people were kept safe and receive necessary care. Risk assessment and management plans covered various areas like moving and handling and falls.

Appropriate arrangements were in place for the safe management of medicines. When staff gave medicines to people we saw that they were patient and reassuring. They recorded when the medicines had been taken. People were asked if they were in pain and were given pain relief. Staff told us how medicines were obtained and we saw that supplies were available to enable people to have their medicines when they needed them.

Medicines administration records were clear and fully completed .The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded. We saw two people had been prescribed warfarin and this was being administered and recorded correctly.

Staff told us how medicines were obtained and we saw that supplies were available to enable patients to have their medicines when they needed them.
We saw people were having the medicines reviews completed by their GP. Controlled drugs were stored and managed appropriately. When medicines were being administered covertly to people we saw there were agreements in place which had been signed by the GP, however we were told this was under review and in future a pharmacist and a family member would be included.

The registered manager did daily audits to check the administration of medicines was being recorded correctly. The stock balances for medicines not in the monitored dose system were recorded daily and the sample we checked was correct. A full medicines audit had been completed in February 2016.

Good

Is the service effective?

Our findings

At our inspection in July 2015 we found that people may be at risk as the home's environment was not maintained, and was not decorated in a way that met their needs. Following the inspection the provider sent us an action plan detailing how they would make improvements by Introducing a plan to redecorate and change furnishing within the home. At this inspection we found that the redecoration and refurbishment plan was being implemented. One relative told us, "The bedroom was decorated and there is new carpet." We saw that 20 bedrooms had been redecorated and new carpet had been laid in needs. In the sitting rooms there were new armchairs and settees. The registered manager explained that the plan was to redecorate all bedrooms and public areas used by people use the service. The registered manager had a plan for the redecoration and refurbishment of the service that took into consideration the needs of people so that they were not disturbed whilst these redecoration were taking place

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for 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 lacked 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 MCA. The application procedure is for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that staff asked them for their consent before they supported them. People said they were able to make choices about some aspects of their care. We observed staff asking people what they wanted in terms of their support. The registered manager and the staff we spoke with had a good understanding of the principles of the MCA. They said some of the people who used the service had been diagnosed as having dementia and they took extra care when communicating with them to involve them in making decisions.

Staff had received training in MCA and DoLS. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. Staff understood people's rights to make choices for themselves and also, where necessary, to act in someone's best interest. The majority of people who used the service had a DoLS authorisation in place. The conditions of authorisation were reflected in people's care plans and risk assessments which also identified how staff should respond to people's varying capacity to make decisions regarding their care and support.

People were supported by staff who had the necessary skills and knowledge to meet their needs. One person said, "They (the carers) know what they're doing." Another person told us, They know what I need." Staff knew how to respond to people to meet their needs. Staff who had recently started to work at the

home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these needs should be met.

Training records showed that staff had completed mandatory training in line with the provider's policy. Staff had training on dementia, managing behaviour that requires a response and nutrition. All care staff had completed a diploma in health and social care. Staff who were qualified nurses had been supported to complete training that meant they could maintain their nursing registration. A training matrix was used to identify when staff needed training updated. Staff said the training helped them feel confident about carrying out their role and meeting people's needs.

Staff confirmed that they received regular supervision and that this was an opportunity to get support from management about any work issues or concerns they might have. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. Records showed that staff had received regular supervision in line with the provider's policy. This had focused on their developmental needs and the work they were doing with people. Staff confirmed that they had regular supervision and appraisals which enabled them to better understand and meet people's needs.

People's nutritional needs were assessed and when they had particular preferences regarding their diet, these were recorded in their care plan. One person said, "The food's good."
The cook was able to explain the dietary needs of people who had diabetes or were on low or high fat diets. One relative confirmed that "They are on special food. Everything is catered for."

People told us they enjoyed their meals. One person told us there was always varied meal available and that "We get a food choice. On Fridays its fish and chips. I get something else." People were offered choices at lunch time if they didn't want to eat or drink what they had originally requested. Another person told us, "There's always choice of meals, but if I don't like the choice, I ask for something else and they do it for me." Staff supported people to take their time to enjoy their meals.

If people refused a meal we heard staff offering an alternative. Snacks were also available throughout the day. Staff told us if someone had a reduced dietary intake, or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People's weight was being monitored and recorded in their care plans to identify concerns promptly.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. One person said that whenever they wanted to see a doctor, "They get one for me." Relatives told us that when they asked staff to contact the GP this was done quickly. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. One person confirmed that, "I've seen the doctor, the dentist and the chiropodist and the staff arranged it." Care plans also showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs.

Good

Is the service caring?

Our findings

People told us that staff treated them with compassion and kindness. People and relatives were positive about the staff. They were observed to be kind, friendly and respectful in their interactions with people.

People were treated in a caring and respectful manner by staff who involved them in making decisions about their care. One person told us, "They treat me with respect." Staff knocked on bedroom doors and doors were closed when staff were supporting and assisting people with personal care. Staff treated people politely and with respect in their interactions and when supporting people.

Staff were aware of how to support people to express their preferences. One relative commented, "Staff are really helpful, I think they look after them well." Staff were able to describe how they supported people to make choices about what clothes to wear.

Staff knew how to support people to express their views and be actively involved in making decisions about their care as far as possible. One person said, "Oh, I do get the care I want and need." Staff told us that people, or their representatives, were asked about people's preferences on admission to the home and that this was recorded in people's care plans. Relatives confirmed that they were asked for this information.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People's likes and dislikes regarding food, their interests and how they wanted to spend their time were also reflected in their care plans. Where possible, people had also been supported to be as independent as possible and manage their needs. People's care plans showed that they had been involved in managing aspects of their care.

Staff treated people with respect and as individuals with different needs and preferences. One relative said, "Staff are excellent, there is a nice atmosphere from staff." Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Relatives had been asked about people's cultural and religious needs. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

We found that people's relatives and those that mattered to them could visit them when they wanted to. One relative told us, "There is an excellent atmosphere and visitors are made feel welcome and part of the family." Where people did not have a relative who could advocate on their behalf staff had helped them to access a community advocacy service to ensure they were supported to share their views about their care.

Good

Is the service responsive?

Our findings

At our inspection in July 2015 we found that people were not supported to engage in meaningful activities that reflected their interests and supported their well-being. Following the inspection the provider sent us an action plan detailing how they would make improvements by having an more hours for the activities organiser 's post and consulting with people to develop a new activities programme. At this inspection we found that people could choose to be engaged in meaningful activities that reflected their interests and supported their well-being. Staff had started using reminiscence activities with small groups and individual people using the service. The registered manager explained that they would be developing this further so that it could be used in care planning. A range of activities were provided and an activity plan was available. We saw that a number of activities took place throughout the day, including drawing and a music based activity, and that there was the plan in place for daily activities. People were engaged in the activities appeared to find them worthwhile and interesting.

People and their relatives had been involved with planning and reviewing their care. One relative said, "We had an interview initially and the manager went to see our relative in hospital." Care plans were in place to address people's identified needs. Care plans had been reviewed monthly or more frequently such as when a person's condition changed, to keep them up to date and ensure they reflected people's current needs. Staff explained how they met people's needs in line with their care plans.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People's care records showed that they were regularly consulted about their needs and how these were being met. One person told us that they were planning to move to another service and that, "The manager is chasing it up. The manager does all the phone calls for me." Staff supported people to make decisions about their care through discussions of their needs.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One person said, "You can have a right laugh with the staff." We found that the key worker system ensued that people's needs were identified and met as staff were able to explain the needs of the people they were supporting and how they did this.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. One person said, "If there is something wrong, I go to Jayne (the registered manager) and she sorts it." Copies of the complaints procedure were on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to inform the manager about this, so the situation could be addressed promptly.

People and their relatives were confident they could raise any concerns they might have, however minor, and they would be addressed. One person said, "You can complain if you want to and all is taken with a smile and looked into." The complaint records showed that when issues had been raised these had been

investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Good

Is the service well-led?

Our findings

At our inspection in July 2015 we found that the provider had not told us about significant events affecting people's care and support needs, in particular we had not received any notification is regarding the outcome of DoLS applications. Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that they notified the Care Quality Commission (CQC) of the outcomes of any DoLS applications. At this inspection we found that when the provider knew the outcome of a DoLS application they had completed the appropriate notification. Prior to the inspection we had received five notifications regarding the outcome of DoLS applications. We looked at people's care records and found that these were the latest DoLs applications that had been made since our last inspection. The registered manager was able to show us records for each DoLS application with an accompanying notification CQC. Where there had been a safeguarding alert the registered manager was able to show us notifications that had been sent to the CQC. These corresponded to the number of alerts we had received regarding safeguarding issues. This meant that the provider had ensured that they had notified us of significant events relating to people's care needs.

People using the service, their relatives and friends were positive about the registered manager and the way the provider ran the service. People and their relatives knew who the registered manager was and said they were approachable and available. One person said, "The manager always listens to what you have to say."

The values of the service were discussed with staff in their induction. Training records showed that staff were encouraged to complete professional qualifications and ongoing training so that they had the skills to implement the values of the service. Staff were supported through regular supervision and an annual appraisal to identify areas for further training and development. Staff told us that the registered manager discussed areas of good practice relating to the care of people living with dementia and end of life care with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us the registered manager was open to any suggestions they made and they had benefited from clearer communication from the registered manager about how they should prioritise their work.

Staff told us that the registered manager discussed areas of good practice relating to person centred dementia care with them so that they could effectively meet the needs of people. In this way they were supported to develop and improve their practice.

The service had a number of quality monitoring systems including yearly questionnaires for people using the service, their relatives and other stakeholders as well as regular meetings and monthly quality audits. People confirmed that they were asked about the quality of the service and had made comments about this. They felt the provider took their views into account in order to improve service delivery.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people. These checks were recorded and any issues were addressed with staff in their supervision. Audits were carried out across various aspects of the service, these included care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed.

Incident and accident records identified any actions taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The provider's procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People were at risk as appropriate measures had not been taken to mitigate the risk of fire as fire drills had not taken place in line with the provider is policy.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected from the risks of receiving unsafe care as the provider had not made sure that safe recruitment practices were being followed.

The enforcement action we took:

Impose postive conditions