

Albury Care Home Limited

# Albury Care Homes Limited

## Inspection report

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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

### About the service

Albury Care Homes Limited is a care home registered to provide accommodation for up to 33 older people who require personal care. The service supports older people who have dementia. On the day of the inspection there were 28 people using the service.

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

We found that risks to people were not always assessed consistently across the service. Medicines were not always being managed safely for people. We found that staff were not always being deployed in a structured way to ensure people received consistent and timely care.

We found that there had been a lack of management oversight with the service which had resulted in quality audits not being robust enough to identify the issues we found at the inspection. It was also difficult at times to obtain information in a timely manner during the inspection.

Feedback had not always been sought from people and relatives, but this had also been due to prioritising safety around Covid-19. The registered manager assured us that this process would be restarted again.

People told us they were happy living in the home, and they felt that staff were kind, caring and supportive when they were available. However, people we spoke to told us they often had to wait for staff to support them with personal care or lunch.

Relatives told us they were happy with the level of contact from the registered manager and the staff. Relatives said staff were kind and caring when they had been able to visit the home prior to Covid-19 and also felt that the information around the pandemic had been communicated well.

A visiting healthcare professional gave positive feedback about the management of the home.

The registered manager was receptive of feedback and stated that lots of work had been identified where improvements could be made. The provider had recruited a consultant to assist with identifying and driving areas of improvement. The registered manager had developed a service improvement plan around the areas requiring improvement. Following our inspection, the registered manager sent us an updated plan which contained our feedback for additional areas to improve.

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

The last rating for this service was good (published 03 November 2017).

### Why we inspected

We undertook this focused inspection in part to respond to concerns raised to us in relation to people's safe care and treatment, safeguarding service users from abuse and improper treatment, staffing and good governance. 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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. 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 Albert Residential House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches of regulation in relation to safe care and treatment and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 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 was carried out by two inspectors.

#### Service and service type

Albury Care Homes Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We reviewed notifications and safeguarding concerns we had received from the service.

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 who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, operational manager, care staff and activities staff. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included three people's care records. A variety of records relating to the management of the service, policies and procedures, incidents and accidents, quality audits and governance.

#### After the inspection

We continued to seek additional information from the registered manager with regards to additional supporting evidence. We also spoke to one staff member, three relatives and the nursing team via phone or email.



# 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 deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always robust or assessed consistently. Where people had a specific health need this had not always been managed appropriately. One person who used a catheter and was at risk from potential UTI did not have any guidance or risk planning around the monitoring or to guide staff what to look out for around catheter care. The impact was low as the person understood the risks and was able to communicate this to staff.
- People did not have behavioural risk plans in place. Where people presented with challenging behaviours there was no information around what potential triggers may be and how staff can reduce risk. One person's care plan stated they had periods of being verbally aggressive and/or periods of escalated agitation. There was no guidance for staff such as different support methods to reduce any anxiety. As a result, this person continued to display challenging behaviours and required constant support from staff.
- The registered manager had not robustly planned around potential risk whilst decorating the home. On the day of inspection, we observed several decorating items including paint, decorating equipment and a bucket of water left out in a lounge area that was being decorated. We observed people accessing this area who could have come to harm. Two people had rooms that led directly out into this area. This caused potential trip hazards. We raised this with the registered manager, and it was tidied up and restored to a usable room for people.

Using medicines safely:

- People's medicines were not always being managed safely. There was a lack of clear guidance in place for staff who supported people with topical creams. Topical Medicines Application Record's (TMAR) were not being consistently used to record detail around when and where topical creams were used. Which meant it was not possible to audit when and where creams had been used for people to ensure they were being administered consistently and working effectively. We spoke to the registered manager about this issue who stated they would address this immediately and monitor robustly and this issue was added to the service improvement plan following the inspection.
- Protocols for the administration of 'as and when' required medicines had been developed, however the information available for staff was either unclear or lacking in detail to ensure these were consistently managed.
- Staff had not always received medicine administration competency checks. The registered manager stated competency checks should be completed annually. Whilst we found day staff had up to date checks completed there were gaps around some of the night staff not having up to date checks in place. We saw an example of one night staff having received a competency check but this was not consistent for other night staff. The registered manager stated this would be addressed and competency checks were to be

completed annually for all staff including agency staff.

The failure to ensure risks to people's safety were consistently managed and the shortfalls found with the management of people's medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People's medicines were stored safely. We observed that medicines were stored within a locked trolley which was kept secure.
- Controlled drugs were secured separately, and stock checks had been completed regularly to ensure accurate records had been maintained.
- The registered manager and management team are in the process of reviewing care plans and updating risk assessments. Prior to our inspection the management team had identified some areas of improvement. This has formed part of their service improvement plan and we saw evidence that this work has started but will need more time to be fully embedded and consistent across the service.

#### Staffing and recruitment

- People told us that although staff were very kind and caring when they received support, they were often having to wait for staff to be available. One person told us, "If it wasn't for the TV, I would be very bored waiting. I need assistance from staff to get washed and dressed and to start my day. So, until I can get some support I am just sat waiting. This happens most days." Another person told us, "No it doesn't seem like it all the time [enough staff]. They have a lot of people to get around, so it means you have to wait if you want something like at lunchtime."
- Staff were not always deployed to support people in a timely manner. One person who spent most of the time in bed had guidance in their care plan for staff to check on them throughout the day. When inspectors reviewed the electronic system at 15:10 nothing had been recorded for this person in terms of any visits or checks since 09:16. It was not clear from the rota or structure of the day who had responsibility for completing these checks and ensuring they had been recorded.
- The provider relied on a consistently high proportion of agency staff to cover gaps in permanent staff. Although we were given assurances that the same agency staff were being used and worked exclusively in this home, the high use of agency staff especially at night caused some inconsistencies in knowledge and understanding. For example, there was a lack of knowledge around fire procedures. The registered manager told us, "We need to get our own staff and not have so many agency staff so we can have the consistency and get things right."
- Staff gave mixed response when asked about staffing levels within the home. Most staff felt there were now enough staff to support people and that staffing levels had improved recently but felt they could be deployed in a better way. A staff member told us, "We make it work as a team but often it can be a bit frustrating at the lack of direction, I feel this has improved greatly recently and we have more staff available each day. We have two residents who require more staff attention which was at times leaving us short."
- The provider had followed safe staff recruitment procedures. Staff files contained evidence of a Disclosure and Barring (DBS) check, references were obtained, training completed and a record of the person's interview.
- The provider was in the process of recruiting additional permanent staff. We were told by the registered manager that they had successfully recruited three new members of care staff. One staff member had already commenced employment and the other two were waiting for all recruitment checks to be completed prior to starting.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "I've got no complaints. The staff make



the place. They're quite helpful." A second person told us, "It's a very good home. The staff have patience with the people. I do get on with staff. I don't feel threatened by anybody." A third person told us, "I really feel very settled here. They have been very welcoming and made me feel very safe."

- Relatives told us they felt their loved ones were safe and well looked after. One relative told us, "I think they are coping very well, especially during such a tough time with Coronavirus. I have good communication with them, and I know they make sure that dad is kept safe and feels safe." Another relative told us, "I know dad is happy there and staff engage with him. I have no concerns about his safety in the home."
- Staff had received training in safeguarding. Staff were aware of the potential types of abuse, signs of concerns and reporting procedures. A staff member told us, "I have had safeguarding training and we get refreshers too. I would not hesitate to report something if I felt there was abuse in the home. The residents are what matter and they make the home. I would be hurt myself if anyone ever suffered any form of abuse."
- The service had been working with the local authority to address any areas of concern. As this was a relationship that was building and developing more time will be needed to see how the provider links in with the local authority going forwards to ensure all matters are investigated in a safe and robust manner.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We were given assurances by the registered manager with regards to the increase of attention and regular cleaning given to the environment to ensure it was maintained to effectively prevent any spread of infection. This included ensuring all areas were kept free of potentially hazardous equipment.
- We were assured that the provider was using PPE effectively and safely. We sought assurances on the day of inspection with the registered manager that staff would be supported to ensure the correct use of PPE was always being adhered to.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

### Learning lessons when things go wrong

- The provider had a system in place to record and learn from any incidents or accidents. However, although incidents and accidents had been recorded there was a lack of detail around any future actions which could be implemented to reduce future occurrences. We raised this with the registered manager who agreed that some of the forms lacked detail and this was recognised as a training point to ensure the maximum amount of information is captured and analysed.
- The provider had a system in place to review and analyse falls. This system had been adapted and improved recently which allowed the provider to capture more data around falls to reduce risk. This has involved one person having a medication review by the GP to ascertain if any side effects may be contributing to falls. A training reminder has also been actioned to ensure staff are aware of people who mobilise independently but require mobility aids to ensure they have these within reach.

# 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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Quality assurance systems were not always robustly managed to ensure the service was being consistently monitored. The provider carried out a series of quality audits, but these had failed to identify the issues we found on inspection, in particular around medicines management and the lack of detail held in people's care plans. The registered manager told us that they were not happy with the quality audit process and it needed a complete review which is part of the service improvement plan. The provider had started to develop an action plan for areas of concern, but this had not been effective in making improvements prior to the inspection.
- People's care plans were not always person centred. Prior to our inspection the registered manager told us they recognised that people's care plans are not always fully reflective of their needs. They also stated that the home had been through a difficult period with trying to recruit a new manager. The lack of management oversight has caused more confusion for staff in terms of detail held in people's care plans. We saw an example during the inspection where a care plan had been reviewed and improved. However, it will take more time for this standard to be embedded and consistent across the service and across all care plans.
- Staff had not always received the correct support and monitoring to ensure safe care was always being delivered. There was a lack of clarity around the training and supervision of night agency workers. As the service had a reliance on night agency workers not enough oversight was in place to ensure they were fully trained, received appropriate inductions before starting and had the right level of competency checks in place.
- The provider did not have in place robust procedures for monitoring accurate records of care provided. We identified on inspection that staff were not always completing accurate records of care and interactions with people throughout the day. The provider had failed to recognise and act to ensure improvements were being made with daily recording.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- There was a general lack of organisation and structure to the management of the service. On the day of inspection, it was often difficult at times to obtain information when requested in a timely manner. It was not always clear who had responsibility around certain aspects for the running of the service. The registered manager told us they were still actively recruiting for a new manager who could take over the day to day

running and allow the current registered manager to focus more on their provider responsibilities.

The failure to have in place robust quality monitoring processes and the lack of clear structure for management oversight of the service is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In general staff gave positive comments about the management team and support they received. One staff member told us, "I think both [registered manager] and [operational manager] are very supportive of me and everything I do. I feel they are there with their staff and I feel comfortable to be able to go to them with anything I need." Another staff member told us, "I feel [registered manager] and [operational manager] are good. They are improving their understanding and they are good people as they are always trying to help me. This is why I have stayed here all this time. I feel like it's a second home."
- Prior to our inspection the provider had developed a service improvement plan and action plan of areas they had identified as needing improvements. The provider had been supported in the development of this plan by an external consultant who had been recruited to support the service to drive improvement.
- The provider had been receptive to feedback provided during the inspection. We found that the provider had been prepared to listen to any concerns and to take on board any feedback made during the inspection. The provider gave assurances that feedback would be used to update the service improvement plan and an updated plan to address the shortfalls found during the inspection was sent to us after the inspection. We will continue to monitor the service to ensure improvements are being made.

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

- Relatives told us they felt they had been kept updated of any incidents or accidents that had taken place. A relative told us, "They always inform me whenever there is a change or if something has happened. [Operational manager] usually calls me with an update. They also take time to listen to my ideas or any other possible options to support dad."
- We found during the inspection there was a lack of oversight with reporting of some instances. In general, the correct reporting procedures had been followed. However, recently the registered manager had not been aware of an incident and instead stated this had been dealt with by the manager whom had been in post at the time. The registered manager accepted it was his responsibility to ensure the correct procedure was always followed and would be reviewing all incidents and accidents going forward.
- The provider had developed a good relationship with the local GP service. This ensured that people had access to additional healthcare support when they needed it. A visiting healthcare professional told us, "They are much more on it in terms of the support they are providing for people. They listen to the advice and recommendations provided. I am confident they seek the right support for people when it's needed."
- The provider understood their responsibility to display the rating from their latest inspection. The rating was displayed prominently in the home.

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

- The provider had obtained people's views and feedback by using satisfaction surveys. The surveys had been completed last year and had been due to be sent again this year. However, responding to Covid-19 took priority and as such the feedback surveys did not get sent out. The registered manager told us they felt feedback was important and would be restarting this process again with relatives and residents.
- Staff had attended meetings to voice any opinions. These had been more regular prior to Covid-19 and as an alternative a daily huddle meeting had been introduced in order to discuss any daily concerns. A staff member told us, "I have been to staff meetings and [registered manager] does listen to you and take on

board any comments we make." Another staff member told us, "We have staff meetings and I can make suggestions. If I need advice about anything like documentation I can go and ask advice and they'll tell me the best way to write it."

- Residents meetings had been arranged and attended prior to Covid-19. Since the virus residents have not taken part in meetings. The registered manager stated they wanted to look at different ways residents could be engaged on a regular basis about everything relating to the home and that this would be included within the improvement plan.

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 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to provide safe care and treatment for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to assess, monitor and improve the quality and safety of the services provided