

Albury Care Limited

# Albury Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We undertook an announced inspection on 8 November 2016. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Albury Care Limited provides domiciliary and live in care to people in the community. At the time of our inspection 12 people were receiving 24 hour live in care and support with their personal care. In addition, 12 people were receiving a domiciliary care service. Of the 12 people receiving a domiciliary care services, four people were supported with their personal care.

A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. At the time of our inspection the service did not have a registered manager. The current manager had been in post since August 2016 and had applied to be the registered manager. The CQC registration team were undertaking a fit persons' interview two days after our inspection to formally assess their suitability.

At our previous inspection on 4 December 2013 the service was in breach of the Health and Social Care Act 2008 (regulated activities) 2010 regulation relating to care records. At this inspection we found that whilst improvements had been made there were still areas requiring improvement. Some care records still lacked detail and were not regularly reviewed to ensure they were accurate and up to date.

In addition the provider did not have robust procedures in place to review key performance information to identify trends and areas requiring improvement in regards to complaints, incidents and accidents. A formal process was not in place to spot check staff's performance and check on the quality of care delivery.

At our previous inspection we identified the provider's training records was not kept up to date. At this inspection the training records had been updated but showed that staff were not up to date with their training requirements and had not completed the provider's mandatory refresher courses.

The provider was in breach of the legal requirements relating to staffing and good governance. You can see what action we have asked the provider to take at the back of this report.

Improvements had been made to review risks to people's safety and ensure appropriate management plans were in place. Staff supported people to manage and mitigate the risks to their safety and welfare.

Staff had updated records relating to medicines management. We saw that accurate medicines administration records were maintained and people confirmed they received the support they required to ensure they received their medicines.

There were sufficient staff to meet people's needs. The manager arranged the staff rota to ensure people received support from the same care staff to enable consistency in service delivery. The manager matched staff and people to ensure they were comfortable with each other and were able to build a good rapport.

Staff provided people with the support they required. This included their personal care as well as with nutritional and healthcare needs. Staff liaised with people's relatives and the other healthcare professionals involved in their care if they had concerns about a person's health.

Staff involved people in decisions about their care and undertook care in line with people's preferences. Staff adhered to the Mental Capacity Act's 2005 code of practice and people consented to care delivery. Where people were unable to consent to their care the manager involved legally nominated persons to make best interests' decisions on the person's behalf.

There were processes in place to obtain feedback from people and their relatives. The manager had recently sent satisfaction questionnaires to people to obtain their views and opinions on service delivery. There was a process in place to investigate and respond to complaints. Some people were unsure of the formal complaints process but felt comfortable speaking with staff if they had any concerns.

There was a new management team in place providing leadership at the service. Staff felt comfortable speaking with and approaching the new manager for advice or if they had any concerns. The manager was recently in post and was in the process of making improvements to service delivery. They were aware of the legal requirements and were in the process of making the necessary changes to meet those.

## 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 safe. Improvements had been made to ensure records reflected the identified risks to people's safety and the measures in place to manage and mitigate those risks.

Medicines practices had been improved and accurate medicine administration records were maintained.

There were sufficient staff to meet people's needs and provide consistency in the support people received. Safe recruitment practices were followed.

Staff were aware of their responsibilities to safeguard people from harm and the procedures to follow if they had any concerns.

Good 

### Is the service effective?

Some aspects of the service were not effective. Staff had not completed the provider's mandatory training to ensure their knowledge and skills were in line with good practice guidance.

Staff adhered to the Mental Capacity Act 2005 code of practice and people consented prior to support being provided. When people were not able to consent best interests' decisions were made.

Staff supported people with their nutrition and healthcare needs as and when required. Meals were provided in line with people's preferences and staff liaised with people's GP if they had concerns about a person's health.

Requires Improvement 

### Is the service caring?

The service was caring. There were processes in place to match staff and people to ensure people were comfortable with the staff supporting them and able to build a good rapport.

The manager took account of and met people's cultural preferences.

Staff involved people in decisions about their care and adapted

Good 

their communication styles to ensure people understood what was being communicated.

Staff respected people's privacy and dignity whilst providing personal care.

### **Is the service responsive?**

Some aspects of the service were not responsive. At our previous inspection accurate care records were not maintained. At this inspection improvements had been made but some records still lacked detailed information about people's support needs and how this should be delivered.

People confirmed they received the support they required and improvements in the recording of daily records reflected that support was provided in line with people's needs.

Processes were in place to record and respond to complaints and concerns made about service delivery.

**Requires Improvement** ●

### **Is the service well-led?**

Some aspects of the service were not well-led. Robust systems were not in place to ensure ongoing monitoring of the quality of service delivery and ensure learning from incidents and complaints.

There was a new management team in place who were providing leadership of the service. Staff felt well supported by the new manager and felt comfortable approaching them for advice and guidance.

The manager encouraged people and their relatives to feedback about the service and had plans to use this feedback to improve service provision.

**Requires Improvement** ●

# Albury Care Limited

## **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 8 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. One inspector undertook this inspection.

Before the inspection we reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service. We also reviewed the information included in the 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.

During the inspection we spoke with the registered manager and two care co-ordinators. We reviewed five staff records, the staff team's training record and staff rotas. We also reviewed four people's care records as well as records relating to the management of the service. We spoke with three people using the service, two relatives and four care staff over the telephone.

# Is the service safe?

## Our findings

At our previous inspection on 4 December 2013 we found that appropriate records were not maintained in regards to identifying and managing risks of people falling. At this inspection we saw that people's care records and risk assessments identified the risk of people falling and contained information about their falls history and the measures in place to manage and mitigate the risk.

Staff assessed the risks to people's safety including environmental risk assessments, moving and handling risk assessments and other assessments specific to the individual. Information was included in people's care records about how to manage and mitigate these risks. This included applying barrier creams for people at risk of skin breakdown and ensuring people had access to their equipment to support with moving and handling and to reduce falls.

Staff were aware of the procedures to follow in response to an incident. Staff reported all incidents to their manager. We saw from care records that one person had fallen earlier in the year. An incident form was completed detailing the action taken to ensure the person received the support they required with the injury incurred.

At our previous inspection on 4 December 2013 accurate medicines records were not maintained. Care records were not updated in response to changes in people's medicines and accurate medicine administration records were not maintained.

At this inspection we found care records contained up to date information about people's medicines and outlined the level of support people required with these. Records were kept of the medicines administered, including records of topical creams applied. We saw that the majority of medicines administration records (MARs) were completed correctly. However, one staff member had been using the wrong code to indicate the person had refused their medicines. By using the wrong code it was not clear on the records the reason why the medicines were not given. The manager informed us they would discuss this error with the staff member involved to prevent this from happening again.

The manager confirmed there were sufficient staff to meet people's needs. Staff were allocated to support individuals to ensure consistency in care provision and enable staff to build good rapport with the people they supported. Apart from a recent period of staff sickness, feedback from staff and people and staff rotas confirmed that people were supported by regular care workers. Staff providing a domiciliary care service confirmed there was sufficient time to travel to appointments to ensure they were available to support people at the time they required. People confirmed that staff stayed the allocated time to ensure their support needs were met. There was a low turnover in staff and some people had been supported by the same staff for up to 10 years.

The service had started to grow their domiciliary care service and recruitment of additional care staff had occurred to meet the demand. From staff records we saw that safe recruitment processes were followed. This included reviewing staff's knowledge and previous experience, obtaining references from previous

employers, checking staff's identity and eligibility to work, and completed criminal records checks. We noticed that one staff member's record did not contain up to date information in regards to their eligibility to work in the UK. We discussed this with the registered manager who informed us they thought the staff member was eligible to work in the UK but would get documentary evidence of this from the staff member involved. Staff recruitment was also based on the provider's values and checked potential staff shared these values including trust, commitment, compassion and empathy.

Staff were aware of their responsibility to safeguard people from harm. They were able to describe signs of possible abuse and they informed us they reported all concerns to their manager. The manager informed us they had previously had safeguarding concerns and these were discussed with the local authority safeguarding team. The safeguarding procedures were available in the staff handbook and in information provided to people so they were aware of how to raise a concerns if it occurred.

## Is the service effective?

### Our findings

One person's relative told us the staff supporting their family member were "very professional and caring". Another relative said in regards to staff's knowledge that "absolutely they have the knowledge to look after [their family member]."

At our previous inspection on 4 December 2013 we identified there were discrepancies between the provider's training record and the training certificates in staff's individual records meaning the provider was not keeping accurate records of what training staff had completed and when they were due for refresher training. At this inspection the manager informed us the training matrix had been updated. We viewed a copy of the training matrix which showed staff were not up to date with the provider's mandatory training and had not refreshed their training to ensure they had the knowledge and skills to undertake their role in line with current good practice. The training matrix showed some staff had not received their refresher training on safeguarding adults, medicines administration and manual handling. Staff we spoke with were aware that they needed to complete their mandatory training but informed us at the time of speaking to us this had not been completed.

The provider was in breach of regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

The new management team had revised supervision arrangements and had reintroduced regular three monthly supervision sessions. The staff records we viewed confirmed that staff had received recent supervision which enabled staff to discuss their performance. In addition staff told us they felt well supported by the management team and had frequent contact with them either in person or via the telephone.

An induction process was in place to ensure new staff had the skills and knowledge to support people before they started working unsupervised. One staff member said, "You always shadow someone before working alone." The induction process included shadowing more experienced staff members as well as familiarising themselves with the provider's policies and procedures. The manager had also recently introduced the Care Certificate to their induction process. The Care Certificate is a nationally recognised tool to provide staff with the basic knowledge and skills to undertake their roles within a care setting.

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 Act 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.

Staff were aware of their responsibility to work within the principles of the MCA code of practice. We saw that people or their power of attorneys had consented to care provision. People's care records clearly recorded what types of decisions people had the capacity to consent to. If people did not have the capacity to consent, best interests decisions were made on the person's behalf with input from their relatives and

nominated people.

Staff supported people at mealtimes when required. People informed staff what they wanted to eat and this was prepared for them. People's care records included information about people's eating habits, this included if people preferred smaller meals and if they preferred to have softer diets as they found it easier to eat. Staff kept records of what people ate if they were concerned that a person's eating habits had changed or their appetite was declining. One person's relative said staff ate with their family member and were available to supervise and encourage them to eat to ensure they ate sufficient amounts and were safe.

Staff supported people with their healthcare needs. Staff had the contact details for people's GP and liaised with them if they had concerns about a person's health. Staff also informed the person's relative if they had concerns that their health was deteriorating. If staff were concerned that people had an urgent health need they called an ambulance to ensure people received the assistance they required. Some people received regular support from other healthcare professionals, for example from district nurses for support with diabetes care. Care staff had these professionals contact details so they could liaise with them if they had any concerns about the person's health or needed any additional information or advice.

The manager had plans to further strengthen support to people with their healthcare needs. This included producing a 'hospital passport' for each person which would contain key information about the person, their needs and their preferences which they would take to hospital with them to inform hospital staff about how to tailor care to the individual's preferences.

## Is the service caring?

### Our findings

One person told us in regards to their care workers, "I couldn't do without them" and described the staff as "such nice people." Another person said the staff were "very good...very polite and respectful." One person's relative told us, "[The staff] are lovely with [their family member]" and "I like their approach – their attitude."

The manager took into account people's preferences in regards to which staff supported them with their personal care. This included gender, cultural, religious and personality preferences. The manager ensured people were supported by staff they got on with and liked. If a person or their relative said that they were not satisfied with the staff supporting them, the manager arranged for another staff member to be allocated. Staff confirmed they were always introduced to people they were supporting so the person could get to know them before they provided support unsupervised. The manager had plans to further improve the matching process by obtaining life histories for care staff and people using the service, so people could be supported by staff with similar interests and/or experiences.

The manager ensured they supported both people's and the care worker's cultural preferences in relation to aspects of their work. This included gathering information about their routines and different cultural practices. For care staff that provided live in 24 hour care the provider provided their meals for them, this included sourcing food from staff's cultural background.

People were involved in decisions about their care and the support they received. Staff offered people choices about how they wanted support and daily activities to be delivered, including what they wanted to eat and what they wanted to wear during the day. For example, one person preferred to stay in their nightwear during the day if they were not going out as they found it more comfortable. One staff member said, "We listen to the [person] and what they want." A relative told us, "[The staff] are there for [their family member] at all times while allowing her to retain her dignity and to feel that she still has a role to play."

Staff were aware of how people communicated. This included their verbal and non-verbal communication. Staff were aware that some people needed more time to process information and other people were able to make better informed decisions if they could visually see the options available, for example two different meal options. Staff were also aware of people's sensory needs and this was included in their care records, including whether they wore glasses and/or hearing aids.

Staff respected people's privacy and dignity. Staff informed us they ensured people received support with their personal care in the privacy of their own homes with doors and curtains closed. Staff also ensured the person was as covered as possible whilst providing personal care so the person remained comfortable.

Staff had discussed with people their end of life preferences. This included their wishes for where their received treatment and what they received treatment for. Information was included in people's care records about who they wanted to be involved in end of life care and decisions.

## Is the service responsive?

### Our findings

One person's relative told us, "[Their family member] gets all the care that she needs." They also said, "I have nothing but praise for them and I've recommended them to other people." One person said, "I'm really happy with my support" and "They care in a kind way. I can't fault them at all."

At our previous inspection on 4 December 2013 we found care records were incorrect and incomplete and the provider was in breach of the regulation relating to care records. There was a lack of recording of the daily support offered and accurate records were not kept in regards to people's specific needs, including continence support and support with swallowing difficulties.

At this inspection we saw that some people's care records had been reviewed and updated providing clear and detailed information about people's support needs. However, this was not consistent across all records and some people's care records had not been reviewed meaning there was a risk that these records would not accurately reflect people's current support needs.

The manager informed us they had reintroduced monthly review of people's care needs and care records. The majority of records we viewed confirmed that people's care records had been reviewed in the month prior to our inspection. However, we saw that prior to this some records had not been reviewed since May 2015.

One person's records did not provide sufficient information and detail about the person's needs and what was to be provided throughout the day. For example, their support plan stated they needed assistance with washing however it did not state what level of assistance they required. The plan also stated they needed to be encouraged to eat and drink but there was no information about why they needed this encouragement or how they wanted their food and drink to be provided.

The provider continued to not have robust processes in place to ensure accurate and detailed records were maintained about people's care. The provider was in breach of regulation 17 of HSCA 2008 (Regulated Activities) Regulations 2014.

People that were new to the service had received a full assessment identifying their needs and the level of support they required. This information was used to develop care plans identifying how people wanted their support to be delivered. People told us staff gave them the care they required and they were happy with how the support was provided. They informed us staff enabled them to be as independent as possible and provided the support they needed to undertake the tasks they found difficult.

Some people, particularly those new to the service, had detailed plans instructing staff how to provide support. This included information in regards to their personal care, any continence needs and their mobility. Three people's care records we viewed contained detailed records about the level of support they required with moving and transferring. This included what equipment people used, the number of staff required to support the person and what tasks people needed support with. For example some people

needed support with transferring to get out of bed, but once up were able to mobilise independently, whereas other people required full support and use of a hoist to move around their home. People told us they received the level of support they needed with their personal care. Some people required full assistance from staff whereas others just needed help to wash hard to reach areas.

Staff and people told us records were kept of the support provided. We viewed the daily records kept and these showed support was provided in line with people's care plans.

There were processes in place to record and respond to complaints. Some people were unsure of the formal complaints process but told us they felt comfortable speaking with any of the staff if they had any concerns. One person told us they were unsure of how to make a complaint but "so far everything is going really well". Another person said, "No need to complain. They are excellent - Albury Care." We saw that all calls or emails made to the manager about concerns people had about the care provided were investigated and responded to. From the records viewed we saw that these concerns were resolved to the satisfaction of the complainants.

## Is the service well-led?

### Our findings

At our previous inspection on 4 December 2013 we identified that the systems to review the quality of the service did not include a review of key performance data including an analysis of all incidents and accidents. At this inspection we continued to find that the provider's governance systems were not significantly robust to review all areas of service delivery. The manager informed us there were no systems in place at the time of our inspection to review key performance data, including undertaking trend analysis of complaints, incidents and accidents. We also found that whilst staff and people told us a member of the management team came out to check on the quality of service provision, the manager informed us there was no system in place to ensure regular spot checks on the quality of support provided and there were no records kept of the spot checks completed.

The provider was in breach of regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

There was a system in place for the management team to check the quality of care records. This included reviewing daily call logs, medicine administration records and completion of monitoring forms.

One person told us, "I'd like to say thank you to Albury Care. They really are excellent." A relative said their relationship with the manager was "Excellent - the manager is responsive and communicates well." They also said the manager welcomes feedback. They commented, "She has always said that if we have any concerns we should contact them. She wants to know if we are happy with the arrangements."

People and their relatives were asked for their feedback about the service and this was used to review service provision. A recent questionnaire had been sent out and at the time of the inspection only a few completed questionnaires had been returned. We looked at the returned questionnaires which showed people either rated the service as good or excellent. Comments on the form included, "[Staff] continue to provide a superb quality of care."

A new management team was in post. The manager had been in post since August 2016 and since starting they had recruited two new care co-ordinators. We observed the management team working well together with clear communication and discussion about people needs. The manager reported they had a good working relationship with the provider and felt well supported by them.

At the time of our inspection the manager had not held staff meetings. They informed us this was because it was difficult to find time to get staff together. Instead the manager told us they planned to develop a staff newsletter to disseminate key information about the service and any changes to service provision. Nevertheless, staff felt well supported by the management team and felt they had regular access to them for advice and support. One staff member said, "They're only a phone call away." Another staff member told us the manager was approachable and "someone you can talk to easily." A third staff member said, "It's a pleasure working for Albury Care."

The manager was clear about what statutory notifications needed to be sent in regards to the provider's

registration with the Care Quality Commission about key events that occurred at the service and to the people using the service.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure that processes or systems were established to assess, monitor and improve the quality and safety of services provided. The provider did not maintain accurate, complete and contemporaneous records in respect of each service user.</p> <p>Regulation 17 (1) (2) (a) (c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure that staff received appropriate training to enable them to carry out their duties.</p> <p>Regulation 18 (2) (a).</p>