

## Albert Residential Home

# Albert Residential Home

### Inspection report

40 The Warren  
Worcester Park  
Surrey  
KT4 7DL

Tel: 02083372265

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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

Albert Residential Home is a care home providing personal and nursing care to three people living with mental health needs and physical disabilities living in one adapted building. There were three people using the service at the time of our inspection.

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

We saw that improvements had been made to the way risks to people's safety were assessed and monitored. The provider had acted upon concerns from the last inspection relating to fire safety and the management of people's medicines. Although improvements had been made, we did see some gaps in the monthly auditing during the COVID-19 pandemic. More time will be needed to fully embed and maintain these changes across the service and to ensure they are consistently monitored.

People had individual risk assessments in place and staff knew people and their needs very well. People told us they felt safe living at the home and relatives also stated they felt their loved ones were safe. Safeguarding concerns were recorded and reported to the appropriate authorities in a timely manner. There were enough staff appropriately deployed both day and night to ensure people were kept safe. Effective infection control measures were in place and staff had received training in relation to protecting people during the COVID-19 pandemic.

There had been improvements made with the overall leadership and management oversight in the service. The registered manager had been open and accepting of support provided to them following the previous inspection. This included developing a service improvement action plan and ensuring this was completed. Although it did not have any impact on people or their care, some of the paper records around this were difficult to navigate. We spoke with the registered manager about this who stated they would review the paper records.

Staff felt supported and received training and guidance in their roles. The provider had ensured a range of resources were available to support the team in making improvements to the service.

The registered manager was receptive of feedback and stated that lots of work had been implemented following the previous inspection and inadequate rating. The registered manager had plans to further develop and obtain ideas and support from other local services.

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

### Rating at last inspection and update

The last rating for this service was Inadequate (report published 13 December 2019) and there were multiple breaches of regulation. These were regarding the safety of people's care, how staff were deployed within the home and management and oversight of the service. The provider completed an action plan after the last

inspection to show what they would do and by when in order to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 27 September 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements 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 Inadequate 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).

#### 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** ●

# Albert Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

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

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

Albert Residential Home 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

We gave 72 hours' notice of the inspection. This supported the provider and us to manage any potential risks associated with COVID-19. It was also to ensure the registered manager would be available.

#### 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 one person who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records. We looked at 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 for further supporting evidence. We also spoke to one staff member, three relatives, a social worker, a GP and the nursing team via phone and 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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant that although improvements had been made to ensure people were safe, systems needed to be fully embedded into practice to ensure these improvements can be sustained.

### Assessing risk, safety monitoring and management

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. Although improvement had been made more time is needed for this to be fully embedded into the service.

- At the last inspection the provider had failed to comply with fire safety regulations which had put people at risk. At this inspection the provider had obtained a full fire safety assessment and had addressed the shortfalls identified from the previous inspection. For example, all fire doors now had fire guards to allow them to automatically close if there was a fire.
- The provider had developed Personal Emergency Evacuation Plans (PEEPs) for everyone living in the home. These PEEPs contained specific information of what support each individual would require in the case of an evacuation.
- The provider had introduced fire safety checks on equipment such as fire extinguishers, fire doors and fire alarms. These checks were conducted monthly. However, during the COVID-19 pandemic there had been some gaps in these checks. The Provider assured us that they would continue the checks as usual now that the service had settled following the early COVID-19 period.
- The provider had conducted a fire evacuation drill following the last inspection. However, this was carried out in December 2019 and lacked details such as the people involved or any areas for improvement. We spoke with the provider about this who said they would implement more regular fire drills and improve the recording to show who had taken part and where improvements could be made.
- Risk assessments around the use of oxygen within the home had been updated and were being followed. One person who used an oxygen machine had an individual risk assessment in place around the safe use and monitoring of the oxygen equipment. The oxygen machine had been serviced according to the manufacturers guidance and improvements had been made to the way equipment was used which ensured no tubing was trailing on the floor as a trip hazard.
- Individual risks to people had been identified and were managed. One person who had been identified as a risk of falls had a falls risk care plan in place. This gave detailed information to staff on how to support this person to mitigate any falls risk. For example, there was clear guidance to encourage this person to use a

walking aid when mobilising. From our observations we saw that staff following this guidance.

### Using medicines safely

At our last inspection, we identified shortfalls relating to the safe management of people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- During our last inspection we found concerns relating to errors on people's medicine administration records (MARs) and a lack of guidance for staff who administer 'when required' medication (PRN).
- The provider had made improvements with the management of people's medicines. People received their medicines safely. We checked people's MAR charts and found no unexplained errors or gaps in recording.
- People had individual medicine profiles which contained a recent photograph of them and any known allergies. Where people received PRN medicines there was clear guidance for staff detailing how and when these medicines should be administered.
- Medicines were obtained, stored, and disposed of safely. Each person's medicines were kept locked within their rooms in a secure cabinet which had an electronic thermometer inside to ensure temperatures were monitored and recorded. Staff had received training in medicines administration and their competency had been assessed.

### Preventing and controlling infection

At our last inspection, we identified shortfalls relating to systems not being in place or robust enough to protect people from any cross contamination. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had made improvements and had developed cleaning schedules. On our last inspection no cleaning schedules were in place or actively being monitored. During this inspection, we found daily cleaning took place throughout the home and staff were required to record when this was completed. The provider also conducted weekly checks to ensure the cleaning schedules had been completed.
- We were assured that the provider was preventing visitors from catching and spreading infections and that the provider was meeting COVID-19 shielding and social distancing rules.
- We were assured that the provider was using PPE (personal protective equipment) effectively and safely. We observed staff using the correct PPE such as face masks, aprons and gloves.
- We were assured that the provider was accessing COVID-19 testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date

### Staffing and recruitment

At our last inspection, we identified shortfalls relating to staffing levels being effectively managed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection we identified the provider did not have staffing rotas in place. This meant the provider could not evidence which staff had been working or were due to work a shift. There had also been concerns around staff working more than their contracted hours and not having the recommended breaks between shifts.
- The provider had made improvements and introduced staffing rotas which demonstrated safe working arrangements. From records we saw that suitable staffing had been arranged for both day and night shifts. This included the provider who assisted with shifts and ensured that all staff had appropriate rest periods.
- People told us they felt there were enough staff within the home to support them. One person told us, "It's a small home and staff are always around to help me when I need them. I don't have to wait for anything."
- Staff told us they felt that staffing numbers were sufficient. One staff member told us, "Normally we have plenty of spare people, all staff cover each other." A second staff member told us, "We have enough staff and we are flexible with our shifts to support each other."
- We observed people were supported with their needs promptly and staff were able to spend time with them. Staff took time to speak with people when passing them and supported people with individual activities.
- Staff had been recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were completed on applicants before they were offered employment. This included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has that means they may not be safe to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living in the home. One person told us, "The home is very safe, and the staff are very attentive. If anything was wrong, I would speak to [registered manager] and I have total faith he would sort it for me straight away."
- Staff all reported feeling confident in identifying and reporting abuse. One staff member said, "I would try and have a word with the person in charge to detail my concerns. I would go higher if needed or tell another staff member, ring CQC or the local authority."
- All staff had attended safeguarding training and there was a safeguarding policy and process in place. Information on who to contact in the event of a concern was on display.
- All incidents and safeguarding concerns were investigated by the registered manager and appropriately reported to the local authority where required.

Learning lessons when things go wrong

- The provider had a system in place to record and learn from incidents or accidents. All forms were now uploaded electronically so they can be easily accessed and reviewed. The provider had improved the level of information recorded which included the time, date, location and any contributing factors. We saw from records that all incidents and accidents had been recorded and reported appropriately to the local authority.
- The provider had been able to learn lessons and take action to prevent reoccurrence of incidents. One person who had a fall had a detailed plan of action which involved having a GP review to look for any medical causes. An environment assessment was also completed to ensure no contributing factors and staff

were updated to encourage the person to use walking aids and talk to them about their falls risk. A person told us, "I don't know what I would do without [staff]. He's great. I can't walk on my own. So, I use the walker and [staff] stands behind me to make sure I don't fall."

- Although improvements have been made since the last inspection. More time will be needed to ensure these improvements can be fully embedded and sustained throughout the service.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has improved to Requires Improvement. This meant the service management and leadership had improved since the last inspection. However, further time would be needed to ensure continued improvement could be fully embedded and maintained by the management team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found that the provider's systems to check and audit the care that people received were not sufficient to address the areas of concerns found during that inspection. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At our last inspection we found that the registered manager had failed to establish a system to robustly monitor their service. We found improvements had been made at this inspection with quality audit processes being introduced by the provider for health and safety, fire safety, medicines and care plan reviews.
- The registered manager had responded to the actions from the last inspection and from provider support meetings with the local authority. However, although improvements have been made, more time will be needed to ensure these quality audit processes can be fully embedded and consistently monitored. We found that there were some gaps in the audit monitoring during the COVID-19 pandemic. For example, the health and safety audit had been completed in February 2020, March 2020 and April 2020 but there was then a gap until September 2020. We did not see any impact on people, and we spoke to the registered manager about this who said that the service is more settled now than at the beginning of the COVID-19 pandemic so monthly audits could resume.
- The registered manager told us that they had put a lot of work into moving the service forwards following the last inspection and inadequate rating. The registered manager acknowledged they still had work to do to make sure everything was consistent. They told us "The most I have done is around fire, risk and medicines. I am looking for opportunity to go and see other care homes to see good practice and I was due to visit but then lockdown came. I will continue to seek opportunities and to improve this service."
- People told us they felt happy living at the home and gave positive feedback about the registered manager and how they created a nice atmosphere within the home. One person told us, "[Registered manager] is second to none, he is brilliant."
- Staff we spoke with told us they were happy working at the home and the registered manager was

supportive and approachable. One staff member told us, "The [registered] manager makes the place feel so homely. He's lovely to the residents and really makes the place feel like a home. If you don't understand something then the [registered] manager is very friendly and makes sure you understand everything you are doing, he explains very nicely."

- Relatives told us they felt the service had been good at keeping them updated and overall communication in relation to their loved ones daily care and support had improved. A relative told us, "Anything I need, [registered manager] sorts it for me."
- The provider had developed an annual development plan to highlight areas of improvement. This covered areas of development for the home, infection control, care plan reviews, safeguarding and staffing. The registered manager said he was working on the information in this development plan to make it even more detailed and person centred where possible. For example, to identify which residents wanted to be involved in developing certain aspects of the home.

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

- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC and the local authority of events, such as safeguarding concerns and serious incidents as required by law.
- The registered manager had been open and honest and updated families when something had gone wrong. We saw from incident records that families had been notified appropriately and in a timely manner. A relative told us, "He [registered manager] keeps me updated via telephone calls and we have a little chat every time I visit."
- Positive feedback had been provided by a healthcare professional around the registered managers engagement. They told us, "[Registered manager] has taken it on board and has been working with the CQC and others. [This resident's] care plan had been reviewed and amended in response to the previous inadequate rating."

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. We reviewed feedback provided from all three residents and all were positive. Some of the comments included "Looked after well", "Get regular showers.", "I like the yoga exercises.", "I like the other residents."
- People attended regular residents' meetings. During these meetings residents discussed different topics such as what could be done better, if they were happy, what meals they would like, activities, oral health and other health concerns. The latest meeting also covered the COVID-19 pandemic and providing updates to people about the most recent guidance.
- Staff took part in regular meetings and received regular supervision. Staff we spoke with confirmed they were happy with the meetings and the supervision process which enabled them to be able to talk to the registered manager about any updates, personal developments and any concerns. A staff member told us, "I get feedback through my supervisions and general chats."

Working in partnership with others

- The service had worked closely with the GP surgery and Care Commissioning Group (CCG) to improve the way in which people's health was monitored. This had led to more positive working relationships developing throughout the team. A visiting GP told us, "They contact us promptly when the patients are unwell or if they need any medical advice. I have never seen the home in bad order, always clean and tidy. I have no concerns of the safety of my patients who are residents of Albert Residential Home."
- The service had established good working relationship with other healthcare providers in order to obtain

support and advice for people. We saw from records that there had been involvement with the district nursing team, speech and language team, occupational therapists and physiotherapists.

- The service had been supported by several teams within the local authority to make changes within the service, monitor progress and provide training to staff. This had led to a more systematic approach to the governance of the service and guidance provided to staff.