Four Seasons (Bamford) Limited

The Albany Care Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

We inspected The Albany Care Home on 27 May 2015. The Albany Care Home provides residential and nursing care for people with a range of conditions, this incudes people living with dementia. The home offers a service for up to 48 people. At the time of our visit 25 people were using the service. This was an unannounced inspection.

At previous inspections of this service on 9 October 2014 and 7 January 2015 we found the provider did not have effective systems in place to monitor the quality of service. In addition we found medicines were not being managed safely and people were not always receiving care in line with their care plans. People did not always receive food and nutrition to meet their needs.

At this inspection, in May 2015, we found the provider had taken action to address the areas of concern and bring the service up to the required standards.

There was a registered manager in post. 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'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008and associated Regulations about how the service is run.

People, their representatives and staff spoke positively about improvements made to the service and about the registered manager. The registered manager and deputy manager had introduced improved systems to monitor the quality of service. This included systems to monitor the management of medicines to ensure people received their medicines safely.

People's needs had been assessed and where risks were identified risk assessments were in place. People were involved in developing their care plans. Staff were knowledgeable about people's needs and provided care in line with care plans.

The registered manager had introduced effective quality assurance systems to enable the monitoring and improvement of the service.

The Registered Manger had recruited permanent nursing staff and were no longer using agency nurses. This had improved the continuity of nursing care.

People were supported by staff who were kind and caring. The atmosphere during our inspection was cheerful and calm. People enjoyed the activities, engaging in positive interactions with each other and with staff. We saw lots of laughter and enjoyment.

Staff felt supported and were complimentary about the registered manager and deputy manager. Staff had access to development opportunities.

The registered manager was engaging with the local community. A celebration for 'care home open day' had been arranged and people from the local community invited.

The provider was adhering to the principles of the Mental Capacity Act 2005 Code of Practice. The Mental Capacity Act 2005 ensures that where people lack the capacity to make decisions, any decisions made on the person's behalf are made in their best interest.

Summary of findings

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. People's medicines were managed safely.

Staff understood their responsibilities to report concerns relating to suspected abuse.

There were sufficient staff to meet people's needs.

Good

Is the service effective?
The service was not always effective. People 's care plans did not always contain up to date information relating to their dietary requirements.

People were referred to healthcare services when their conditions changed.

Staff were supported and received regular supervision.

Requires improvement

Is the service caring?
The service was caring. People were supported by kind and caring staff.

Staff understood how to support people in a way that maintained dignity and respect.

People and their representatives were involved in developing and reviewing their care plans.

Good

Is the service responsive?
The service was responsive. People's care plans contained detailed information about people's individual needs.

People had access to activities and enjoyed taking part.

People and their representatives were confident to raise concerns and felt concerns would be dealt with in a timely manner.

Good

Is the service well-led?
The service was well led. There were effective systems in place to monitor the quality of service and drive improvements.

People and their representatives were positive about the management team.

The registered manager was developing links with the local community.

Good

The Albany Care 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 checked 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 27 May 2015 and was unannounced. The inspection team consisted of two inspectors, a nurse specialist advisor and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the visit we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. We spoke with local authority safeguarding and contracts teams.

We spoke with three of the 24 people who were living at The Albany Care Home. We also spoke with six people's visitors and relatives. Not everyone we met was able to tell us their experiences, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager, one nurse, three care workers, the chef and the activity co-ordinator.

We looked at nine people's care records, records relating to medicines and at a range of records about how the home was managed. We reviewed feedback from people who used the service and a range of audits.

Good

Is the service safe?

Our findings

At our inspections on 9 October 2014 and 7 January 2015 we found people's health, safety and welfare were not always safeguarded because people's medicines were not being managed safely. This was a breach of Regulation 13 of The Health and Social Care Act (Regulated Activities) Regulations 2010. At this inspection in May 2015 we found improvements had been made.

The registered manager and deputy manager had introduced systems to ensure the safe management of medicines. For example, there were clear protocols in place for all medicines administered as required (PRN); balances for all medicines not in a monitored dosage system (MDS) were checked and recorded after each administration and where people were prescribed topical medicines, these were applied by a nurse and signed for on the person's medicine administration record (MAR). A topical medicine is a medicine applied to the skin.

Where people's medicines were administered via a specific delivery system only staff trained in the use of the equipment were able to administer. The deputy manager told us most nurses had been trained and the manager made sure a trained nurse was on duty at all times.

People felt safe. One person said, "I am well looked after here and staff are very friendly". Relatives told us people were safe. Comments included: "We can go on holiday and know they [relative] are well looked after" and "I have never seen anything that would be a cause for concern".

Staff we spoke with had a clear understanding of their responsibilities in relation to reporting abuse. This included where to find contact details of the local authority safeguarding team and the Care Quality Commission (CQC).

The provider had a safeguarding policy and procedures in place. The registered manager reported all concerns of potential abuse to the local authority. Safeguarding records showed that all concerns had been investigated and appropriate action taken.

Relatives told us there were enough staff to meet people's needs. One relative told us, "Staff always have time to stop and have a chat with the residents". Relatives commented on the staff turnover rate, one relative said, "It is getting better now".

Staff told us there were enough staff to meet people's needs and that the provider was no longer using agency staff. The rotas showed the home was no longer using agency nurses. The registered manager had recruited to all permanent nursing posts.

During the inspection people's request for help were responded to promptly. People had call bells to hand and call bells were answered in a timely manner. There was a calm atmosphere and staff were not rushed.

People's needs were assessed and risks identified in relation to their health and wellbeing. This included risks associated with moving and handling, falls, nutrition and pressure care. Risk assessments were reviewed monthly. One person's falls risk assessment identified the need for close observation. There was an observation chart in place which showed hourly checks were being carried out in line with the risk assessment. We saw staff checking on this person regularly.

Records relating to recruitment of staff contained relevant checks that had been completed before staff worked unsupervised in the home to ensure they were of good character. These included employment references and disclosure and barring checks (DBS). DBS checks enable employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Requires improvement

Is the service effective?

Our findings

At our inspections on 9 October 2014 and 7 January 2015 we found people did not always receive care in line with their care plans. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. In addition we found people's nutritional needs were not always met. This was breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

At this inspection on 27 May 2015, we found improvements had been made. Staff were knowledgeable about people's needs. One care worker told us they referred to people's care plans regarding the support the person required. Care plans were updated by the nursing team. We saw staff supporting people in line with their care plans. For example one person did not have any verbal communication. The care plan detailed the methods of communication used by the person. We saw care staff understood the person's gestures.

Staff we spoke with felt supported. Comments included: "They [the manager and deputy manager] are both helpful. If we need anything they get it done" and "Yes, I have enough support". Staff told us they received regular supervision in line with the organisation's policy. Records showed individual staff concerns were discussed at supervision. For example one care worker had accessed additional training where a performance issue and been identified.

One care worker had recently started working in the home. The care worker was completing their induction training and working supervised during this time. They told us, "I have not been asked to do anything I felt unable to do".

Staff had access to training and development opportunities. Some staff had completed their level two national vocational qualification in social and health care. One care worker had recently completed an approved course in moving and handling to enable them to become the home's manual handling trainer.

People were complimentary about the food. One person said, "The food is very good and there is plenty of it". Relatives told us the food looked appetising, comments included: "The meals are nice, the chef puts on some very good food and it's always well cooked" and "The food is generally good and there is plenty of it. They give one to one support for meals as needed".

The atmosphere at lunchtime was calm and relaxed. People who required support with eating and drinking were supported at a pace that suited them. People who remained in their rooms had meals delivered and received support in line with their care plan.

People's care plans contained information about individual dietary requirements. People received food and fluids in line with their care plan. For example one person's care plan stated the person required a pureed diet and thickened fluids. The person received the appropriate food and fluids at lunchtime. Food and fluid intake was monitored and recorded where people were identified as at risk of weight loss.

One person was eating and drinking a small amount. We saw that staff visited regularly to encourage the person to eat and drink. We spoke to the deputy manager who told us the person had not been eating well for a few days. The person's GP had been contacted regarding the concerns about the person's lack of food and fluid intake. However, there was no clear guidance in place to show how the person should be encouraged to maintain adequate intake. We spoke to the deputy manager who agreed that the care plan required a review and took immediate action.

Staff had an understanding of the Mental Capacity Act 2005 (MCA). The MCA protects the rights of people who may lack mental capacity to make specific decisions. One care worker told us they needed to gain a person's consent before providing care and support. The care worker said, "We always give them the opportunity". We saw staff asked people's consent before providing care and support. Care staff told us that if a person declined personal care they would leave them and try again later or ask a colleague to try and encourage the person. Staff told us they had attended training in the MCA. We saw further training sessions had been planned.

People's care records included information about how they were involved in making day to day decisions. Where appropriate care records included an assessment of a person's mental capacity. For example, one person's care plan identified the person had fluctuating capacity. The

Requires improvement

Is the service effective?

care plan showed the home had sought advice from a health professional specialising in the person's condition and the challenging behaviour team in relation to the person's capacity.

Where people lacked capacity to makes some decisions care plans identified this and contained information relating to who should be consulted in a best interest process. For example one person's care plan identified they were able to make every day decisions relating to their care and support but needed the support of a relative when making 'bigger' decisions.

People had access to health professionals. Care records identified people had received support from: Community mental health team; nursing specialists; hospital consultants, tissue viability and the speech and language therapy team (SALT).

Good

Is the service caring?

Our findings

People were complimentary about staff. Comments included: "Staff are very friendly" and "Staff are very good, they are all kind to me". Relatives told us staff were kind and caring. One relative told us, "I always find the staff to be very open and kind to the residents".

Staff we spoke with were positive about their work and the caring nature of the home. One care worker told us, "I really enjoy working here, this is like my extended family".

Throughout our visit we saw caring interactions. When care staff passed people, they stopped and spoke with them in a kind and gentle manner. People who remained in their rooms were visited regularly by staff who spent time making sure people were comfortable.

There was a cheerful and friendly atmosphere throughout the home. People and their relatives laughed and joked with staff.

People were treated with dignity and respect. Bedroom doors were kept closed when people were receiving personal care. Staff knocked on people's doors before entering. When people required support in a communal area of the home this was managed discreetly with people being supported back to their rooms for personal care.

One person required a hoist to enable them to transfer from their wheelchair into an armchair. Care staff explained what was happening in a respectful and supportive manner.

People were involved in developing their care plans. Where people were unable to understand, their representatives were involved. For example one relative told us they had been involved in their relative's care plan and it was accessible if they wanted to see it. One person's care plan showed their relative had been involved in regular reviews.

People's care plans were personalised. For example one person's care plan identified the person had no verbal communication and could understand simple words in English. The care plan stated there was a communication book to enable staff to communicate with the person. The book contained pictures and some words in the person's preferred language. We saw staff supporting the person using the communication book. The person smiled when the care worker spoke with them. We spoke to the care worker who knew the person well and was aware of the information in the person's care plan.

Good

Is the service responsive?

Our findings

People were able to spend their day as they chose and had access to activities that interested them. One person said, "There is always something going on". Relatives were complimentary about the activities provided in the home. Comments included: "[Relative] has joined in lots of activities and has made friends. [Relative] is very happy here" and "The activities and the activity coordinator are out of this world".

Throughout the day we observed people being supported to participate in activities. Care staff were engaging some people in a game of dominoes. Other people in the room were joining in conversations with staff and each other. People were smiling and laughing. During the afternoon people took part in a quiz. The activity coordinator and care staff encouraged reminiscence and people enjoyed sharing their memories.

The registered manager had arranged for some staff to complete 'Our organisation makes people happy' (OOMPH) training. This enabled staff to engage people in activities to promote well-being. Staff were positive about the approach and enjoyed organising sessions. We saw people engaging in an OOMPH session. People were smiling and laughing as they waved pompoms to music.

The home had a conservatory area and garden. People were supported to spend time in both areas during the inspection. People were supported to go out of the home. One person told us they had been taken to the local shops. They enjoyed showing us what they had bought.

People were involved in developing their care plans. Care plans contained information detailing people's personal choice. For example one person's care plan stated 'likes to make own choices regarding daily routine'. Another person's care plan contained an end of life care plan clearly detailing the person's wishes.

Where people's care plans identified risks, plans were in place to manage the risk. For example one person's care plan identified they were at risk of pressure damage. The care plan stated the person required a pressure mattress. The pressure mattress was in place and set at the correct pressure. This person also required the support of two care workers and a hoist when transferring. The care plan detailed the type of hoist and sling required. The correct hoist and sling were in the person's room. Staff used the correct equipment when supporting this person. However, we saw the sling was not removed when the person had been transferred. We discussed this with the nurse who dealt with it immediately.

People and their representatives felt confident to raise concerns. One relative told us, "We can always talk to them [the staff] and they will refer to the manager who always makes time for us to have a private chat in her office". One relative told us they found the relatives meetings useful and felt comfortable to raise issues at the meeting.

We looked at records of complaints. All complaints had been responded to in line with the organisations policies and had been resolved to the satisfaction of the person making the complaint. One complaint was being investigated. The registered manager explained the investigation process and what action had been taken to resolve the matter.

Good

Is the service well-led?

Our findings

At our inspections on 9 October 2014 and 7 January 2015 we found the provider was not protecting service users against the risks of inappropriate or unsafe care and treatments as they did not have effective systems in place to assess and monitor the quality of service being provided. This was a breach of Regulation 10 of The Health and Social Care Act (Regulated Activities) Regulations 2010. At this inspection in May 2015 we found improvements had been made.

There was a registered manager in post who had been managing the service since August 2014. The registered manager had implemented effective quality assurance systems. A consultant auditor had carried out an audit looking at the areas identified as requiring improvement at the last inspection. For example the audit carried out by the consultant auditor had identified that protocols were not in place for all PRN medicines. During this inspection we found detailed protocols in place for all PRN medicines.

A system of quality assurance audits had been put in place to monitor the service. We saw records of these systems being effectively operated since January 2015. The quality assurance audits included: a monthly audit carried out by the regional support manager and monthly audits completed by the registered manager and deputy manager carried out monthly audits. The audits included care plans, medicines, falls, pressure care and infection control. Where areas that required improvements were found action was taken to address the issues. For example, a care plan audit had identified care files where records were not signed. The audit identified the actions needed. These actions had been completed.

Systems were in place to monitor accidents and incidents. This enabled the registered manager to look for trends and patterns. The registered manager was investigating a recent incident. This had involved taking immediate action to minimise the risk to people living in the home. The registered manager had involved the provider's health and safety representative to ensure appropriate action was taken. Staff were kept informed of the action being taken and reminded at each handover of the need for improved security.

Relatives were positive about the registered manager and improvements that had been made in the home. Comments included: "I'm getting on well with the new manager now after some initial concerns. She is getting it all shipshape" and "The new manager is 'family friendly'".

There were regular meetings for people using the service and their representatives. Records showed the registered manager had been open about the concerns following our previous inspections. A recent meeting identified the improvements made and those implemented as a result of people's suggestions. For example it was suggested that staff had new uniforms. We saw this had happened. The registered manager also used the meetings as an opportunity to inform people in relation to their care. For example the registered manager had provided information relating to the Deprivation of Liberty Safeguards.

Staff were positive about the changes and felt supported by the registered manager and deputy manager. Staff were motivated and enthusiastic about the home and wanted to continue to improve the quality of the service. Staff told us there was good team work and a positive culture promoted by the registered manager and the deputy manager. The deputy manager told us they were proud of the improvements the home had implemented and felt "Supported by the manager who is very knowledgeable and up to date".

Staff told us communication in the home was good. There were daily 'stand up' meetings to discuss any issues. Staff meetings were held bi-monthly. An extra staff meeting had been arranged following an incident regarding consent to personal care. Records showed the meeting had encouraged staff to reflect on their practice. Feedback from the meeting was positive.

The registered manager had made links with the local community and had made a presentation about life in a care home at a local council meeting. A day of celebrations was being planned for 'care home open day' and people from the local community had been invited.

The provider carried out an annual customer survey in May 2015. This was sent out to people and their relatives. The registered manager had developed an action plan to improve areas where concerns were raised. For example the survey identified concerns around communication with GP surgeries. The action plan identified the registered

Good

Is the service well-led?

manager was working to reduce the number of surgeries the home worked with. A weekly surgery had been set up in the home to enable improved involvement of GP's in health reviews and medication reviews.

The registered manager was notifying CQC of all notifications required under their registration.