Topcare Limited

Albany Nursing Home

Inspection report

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25 July 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Albany Nursing Home is registered to care for up to 61 people with nursing needs and at the time of the inspection there were 59 people using the service. This included younger people with disabilities and older people with varied conditions such as dementia and complex nursing needs. The home is laid out on three floors and accommodation for people is in single rooms, except for one double room.

At the last inspection in March 2015, the service was rated Good. At this inspection we found the service remained Good.

People and relatives felt safe using the service. There were enough suitably qualified staff to meet people's needs. Safe recruitment checks were made before employing new staff. Staff were knowledgeable about safeguarding and whistleblowing procedures. People had risk assessments done and risk management plans were put in place to ensure they were kept safe while using the service. Building maintenance and equipment checks were up-to-date. Medicines were managed safely.

Staff were supported through regular training opportunities, supervisions and appraisals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were knowledgeable about what was required of them in line with the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. Staff were aware of how to obtain consent before delivering care. People were offered a variety of food and drink and were supported to access healthcare as required.

People and relatives gave positive feedback about staff. Each person had a named care worker and a named nurse who were responsible for overseeing the care the person received. Staff demonstrated awareness of people's care needs, respecting people's privacy and dignity, maintaining independence and equality and diversity needs.

Staff were knowledgeable about providing a personalised care service. Care plans were comprehensive and showed people's preferences. A variety of activities were offered which included visiting entertainers and trips outside the home. The service kept a record of compliments and complaints made and used these to make further improvements to the care provided.

People, relatives and staff spoke positively about the management of the home. The provider had systems to obtain feedback about the quality of the service and carried out various audit checks on the quality. These systems were used to make improvements to the service. Regular meetings were held with people, relatives and staff to keep them updated on service development and identify issues that needed resolving.

Further information is in the detailed findings below.

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 remains Good.

Good

Is the service effective?

The service remains Good.

Good

Is the service caring?

The service remains Good.

Good

Is the service responsive?

The service remains Good.

Good

Is the service well-led?

The service remains Good.

Good

Albany Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

The inspection was unannounced and took place on 19, 21 and 25 July 2017. The inspection was carried out by one inspector and a specialist nurse advisor on day one. A specialist advisor is a person who has professional experience in caring for people who use this type of service. One inspector and an expert-by-experience visited on the second inspection day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector visited on day three.

Before the inspection, we looked at the evidence we already held about the service including the Provider Information Return (PIR). This is a form in which we ask the provider some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications that the provider had sent us since the last inspection and looked at the last inspection report. We also contacted the local authority to obtain their views about the service.

During the inspection we spoke with 10 staff including the registered manager, deputy manager, two nurses, three care staff, the activity co-ordinator, the chef and maintenance person. We also spoke with nine people who used the service and six relatives. Additionally we spoke to a healthcare professional who was visiting the service during our inspection. We observed care and support in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed eight people's care records including risk assessments and care plans and nine staff files including recruitment and supervision. We also looked at records relating to how the home was managed including medicines, policies and procedures, building safety and quality assurance documentation.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included, "Yes, staff make me feel safe. If I press the call bell they come", "Oh yes the place and environment [is safe], you don't seem to get any aggravation", "Oh yes very [safe]. There is always someone around" and "Yes I do [feel safe], security on the door, codes, fairly secure." People told us there were enough staff. Comments included, "Yes we are not short staffed", "Well it is not for me to say but I get looked after" and "Yes I have enough staff but I think I could do with a few more staff."

Relatives told us their family members were safe and there were enough staff. Comments included, "I do because there is always staff walking up and down. He [person using the service] can't get out on his own and he doesn't try", "Yes. More than adequate [number of] staff. Very professional" and "Yes very safe. There seems to be enough staff."

We reviewed the rota and saw there were enough staff on duty to meet people's needs. We observed that nobody had to wait too long for assistance. The registered manager and staff told us the service did not use agency staff but used bank staff who were permanently employed by the service to cover staff absences. One staff member told us, "With the rota there is enough staff. We try our best to come on board to help if someone calls in sick." Another staff member said, "Yes [enough staff]. Just a few occasions, some people call in sick. When it happens we have to call staff from other floors to come and help."

There was a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and written references. We also saw staff had criminal records checks carried out to confirm they were suitable to work with people.

The service also had a system in place to check nursing staff were registered with the Nursing and Midwifery Council (NMC) and their registration remained up to date. The NMC is the regulator for nursing and midwifery professions in the UK and ensures nurses and midwives keep their skills and knowledge up to date and that they maintain professional standards. This meant a safe recruitment procedure was in place.

Staff were knowledgeable about safeguarding and whistleblowing procedures. One staff member told us, "I try to find out as much as I can and I will communicate with the manager. Whistleblowing is when you tell the higher authorities. One can report things happening which is something against the rules or against policies to CQC, police, safeguarding team." Another staff member told us, "If you suspect any abuse you have to report it to the nurse and you have to note it down. You have to ask if it has been followed up. We can whistleblow to CQC or the police." A third staff member told us, "If there is any concern, you have to discuss this with your line manager. If the manager does not do anything about it you have to raise it with CQC or social services and be a whistleblower."

Records showed staff received training and regular updates on safeguarding adults. The service had safeguarding and whistleblowing policies which were detailed, clear and up to date. Records also showed

the local authority and CQC were notified when there was a safeguarding incident. We saw evidence that lessons learned from safeguarding incidents were discussed at staff meetings.

People had risk assessments as part of their care plans regarding their care and support needs. Risk assessments contained risk management plans and these were reviewed monthly. For example, one person had a risk assessment which stated, "[Person] is unable to keep herself safe in bed. The only way to keep her safe is to use bedrails both sides with bumpers." Other risk assessments for people using the service included mobility, moving and handling and pressure wounds. This meant the provider took reasonable steps to ensure risks to people's safety were managed.

Building safety checks had been carried out in accordance with building safety requirements with no issues identified. For example, the emergency lighting was checked on 3 July 2017, the fire alarms were tested weekly and were up to date and the five year electrical installation check was done on 14 August 2014. We noted there was water damage in the property and discussed this with the registered manager. Records showed there was an action plan to deal with this and work to resolve the issues was ongoing during the inspection.

The provider had a comprehensive medicines policy which gave clear guidance to staff on their responsibilities regarding safe medicines management. Medicines were stored in a locked medicine trolley in a locked room on each floor. Medicine administration record (MAR) sheets for medicines taken daily were completed correctly with no gaps. Medicines that needed to be used within a certain timescale had an 'opened on' date. Records showed that refrigerated medicines were stored at the correct temperature to ensure they would be effective when administered.

People who required "pro re nata" (PRN) medicines had detailed guidelines in place. PRN medicines are those used as and when needed for specific situations. PRN medicines that were not supplied in blister packs were in date and clearly labelled. Reasons for giving PRN medicines were documented on the back of the MAR charts. People who required their medicines to be given covertly had guidelines on how to safely administer the medicine and signed agreement by the GP. Covert medicines are those that need to be given in a disguised format because the person lacks to the capacity to understand why the medicine is needed. The above meant that people received their medicines safely and as prescribed in order to maintain their health.

The provider had an infection control policy which gave guidance to staff on the steps they should take to prevent the spread of infection. Staff were observed to wear gloves before carrying out care tasks and to change the gloves once each task was completed. Anti-bacterial hand cleaning solution was available in bathrooms to enable staff, visitors and people using the service to wash their hands. Domestic staff had a cleaning schedule to follow which ensured all areas of the service were cleaned. Kitchen staff had a weekly and monthly cleaning rota which they signed as each task was completed. The management team carried out an audit of domestic services every three months which included checking there were enough cleaning supplies and they were appropriately stored. This meant the provider had systems in place to protect people from the spread of infection.

Good

Is the service effective?

Our findings

Most people and relatives thought staff had the skills needed to provide care. However one person told us, "Between you and me, no [they don't have the skills]." A relative told us, "Yes skilled and very patient as well."

Staff confirmed they had regular opportunities for training. For example, one staff member told us, "A lot of frequent training. It's helping us a lot." New staff received induction training in the core topics of care and shadowed experienced staff. Records showed that new staff completed the Care Certificate. The Care Certificate is training in an identified set of standards of care that staff are recommended to receive before they begin working with people unsupervised. Training records confirmed staff received refresher training in, for example, fire safety, first aid, food hygiene and the Mental Capacity Act (2005). Staff had also received training in 'The Significant 7'. This is a toolkit designed to support care home staff to identify health deterioration earlier, in people using their service, so that they can receive appropriate care at home rather than undergo a hospital admission.

Records showed staff had regular supervision every two months and staff confirmed this was the case. Topics discussed included, policies, training, safeguarding, whistleblowing and pressure wounds. Topics discussed in the supervision of nursing staff also included, communication, staff rota, nurse training and team issues. Records showed that staff had an annual appraisal and these were up to date. Appraisals focussed on evaluating the performance over the previous year and identifying goals for the coming year for each staff member to work on.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection, 39 people required a level of supervision at home and in the community that may amount to their liberty being deprived. Records showed 25 people were under DoLS legally authorised under the MCA and the other 14 people had applications in process. Care records showed assessments and decision making processes had been followed correctly.

One staff member told us, "MCA is about the person can make decisions. If they cannot, you refer to DoLS. There should be a reason why you want to take away their liberty." Another staff member said "If people

have the mental capacity they can decide for themselves. If they haven't got the capacity you have to help them to meet their needs. If the person does not have the capacity, you deprive them of their liberty." This staff member gave an example of people who used the service who smoked whereby staff did not give [people] lighters but would light the cigarette for the person.

We checked staff understanding of the need to obtain consent from people before giving care. One staff member told us, "I want to get consent from people when I'm going to give care. Need to get consent about what you are going to do." Another staff member said, "We get consent from the beginning of their care."

People gave positive feedback about the food and drink offered. One person told us, "The food is okay and yes I get a choice. It is nutritious. I get enough food and drink." Another person said, "It is wonderful. Today it is fish and chips. It is always very good. I do what I can and they help me." A third person told us, "I like the food. It is nicely served, nicely cooked and it is more than enough." Comments from relatives included, "He likes the food. Yes the food is nutritious. He gets two choices" and "[Person] ate slowly and staff took their time. Feeding was a more personal experience. Lots of vegetables" and "I did part of the menu for them. Food is nice really. The chefs cater for all different types [nationalities]. Menus are changed every week. Sunday roast is very nice."

The service used a four week rolling menu to offer people a varied and nutritious diet. The chef was knowledgeable about people's dietary requirements. Menus were written on a blackboard in the lounges and staff were observed asking people what they would like to eat the following day. Kitchen staff sent fresh fruit to each floor at lunchtime. The kitchen was well stocked with nutritious and fresh food which was appropriately stored. Fridge and freezer temperatures were checked daily and records of these checks were up to date. The temperature of hot food was checked before each meal was served. This meant food was safe for people to eat.

We observed people eating a meal and saw the atmosphere was calm and relaxed. Staff appropriately supported people to eat in the room of their choice and at a pace that suited each person. For example, one staff member was supporting a person to eat in their room and the person was enjoying the jovial interaction. This meant people had positive dining experiences.

People confirmed they had access to healthcare when required. Comments included, "Yes I get to see a GP and chiropodist", "The chief nurse asks the doctor to see you. I had my own doctor on Tuesday. I see other health care professionals when needed" and "If I want them yes. The staff here have plenty of medical care [knowledge]. It is of a high standard."

A relative told us, "Yes, for example, carers take him to the dentist." Another relative told us, "A GP if required. For example, they responded straight away when she fell on the floor in her room. They called the GP, gave her antibiotics and went with her to [hospital]. She had a graze under her eye and unstable blood pressure."

Care records confirmed people had access to the optician, chiropodist, district nurses and the GP. Records showed the GP visited the service two days a week for regular clinics but was available to visit at other times if required. People with diabetes had access to a diabetes specialist nurse when required and had regular diabetic checks and retinopathy appointments were recorded. The service used the "red bag initiative" for people who needed to be admitted to hospital. This pathway involves a senior staff member in the nursing home packing in a red bag the person's medicines, relevant paperwork including their care needs assessment form and personal belongings including glasses and a change of clothes for the day of discharge. Ward staff are then responsible for ensuring the red bag is packed with the person's belongings including a discharge summary when the person is returning to the home. This meant people were

supported to maintain their health.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "Yes. For example, I got a chill and they gave me antibiotics. They work hard. [Staff member] is very caring." Another person told us, "The staff are excellent. Oh yes they do a very good job." Comments from relatives included, "Yes. For example, they always pop in to see if he is okay. He won't go to hospital so they always phone me if he is not well. He is very set in his ways", "Yes I do. A staff member sits with her at night when she is agitated and makes her a hot drink" and "Very happy. I've been very impressed. They genuinely seem to care."

Staff were knowledgeable about developing caring relationships with people and getting to know their needs. Comments included, "We have training on how to build up relationships. By talking to [people] in a gentle way you build up a relationship. You have to read the [person's] care plan", "When [person begins to use the service], I introduce myself and I go through the care plan", "I find reading the care plan very important. It's good to be able to talk to the family. I like to talk to the [person using the service] themselves" and "You need to know the person, what they like and what they don't like. To build up and help the person and to know them better. Allow them to talk about what they like and give them choices."

During the inspection, we observed staff engaged people in conversation and there was a warm, friendly and calm atmosphere. An example of positive interaction was one staff member who was pushing a person in their wheelchair from the dining room and they were both singing a song aloud together.

Staff were able to develop positive relationships with people because there were the same staff on each floor. The service had a "keyworker" system. A keyworker is a staff member who is responsible for overseeing the care a person receives. Each person using the service had a named care worker who was responsible for making sure the person had toiletries, their room was tidy and liaising with family members. Each person using the service also had a named nurse who was responsible for their medicines, health and well-being. This meant people had continuity of care

People confirmed their privacy and dignity was respected. Comments included, "Yes they do", "Oh yes its good I can talk to someone in confidence and know it's not going to go any further", "You can get a private chat if you want" and "Yes I don't like the door shut. I leave it open so I can see them." A relative told us, "They [staff] always knock on the door." Another relative said, "Yeah, [staff] always knock on the door."

Staff were knowledgeable about how to maintain people's dignity. Comments included, "If you are going in their rooms, always knock on the door, tell them what you are going to do. Make sure the door is closed. When doing personal care, I always put a towel over them", "You have to close the windows and the doors. You have to ask them what they would like to wear and you have to go through what they would want, not what you want", "When entering somebody's room, I believe to knock and I would ask if I could enter. I make sure the door is closed and the window" and "When you are washing them, I make sure I close all the windows, close the doors, the curtains and I communicate with the person."

Staff also demonstrated awareness of equality and diversity issues including respecting people from

different cultures and religions. One staff member told us, "It's good to know their values, their choices and their belief. I can encourage them." Another staff member said, "You have to help them to practise their religion." The above meant people were provided with care in a dignified manner.

Records confirmed what people were able to do independently and what tasks they needed assistance with. One staff member told us, "I always check the care plan first. I will let them do whatever they can. If they can't manage, I will help them. I ask them, 'Tell me what you need me to do or what you don't need me to do.'" Another staff member said, "By helping them. Some you just have to prompt them, whilst some can do it by themselves without help." A third staff member gave an example of people who liked to go downstairs for a cigarette and how the staff would check if they felt okay to go alone and if so would leave them to go independently. This showed people were supported to maintain their independence.

Good

Is the service responsive?

Our findings

People told us staff respected their wishes when providing care. A relative told us about the service, "[Staff] did ask for preferences when person first came [into the service]."

Staff demonstrated awareness of providing personalised care. One staff member told us, "Caring for that person only. We always ask them, 'Do you want a wash before or after breakfast?' We go in accordance with [people's] wishes. Whatever they want." Another staff member said, "Respect their decision, what they want is what you have to follow." A third staff member told us "[Personalised care] is where you involve that person in what you are doing, give them choices. You read their history so you get to know their preferences." A fourth staff member said, "[Personalised care] is for that particular individual and what suits them. We ask them their preferences, choices and what they are interested in doing. We prioritise our work to meet that person's needs."

Care plans were personalised and included life histories, interests, likes and dislikes. For example, one person's care record stated, "[Person] likes to wear trousers, blouses, dresses, cardigan. [Person] likes to tell you what she would like to wear and can indicate her simple needs. Loves music and dance. Likes to do knitting." People's needs were assessed before they began using the service and care was planned in response to their needs. Assessments included general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. Records showed care plans were reviewed and audited on a monthly basis.

People confirmed they were offered activities. Comments included, "Yes I go downstairs for entertainment. I spend time with my family" and "They come and talk to you and want to know what you like and how you feel. I like the singing." A relative told us, "Truthfully, no, there are no one-to-one activities." However, during the course of the inspection we observed people were offered one-to-one activities and records confirmed these were offered to people in their rooms in the afternoons.

The service employed an activities co-ordinator to organise activities. They were on holiday at the time of the inspection; however, two members of staff were covering for the activities co-ordinator in their absence. One of these staff members described the variety and choice of activities offered to people and records confirmed that these included, a delivery of newspapers of people's choice, computer games, pamper sessions, aromatherapy, gardening, pub trips and visiting entertainers. During the inspection the service had a barbecue which was also attended by involved professionals and relatives. An entertainer had been booked to provide singing for this event. We also observed a morning reminiscence session and gentle exercises and a group of people using the service were preparing for a trip out to a local city farm in the afternoon.

The service kept a record of compliments and we saw five thank you cards and two thank you emails received by the service in the last year. Comments included, "Very many grateful thanks for all the care you gave to my [relative]", "Thank you for being so supportive with [relative] in her final years at Albany" and "Just to say a special thank you for your care and dedication given to [relative]."

People confirmed they knew how to make a complaint if they were not happy with the service. One person told us, "Try and talk to whoever I was unhappy with. There is all sorts of ways you can make a complaint. One is to keep quiet and then they wonder. I have never had to complain. I would rather try and change things." Another person said, "I would ask to see someone. I have [had] two complaints. The first one is somebody wandered in my room, a lady. She pushed my table and took my glasses case and mustard. The second one is that two appointments with the physio have been cancelled at the very last minute by the hospital and I was all ready to go. I am not getting any physio at the home." Records showed this person's first complaint had been recorded, investigated and resolved by the registered manager and the registered manager told us the second complaint was being followed up with the hospital. It was noted the person was satisfied with the outcome. Three people told us they would raise concerns with the registered manager and one person said they would tell the local authority if they were not happy with their care.

Relatives also confirmed they knew how to complain. One relative told us, "I would complain to the management. Yes his sheets weren't changed for 3 weeks. This was 6 weeks ago. It was done straight away when I complained." Another relative said, "Yes, I had an issue with a member of staff. I said something to the [registered manager] and it was addressed there and then." Other relatives told us they were happy with the service and had not needed to make a complaint.

The service had a comprehensive and clear complaints policy which gave guidance to staff on how to handle a complaint. We reviewed the complaints log and saw seven complaints had been made this year. These complaints were resolved within the timescales of the policy and we noted complainants were happy with the response.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported by a deputy manager. People and relatives gave positive feedback on the management of the service. Comments included, "[Registered manager] is hard working, all the team work hard from the bottom to the top", "[Registered manager] is very nice; she is lovely and very friendly", "I like her a lot" and "The [registered manager's] nice and approachable. She's accessible."

Staff also spoke positively about management. One staff member told us, "Anything I'm concerned about, I always go to the senior. If they can't sort it out, I go to my manager." Another staff member said, "[Registered manager] is clever, fantastic, supportive. She's really good." A staff member told us they felt very supported because the registered manager said they could support them to train to become a nurse. This staff member told us, "To me she's a good leader. You don't have to make an appointment to see her. She's been very good." Other comments from staff included, "I really do [feel supported]. I feel sure I can speak to someone when I need to. I think [registered manager] is a very good person. She makes sure things go right. You can talk to her. She's a really nice person", "I think [registered manager] is someone who is able to listen and give you an in depth answer and you will leave satisfied" and "Our manager is the best. She's very supportive."

The provider had a system of obtaining feedback from people and their relatives. Records showed 59 feedback surveys had been given to people and relatives for the 2016 survey and eight had been returned completed. A relative commented, "An outstanding service – thank you for such a wonderful home for my [family member]."Another relative stated, "I am very happy with the care provided." One relative had commented that clothing items would be less likely to be mislaid if staff ensured they all had name tags. The service took action by ordering name tags for items not labelled and for items belonging to people newly admitted. Another relative suggested that a side salad be offered sometimes with the evening meal. Records showed this had been introduced. This meant the provider used feedback to make improvements to the service.

The service held regular meetings for people and relatives. Relatives confirmed they attended meetings and one relative said, "I attend every single thing." Records showed the most recent meeting held on 3 May 2017 included discussions about entertainment over the summer, changes and ideas for the food menu, clothing name tags, visiting hours and care plans.

Staff told us staff meetings were useful. One staff member told us, "It's very useful. You get alerted about current issues." Another staff member said, "Highlights things we need to be aware of." Minutes for the nurses meeting held on 22 May 2017 showed topics discussed included nurse documentation, monthly audits, contract monitoring report, training and the "red bag initiative". Night staff had a separate meeting in order for them to remain updated on current issues. Topics discussed in the most recent night staff meeting held on 24 May 2017 included staff attitude and behaviour, yellow bins, mobile phone usage, communal areas, safeguarding and training. The most recent day staff meeting held on 27 June 2017 included discussions on the rota, updated policies and procedures, chiropody, toiletry list and hydration.

The provider had various audit systems for checking the quality of the service provided and these were used to make improvements to the service. For example, during the three monthly maintenance check of the premises on 9 May 2017, it was noted that the guttering needed work and this had then been signed off as completed. Another example, was the monthly medicines audit completed on 3 February 2017. This had identified issues on each floor which included one person not having a photo on their MAR sheet and gaps in signatures on the MAR sheets. The action taken was each staff member responsible was giving a letter regarding this matter and instructed to resolve the issues. This meant the provider had systems in place to monitor the quality of the service and taken action when needed.

The registered manager told us about the joint working the service was engaged in with the local clinical commissioning group. This involved the home taking part in the 'red bag initiative' and working jointly with the London Ambulance Service and the local accident and emergency department. The initiative piloted in nursing homes and its success would be evaluated at a later date. This scheme was aimed at making the transfer to hospital a smoother experience for people using these services, enabling a speedier discharge from hospital and saving time during transfers between services by ensuring staff had the information they required. This meant the service was willing to work in partnership with other agencies to improve the care provided to people using the service.