

Avery Homes (Nelson) Limited Albion Court Care Centre

Inspection report

Clinton Street
Winston Green
Birmingham
West Midlands
B18 4BJ

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Website: www.averyhealthcare.co.uk/care-homes/birmingham/birmingham/albion-court

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?	Requires Improvement	

Summary of findings

Overall summary

About the service

Albion Court Care Centre is a residential care home providing personal and nursing care to 82 people aged 65 and over at the time of the inspection. The service can support up to 89 people.

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

There was no registered manager in post as required by law, however, the current manager was in the process of applying for registration. The manager carried out regular audits of the service to oversee the quality of support people received.

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were trained and supported to provide the best possible care for people. Medication was administered safely. Staff supported people following good infection control practices.

People were supported by staff who had the skills and knowledge to do so effectively and staff sought guidance from health professionals in order to support people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff who respected their privacy and dignity and supported their independence.

People's support needs were assessed regularly and planned to ensure they received the support they needed. The provider had a complaints process to share any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 08 March 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Albion Court Care Centre

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.

Inspection team

The inspection was carried out by one inspector, an assistant inspector, an expert by experience and a specialist professional advisor in nursing. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Albion Care Centre 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.

Notice of inspection

This inspection was unannounced.

What we did before 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 used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with 11 members of staff including the regional manager, deputy manager, nursing staff, senior care workers, care workers and the chef. We also spoke with two visiting health professionals. We

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 a range of records. This included 11 people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at questionnaires and requested information regarding an incident that had occurred at the home. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Albion Court. One person said, "I do feel safe. There are always people checking on us."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people and staff we spoke with were aware of people's risks and were able to tell us how they supported people to keep them safe.
- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again.

Staffing and recruitment

- We saw there were enough staff to support people and people did not have to wait long for assistance when needed.
- There were recruitment processes in place and recruitment checks were carried out before staff were appointed. This ensured suitable staff were appointed to support people.

Using medicines safely

- Peoples' medicines were managed safely. Medicines administration records showed people received their medicines as prescribed.
- All medicines were stored securely and daily temperature checks were carried out to ensure medicines were stored at the correct temperature.
- Supporting information to aid staff in administering medicines that had been prescribed on a when required basis (PRN) was in place.
- There was a covert medication policy (medicines administered in a disguised format) in place which staff followed to ensure people received their covert medication as prescribed.

Preventing and controlling infection

- The home was clean. Staff used personal protective equipment and we saw these were readily available to them.
- Staff supported people using good infection control practices to protect against the spread of infection.

Learning lessons when things go wrong

- The manager had a system in place to monitor incidents and accidents. Records we looked at showed us

they understood how to use accidents and incidents as learning opportunities to try and reduce future occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out an initial assessment of peoples' so they could be sure they could support people safely and how they wanted. People using the service and their family members were involved in the assessment.
- People's current needs were regularly assessed to ensure they continued to receive the correct level of support.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to do so effectively. We observed people being moved using safe moving and handling practices on the day of inspection.
- Staff received induction training in line with the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the standard for staff working in care settings.
- Staff were given opportunities to review their individual work and meet their development needs.
- Staff received on-going training to meet people's specialised needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat a healthy diet and there was plenty of food available for people. One person said, "The meals are ok, I like them. They are different every day."
- Where people had specific dietary requirements, staff knew these and supported people accordingly.
- Where people were at risk of malnutrition, their weights were regularly monitored.
- At the last inspection, it was identified that people's cultural tastes were not always catered for. At this inspection, we found improvements had been made and the chef prepared meals to reflect people's diverse cultural backgrounds.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- There were oral health care assessments in place for people to give guidance to staff on how to support people with good oral health.
- The service worked with other agencies and health professionals in order to meet people's specific needs. We saw evidence of this during the inspection with visits from health professionals. One health professional told us, "We are generally happy with the home's performance."

Adapting service, design, decoration to meet people's needs

- The home was clean and fresh smelling and adapted to meet the needs of people using the service.
- Signage around the home was clear and there were lifts on each floor to enable people to move around safely.
- People's bedrooms were individually decorated and in their own individual taste.
- Communal rooms were bright and airy and pictures reflected people's diverse cultural needs.
- The manager had implemented a religious corner which displayed religious artefacts to respect people's different religious beliefs.

Ensuring consent to care and treatment in line with law and guidance

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were receiving care that restricted their liberty. The provider had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed.
- Staff had received training in the MCA and understood the importance of people being involved in decisions about their care.
- People were involved in decisions about their care and people had signed documentation consenting to their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One person said, "They look after me so well, I don't want for anything. The Lord was looking out for me when he sent me here, I am truly blessed."
- Staff we spoke with were passionate about their roles. One staff member said, "I love working here. They [people] deserve the best care I can give them."
- We found people's equality and diversity needs were respected and staff received training in equality and diversity to be able to meet people's needs. Staff told us how people's individual cultural and religious needs were met by providing specialised diets. Religious leaders visited the home and organised religious trips out to places of worship. One staff member said, "I love that the home is so diverse; a lot of different nationalities of staff and of residents."
- The provider had a compliments folder which was full of messages of appreciation and cards. One compliment read, "Just wanted to say how impressed I was with how the care staff looked after [person]. They are a credit to your service."

Supporting people to express their views and be involved in making decisions about their care

- People and their families were involved in care planning and their views and wishes respected. There was evidence of best interest decisions in care plans where people needed help to make their choices.
- Regular resident meetings were held in order for their views to be shared about how the home was run and share what activities they would like to do.
- People had been involved in staff interviews in order to have a say on who worked at the home. One person told us, "I have been involved in interviews for managers in the past, I make a list of questions to ask the person being interviewed."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. We observed staff knocked and asked permission before entering a person's bedroom. One person said, "They [staff] are respectful, they knock before they come in."
- People were supported to maintain their independence. One staff member explained how a resident had come to the home unable to walk due to an injury. They said, "We encouraged [person] to walk and now they don't need their wheelchair."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A care plan and assessment were in place which showed the support people needed and these were reviewed regularly. These contained information on people's background, likes and preferences and clearly recorded outcomes people would like to achieve.
- One person described how they had improved since moving to Albion Court. They said, "This is the best I'm going to get. I want to go home but I can't; they feed me properly and they care for me. I've put a bit of weight on and they understand."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider told us in information they shared with us prior to inspection that people were given the opportunity to discuss their communication needs during their assessment into the home. We observed communication plans in people's files which clearly recorded people's preferred method of communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in activities they enjoyed to prevent social isolation including celebrating special days of the year such as Valentine's Day. There was an activities room where people could get involved in arts and crafts and play board games. Singers would visit the home and trips out were arranged where possible.
- Staff told us how they would spend time with people who were cared for in bed to prevent them feeling isolated. One staff member said, "We know our residents. When it is quieter we go to their rooms and sit and have a chat with them. We read their life history so we can have a conversation with them."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and complaints were investigated and responses clearly recorded.

End of life care and support

- People who were on end of life care had an end of life care plan in place so that their wishes and beliefs

could be respected at the end of their life.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was no registered manager in post as required by law. The current manager was in the process of applying to take registration.
- The manager carried out regular audits of the service to oversee the quality of support people received. At the last inspection we found the provider was in breach of regulation as their systems had not been effective in improving the quality of the service. At this inspection, we found that audits had improved and had been instrumental in driving forward improvements and the provider was no longer in breach of regulation. For example, audits of risk assessments had improved the quality of the information contained within them and ensured they contained clear guidance to staff on how to mitigate risk.

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

- Staff we spoke with told us how the service had improved since the new manager had started. They told us the atmosphere had changed for the better and people and staff communicated much more. One staff member said, "The atmosphere and the support from the manager is better. [Name of manager] changed the atmosphere so everyone is important."
- Staff told us that the management team were very approachable and felt listened to.

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 manager and provider understood their legal requirements within the law to notify us of all specific incidents. The manager and provider were aware of their responsibilities under the duty of candour and were open and honest about how the home had made improvements.

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

- Questionnaires were used for people and relatives to obtain their views of the service and an action plan formulated to address issues raised. For example, recent results revealed people would like more culturally diverse snacks and these had been added to the shopping list.

Continuous learning and improving care

- The provider had learnt from their last inspection and had improved the quality of their audits to

effectively drive forward improvements to the service.

Working in partnership with others

- The service worked in partnership with hospital consultants, social workers, health professionals and relatives to ensure the service supported people's needs.