Avery Homes RH Limited

Albion Court Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 2 and 9 November 2016 and was unannounced.

We last carried out a full inspection of this service on 1 October 2015 when we identified that improvements were needed in all the questions we ask. As a result of the breach of regulations in the way medicines were managed we carried out a follow up inspection on 9 July 2016 to check if improvements in the management of medicines had been made. We found that there had not been sufficient improvements so we issued a warning notice to the registered provider to encourage further improvements. At this inspection we checked that the required improvements had been made and maintained. We saw that improvements had been made so that people were receiving their medicines as required but some further improvements were needed.

Albion Court Care Centre provides nursing and personal care to up to 89 people for reasons of frailty, physical disability, sensory impairment and mental health.

The registered provider is required as part of their conditions of registration to have a registered manager in post. At the time of or inspection there had not been a registered manager in post since April 2016.

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

During our inspection we found that improvements had been made at Albion Court so that generally people and their relatives were happier with the service they received. However, we identified that further improvements were needed in areas such as staff consistency, medicines and mealtime management.

People's needs were met but care provided to people was generally task orientated rather than person centred. For example, staff completed the basis tasks for people such as getting people up and dressed in the morning, but no thought was given about people wanting a drink at that time. Instead people had to wait until the drinks trolley came round later in the morning.

People received food and drink that met their nutritional needs but mealtimes were not always a pleasant experience and well managed.

The provider had assessed the number of staff needed to meet people's needs but due to the dependency on agency staff to meet the required numbers because of a high turnover of staff people were unhappy with the number of different people in the home.

Staff were supported to provide care to people through the provision of training, supervision and improved

communications through meetings and handovers.

Systems were in place to listen to the views of people and take actions to address the issues raised through complaints, surveys and meetings. The quality of the service was monitored but the systems had not always idenfied the areas where improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were protected from abuse because staff were able to recognise the signs of abuse and able to raise any concerns they had.

Systems were in place to identify and manage risks to people.

There was not a stable staff team in place so that continuity of care was provided to people.

People generally received their medicines as prescribed but improvements were needed to the management of medicines.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People received care to meet their day to day needs and people were involved in making decisions about their care.

People unable to make decisions were encouraged to make decisions and staff made decisions in their best interest if needed. Systems were in place to ensure that people's liberty was not restricted without the appropriate authorisations.

People's dietary needs were met but mealtimes could be better managed.

People were able to receive medical attention when needed.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were generally caring and kind promoting confidentiality, choices and dignity but sometimes promises made by staff were not always fulfilled in a timely manner, sometimes people felt their choices were not promoted and information was not always maintained confidentially.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were involved in planning their care and relatives were involved in reviews of care however care was not always person centred. Some people did not feel there were sufficient activities for their social needs to be met.

People were able to raise concerns which were investigated and actions taken to address them.

Systems were in place to involve people and their relatives in the home and to keep them updated on changes being made.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Some aspects of the service were being improved but further improvements were needed.

The service was being managed by an interim manager but there was no registered manager in post as required as part of the registered provider's registration.

There were some audits but the systems were not robust enough to identify the actions to be taken and how these were being monitored to ensure improvements were made and sustained.

Albion Court Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 and 9 November 2016 and was unannounced.

The inspection was carried out by three inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our experts-by experience had experience of using this type of service.

Before our inspection we looked at the information we hold about the service including notifications and concerns received. We spoke with people that commission the service for people regarding their view of the service provided. We had asked the registered provider to complete and return the Provider Information Return (PIR) which we used to plan our inspection. The PIR is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people. We also contacted the Clinical Commissioning Group that purchased services.

We observed how staff supported people throughout the inspection to help us understand their experience of living at the home. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with 17 people that lived in the home, nine relatives, and ten staff including those with responsibility for care, nursing, activities, catering and management of the home. We looked at three people's care records to check if they were receiving care as planned and three staff files to check training and recruitment processes. We looked at medicine management processes to determine if the warning notice had been met and medicines management was safe.

Requires Improvement

Is the service safe?

Our findings

At our last inspection of July 2016 we found that improvements were needed in the management and administration of medicines. As a result of that inspection we took enforcement action that required the registered provider to make improvements. At this inspection we found that significant improvements had been made so that people received their medicines as required however, some further improvements were needed to ensure that everyone received their medicines safely.

Most people told us they received their medicines as needed. One person told us, "Quite happy with medication, they give it with a drink and see I take it." Another person said, "Medication okay but some night staff miss one tablet, a blue one." We had received some concerns regarding night staff not always providing appropriate support with medicines. During our inspection one person told us that they had not received their medicines and creams. We saw that they waited for a couple of hours before their tablets were given.

A member of the CQC medicines team reviewed the management of medicines, including the Medicine Administration Record (MAR) charts for 14 people.

Medicine that had a short expiry date once opened was generally dated to ensure that staff knew how long the medicine could be used for. However, we found some medicine that can be kept out of the fridge for 28days in the medicine trolley. The medicine had no record of when it was removed from the fridge and so it was not possible to tell if this medicine was still safe to use.

Creams that had to be applied topically were recorded on a separate cream application chart that was kept in people's rooms. The charts showed where the cream should be applied and how often and a record was kept by the person applying the cream. However we saw that some of the information was missing for some people on the first floor.

We looked at the records for people who were using medicinal skin patches. The records were robust enough to demonstrate where the patches were being applied to the body. We saw that patches were being applied correctly for three people; however, we saw that for one person, the patch was not being applied and removed in line with the manufacturer's guidance, which could result in unnecessary side effects.

We saw that one person had to have their medicine given to them disguised in food or drink. The supporting information on how to prepare and administer each medicine safely was out of date and needed a review. We saw that this had been picked up by an audit and we were assured by a member of staff that it was being looked in to already.

Medicine errors were not always identified. For example, we saw gaps on five MAR charts which means we could not be sure if the person received their medicine. There was no recent evidence of shared learning or meaningful action plans in response to previous errors.

Medicine was stored safely in locked trolleys in locked rooms where the temperature of the room was

monitored to ensure that medicines were stored appropriately. Medicines that needed cold storage were kept in a fridge and daily records showing temperature monitoring were completed. Controlled drugs are medicines that require special storage and recording to ensure they meet the required standards. We found that controlled drugs were stored securely and recorded correctly.

People that take medicine only when required had clear protocols in place to provide staff with enough information to know when the medicine was to be given which meant people would be given their medicine consistently and at the times they needed them.

Staff told us if they needed assistance in an emergency they would press the call bell that was situated around the home. We asked staff to demonstrate how the call bell worked and what was the difference between an emergency call and a normal call. However, we found that the staff were not able to activate the call bell to summon other staff in an emergency quickly. Another member of staff came to see what was happening and was able to show how the emergency buzzer should be activated for an emergency. There were two types of call points and this partly led to some confusion but staff were unsure of the buttons to press for the assistance. This was discussed with the manager and provider's representative at the time of the inspection who were also unaware that there were two types of call points.

People told us they felt safe in the home. This was because they felt the coded doors ensured that only people entitled to come into the home were able to enter. One person told us, "I feel quite safe here and my belongings are safe." Information we hold about the service showed that there had been some incidents when belongings had gone missing but the manager had taken the appropriate actions to investigate and address the issues.

Staff spoken with told us and records showed that they had received training in how to protect people living in the home. Staff spoken with were able to describe what actions they would take if they suspected that people were at risk of being abused. This showed that they were able to escalate their concerns so that they were referred to the appropriate people for investigation. Records we hold about the service showed that we were kept informed about incidents that occurred so that we could monitor and ensure people were protected. We had received information that staff had raised concerns about other staff that had moved people inappropriately. The appropriate actions had been taken by the manager as a result. This showed that staff felt able to raise issues of poor practice. Staff records showed that the appropriate recruitment checks had been undertaken to ensure that only suitable staff were employed in the home.

People gave us varied comments about whether they felt there were sufficient staff available to help them but most people were understanding of delays. One person told us, "Each person has a buzzer and if you need them they will help but I don't think you can have 100 percent, sometimes you have to wait a bit; if they can get to help you they will, when I use the buzzer they know I need help." Another person said, "Don't always come very quickly to the buzzer but they do speak to you and you can advise of urgency and if urgent they respond." Another person said, "They come quickly unless they are busy."

Staff spoken with told us about occasions when staffing levels were lower than required and this meant they had less time to spend with people and there were agency staff almost every day. Staff told us that there were not always enough staff on duty to meet people's needs. During our inspection we noted that one staff member had not turned up for duty and another staff member went for training leaving the unit short staffed. We had received some concerns regarding staff not arriving for their shifts leaving staffing levels short and delays in giving people their medicines. We observed that some people did not receive their medicines until late in the morning during our inspection. Some people commented that there had been an increase in the use of agency staff. One person told us, "A lot of agency staff that have only been here for a

short while, use of agency staff increased." A relative told us, "We get on well with staff but a lot of different agency staff so we don't always know them." The manager and provider's representative agreed there had been a recent increase of agency staff due to some staff leaving but told us that staffing levels were not reduced due to training and that there were the assessed number of staff available to support people.

Requires Improvement

Is the service effective?

Our findings

People told us that although they would prefer to live in their own homes they were happy with the care they received at Albion Court. One person told us, "Care is not too bad, don't do anything especially well but staff are alright, no complaints." Another person told us, "Some carers are better than others but I'm quite content." A third person said, "Care not too bad at all really, they do as much as they can." A relative told us, "I know that [name of person] is well looked after and that is the main thing." Two relatives were not so happy about the care provided to their family members and discussions were ongoing between the manager and the family about the concerns.

Staff were supported to provide care to people. Staff told us that they received the training needed to provide them with the skills to support people. This included first aid, safeguarding, health and safety and moving and handling training. The provider information return [PIR] told us that additional specialised training was also provided where needed. The PIR also told us that staff received support through supervisions, handovers at shift changes and meetings. Staff spoken with confirmed this and we observed a handover of information at shift changes. Staff confirmed that they had received an induction into the home which equipped them for their roles. We saw that the registered provider monitored the training staff had undertaken.

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. We found that they were. The PIR told us a few DoLS authorisations had been agreed. The manager confirmed that applications had been made but there was a delay in the authorisation process. Staff we spoke with were aware of the MCA and DoLS; two staff had a very good knowledge and gave us a detailed account of the principles of the MCA and DoLS. Staff knew the reason for the current DoLS approval and knew that people should not be restricted for reasons other than what had been approved. One staff told us, "We always seek people's views and involve them with their care to make sure that they are okay and if it's what they want. You can still give a choice, for example, showing them [people living with dementia] clothes so they can pick what they want to wear and repeating what meals are available at lunchtime because they forget if you have asked in the morning."

People told us they were generally happy with the food they received. One person said, "Meals are quite good, there is a choice but I can't always remember what I asked for." Another person said, "Food is alright and I have a choice but I would like smaller drinks more often rather than a large drink less frequently." During our inspection we noted that drinks were not readily available in lounge areas and after people had

been assisted to get up in the morning they had to wait for a drink. Before breakfast one person asked us if they could have a drink. We were told by the nurse, "People get a drink between 7 and 8 (in the morning)." It was nearly 8 o'clock at this time and some people had been up since before 6.30am. There was no evidence of a drink having been provided to people.

We observed that mealtimes could be better managed. During breakfast we saw that in one dining room there were only two staff for a period of time assisting 15 people, several of whom needed assisting. One staff was new and required a lot of guidance from the other staff member about what to do. This meant that the two staff were serving breakfast, reassuring people who were becoming unhappy and ensuring people were being encouraged or supported to eat and drink At lunchtime we saw that some people had to wait an hour in the dining room before their meals were served. Some people were sat at a table with no food whilst other people at the same table had been given their meals. In one dining room we saw that a person living with dementia was making verbal noises and was being told to 'shut up' by other people in the dining room. There was little interaction with this person from staff however when their relative arrived they were calmer and interacted with their visitor reducing the number of outbursts they had.

Where people were at risk of developing sore skin we saw that the provider had plans in place to manage these risk. There was specailist equipment in place to reduce the risk to people. Staff were completing charts to show when people's position had been changed. We saw that people were assessed to determine if they were at risk of not eating or drinking enough to maintain good health. Where people were assessed as being at risk plans were put in place to manage those risks. For example, one person needed to have their drinks thickened so that they could take drinks safely. A member of staff we asked was aware of the person's needs and how much thickener they needed to add to drinks. Kitchen staff were aware of people's individual dietary requirements such as cultural requirements, pureed, soft and fortified diets.

People and relatives spoke of having access to a GP when required and people said they had chiropodist and optician visits. One person said, "If I'm not very well they get the doctor and the chiropodist visits." Another person said, "Nurses treat you good and get the doctor if you need them."

Requires Improvement

Is the service caring?

Our findings

We saw that staff were kind and gave reassurance and encouragement to people. People's facial expressions and responses indicated they were at ease with staff. One person who was unable to tell us if they were happy with the staff gave a thumb up to show how they felt. However, we noted that there was a general lack of warmth towards people and on some occasions we saw that they could change quickly from laughing with people to speaking in a stern voice the next minute. We saw that people were sometimes promised things that did not materialise. For example, we noted one person was told that the staff would call somebody on the mobile phone for them and another person was promised a bowl of custard in their room neither of these things happened during our observations. One person told us, "Some of them [staff] are good but some of the others you can't really tell how they're going to be on the day". Another person said, "Overall care not too bad, could be more caring." A visitor said, "Actually they are very nice, all of them. Better than I had hoped for". Concerns we had received from relatives before our inspection indicated that they did not always feel that their concerns were given importance.

People were able to make choices about their day to day lives. One person told us, "I have a wash down, occasionally have a shower which is okay." Another person said, "I choose what I'm going to wear and whether I want a bath or shower, I have one as often as I like." On one floor a member of staff told us that several people were having their meals in their rooms; some due to being in bed and others out of choice. We saw that staff helped people living with dementia to make choices by offering different plated meals from which to choose. However, some people did not always feel their choices were promoted. One person told us, "'Would like to have a bath every morning but only get one a couple of times a week." Another person told us that sometimes a male carer supported them but they were never asked if this was okay. We had received some concerns about staff attitudes towards some people. The provider had taken the appropriate actions in these situations.

We saw that people were dressed in the way they wanted to be dressed and that reflected their gender and cultural. We saw that meals were available to meet people's cultural needs however, there were some conflicting views on whether cultural needs were met or not. One person told us they felt their cultural preferences were met whilst another said they were not. We saw efforts were made to meet people's spiritual needs through gospel music and by having visitors from the churches for services, however on person told us, "I'm a religious man and attend weekly service here, I would like to go to church I used to attend which isn't far away but I don't."

We saw that people were called by their first names and supported to have their needs met to manage their dignity. For example, we saw that two members of staff using a hoist in a lounge were talking to people whilst assisting them to move to a comfortable chair. They checked with the person if they were happy to be moved and told them when the hoist would be going up and down. However, we saw that information about people's needs was not always kept confidential and dignity not always maintained. On the wall in a dining room we saw a list of people's room numbers with names giving details of special diets, they also had a similar list of people requiring drinks to be thickened. This did not ensure that confidentiality and dignity was being promoted.

We saw that people were supported to be independent where possible by ensuring people had access to walking frames and wheelchairs. People were encouraged to eat independently with prompting and encouragement.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they had been involved in planning the care they received. One person told us they got the care they needed. Relatives said that they were involved in reviews of care and one relative told us, "They always ring to tell me about what's going on". Another relative said, "I attended a review last Tuesday. It was quite informative and I think they are very important". However, we observed that care was not always person centred but task centred. For example, people were assisted to get up and dressed but not offered drinks until everyone was offered a drink. Some people said they were not able to have a shower as often as they would like.

Most relatives told us that they were informed of any changes promptly. One relative said, 'If anything happens they let us know." We were told that people's needs were reviewed on a regular basis. Each day one person on each floor was identified as the resident of the day. The purpose of the resident of the day was for each department to review their input into that person's care. For example, kitchen staff would look at the person's meals and what they ate and enjoyed. Care staff would look at people's care needs to ensure they were being met and any changes identified implemented. Most people were not aware when they were resident of the day. One person living at the home said they were aware of 'Resident of the day' and this meant having curtains taken down and room cleaned. The manager and provider's representative confirmed that resident of the day was not working as they wanted and this was being developed.

We saw that there were some activities that people enjoyed and looked forward to but they were not sufficient to meet everyone's needs. We saw five people taking part in a game of bingo in the activities lounge, another person was reading a newspaper and people were having a laugh and joke and being encouraged to be as independent as possible. Some people told us about trips they had been to, this included the West Midlands Safari Park and Iron Bridge Museum. There was a notice up for the bonfire night event to be held as well as a forthcoming visit by an Elvis impersonator. An activities co-ordinator was taking people for a gospel choir in one of the lounges.

However, some people were not always satisfied with the activities they were able to be involved in. People told us, "[I] miss activities, not many here. I listen to the radio, I like my music and have a radio in my room, and I like bingo and dancing". Another person said, "I don't do a lot, I would definitely like to go out more, just in the local area." Another person said, "I play bingo, trips out are quite a new thing and I would like to go but not been asked yet. I like shopping, always have done, would like to go." "I usually go if there is an entertainer but keep having the same ones." ." For people who were cared for in their bedrooms, we saw staff entering people's bedrooms for short periods to carry out tasks such as assisting people to eat, which may not meet everyones needs for social stimulation. Staff told us that although they had access to a minibus they could only take three people at a time on trips due to the number of staff escorts required.

Systems were in place to gather the views of people. People said that if they had any complaints they would speak to a member of staff or go to the reception. The majority of people said that they have never had to complain, but had raised queries which were adequately responded to. One person said that they had once had to complain about something serious, but the problem was resolved. Some relatives did not feel that

their concerns were taken seriously. The registered provider told us that although the complaints process identified the process to be followed by people, to express their dissatisfaction with the complaints process, no complaints had been escalated.

People told us that meetings were held regularly (every 2-3 months) and one was held the day before our inspection. One of the visitors confirmed that they were invited to these meetings. Notes of the last meeting were on display on the notice board for people that had not attended the meeting. Relatives spoken with said that suggestions from the previous meeting had been acted on.

Relatives spoken with said there were no restrictions on visiting and we saw that they were able to make themselves a hot drink. This showed that people were able to have visitors when they wanted and visitors were made welcome in the home.

Requires Improvement

Is the service well-led?

Our findings

We saw that improvements had been made to the service since our last inspection however, there were further improvements needed to ensure that people received a consistently good quality service and that families were happy with the service. For example, having a stable staff team providing personalised care to people. Some staff felt that improvements were being made and although they were confident that the service would improve it was not currently person centred for example providing drinks when people were assisted up rather than waiting for breakfast and people felt they were not always able to have a shower as often as they would like.

There had been a large turnover of staff since our last inspection and this had resulted in an increased usage of agency staff. Some people did not like having a lot of agency staff and felt they [agency staff] did not know their needs well. We were told by the provider that there had been a reorganisation in the home so that people with similar needs were located on a specific floor and this meant that people's needs could be met more appropriately. We saw that there had been some consultation with people and their relatives about these changes.

Staff told us that they felt generally supported by the management team but there were some managers that were not always supportive so they would be mindful about who they would go to for advice. One staff member told us, 'Management are more supportive now." Another staff said, "We can put ideas forward" an example of this was that when staff returned from leave a meeting was held to update them of things that had happened. Staff confirmed that improvements such as equipment being checked and staff meetings were taking place. Staff told us that they felt they could go to the manager to discuss any issues indicating that there was an open and inclusive atmosphere in the home.

We saw that there were systems in place to meet with staff and people using the service. Staff told us that there were staff meetings and supervisions as well as observations of their work which contributed to improvements in communications and the quality of the service. People said that they did not have much contact with the managers but spoke about the meetings that had been held.

There was not a registered manager in post; however there was an identified individual that was responsible for the day to day management of the home. The registered provider is required as part of the conditions of registration to have a registered manager in post and as there has not been a registered manager in post since April 2016.

We saw that the registered provider carried out regular visits to the home to assess the quality of the service. Systems were in place to monitor accidents, weight loss, staff turnover, agency staff usage and so on. It was not always clear from the records provided during the inspection what issues had been identified for improvement and what action plans were in place to monitor whether the improvements were progressing as required. For example, we saw some audits that the provider had completed around medicines. The audits picked up on some areas to improve but there was no robust systems in place to identify and monitor the actions needed to ensure improvements were made and sustained.

The registered provider ensured that we were notified of all incidents that they were legally required to notify us about.