

Mr & Mrs A G Burn

Albury House

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 well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

Albury House is a small family run care home which provides care and accommodation for up to 12 older people. At the time of the inspection, 10 people were living at the home.

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

We identified shortfalls relating to recruitment procedures, the availability and maintenance of records, the Mental Capacity Act 2005/Deprivation of Liberty Safeguards [DoLS] procedures and meeting regulatory requirements. These issues had not been highlighted by the provider's governance systems. Following our inspection, the general manager told us they were signing up to enrol on the local authority's 'Excellence in care' programme to further enhance their knowledge and skills. They also explained they were going to apply to be a registered manager.

An effective system was not fully in place to demonstrate how staff worked in partnership with external stakeholders and other services. We have made a recommendation about this.

A training programme was in place. However, there was no evidence staff had undertaken MCA/DoLS training or the Oliver McGowan Mandatory training on Learning Disability and Autism. We have made a recommendation about this. Following our inspection, the general manager told us staff had completed MCA/DoLS training and learning disabilities training.

There were sufficient staff deployed to meet people's needs including their emotional and social needs. Staff had time to spend with people and they also supported people to access the local community. A system was in place to manage medicines. We identified minor recording issues relating to medicines management, which the general manager told us would be addressed.

People were supported to eat and drink enough to maintain their health. There was an emphasis on fresh produce and home baking.

There was a cheerful atmosphere at the home. People and relatives spoke positively about the staff and the home. Comments included, "They go out of their way to be caring" and "It's great because it's small and personable." Staff also spoke enthusiastically about working at the home and the care provided. One staff member said, "They get 5 star treatment. It would definitely be good enough for my family and friends."

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

Rating at last inspection

The last rating for this service was good (published 21 August 2019).

Why we inspected

The inspection was prompted following a specific incident. We carried out a focused inspection to review the key questions of safe and well led.

When we inspected, we identified a concern with the Mental Capacity Act 2005/DoLS procedures so we widened the scope of the inspection to include the effective key question.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. Please see the full report for further details.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Albury House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified 6 breaches in relation to safe care and treatment, need for consent, good governance, fit and proper persons employed, duty of candour and the display of the provider's CQC ratings. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 (notification of other incidents).

Please see the action we have told the provider to take at the end of this report.

We made two recommendations in the effective and well led key questions in relation to training and working in partnership with external stakeholders and other services. Please see these sections for further details.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led.

Inadequate ●

Albury House

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Albury House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Albury House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there a registered manager in post.

Albury House is a small family run home. The provider is a husband and wife partnership, Mr and Mrs Burn. Mrs Burn was also the registered manager. The registered manager was supported by the general manager. He told us he was also going to apply to be a registered manager with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

Due to technical problems, the provider did not complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager, general manager, 5 staff including senior care workers and care workers and 2 people who used the service. We also received feedback from 5 relatives and Northumberland Fire and Rescue Authority.

We reviewed people's care documentation, medicines records, staff recruitment files, training information and records relating to the management of 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- An effective system to manage risk was not fully in place. Records relating to the safety checks and tests which were carried out to make sure the building was safe were not all available/provided.
- A recent visit had been carried out by Northumberland Fire and Rescue Authority. They identified several actions relating to fire safety which needed to be completed to ensure people's safety in case of a fire. These included the completion of a fire risk assessment, a review of the emergency lighting and updating the existing fire alarm system.
- An effective system to monitor accidents and incidents was not fully in place. The general manager told us this had been addressed and they were going to use their electronic care management system to record and monitor accidents and incidents.

The failure to ensure an effective system was in place to assess, monitor and manage risk was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure accurate records were maintained was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the general manager told us they were obtaining quotes for a new fire alarm system and were liaising with Northumberland Fire and Rescue Authority.

- Electronic risk assessments relating to people's needs were in place. However, these were complicated and not always person centred. The general manager told us this was being addressed.
- The general manager explained lessons had been learned following a recent incident in relation to the importance of record keeping.

Staffing and recruitment

- An effective recruitment system was not fully in place. Full recruitment checks had not been completed for the general manager. The registered manager and general manager explained that this was because he had grown up living at the home and working in the family business. Whilst we acknowledged this feedback, providers must operate robust recruitment procedures, including undertaking relevant checks for all staff employed.

The failure to ensure safe recruitment procedures were followed was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The general manager told us they were going to renew staff DBS checks, since many staff had worked at the home for a long time.
- There were sufficient staff deployed to meet people's needs including their emotional and social needs.
- Staff had time to spend with people and they also supported people to access the local community.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. We have signposted the provider to resources to develop their approach.

Visiting in care homes

Several relatives and one person felt that visiting arrangements at the home were overly restrictive and did not follow government guidance when we first visited, although they recognised staff were trying to reduce the risk of infection. When we carried out our final visit to the home, the general manager told us that all restrictions had been lifted.

Using medicines safely

- A system was in place to manage medicines. We identified minor recording issues which the general manager told us would be addressed. We discussed with the general manager about completing a risk assessment in relation to the storage of medicines.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- An effective system to ensure the principles of the MCA/DoLS were followed was not fully in place.
- The general manager told us that one person had a DoLS authorisation in place. However, records were not available to confirm the application had been submitted or authorised and the local authority DoLS team did not have any record of a DoLS application for this person.

The failure to ensure an effective system to ensure the principles of the MCA/DoLS were followed was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our inspection, the general manager told us he was completing a DoLS application for the person and submitting this to the local authority for review.

Staff support: induction, training, skills and experience

- A training programme was in place. However, there was no evidence that staff had undertaken MCA/DoLS training. We identified shortfalls relating to the DoLS procedures for one person.
- From 1 July 2022, all health and social care providers registered with CQC must ensure that their staff receive training in learning disability and autism, including how to interact appropriately with people with a learning disability and autistic people. The provider had not implemented the 'Oliver McGowan' mandatory training on learning disability and autism which is the government's preferred and recommended training

for health and social care staff to undertake.

We recommend the provider carries out a review of staff training and ensures staff are supported to undertake training to meet people's needs and ensure regulatory requirements and best practice guidance are followed.

Following our inspection, the general manager told us staff had completed MCA/DoLS training and learning disabilities training.

- A supervision system was in place. Staff spoke very positively about the support they received from management staff and each other.

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

- Whilst a system was in place to assess people's needs; assessments were complicated and not always person centred. The general manager told us they had identified this issue and were looking to review their electronic care management system to ensure assessments were clearer and more person centred.
- Staff knew people well and provided person centred care. The general manager told us they wanted to involve the care staff more in the care planning and assessment process.

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

- People were supported to eat and drink enough to maintain their health. There was an emphasis on fresh produce and home baking.

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

- Staff supported people to access healthcare services and receive ongoing healthcare support.

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

- The design of the service met people's needs. Relatives spoke positively about the homely atmosphere.

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 our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant there were widespread and significant shortfalls in service leadership.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- An effective system to monitor the safety of the home and ensure regulatory requirements were met was not fully in place.
- We identified shortfalls relating to recruitment procedures, the availability and maintenance of records, MCA/DoLS procedures and meeting regulatory requirements, These issues had not been highlighted by the provider's governance systems.
- The provider had not ensured the 'Statement of Purpose' was accurate. A statement of purpose is a legally required document that includes a standard set of information about a service.

The failure to ensure an effective system was in place to monitor the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- An effective system was not fully in place to ensure events at the home were notified to CQC in line with legal requirements.

The failure to ensure CQC were informed of notifiable events at the service was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

- The provider had not ensured they were displaying their CQC performance rating either on their website or at the home in line with legal requirements.

The failure to ensure their CQC performance rating was displayed was a breach of Regulation 20A (Requirement to display performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Following our inspection, the general manager told us they were signing up to enrol on the local authority's 'Excellence in care' programme to further enhance their knowledge and skills. They also explained they were going to apply to be a registered manager.

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

- Records did not demonstrate how the provider was meeting their responsibilities under the duty of

candour. The duty of candour regulation tells providers they must be open and transparent with people about their care and treatment, as well as with people acting on their behalf. It sets out some specific things providers must do when something goes wrong with someone's care or treatment, including telling them what has happened, giving support, giving truthful information and apologising.

The failure to ensure the duty of candour policy was being followed was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- Due to the size of the home, feedback was discussed on a one to one basis for both people, relatives and staff. The registered manager was at the home most days and the general manager was contactable 24 hours a day.
- The general manager explained they were looking at introducing an electronic 'real time' feedback system since meetings and questionnaires were not utilised by people or relatives.

Working in partnership with others

- An effective system was not fully in place to demonstrate how staff worked in partnership with external stakeholders and other services.

We recommend the provider reviews their systems in relation to information sharing to make sure people's care and support is based on best practice guidance and staff remain up to date with changes within health and social care.

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

- There was a cheerful atmosphere at the home. People and relatives spoke positively about the staff and the care provided. Comments included, "That is her home and the girls [staff] are her family" and "They are very good and kind and we always have a good laugh."
- Staff also spoke enthusiastically about working at the home and the people they supported. Comments included, "I love all my residents" and "It's one of the best homes I've worked at. I really like it here, I can see me being here forever. The management staff are fantastic."
- Many of the staff lived in the same area as people and so they shared a common interest in amenities and events in the local community. One staff member told us, "We're local staff in a local home and we have such a good craic about the olden times."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent An effective system to ensure the principles of the MCA/DoLS were followed was not fully in place. Regulation 11 (1)(2)(3).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment An effective system was not fully in place to assess, monitor and manage risk. Regulation 12 (1)(2)(a)(b)(d).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance An effective system was not fully in place to monitor the quality and safety of the service and ensure accurate records were maintained. Regulation 17 (1)(2)(a)(b)(d)(i)(ii)(f).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed An effective system was not fully in place to ensure safe recruitment procedures were followed. Regulation 19 (1)(2)(3)(a).
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 20 HSCA RA Regulations 2014 Duty of candour

Records did not demonstrate how the provider was meeting their responsibilities under the duty of candour. Regulation 20 (1)(4).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents An effective system was not fully in place to ensure notifiable events were submitted to CQC in line with legal requirements. Regulation 18 (1)(2).

The enforcement action we took:

We did not proceed with enforcement action in respect of this breach

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider was not displaying their CQC performance rating on their website or in the care home. Regulation 20A (1)(2)(3).

The enforcement action we took:

We did not proceed with enforcement action in respect of this breach