

BM Care Limited

# Albany House - Tisbury

## 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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Albany House – Tisbury provides care and support for up to 21 people some of whom may be living with dementia. At the time of the inspection, 19 people were resident at the home.

The inspection took place on 4 May 2016 and was unannounced. We returned on 5 May 2016 to complete the inspection.

The service had a registered manager who was responsible for the day to day running of the home. 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.

The service did not follow the requirements set out in the Mental Capacity Act 2005 when people lacked the ability to give consent to living and receiving care at Albany House.

Staff did not receive sufficient appraisal and supervision to support them to carry out their work as effectively as possible.

Staff members said they felt sufficiently trained. However the registered manager did not have a training record in place, which meant some staff training had not been updated.

People's care plans did not always contain the most up to date information to enable staff to be responsive to people's needs. Information within care plans was sometimes contradictory and associated risk assessments had not always been completed.

The registered manager of the service worked as part of the care team on a daily basis but this left little time for managerial duties. The service did not have fully effective systems in place to evaluate and improve the quality of the service.

People and their relatives spoke highly of the care at Albany House. Comments included "We like everything about this place" and "We are blessed. The staff are always lovely."

People and/or their relatives said they were able to speak with staff or management if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

People were protected from the risk of harm and abuse by trained staff who knew how to recognise abuse and what actions to take, to keep people safe.

People's medicines were managed and administered safely. Medicines were securely stored in line with current regulations and guidance. We found prescribed creams and lotions were not always recorded, when applied.

Staff were genuinely concerned about people's well-being. Staff knew the people they were caring for including their preferences and personal histories. People were supported to follow their preferred routines.

## 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** ●

This service was not always safe.

People were protected from the risk of harm and abuse by trained staff who knew how to recognise abuse and what actions to take to keep people safe.

People's medicines were managed and administered safely. Medicines were securely stored in line with current regulations and guidance. However, prescribed topical creams, lotions and "as required" medicines were not always recorded, when administered. The registered manager did not complete regular audits of medicines.

Where risks to people had been identified, for example skin breakdown or falls, associated risk assessments had not been completed or updated.

Safe recruitment practices were not always followed.

### Is the service effective?

**Requires Improvement** ●

The service was not effective in some areas.

The service did not always follow the requirements of the Mental Capacity Act when people lacked the capacity to give consent to care and accommodation.

Staff did not receive sufficient appraisal and supervision to support them to carry out their work, as effectively as possible.

Staff members said they felt sufficiently trained. However the registered manager did not have a training record in place, which meant some staff training had not been updated.

People had access to food and drink throughout the day and were provided with support to eat and drink where necessary.

### Is the service caring?

**Good** ●

This service was caring.

People told us they liked living in the home and received care and support that met their individual needs.

People were treated with kindness and compassion in their day to day care and support.

Staff knew the people they were caring for including their preferences for how they would like to receive care.

### Is the service responsive?

This service was not always responsive.

People's care plans did not always contain the most up to date information to enable staff to be responsive to people's needs. Information within care plans was sometimes contradictory and associated risk assessments had not always been completed.

People and their relatives said they were able to speak with staff or the Managers, if they had any concerns or a complaint. They were confident their concerns would be listened to and appropriate action taken.

People were encouraged and supported to follow their interests. Activities were available within the home should people wish to take part.

People were supported to maintain relationships with people that mattered to them. People told us their relatives and friends could visit anytime. We saw visitors arriving throughout both days of our inspection.

**Requires Improvement** ●

### Is the service well-led?

The service was not consistently well-led.

The registered manager worked as part of the care team on a daily basis which left little time for managerial duties. The service did not have fully effective systems in place to evaluate and improve the quality of the service.

The service had made community links.

There was an open and inclusive culture in the home. Staff told us they felt supported.

**Requires Improvement** ●

# Albany House - Tisbury

## **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.

We carried out this inspection over two days on the 4 and 5 May 2016. The first day of the inspection was unannounced. One inspector carried out this inspection. During our last inspection in June 2013 we found the provider was not meeting the requirements of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which related to record keeping.

Before we visited, we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We used a number of different methods to help us understand the experiences of people who use the service. This included talking with three people and three relatives about their views on the quality of the care and support being provided. We observed the interactions between people and staff and used the Short Observational Framework for Inspection (SOFI). This tool allowed us to spend time watching what was going on in the service and helped us to see whether people had positive experiences.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included five care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices.

We spoke with the registered manager, senior carer supporting the manager, two care staff, the chef, activity co-ordinator, music therapist and a priest from a local church. We also spoke with two health care professionals who work alongside the service.

# Is the service safe?

## Our findings

The service did not consistently follow safe recruitment practices. Some staff files did not have the relevant paperwork to reflect safe recruitment practices. For example some had references or criminal records checks from the Disclosure and Barring Service missing. The registered manager explained that some of the references were not recorded as it was done verbally over the phone. DBS checks are required to make sure staff are suitable to work with vulnerable adults. The registered manager told us new applicants were invited to the care home to meet staff and residents and they always tried to recruit local people. New staff had to complete a six months' probationary period to ensure they were suitable for the role. Records did not show staff had completed their probationary period.

Where risks to people had been identified, for example skin breakdown or falls, associated risk assessments had not been completed or updated. The registered manager told us of a person who was at the end of their life. However, this was not reflected in their care plan. The person had limited communication and was bedbound. Staff were able to tell us how the person used hand gestures to communicate but there was no guidance in the care records, on how to communicate with the person. There was no written communication guidance in place to assist staff to communicate, with other people who had communication difficulties.

Staff supported people who could become anxious and exhibit behaviours which challenged others. One person had a "client handling" risk assessment in place dated 2012, which mentioned the person had unpredictable behaviour, such as removing their clothes. The risk assessment had not been updated since 2012 and guidance for staff on how to manage this behaviour was not recorded. Another person exhibited behaviours, which could be challenging during personal care. Again no guidance for staff was recorded in the care plan on how to manage this behaviour.

Medicines were stored and administered safely. Medicine administration records showed people received their medicines as prescribed. Staff who administered medicines were trained to do so. There had been one medication error since our last inspection and the registered manager took immediate action to address this. We found prescribed lotions and topical creams were not always recorded. Protocols were in place for PRN (as required) medicines. However staff had not always signed the Medicine Administration Records to show these medicines had been given. This meant it was not always clear when a person had received their PRN medicines.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt safe living at the home. One person said "I feel completely safe" and another person said "I feel safe here".

People were protected against the risks of potential abuse. Staff told us they had received training in safeguarding people and understood their responsibilities in keeping people safe and free from harm and

abuse. Staff recognised the different types of abuse and knew how to report abuse should they suspect it was taking place. Staff said they felt supported to raise their concerns and were confident the registered manager would take any action required. They also told us they would take their concerns to the owners or external organisations if they felt appropriate action had not been taken.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. The registered manager told us recruiting the right staff was difficult and they used agency staff at times, to ensure there were sufficient numbers of staff to meet people's needs. The registered manager told us they tried to use the same agency staff to ensure they knew people's needs.

Staff kept daily care records and communicated any changes in people's needs, or concerns about care provision to each other. This was done for example, using daily 'handover' meetings where information was shared and recorded between staff. This meant that people's well-being and safety were promoted because staff members were quickly aware of any issues or changes in relation to providing care. Staff also used a communication book, which they had to read and sign at the beginning of their shift to ensure they were aware of any changes or updates.

When people had accidents, incidents or near misses these were recorded and monitored to look for developing trends. For example, falls were referred to external professionals to identify possible reasons for falling. Another person was regularly slipping out of bed and was referred to an occupational therapist. The registered manager discussed action taken from the accident/incident reporting with staff during handover.

Measures were in place to maintain standards of cleanliness and hygiene in the home. There was a cleaning schedule which all housekeeping staff followed to ensure all areas of the home were appropriately cleaned. The home was free from odours and appeared visibly clean with evidence of on-going cleaning during our inspection. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection.



## Is the service effective?

### Our findings

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 so that they can 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 people had not always been consulted about consent to their care and treatment and evidence of signed consent was not in place. Mental capacity assessments were not always completed and where they were, they were not decision specific. Where people had a power of attorney making decisions on their behalf, the registered manager had not always seen a copy of the powers, registered with the Office of Public Guardian. This meant some relatives were making decisions on people's behalf regarding their health and welfare, when they did not have the right to do so.

The registered manager had made applications for DoLS authorisations as required. Applications had been submitted to the Local Authority Supervisory body and they were awaiting a response. People were receiving care and treatment in the least restrictive way and could move freely around the building. People were able to go outside if they wished to do so. The registered manager told us the door was locked to keep strangers out and not to keep people in. We found one person had a mental capacity assessment which was completed by a social worker. The assessment stated the person did not have the mental capacity to consent to where they lived. The registered manager told us an application for DoLS authorisation had not been made, as they felt the person had the capacity to consent to their care and treatment. However there was no mental capacity assessment in place for this decision.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received training in safeguarding adults, health and safety, manual handling and mental capacity. Staff did not know when any updates in training were needed and stated a senior member of staff or the registered manager would alert them when required. One member of staff told us they had been there for two months, but had only received safeguarding and medicines management training. There was no training matrix to record what training staff had, which meant staff training records did not reflect the training received and when updates were needed. Staff were supported in their professional development and encouraged to complete their Care Certificate. The Care Certificate is a set of standards that social care and health workers follow in their daily working life.

There was a lack of opportunity through staff supervision to review individual personal development and progress. The registered manager told us staff and senior members of the team were in regular discussions. However, no formal supervision meetings had been completed or recorded. On the second day of the inspection, the registered manager showed us supervision notes of two staff members, which were completed the day before. The registered manager told us they were working closely with a senior member of staff to ensure all staff had regular supervision sessions scheduled. Staff had not received any annual appraisal. The registered manager told us they were in the process of developing new paperwork for this.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's dietary needs and preferences were known by the chef and staff but this was not always documented. The chef told us they discussed people's likes and dislikes on admission. They said they were able to memorise their preferences, as the home only supported a small number of people. The chef was able to tell us about people's nutritional needs such as one person who was on a soft diet and another person who had a low fat diet. However, people did not have nutritional care plans in place. This lack of recording increased the risk of harm, such as choking, especially when the chef or registered manager was unavailable. The kitchen was clean and tidy and had appropriate colour coded resources to ensure food was prepared in line with food handling guidance. The kitchen had been awarded a Food and Hygiene rating 5 by the food standards agency. This was the highest that could be achieved. The food standards agency is responsible for protecting public health in relation to food in England, Wales and Northern Ireland.

People were supported to have sufficient food and refreshments to maintain a balanced diet. People told us they had enough to eat and drink. However, people said they were not always consulted about the menu. One person told us they used to have residents' meetings where the menu would be discussed, but this was no longer happening. People told us if they did not like a food item on the menu, they would be offered an alternative, for example one person told us they did not like fish. Another person preferred to eat the same food daily and we observed the person having their choice of smoked salmon, prawn and avocado. Where necessary people were provided with suitable equipment to help them eat independently, for example we observed a person during lunchtime, using a plate guard to prevent food from falling off the plate.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional, such as an occupational therapist, mental health worker or chiropodist. During the first day of our inspection we observed community nurses visiting the home. The registered manager told us the GP visited every Friday and for any emergency requests. People had access to a domiciliary dentist and an optician.

## Is the service caring?

### Our findings

People and relatives spoke very highly of staff. Comments included "I am very happy. They (staff) treat me well.", "The care is brilliant. We love it and mother loves it. The carers are kind and gentle." and "The carers are marvellous."

People received care and support from staff who had got to know them well. For example, one member of staff told us about a person who could only go to sleep when they had a flannel placed over their head. Staff knew they liked snooker, so would put this on the television, whenever possible. Another person became anxious at times. Staff knew the person's soft toy or a colouring book, would relax them.

People were supported to make choices and decisions about their daily living. Staff were knowledgeable about the care and support people required. For example, if people preferred a bath or shower or what clothes they liked to wear. One staff member told us a person could not get to their wardrobe to choose what to wear, so they would 'take the wardrobe' to the person. The relationships between staff and people receiving support demonstrated dignity and respect at all times. Staff promoted people's privacy and dignity. Staff knocked on people's doors before entering. Any care and support was conducted behind closed doors. Staff told us when supporting people with any personal care they would always ensure this was done with the door closed and curtains drawn. They said they would encourage the person to do as much for themselves as they could. Staff said they would always ensure people were covered when supporting them with intimate tasks.

People and their relatives confirmed they were involved in the planning of care. One relative told us staff were very proactive in communicating any change in their family member's condition and were quick to pick up on any health issues. During our inspection, we observed the registered manager had an open door policy with relatives knocking and entering to speak about any updates on their family member.

Staff were respectful and caring in their approach to supporting people. Where people needed assistance, staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. Care staff spoke with people in a friendly manner.

People were supported to be independent and were encouraged to do as much for themselves as possible. Some people used equipment, such as walking frames, to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it.

People told us their relatives were able to visit whenever they wanted. Relatives told us staff were friendly and welcoming when they visited. One relative said "They do everything to make me feel at home. I am always offered a tea or coffee."

Health and social care professionals were complimentary about the care people received. One professional said "I call at this home once every 6 weeks. From what I've seen there is good, caring and friendly staff and the home appears to be running efficiently. Another said "Albany House is an excellent small care home. My

father-in-law was a resident until recently and was well cared for until he died".

## Is the service responsive?

### Our findings

At our inspection on 27 June 2013 the provider was not meeting the requirements of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people did not have care plans which reflected their identified needs. Care records did not provide sufficient detail to enable staff not familiar with people, to provide safe, effective support. The registered manager told us people's care records were in the process of being transferred to a new system and updated.

We returned on the 3 January 2014 to check if the provider had put actions into place to make improvements. We found there had been some improvement in people's care records. The records had been transferred to new documentation, which was detailed and person centred. At this inspection we found some care records had not been updated, since the last inspection.

People's needs were not being reviewed regularly and there was no evidence of people or their relatives being involved in this process. Care plans had not being updated regularly, which meant inconsistent information was often recorded about a person. This did not show a clear reflection of the person's up to date, care needs. One person whose needs had changed recently had no documentation of a review, since August 2015. This meant care plans did not contain accurate information for staff to follow, which placed people at risk of receiving inappropriate care.

We read some comments from a staff and manager's survey completed by staff in December 2015. Some comments from staff included "Service users do not have a key staff member to help them make choices, agree and regularly review their planned care and support." Another comment "No end of life plan for residents. How would you ensure their last wishes are carried out."

People who were mostly independent, had little information in their plan of care other than 'needs prompting' (to wash or get dressed, for example). This did not enable staff who were not familiar with a person's care routine, to have sufficient information to assist them appropriately. Some records were dated October 2014 but had not been reviewed since. This included a person who had to be weighed monthly. Where risks to people's weight or skin had been identified, associated assessment related to risk were not completed. Care plans were not always person centred and mostly written from staff perspectives.

Staff supported people who could become anxious and exhibit behaviours which could challenge others. However, staff told us there was no clear guidance on how they should manage these behaviours, for example when a person was hitting out or refusing personal care.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had an activity co-ordinator who visited the home twice a week, offering various activities such as arts and crafts, quizzes and bingo. They also offered people activities on an individual basis. Outside entertainers were invited to come in to the home to perform. The activities co-ordinator told us it was

people's choice if they wished to join in. We also spoke with a music therapist who provided activities weekly within the home, specifically for people living with dementia. These sessions were structured to people's individual needs. People who were able to play a musical instrument were encouraged to join in.

## Is the service well-led?

### Our findings

The service did not effectively assess, monitor and evaluate the quality and safety of the care provided nor did it effectively evaluate and improve its practice. The registered manager had not completed any audits for example for health and safety, infection control, care planning, call bells and medicine administration systems. This meant that areas of improvement had not been identified and no action plans were put in place to ensure best practice. People told us they used to have residents' meetings where they could share their views and make suggestions. However, these no longer took place.

This was in breach of Regulation 17 of the Health and Social Care Act (2008) Regulations 2014.

The registered manager had clear values and knew how they wanted to improve the service. The registered manager told us "I want to improve the quality of residents' lives" and "I want to lead by example". The registered manager had identified some areas of improvement. These included offering more activities, tapping into people's prior interests and hobbies and introducing internet connection to enable those people who have a family member abroad, to keep in touch through the internet. The registered manager told us they had plans to make the service more homely, as they had recognised it could feel institutionalised. The registered manager said "It is their home, I just happen to work here".

The registered manager told us the building of Albany House was old and it needed some improvement. Some work had already started, for example the outside garden wall was assessed to be unsafe, and this had been replaced. The kitchen had been refurbished and there were further plans to decorate the corridors, replace some windows and develop a shower/wet room.

The registered manager and staff had an open attitude and willingly shared information with us in a transparent way. They were able to provide the information readily. This was consistent with reports from people and staff about the open and transparent culture in the home.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The registered manager told us since they had been in post, they had aimed to change the ethos of staff, for example developing a service user led home instead of a task orientated one. They wanted to stabilise the staff team to ensure consistent care across the home. The registered manager told us they had recently introduced staff meetings again. We saw one had been planned and staff had an opportunity to put agenda items forward to discuss at the meeting.

People and staff had confidence the registered manager would listen to their concerns and these would be received openly and dealt with appropriately. Staff told us they felt supported in their role and they worked well as a team. They said the registered manager and senior carer who supported the manager, were always available. Comments included "Teamwork is good" and "We are responsible for residents as a team". The registered manager told us they tried to employ staff with different skill mix so that they can develop a cohesive team who would be able to meet a variety of needs.

The registered manager had made links with the local community, for example local churches, The Red Cross, Dementia Friends and the local authority. People were encouraged to go out into the village to support the local tea shop or street fairs. The registered manager told us they also offered apprenticeship opportunities.

The management operated an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of an emergency such as fire.



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care plans did not always contain the most up to date information to enable staff to be responsive to people's needs. Information within care plans was sometimes contradictory.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>People had not always been consulted about consent to their care and treatment and there wasn't evidence of signed consent. Mental capacity assessments were not always completed where people lacked capacity to consent to their care and treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>PRN medicines as well as prescribed lotions and creams were not recorded on MAR charts. This meant it was not clear if people had received these medicines as required.</p> <p>Risks to people's health and safety were not always assessed to protect them from harm.</p> <p>Safe recruitment practices were not always followed.</p>
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

There was a lack of opportunity through staff supervision to review individual personal development and progress.

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 17 HSCA RA Regulations 2014 Good governance  The service did not effectively assess, monitor and evaluate the quality and safety of the care provided nor did it effectively evaluate and improve its practice.

### **The enforcement action we took:**

Imposed Conditions