

Lancam Care Services Limited

Albany Park Nursing Home

Inspection report

43 St Stephens Road
London EN3 5UJ
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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



Overall summary

This inspection took place on 7 July 2015 and was unannounced. When we last visited the home on 17 June 2014 we found the service was not meeting all the regulations we looked at. We found that people were not always protected from the risk of from unlawful or excessive control as the provider had not made suitable arrangements to address this by assessing people's capacity to consent to care and having guidance on the when restraint could be used. The provider sent us an action plan telling us how they would address this.

Albany Park Nursing Home provides nursing care and accommodation for a maximum of forty-two older people, some of whom may have dementia. There were 41 people using the service on the day of our inspection.

The home had a registered manager. 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.

We found a number of breaches of regulations at this inspection. Staff were not always deployed so that they were available to meet people's needs. People who used the service may be at risk as the home's environment was

Summary of findings

not maintained and decorated in a way that met their needs. The majority of people had a DoLS in place but the provider had not formally notified the Care Quality Commission of this

Some areas for improvement were also identified. People were not consistently supported to engage in meaningful activities. Regular medicines audits had not been carried out to ensure that medicines were managed safely in the home.

People were kept safe from the risk of abuse. Risks to people were identified and staff took action to reduce those risks. People were provided with a choice of food.

There were systems in place to ensure that people consistently received their medicines safely, and as prescribed.

Care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences. Staff understood people's preferences, likes and dislikes regarding their care and support needs.

People were treated with dignity and respect. There was an accessible complaints policy which the registered manager followed when complaints were made to ensure they were investigated and responded to appropriately. People and their relatives felt confident to express any concerns, so these could be addressed.

People using the service, relatives and staff said the registered manager was approachable and supportive.

At this inspection there were breaches of regulations in relation to the need for consent to care. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. People's needs were not always met as staff were not deployed consistently.

Procedures were in place to protect people from abuse.

The risks to people who used the service were identified and managed appropriately

People received their medicines safely and as prescribed.

Requires Improvement



Is the service effective?

The service was not always effective. People may be at risk as the home's environment was not maintained and decorated in a way that met their needs.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Staff received training to provide them with the skills and knowledge to care for people effectively.

People received a variety of meals.

People's healthcare needs were monitored. People were referred to the GP and other healthcare professionals as required.

Requires Improvement



Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was not always responsive. People were supported to engage in meaningful activities.

People's care was planned in response to their needs.

People and their relatives were supported to raise concerns with the provider as there was an effective complaints system in place.

Requires Improvement



Is the service well-led?

The service was not always well-led. The provider had not told us about some important changes to the care and support provided to people who used the service.

Requires Improvement



Summary of findings

The provider had not carried out regular medicines audits to ensure that medicines were managed safely in the home.

The provider promoted an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Albany Park Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 07 July 2015 and was unannounced.

The inspection was carried out by an inspector, a pharmacist inspector, a specialist professional advisor who was a nurse with knowledge of older people's needs and an expert 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.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider, about the staff and the people who used the service. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team and a GP to obtain their views.

During the visit, we spoke with fourteen people who used the service, two visitors, five care staff, three nurses, the cook and the registered manager. We spent time observing care and support in communal areas.

We also looked at a sample of ten care records of people who used the service, 20 medicine administration records, five staff records and records related to the management of the service.

Is the service safe?

Our findings

We saw that staff were not deployed around the home so that they were available to meet people's needs. Two people who used the service told us that they felt enough staff were available to meet their needs. One person said, "They come straight away." However one person who used the service and two relatives had a different experience regarding the availability of staff. One person told us, "Sometimes when they are busy you have to wait for staff." This person's relative felt that people had to wait too long for assistance with personal care, they said, "Personal care is a big problem. You can buzz for half an hour. The longest (my relative's) waited is 45 minutes."

The registered manager told us that lunch was scheduled to take place between 12.30 and 13.30. Staff were observed to be unclear about who should be providing support to people at this time. We observed that in the main dining room people were not served their meal until 12.55. We observed that most people waited for 35 minutes before they were served their meal. One person became anxious and they repeatedly asked what their cutlery was for and whether they were supposed to be doing something with it. We saw that people were not given their meals at the same time. One person was given their meal while the person sitting next to them had to wait 10 more minutes as staff were trying to do support several people at the same time.

There were three nurses and eight care staff on duty on the day of our visit, and we confirmed that this was the usual staffing level as recorded in the rota. However, the system for allocating staff around the building was unclear. Staff moved between different floors of the home without there being any identification of where they were needed to meet people's needs this meant that some areas had several members of staff while others very few and as a result people had to wait for assistance to meet their personal and nutritional needs. Staff were not always deployed so that they were available to meet people's needs. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their

full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People told us they felt safe at the home and with the staff who supported them. People's comments included, "I feel safe here," and "We have all felt safe here, there are no problems." People could raise concerns with staff. Relatives were aware of the safeguarding policy and knew how to raise concerns.

Staff understood the provider's policy regarding how they should respond to safeguarding concerns. They understood how to recognise potential abuse and who to report their concerns to both in the service and when needed to authorities such as the local safeguarding team and the Care Quality Commission. All of the staff we spoke with could clearly explain how they would recognise and report abuse. They told us and records confirmed that they received regular safeguarding adults training as well as equality and diversity training. They understood that racism or homophobia were forms of abuse and gave us examples of how they valued and supported people's differences. Professionals involved with the service told us that staff responded to any concerns they raised. Appropriate arrangements were in place to protect people from the risk of abuse.

Risk assessments were in place that ensured risks to people were addressed. There were detailed risk assessments covering areas of potential risks, for example, falls, pressure ulcers and nutritional needs. These were being reviewed monthly and any changes to the level of risk were recorded and actions identified to lessen the risk were highlighted. Staff were able to explain the risks that people might experience when care was being provided. Risk assessments identified the action to be taken to prevent or reduce the likelihood of risks occurring. Where necessary health professionals had been consulted about the best way to manage risks to people.

The home's electricity, gas and water supply services had been inspected and were assessed as safe. We checked the kitchen and found it to be clean. Kitchen staff were taking temperatures of the fridges and freezers daily to ensure food was stored at safe temperatures. Records showed that

Is the service safe?

fire alarms, lighting and extinguishers were checked regularly. Regular health and safety checks to ensure the building was safe for the people living there had been carried out.

We saw appropriate arrangements were in place for obtaining medicines. Staff told us how medicines were obtained and we saw that supplies were normally available to enable people to have their medicines when they needed them.

As part of this inspection we looked at the medicine administration records for 20 out of 38 people. We saw appropriate arrangements were in place for recording the administration of medicines. These records were clear and

fully completed. The records showed people were getting their medicines when they needed them, there were no gaps on the administration records and any reasons for not giving people their medicines were recorded.

When medicines were administered covertly to a person in their best interest we saw there were signed agreements in place, which included the person's doctor and family. We saw that an assessment had been completed to confirm that it was safe for one person to administer their own eye drops.

Medicines requiring cool storage were stored appropriately and records showed that they were kept at the correct temperature, and so would be fit for use. Records showed that controlled drugs were managed appropriately.

Is the service effective?

Our findings

People who used the service may be at risk as the home's environment was not maintained, and was not decorated in a way that met their needs. People, relatives and professionals spoken to were concerned that the home was not always maintained and was in need of redecoration and refurbishment. Staff told us that when they reported maintenance issues these were not always addressed promptly. The service's maintenance records showed that there were issues that had taken one or two weeks to be addressed before maintenance was carried out. Staff told us there was not a permanent maintenance person working at the service to these address issues promptly.

Carpets were badly stained and worn in people's bedrooms. For example, in one of the bedrooms the carpet was stained. The stairs down to the basement and the basement lounge carpet were also stained and worn. There had been a spillage on the wooden floor in the dining area that had not been properly cleaned up, leaving sticky patches. There were a number of areas in the home where paintwork was peeling and stains on the walls. The registered manager told us that a plan was in place to carry out redecoration and refurbishment of the home. The registered manager explained that redecoration had commenced on the ground floor, but it had to be agreed when the remaining redecoration would start.

On the second floor the bathroom was clean but smelled of mildew. A notice on the door requested staff keep it clean and tidy but there was a folded mattress on the floor making impossible to use. This was a potential trip hazard to people accessing the bathroom. In addition, the bedroom of one person had electric wires trailing across it from the television to a socket on the opposite wall. One of these was looped and coiled presenting a serious trip hazard to people using the service and staff. This was a breach of Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection in June 2014 we found that people were not always protected from the risk of unlawful or excessive control as the provider had not made suitable arrangements to assess people's capacity to consent to care in line with the Mental Capacity Act 2005. No guidance on when restraint could be used was in place. Following the inspection the provider sent us an action plan detailing how they would make improvements by ensuring that

people's capacity was assessed. Where necessary appropriate authorisations would be obtained. Care plans that outlined how people's behaviour that requires a response could be responded to. At this inspection we found that assessments had been carried out of people's capacity to consent to care and support. Referrals under the Deprivation of Liberty Safeguards (DoLS) had been made where people lacked capacity to make decisions about their care. Most people had a DoLS in place. The registered manager explained that they had involved professionals and people's relatives and made sure that the least restrictive option was taken when a person could not consent to care and treatment.

Staff had received training in the Mental Capacity Act 2005 (MCA) and (DoLS). Staff were able to explain the restrictions placed on people who used the service. Staff had also completed training on managing behaviour that might challenge the service. Care plans gave detailed guidance of how staff were to respond to these behaviours, and where they were to take decisions in the person's best interest as the person had been assessed as not having capacity to make certain decisions about their care. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interests. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS.

People were supported by staff who had the necessary skills and knowledge to meet their needs. One person said, "They (the carers) know what they're doing." Another person told us, "They know what I need." Staff knew how to respond to people to meet their needs. Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these needs should be met.

Training records showed that staff had completed mandatory training in line with the provider's policy. Staff had training on dementia, managing behaviour that requires a response and nutrition. All care staff had completed a diploma in health and social care. Staff who were qualified nurses had been supported to complete training that meant they could maintain their nursing

Is the service effective?

registration. A training matrix was used to identify when staff needed training updated. Staff said the training helped them feel confident about carrying out their role and meeting people's needs.

Staff confirmed that they received regular supervision and that this was an opportunity to get support from management about any work issues or concerns they might have. We looked at three records of staff supervision that showed this was happening and that staff were offered the chance to reflect on their practice. Records showed that staff had received regular supervision in line with the provider's policy. This had focused on their developmental needs and the work they were doing with people. Staff confirmed that they had regular supervision and appraisals which enabled them to better understand and meet people's needs.

People's nutritional needs were assessed and when they had particular preferences regarding their diet, these were recorded in their care plan. One person said, "The food's good."

The cook was able to explain the dietary needs of people who had diabetes or were on low or high fat diets.

People told us they enjoyed their meals. One person told us there was always varied meal available and that "You don't get the same thing all the time." This person's relative said, "The food's really nice. There's a menu you can pick from." People had a choice of dishes for each meal. People were

offered choices at lunch time if they didn't want to eat or drink what they had originally requested. Another person told us, "There's always choice of meals, but if I don't like the choice, I ask for something else and they do it for me." Staff supported people to take their time to enjoy their meals.

If people refused a meal we heard staff offering an alternative. Snacks were also available throughout the day. Staff told us if someone had a reduced dietary intake, or concerns about their nutrition were identified, food and fluid charts were put in place to monitor the amount of food or drink they consumed. Where necessary we saw that people had been referred to the dietician or speech and language therapist if they were having difficulties swallowing. People's weight was being monitored and recorded in their care plans to identify concerns promptly.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. One person said that whenever they wanted to see a doctor, "They get one for me." Relatives told us that when they asked staff to contact the GP this was done quickly. Care records showed that the service liaised with relevant health professionals such as GPs and district nurses. One person confirmed that, "I've seen the doctor, the dentist and the chiropodist and the staff arranged it." Care plans also showed that other health professionals, for example, dentists, opticians and chiropodists had been consulted about people's needs.

Is the service caring?

Our findings

People told us that staff treated them with compassion and kindness. People and relatives were positive about the staff. They were observed to be kind, friendly and respectful in their interactions with people. One person said, “The staff are so friendly.”

People were treated in a caring and respectful manner by staff who involved them in making decisions about their care. One person told us, “Staff are brilliant. I couldn’t be happier with them.”

Staff knocked on bedroom doors and doors were closed whenever staff were supporting and assisting people with personal care. Staff treated people politely and with respect in their interactions and when supporting people.

Staff were aware of how to support people to express their preferences. One relative commented, “Staff are really helpful, I think they look after them well.” Staff were able to describe how they supported people to make choices about what clothes to wear.

Staff knew how to support people to express their views and be actively involved in making decisions about their care as far as possible. One person said, “Oh, I do get the care I want and need.” Staff told us that people, or their representatives, were asked about people’s preferences on admission to the home and that this was recorded in people’s care plans. Relatives confirmed that they were asked for this information. One relative said ‘They asked us

whether my relative liked breakfast before or after a shower, what type of products they liked to use and what they can do for them self. They also asked which newspaper he would like to have in the morning.’

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Relatives had been involved in decisions and received feedback about changes to people's care where appropriate. Care plans contained information about people's preferences regarding their care. People’s likes and dislikes regarding food, their interests and how they wanted to spend their time were also reflected in their care plans. Where possible, people had also been supported to be as independent as possible and manage their needs. People’s care plans showed that they had been involved in managing aspects of their care.

Staff treated people with respect and as individuals with different needs and preferences. A nurse commented, “People who use the service always come first”. Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. Relatives had been asked about people's cultural and religious needs. Care records showed that staff supported people to practice their religion and attend community groups that reflected their cultural backgrounds.

We found that people’s relatives and those that mattered to them could visit them when they wanted to. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views of their care.

Is the service responsive?

Our findings

People were not consistently supported to engage in meaningful activities. People and relatives told us that activities were not always available. One person said, “I go now and again (to the sitting room) if there’s something going on.” Around 15 people were in the main lounge and dining room area. Though there was a detailed activities schedule on the notice board, no activities were observed other than nail polishing for four of the people who used the service. People in this room were unoccupied for the majority of the time. Televisions were on at each end of the room but it was not apparent that anyone was watching. Later in the day, one was switched off and some music put on instead.

Shortly before lunch, an effort was made by some of the carers to engage people to look at copies of the local newspaper. One carer used the paper as a means of engaging with one person on the subject of houses and what their dream house would be. There was a lot of joking and chat but this was an exception. For the most part, people had little stimulation or conversation even when carers were with them as we did not observe staff interact with them.

On the day of our inspection people in the lounge spent the time sitting in one spot (where they also had lunch) with no staff interaction or stimulation. Though a carer went around the room talking to people in the afternoon, these conversations were brief and left others unoccupied and not stimulated. People who were cared for in their bedrooms did not have any activities as we observed that staff only interacted with them when meeting their care needs. The registered manager told us that they would be reviewing the provision of activities as they were planning in the future to increase the number of hours worked each day by the activities organiser (who was not duty on the day of our visit) so that more activities would be available for people who use the service.

People and their relatives had been involved with planning and reviewing their care. One person said, “(The manager’s) very good. When I first came, I didn’t have slippers. (The manager) went out and got me some.” Any changes to people’s care was discussed with them and their relatives

where appropriate. Care plans were in place to address people’s identified needs. Care plans had been reviewed monthly or more frequently such as when a person’s condition changed, to keep them up to date. Staff explained how they met people’s needs in line with their care plans.

People and their relatives told us that they had regular meetings with staff to discuss their needs so that they could be involved in decisions about how care was delivered. People’s care records showed that they were regularly consulted about their needs and how these were being met. One person told us that they were planning to move to another service and that, “The manager is chasing it up. The manager does all the phone calls for me.” Staff supported people to make decisions about their care through discussions of their needs.

There was a key worker system in place in the service. A key worker is a staff member who monitors the support needs and progress of a person they have been assigned to support. One person said, “My carer makes sure I have what I need.” We found that the key worker system ensued that people’s needs were identified and met as staff were able to explain the needs of the people they were supporting and how they did this.

People were confident that if they made a complaint this would be listened to and the provider would take action to make sure that their concerns were addressed. One person said, “I would tell (the manager) if I had a complaint.” Copies of the complaints procedure were on display in the service. Staff told us that if anyone wished to make a complaint they would advise them to inform the manager about this, so the situation could be addressed promptly.

People and their relatives were confident they could raise any concerns they might have, however minor, and they would be addressed. One person said, “I’d go to one of the nurses (if there was a problem) and they’d take it up with the manager.” The complaint records showed that when issues had been raised these had been investigated and feedback given to the people concerned. Complaints were used as part of ongoing learning by the service and so that improvements could be made to the care and support people received.

Is the service well-led?

Our findings

We reviewed information we held about the service prior to our inspection. This told us that people who used the service had a DoLS authorisation in place. However this showed that we had not received any notification regarding the outcome of DoLS. Care records showed that seven people already had a completed DoLS application. We had not received notifications for these completed applications as the provider is required to do. We raised this with the registered manager who told us they had not completed any notifications regarding the outcomes of completed DoLS applications. The registered manager was not aware that they were needed to do this for each completed DoLS application. This meant that the provider had not told us about significant events affecting people's care and support needs. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff told us the registered manager was open to any suggestions they made and they had benefited from clearer communication from the registered manager about how they should prioritise their work.

The service had a number of quality monitoring systems including yearly questionnaires for people using the service, their relatives and other stakeholders as well as regular meetings and monthly quality audits. People

confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

Regular auditing and monitoring of the quality of care was taking place. This included spot-checks on the care provided by staff to people. These checks were recorded and any issues were addressed with staff in their supervision. Audits were carried out across various aspects of the service, these included the care planning and training and development. Where these audits identified that improvements needed to be made records showed that an action plan had been put in place and any issues had been addressed. We saw the last medicines audit had taken place in March 2015. Records showed any concerns were highlighted and action taken, however the provider did not have a regular cycle of medicines audits in place to monitor the quality and safety of medicines management within the home.

People using the service, their relatives and friends were positive about the registered manager and way the provider ran the service. People and their relatives knew who the registered manager was and said they were approachable and available. One person said, "The manager visits once or twice a day."

Incident and accident records identified any actions taken and learning for the service. Incidents and accidents had been reviewed by the registered manager and action was taken to make sure that any risks identified were addressed. The provider's procedure was available for staff to refer to when necessary, and records showed this had been followed for all incidents and accidents recorded.

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 did not take formal enforcement action at this stage. 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 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>How the regulation was not being met: The registered persons had failed to notify CQC</p> <p>about significant events affecting people's care and support as required. Regulation 182(b)(e) (4).</p>

Regulated activity	Regulation
Accommodation and nursing or personal care in the further education sector	<p>Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment</p> <p>Regulation 15 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.</p> <p>How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe premises because they were not properly maintenance. Regulation 15(1).</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.</p> <p>How the regulation was not being met: The registered persons had not ensured that staff were deployed so that people's needs were meet. Regulation 18 (1).</p>