

London Residential Health Care Limited

Albany Lodge Nursing Home

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



Overall summary

Our inspection took place on 15 and 16 October 2014 and was unannounced. During our last inspection on 11 February 2014 we found the provider was not meeting the regulation with regards to staffing. They did not have arrangements in place to ensure there were enough qualified, skilled and experienced staff employed to meet the needs of people using the service. We asked the provider to tell us what action they were going to take to improve staffing at the service. During this inspection we saw that improvements had been made to staffing levels.

Albany Lodge Nursing Home provides nursing care for up to 100 people over the age of 65, some of whom are living

with dementia. A new manager had just been appointed who was in the process of applying to the Care Quality Commission (CQC) to be a registered manager for the service.

A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People told us they were happy living at Albany Lodge. They said they felt safe and staff were kind, caring and respected their privacy and dignity. They thought that the

Summary of findings

care they received was good and that staffing levels had improved recently. People were positive about the meals served at the service and told us they were given a choice of something different if they asked for it.

We saw there were lots of different activities for people to be involved in and we heard about ways the service tried to involve everyone in activities to stop people from feeling lonely or isolated.

However, we found that some systems that should be put in place to keep people safe were not there. We found records that related to people who took their medicines covertly was not always complete or missing. Staff did not always have the guidance they needed to tell them when a person should have their 'as and when required' medicines or how often.

The service gave people information about how to make a complaint and people told us they knew who to complain to. However, we found the provider did not always record the actions they had taken or ask if people were happy with their response. We saw some complaints had been fully investigated but, where problems had been discovered, they had not always been put right.

People had detailed health care records that were updated regularly however we found they did not always contain details about people's personal preferences, history or how they would like to be cared for. So staff did not always have the information they needed to treat people as individuals.

The provider was aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. However, we did not see any details recorded about how decisions were made in people's best interests. We have made recommendations to the provider to improve this.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

We have recommended that the provider considers the guidance around people's best interests contained within the Mental Capacity Act 2005 Code of Practice.

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?

Some aspects of the service were not safe. Some medicines records were not complete so staff did not have the information they always needed to administer medicines covertly or as and when required.

People told us they felt safe at Albany Lodge. Staff understood what abuse was and knew how to report it. We saw there were systems in place to report and monitor accidents and incidents at the service.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. The manager had sought and acted on advice about the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected. However, where decisions had been made with respect to people's capacity the rationale for making the decisions were not clearly documented.

The provider ensured staff received training and were well supported to meet people's needs appropriately.

People were supported to eat and drink sufficient amounts of nutritious well-presented meals that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and access health care services and professionals when they needed them.

Requires Improvement



Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect, dignity and compassion. Staff knew about people's life histories, interests and preferences.

People were responded to in a timely manner and people using the service and their representatives, where appropriate, were involved in planning and making decisions about the care and support provided at the home.

Good



Is the service responsive?

Some aspects of the service were not responsive. Systems were in place so people could make complaints if they needed to. However, we found the provider did not always record the actions they had taken or ask if people were happy with their response.

People had detailed health care records that were updated regularly however we found they did not always contain information about people's personal preferences, history or how they would like to be cared for.

Requires Improvement



Summary of findings

People had opportunities to engage in a range of social events and activities.

People using the service and their representatives were encouraged to express their views about the home through regular meetings. Feedback from meetings was acted upon.

Is the service well-led?

Some aspects of the service was not well-led. Systems were in place to regularly monitor the safety and quality of the service, areas for improvement had been identified but had not always been acted upon to make things better.

People and staff spoke positively about the new manager. Information was available for people about the managers and staff at the home so they knew who to talk to if they needed to.

The provider encouraged feedback of the service through surveys, comment cards and internet sites.

Requires Improvement



Albany Lodge 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 checked 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 15 October 2014 and was unannounced.

The inspection team consisted of three inspectors 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.

We spoke with 14 people who used the service, 10 relatives, 14 members of staff, the manager, the operations support manager and the director. We observed the care and support being delivered and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at 12 people's care records, four staff records and other documents which related to the management of the service such as training records and policies and procedures.

Before the inspection, we reviewed the information we held about the service, this included notifications the provider are legally required to send us. We spoke with two healthcare professionals, the local authority safeguarding team and monitoring officers to ask for their views about the service.

Is the service safe?

Our findings

At our last inspection on 11 February 2014 we found the provider was not meeting Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found the provider did not have arrangements in place to ensure there were enough qualified, skilled and experienced staff employed to meet the needs of people using the service. We asked the provider to tell us what action they were going to take to improve staffing at the service. During this inspection we saw that improvements had been made.

People and their relatives told us they thought the staffing levels had improved recently. One person commented, "They seem short staffed, but it's better now than it was." A relative said, "Sometimes there is not enough staff but in the last week or two it has been OK." We observed staff were visible and on hand to assist people when they were needed. Staff told us, "Yes there are enough staff, I would feel confident speaking to the management if there was a problem," and, "Sometimes there are shortages, but we manage."

We were shown the duty rota for September and October 2014. Areas where additional staff were needed had been identified. Internal bank staff were used to cover annual leave and sickness and agency staff were only used if the situation was urgent. We were told the service tried to keep the same staff on the same units to help with continuity of care and the duty rota confirmed this. We were shown how the dependency levels of people were reviewed every month or more often if required and the management tool used for calculating the necessary numbers of staff required.

People received their prescribed medicines at the right times, these were stored securely and only administered by registered nurses. However, we found the provider was not always following procedures for giving medicines in accordance with the Mental Capacity Act 2005. For example, one person received their medicine covertly and we saw a photocopy of a 'covert medication agreement' signed and dated by the GP. Staff told us this was reviewed yearly. However, the person's care plan had no record of a mental capacity assessment taking place regarding consent to medication. There was no evidence that a best interest decision had been made involving other healthcare professionals or family or friends. We could not

see any guidance for staff on how the covert medication should be given and there was no evidence to suggest the pharmacist had been consulted for their advice and agreement. This was important because adding certain medicines to food or drink can alter the way they work.

There was no guidance available for staff for when 'as required' (PRN) medicine should be used. For example, one person's medication administration record showed they had been prescribed a PRN medicine. However there was no information in the person's care plan to guide staff about, how much to give or what the medicine was required for.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 and the action we have asked the provider to take can be found at the back of this report.

People told us they felt safe living at Albany lodge. One person commented, "Oh yes, I feel very safe here." Other people said, "I feel reasonably safe here" and "We all feel safe living here." We spoke with relatives who told us, "I'm happy as [my relative] is safe here," and "On the whole my relative feels happy and safe." The service had a safeguarding policy and a copy of Pan-London's "Multi Agencies Procedures on Safeguarding Adults from Abuse" was available in the office.

Staff knew what to do if safeguarding concerns were raised. This included reporting their concerns to managers within their organisation, the local authority's safeguarding team and the CQC. Managers and staff we spoke with knew about the provider's whistle-blowing procedures and we saw they had access to contact details for the local authority's safeguarding adults' team. We looked at records which confirmed staff and managers had received safeguarding training.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. The whistleblowing policy gave clear instructions to staff on what to do if they had concerns and who to report their concerns to. Details of incidents were recorded together with action taken at the time, who was notified, for example relatives or healthcare professionals and what action had been taken to avoid any future incidents. The operations support manager explained if an event happened that required a full investigation they would conduct an internal care review. We saw an example of a

Is the service safe?

report produced following a review and we were told how it had been presented to the local authorities safeguarding committee to help with their investigation of events. The manager told us how they had begun to review all the incidents that had recently happened to identify any reoccurring themes so action could be taken to reduce any future risk to people using the service.

Risk assessments were in place for people covering aspects such as falls, manual handling, infection control and pressure ulcers together with guidance for staff on how to reduce the risk. For example, there was guidance for staff to use a shower chair for one person to reduce the risk of falls and details where two or more staff were required to mobilise another person.

The service followed safe recruitment practices. Staff files seen contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, full employment history, interview questions and answers, and proof of eligibility to work in the UK (where applicable).

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. New staff completed an induction when they started working for the service. This covered subjects such as the service's aims and objectives, safeguarding adults, food safety, health and safety awareness, fire safety and emergency first aid. A new style induction pack had just been introduced in line with the new care certificate framework. This was a more detailed induction taking three to six months for completion where new staff were assigned a buddy to help them progress through each stage.

Staff said they had access to enough training to enable them to effectively carry out their roles and responsibilities. One staff member told us, "I have done a lot of training. The previous manager always ensured training was available, completed and kept up to date." Another said, "we always have the training we need."

We saw records of training undertaken by staff kept centrally by the provider. The provider monitored the system to ensure all staff completed their mandatory training, including fire safety, moving and handling, infection control, food hygiene and first aid. Some staff had received additional training to support the people they cared for such as pressure area care, catheterisation and venepuncture and staff were encouraged to pursue their qualifications in social care.

Care staff we spoke with confirmed they had received one to one supervision with their manager to support the development of their skills. We saw records of staff supervision and noted these were held regularly through the year. Staff appraisals were being conducted annually and we were shown completed appraisal forms.

The service had policies and procedures in relation to the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and consent. The provider was aware of the implications that have resulted following the Supreme Court Judgement in relation to DoLS and they had identified those people who may be affected. The service was in liaison with the local authority to ensure appropriate assessments were undertaken so people who used the service were not unlawfully deprived of their liberty. We saw senior staff were due to attend training with the local authority in October 2014 to provide clarification on when

and how to make DoLS applications. Care records contained mental capacity assessments made by senior staff. However, we did not always see the recorded rationale behind some of the decisions made in a person's best interests.

We observed staff support people when their behaviour challenged the service. Staff told us about the triggers for people's behaviour and the strategies they had for managing this. Care records contained advice that had been given by healthcare professionals, although we noted they were not always stored in an accessible place. The guidance gave important background information, advice for staff and strategies for dealing with behaviour that may challenge. Staff told us any new advice was communicated to them during handover meetings so everyone was clear on the most appropriate way to give a person support.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People's comments included, "I like the food, it's nice", "The food is excellent" and, "Some food is OK, but if you don't like the menu you can get another choice." Relatives told us, "[my relative] seems to enjoy the food, they eat it all", "the food is good" and, "[My relative] enjoys their food, they always give him seconds if he needs it."

We observed lunchtime and saw people were offered a choice of food and drink. Staff were kind and attentive and supported people when they needed assistance and the atmosphere was relaxed. People who had special dietary requirements were catered for, for example, some people were served soft or pureed food. The food was presented well and looked appetising. People told us they had access to drinks throughout the day and we saw people had water available in their rooms.

Regular meetings were held to ask people who used the service about their preferred choice of food. Mealtime comment cards were also available for people to provide feedback to the service on meals and make suggestions for improvements.

Care records included information about people's food preferences and nutritional risk assessments. We saw that referrals had been made to the relevant health care professionals for example we saw a referral to a GP concerning one person's weight loss. A relative told us "[My relative] loves their food but is losing weight so they are

Is the service effective?

monitoring them at the moment.” We saw peoples special dietary needs recorded in their care plans. One person told us, “I am a vegetarian and they provide me with the right food.”

People using the service were supported to maintain good health and have access to healthcare services and support when required. One person said, “The doctor visits weekly.” Another told us, “We do have a chiropodist.” A relative told us, “[my relative] has a 6 month dental check tomorrow

and the hygienist has already been to see them.” A GP and a physiotherapist who were both at the service at the time of our inspection confirmed they visited once a week to see people using the service. They confirmed that the service acted on any recommendations or advice they gave and wrote the relevant details in people’s care records.

We recommend that the provider considers the guidance around people’s best interests contained within the Mental Capacity Act 2005 Code of Practice.

Is the service caring?

Our findings

People told us that staff were caring. They said, “The staff are very caring and they joke sometimes”, “The care is as good as I expect it to be”, “The carers are lovely” and “The girls are very busy, they work hard but are very nice.” Relatives told us, “[my relative] is well treated by staff”, “the staff are as good as gold”, “friendly, helpful, everyone greets you with hello” and “I think overall the care here is good.”

We observed staff caring for people in a kind, caring and sensitive way. Staff had knowledge of people’s preferences and personal histories and we saw how they made people feel involved. For example, one person told us how they liked to dance and later we saw the same person and a staff member dancing and laughing together. A member of staff explained how they supported people with different religious and cultural needs commenting, “one resident is supported to have communion on a Friday here, one person goes to church and I know another person cannot eat beef for religious reasons.” We noted details of people’s religious and cultural needs were contained in the front of people’s care records.

There was a call bell system in operation and we tested the staff response time on two floors and found staff came quickly. People told us staff responded to their needs they said, “Staff always check on me to make sure I’m OK” and “If you ring your bell someone always comes.”

People and their relatives told us they felt involved in decisions about their care. One person said, “The nurse has a lot of patience with me. She is always explaining things.” Another person told us, “I can choose to have the bedrails up or down if I want – I prefer to have them up so I feel safe that I’m not going to fall out of bed in the night.” The provider told us that once a month each person was nominated for ‘resident of the day’, this was pre-planned and enabled people using the service and their relatives to meet with the manager and their key worker to discuss their care and review their care records. One relative told us, “When it’s resident of the day – staff go through [my relative’s] care plan with them and discuss their future wishes.”

People told us their privacy was respected and they were treated with dignity. They said, “They knock before they come in and if attending to us, they shut the door and close the curtains” and, “You can choose which gender person looks after your personal needs.” Relatives told us, “They treat [my relative] with dignity and respect” and “They always have a male and female carer to attend to [my relative].” We observed staff offering people privacy, and maintaining their dignity. For example, we saw one member of the care staff supporting a person in an encouraging way and at a relaxed pace saying, “Are you ready?” and “Take your time.”

Is the service responsive?

Our findings

Most people we spoke with told us they or their relatives would complain or comment on issues they were not happy about they told us, “If I’m upset about something, I would speak up”, “I think the management do listen to the remarks by relatives” and “If I had a complaint I would tell one of the carers or the manager. I made a complaint in the past ...it was all sorted out.” However, some people told us they did not feel comfortable complaining or when they did, they did not receive a response, they told us, “I didn’t complain” and “I have made a complaint about the food but I don’t think it was sorted out and I had no feedback.” When we looked at records we found the provider did not always record the actions they had taken in response to people’s concerns or complaints or ask if people were happy with their response.

Where complaints had been made about the service records showed us that some consideration had been taken to review people’s concerns. However, we did not always see information about how the service responded to the complaint, the improvements it made for that person and how the service had made things better because of the lessons they had learnt. For example, we saw one internal review had been conducted following concerns received from a relative. Although the review had highlighted areas for improvement when we looked at the person’s care records we found many of the recommendations made had not been addressed. We spoke with the operations manager who explained that systems had not been in place to effectively follow up on all recommendations made to the service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 and the action we have asked the provider to take can be found at the back of this report.

People and their relatives told us they thought the care they received suited their needs. They told us, “I get all the care I need and they keep me clean”, “The care does suit [my relative’s] needs”, “The nurse does consult me about [my relative’s] needs”, “If there are changes we sign for them and your relatives can do it” and “The care plan was drawn up and I signed it.”

Care records contained needs assessments detailing people’s healthcare needs and these were reviewed every month. Staff we spoke with could tell us about people’s personal preferences, their likes and dislikes and sometimes their history but we saw no process for recording this in people’s care records, so staff had limited information available to them to treat people as individuals.

People told us about some of the activities they took part in. They said, “We have activities sometimes and we get out on trips about three times a year”, “If I fancied doing some activity, I will do it” and “ Sometimes they take us to the garden centre or into Croydon.” Relatives we spoke to said “[My relative] doesn’t always join in with activities but that’s their choice – staff do try to encourage them” and “Sometimes I feel [my relative] is isolated, they don’t always get enough social interaction.” We spoke with one of the three activity co-ordinators that worked at the service. They explained that they had separate activity files where they recorded they type of activities people enjoyed. The activities co-ordinators also tried to give people 1-1 time to stop people from feeling isolated, for example, they had just finished reading a newspaper to one resident who had failing eyesight.

We observed activities going on throughout our inspection and saw people enjoying singing, taking part in ball and chair exercises and listening to music. Staff told us, “Different residents like doing different things so we try to encourage and support them to do the things they like such as bingo, painting, colouring, arts and crafts and tai chi.” These were recorded separately in activity files.

People told us about the regular resident meetings held where they could give feedback to the service. One person said, “We have a residents’ meeting and they try to resolve our concerns, sometimes they do and sometimes they don’t.” Another told us, “About every 6 weeks we have a meeting where they ask what we think about the things that need to be done in the home.” We saw the minutes from the meeting held in September 2014 on notice boards around the service and noted topics discussed included food choice and staff turnover with actions taken to improve.

Is the service well-led?

Our findings

Regular audits were undertaken to assess compliance with internal standards. We viewed the findings from the latest audit which showed the service was compliant with the majority of their internal standards. Areas for improvement had been identified, however, we found these had not always been implemented. For example, issues highlighted in medication audits concerning covert medicines had not been addressed and the manager had not checked that recommendations had been implemented. Where recommendations had been made following a complaint these had not always been identified and managed so people were not always protected against the risk of unsafe care. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2010 and the action we have asked the provider to take can be found at the back of this.

People and their relatives were positive about the way the service was managed. They said, “I think things improved under the last manager”, “the previous manager was very approachable”, “The old manager used to visit us daily but the new one seems very nice”, “The new manager has come in and I’ve observed slight changes for the better have happened” and “The new manager seems very nice.”

The previous manager had left the service and a new manager had been recently appointed. Staff members told us, “I feel that the new manager is in control even though they’ve only been here a short while. She is confident and approachable” and “The new manager is friendly and calm, I already feel relaxed with her.”

Regular relatives’ meetings were conducted to ensure views were listened to. We saw records of these and noted concerns that had been raised had been addressed. For example, people not having food that is soft enough and the need for new mugs for drinks etc. were noted together with the date action had been taken and who was responsible.

Regular resident and relatives’ surveys were conducted where people were invited to comment on issues such as care, staff attitude, leisure time, activities, diet and any other comments for improvement. The provider had analysed the results and produced an action plan for improvement. Comment cards were available in the dining rooms and at the reception area for people to give their feedback about the service they had received.

People were also able to provide feedback via the internet site carehome.co.uk. Comments made by friends and relatives of people using the service were positive about the service provided at Albany Lodge Nursing Home.

We spoke with the provider at some length about the strategic direction and management structure of the organisation including its vision and values. We heard about the refurbishment plans for the service to enhance the environment especially for people with dementia and we were shown the schedule of works which were to start in the next few weeks.

We were shown details of the managers meeting minutes and discussed how these enabled managers from each of the organisations locations to exchange ideas and share best practice.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected against the risks associated with unsafe use and management of medicines because the registered person did not have appropriate arrangements for recording, handling, using and safe administration of medicine. Regulation 13
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The registered person did not always effectively identify, assess and manage risks relating to the health, welfare and safety of people using the service. Regulation 10 (1) (b)