

Brighterkind (Loyds) Limited

The Albany Care Home

Inspection report

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Headington
Oxford
Oxfordshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Albany is a care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection. The service can support up to 38 people. The service is in one adapted building over two floors. The service supported people who were discharged from hospital and required support with rehabilitation prior to returning to their own homes. These were referred to as 'hub beds'.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We have made a recommendation about ensuring staff understanding of the Mental Capacity Act 2005 (MCA)

People enjoyed living at The Albany. They felt safe and well-cared for. People were supported to manage risks. There were enough staff to ensure people's needs were met. Medicines were managed safely by staff who were trained and competent. The environment was clean and well maintained.

People were supported to access specialist health professionals when needed. The service worked closely with multidisciplinary teams to ensure people's needs were met. People were supported by staff who were well-trained and supported by the management team. There was a wide variety of food available. Individual dietary needs and preferences were met.

Staff treated people with kindness and compassion, valuing them as unique individuals. People were always included in decisions about their care and choices were respected. Staff were respectful and ensured people's dignity and privacy was protected.

People enjoyed a wide variety of activities, which clearly had a positive impact on their well-being. Care plans were accurate and up to date. They included information about people's histories, likes and dislikes. Staff used this information to provide person-centred care. Where people wished to discuss it, end of life wishes were included. Complaints were dealt with in line with the complaints policy.

There was a committed management team in place who valued everyone's contribution to the service. There were effective systems in place to monitor and improve the quality of the service. People, relatives and staff were able to comment on the service and action was taken as a result.

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

Rating at last inspection

The last rating for this service was good (published 22 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Albany Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor (SPA) 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.

Service and service type

The Albany is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present on the day of the inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with twelve members of staff including the area operations manager, the deputy manager, senior care workers, care workers, activity staff, catering staff and housekeeping staff. We also spoke with one visiting health professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicines records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following the inspection we received feedback from two health professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe. One person told us, "This is my home now. Didn't know what to expect. Very positive, safe and well cared for." Relatives were confident people were safe. One relative said, "Safe, kind to her, lovely to her. Have never hurt her."
- People were supported by staff who understood how to identify and report concerns relating to harm and abuse. Information with contact details for outside agencies who may need to be informed were displayed in the service and staff knew where to find the information.
- The provider had safeguarding procedures in place. Any concerns were investigated and appropriate action taken. Records showed that where necessary reports were shared with the local safeguarding team.

Assessing risk, safety monitoring and management

- Risk assessments were completed, which included risks associated with; falls, moving and handling, choking and pressure damage. Where risks were identified there were plans in place to support people to manage the risks. One person was at risk of pressure damage. The care plan detailed the equipment in place and the support the person needed to reposition to reduce the risk of skin damage.
- Care plans included personal emergency evacuation plans to ensure people were supported in the event of an emergency.
- There were effective systems in place to monitor the environment and equipment to ensure it was safe to use.

Staffing

- There were enough staff to meet people's needs in a timely manner. One person told us, "So many people [staff] come in one time or another."
- Call bells were answered promptly and those people who were unable to call for assistance were visited regularly to check they did not need any support. There were always staff present in communal areas to ensure people were supported.
- Staff told us that staffing levels were sufficient to meet people's needs. One member of staff told us, "Staffing levels are fine. We have a good team."

Using medicines safely

- Medicines were managed safely. There were safe systems for the receipt, storage, administration and disposal of medicines.
- Staff responsible for the administration of medicines had completed training and had their competencies checked.
- Medicines administration records were fully and accurately completed. Where people were prescribed 'as

required' medicines there were protocols in place to ensure people received these medicines when needed.

Preventing and controlling infection

- The service was clean and free from malodours.
- Staff had completed infection control training and followed effective infection control procedures. This included good hand washing techniques and effective use of personal protective equipment.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and investigated. Action was taken to mitigate the risk of a reoccurrence. This included referrals to external professionals where appropriate.
- There was an electronic recording system that enabled the registered manager to analyse accidents and incidents and keep an overview of any actions needed

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records showed that all staff had completed training in MCA and DoLS. However, not all staff were able to give clear explanations on how they supported people in line with the principles of the act.

We recommend the provider seeks guidance relating to how they monitor staff understanding of the MCA.

- Care plans included mental capacity assessment relating to specific decisions. Where people were assessed as lacking capacity to make a decision there was evidence of a best interest process being followed. This include discussions with family members to seek their views.
- Where people were receiving support that was considered to place restrictions on them, DoLS applications had been submitted to the supervisory body. Where DoLS applications had been authorised this was recorded in people's care records.

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

- Assessments were completed prior to people living at the service. These assessments were used to develop person-centred care plans.
- Care plans reflected current best practice, standards and guidance. This included the International Dysphagia Diet Standardisation Initiative (IDDSI) framework. IDDSI are standard descriptors for texture modified foods and thickened liquid.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. One person told us, "Staff are good at what they do, seem well trained."
- Staff completed a range of training which was delivered by a member of staff who had completed train the trainer courses. Staff were supported to access development opportunities which included national qualifications in social and health care.
- Staff were supported through regular supervision. One member of staff told us, "I am very well supported. I don't have to wait for supervision, [registered manager] and [deputy manager] will always help me sort it and give advice."

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

- People were positive about the food they received. One person told us, "The food is very nice. Very good choice of food that I like."
- People's individual dietary needs were met. This included fortified food and specific dietary requirements associated with medical conditions.
- The chef was extremely knowledgeable about people's needs and was kept informed of any changes.
- People were supported to eat their food where they chose. Food served to people in their own rooms was beautifully presented on a tray with fresh flowers. Food was covered with attractive silver coloured food domes.

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

- People were supported to access a range of health and social care professionals. One person told us, "Seen the GP, the chiropodist comes in and you can get to see an optician if you want to." A relative told us, "'Medical care is good. Lovely GP comes in on Monday. [Person] had a UTI (Urinary Tract Infection). The GP came in straight away."
- The service worked closely with the multi-disciplinary team who supported people who occupied the hub beds. There were weekly meetings to review people's progress. One visiting health professional, supporting people in the hub beds told us, "They [staff] follow our instructions."

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

- The provider developed the environment to meet people's individual needs. There was an accessible garden and raised beds had been installed to enable people in wheelchairs to get involved in the garden.
- People's had personalised their rooms. One person told us they had, "A very nice room, done it up beautifully."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. One person told us, "Carers very good. You can buy skills but you can't buy kindness and patience."
- Staff knew people well and valued them as individuals. They used their understanding of people to support them with empathy and understanding. This included supporting people when they became anxious. We saw staff supporting people when they became anxious and the positive impact the interactions had on people's well-being.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. One person told us, "They have talked to me about what care I need. Listened when I needed things done."
- Where appropriate relatives were involved and were kept informed of changes. We saw staff speaking with relatives and people in an inclusive and supportive manner.
- Staff took time to speak with people and explain choices to them in a way they understood. Staff respected the decisions made.

Respecting and promoting people's privacy, dignity and independence

- People privacy was respected. Staff understood the importance of protecting people's privacy. One person told us, "Privacy, they seem to get it here. After being on your own that's very important."
- Staff ensured people were treated with dignity. Staff were discreet when speaking to people about personal care in communal areas of the service. One relative told us, "Dignity yes, when they are delivering care they always shut the door, always pull the curtains and talk to [person] all the time."
- People were supported by staff to maintain their independence. Staff were always to hand to support and encourage people. During the mealtime one person was having difficulty with their meal. A member of staff immediately noticed and approached the person in a sensitive way to offer support.
- Confidential information was stored securely. Where records were stored electronically these were on a secure system which was only accessible by authorised staff. All paper records were stored in a key coded office.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and included information about people's life histories, interests and things that were important to them. Care plans recognised the impact of life experiences on people and staff were guided to show empathy and compassion when supporting people.
- Staff used this information to support people in a way that valued them as unique individuals. There were many interactions where staff chatted with people about their families and lives, showing a genuine interest.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained detailed information about people's communication needs and staff used these methods of communication to ensure people were able to understand information and respond.
- Information relating to communication included; hearing impairment, sight impairment and a person's ability to respond to communications verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to a wide range of activities that were organised by the activity coordinator. Activities enabled people to follow interests and remain actively involved in daily life. One person told us "I think [activity coordinator] does a marvellous job, full of admiration. Very good at talking things through. Inclusive group activities, no one gets forgotten."
- There were many examples of the positive impact engaging in activities had on people. The activity coordinator told us, "A resident came to us unable to communicate. Over the course of time by coming to the activities [person] began to communicate with us. Found out she liked singing so the carers sang things to her. Now she sings herself. All the family commented and thought it is wonderful."
- People had opportunities to be involved in the local community. There were close links with local schools and people had visited a local primary school to see performances.
- The activity coordinator had supported people to form a choir. The choir performed for other groups outside of the service. One person told us, "I love singing in the choir. The choir does two things, togetherness and raises peoples' spirits."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. This was displayed throughout the service.
- People and relatives were confident to raise concerns and that action would be taken to address any issues. One relative told us, "[Registered manager] says 'you do have to say. If we don't know we can't do anything about it'."
- Complaints were recorded, and investigations carried out. Responses were sent to complainants in line with the providers policy.

End of life care and support

- At the time of the inspection there was no one being supported with end of life care.
- We received extremely positive feedback from one health professional regarding the end of life care provided at the service. They praised the knowledge of staff regarding people's end of life wishes.
- The service had received many thank you cards from relatives whose loved one had been supported at the end of their life by the service.
- Care plans reflected people's end of life wishes, including whether they wished to be resuscitated in the event of a cardiac arrest.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was not present at the time of the inspection. People and relatives were positive about the management team and the culture they promoted throughout the service. One person said, "Atmosphere very good. The extra [here] is the family atmosphere that you are first aware of. Most appreciative of it."
- The registered manager promoted a person-centred culture that valued and respected everyone. One professional had sent a letter of thanks to the registered manager. The letter showed the exceptional effort the registered manager had made to facilitate a person to continue to have a relationship they valued.
- Staff were positive about the management team. One member of staff told us, "The home is definitely well managed. From the top to the bottom it is good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- Records showed that the provider and registered manager were aware of and met their responsibilities relating to duty of candour. Relatives were kept informed of incidents and any investigations. The registered manager met with people and relatives to discuss any concerns when needed.
- There were systems in place to ensure learning and improvement following incidents and accidents. For example, the recording system enabled the provider and registered manager to look for trends and patterns. This analysis had identified the need for increased staffing levels at a certain time of day which had been implemented. This had resulted in a reduction in falls.
- The registered manager ensured they kept their skills and knowledge up to date and looked for ways to improve the service. They attended provider meetings where good practice and current guidance was discussed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear staff structure in place and staff were clear about their roles. Staff with senior care responsibilities were able to explain their role relating to supporting care staff and allocating duties.
- There were effective systems in place to monitor and improve the service. Audits were completed which included reviewing; Meal service, laundry, communication, nutrition, and activities. The regional manager completed a monthly audit which resulted in an improvement plan. Records showed that actions had been completed.

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

- People told us they were able to provide feedback to the service. The registered manager had introduced 'resident ambassadors' to enable the voice of people using the service to be heard. The ambassadors spent time speaking with people and met with the registered manager on a regular basis to discuss any issues people had brought to their attention. One ambassador told us, "I contribute to the life of the home."
- There were systems in place to ensure the service sought feedback from people, relatives and staff. This included annual surveys and regular meetings.

Working in partnership with others

- The service worked closely with health professionals. The registered manager had developed a positive working relationship with the GP supporting people in the service. The registered manager met weekly with the GP following their visit and arranged annual clinical meetings to discuss any issues.
- The service worked closely with a range of professionals in relation to the management of the 'hub beds'. There was communication from professionals showing their appreciation of the efforts made by the registered manager and staff to accommodate and meet people's needs.
- We received positive feedback from health professionals who were complimentary about the management of the service.