

Healthcare Homes (Spring) Limited

The Albany Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Albany is a care home that can support up to 38 people. The service is in one adapted building over two floors. Management offices and reception are located on the ground floor along with the dining room, living room, conservatory, and access to the gardens.

The service provides support to people with long standing care and nursing needs. The service also 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'. At the time inspection 36 people were using the service, with 14 of these being used as HUB beds.

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

People living at The Albany received care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had struggled to recruit permanent nursing staff and domestic staff. The service was using nursing agency staff which impacted on the safety of the service at times. The provider had safe recruitment and selection processes in place and were in the processes of employing permanent nursing staff. They provided care that was tailored to individual needs of each person, including their likes, dislikes and preferences.

People were supported to engage in activities, the activities coordinator worked with staff and volunteers to organise weekly activities that were meaningful to those who wished to participate. People felt they were cared for and that they could access care in emergencies from staff if required.

We found people's records were not always up to date and people were not always fully involved in planning and reviewing their care and support needs. The provider had not identified these shortfalls in their last audit action record.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing, however it was not always clear how safeguarding concerns were communicated to the wider team as not all staff were aware of a recent safeguarding.

Medicines were managed safely, and people received their medicines as prescribed.

People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this

practice.

The care at The Albany Care Home is person-centred and promotes people dignity however it did not always promote people's privacy.

Staff received regular training which provided them with the knowledge and skills to meet people's needs in an effective, responsive and personalised way. Staff supported people to choose food they liked and to eat healthily. People received enough food and fluids to remain healthy and staff monitored this when required.

People were encouraged to express their opinions and supported to have their voice heard. There was a complaints procedure in place and people felt confident to raise any concerns either with staff or the registered manager if they needed to.

Staff told us they were supported by the management team who showed empathy and understanding. The provider had systems in place to monitor and improve the quality and safety of the service. However, at the time of the inspection not all necessary actions identified had been completed so we could not be fully assured of the effectiveness of these systems.

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

Rating at last inspection and update

The last rating for this service was insufficient to rate (published 9th April 2021)

The last rating for the service under the previous provider was Good, published on 24th July 2019

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

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?

Requires Improvement ●

The service was not always effective

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our safe 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of an inspection manager, two 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.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used this information to plan our inspection.

We used all this information to plan our inspection.

During the inspection

We spoke with 14 people about their experience of the care provided. We spoke with seven members of staff, two nurses, the registered manager and the provider. We reviewed a range of records. This included ten people's care records four of which specifically related to people using HUB beds and multiple medication records. We looked at three staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question remains good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person told us "Oh yes I am safe- everything here seems to be humming along- we have regular fire drills and every time I need some help carers are here and responsive- they have never failed me yet".
- People were not always protected from the risk of abuse and avoidable harm The provider had safeguarding policies in place and the manager and staff reported concerns appropriately.
- During the inspection, we identified a safeguarding concern relating to the management of someone's health condition. This was acted upon immediately by the registered manager. All relevant people were informed, and appropriate action taken to ensure this person's health was monitored appropriately.

Assessing risk, safety monitoring and management

- Staff regularly reviewed people's care and well-being and took appropriate action to ensure the risks were managed and that people were safe. Staff were seen supporting people in line with their care plans.
- People's risk assessments included areas such as mobility, falls, choking, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans and appropriate action had been taken where necessary.
- Not all records contained accurate information about individual's needs. One person's care plan was empty where professionals' advice regarding their mobility and how best to support them should have been recorded.
- Staff knew how to support people safely. Staff told us about people's individuals needs and how best to support them.

Staffing and recruitment

- We observed sufficient numbers of staff on the day of the inspection with call bells being answered in a timely manner. We reviewed staffing rotas that showed staffing levels were being achieved.
- Staffing levels were calculated via use of a dependency tool based on people's needs. At the time of inspection, we found the dependency tool was not accurate, as it did not reflect the current needs of individuals.
- We received mixed feedback from people about whether there were enough staff to support them. For example, one person told us "Staff numbers- it does vary somewhat- sometimes there are Agency staff to balance if they are short- but occasionally you see that they are struggling but the basics are usually done".
- We spoke to the home manager about the long-standing vacancies for both domestic and nursing staff. They told us they were actively recruiting for both roles and worked closely with the staffing agency to ensure continuity of agency care and nursing staff where possible.

- Care staff did not feel that they were rushed in their duties and that they had time to speak with people and respond to their care needs appropriately. Staff told us they felt suitably trained for their roles and new staff confirmed they shadowed other experienced staff.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff had been trained in administering medicines and their competency was checked regularly to ensure they followed best practice.
- We observed staff administering medicines, meeting the needs and preferences of people safely and following protocols.
- Staff accurately recorded their administration of medicines. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Medicine charts and stock levels were audited regularly to ensure safe administration.
- Some people had medicines that were time specific. Records showed that people received these medicines on time. Records were complete and there were no gaps or omissions in recording.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider had systems in place to promote learning when things went wrong. The manager ensured they reflected on occurrences where lessons could be learnt. The team used this as an opportunity to improve the experience for people. Lessons learnt were shared within team meetings so that they were aware of the lessons learnt and the actions needed to minimise the risk of recurrence.
- Accidents and incidents were reviewed by the registered manager and included in a monthly clinical governance report which was submitted to the provider in order to identify any patterns and trends.
- Staff knew how to report accidents and incidents but told us they did not always receive feedback about changes.
- Learning resulting from incidents at other locations was also discussed at team meetings and on an individual basis and staff were able to reflect on this.

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.

This is the first inspection of this key question for this newly registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed using recognised tools and assessments. Assessments were used to develop individualised care plans and to recognise ongoing risk to individuals.
- We saw good practice being followed as per guidance for several individuals with varying needs. For example we saw people's physical and nursing needs were met and being recorded. Although positive care was being provided, records such as care plans had not been updated to reflect individuals' current needs and the support they were receiving.
- We found that a person's care plan and risk assessment did not contain important information regarding risk to their physical health. This was addressed immediately by the service.
- We also found information within care plans had not been updated in a timely manner and we saw conflicting information about the level of support required for another person regarding their mobility

Staff support: induction, training, skills and experience

- Staff had completed a wide range of training that gave them the skills and knowledge to meet people's needs. Nursing staff confirmed they had undertaken medicine management along with the provider's mandatory training.
- New staff completed an induction and shadowed experienced staff. They were then assessed and signed off by senior staff to help ensure they were competent before working alone.
- Staff supervision and support was not always consistent. Comments from staff included 'I feel supported by management but that they are not always visible to see our hard work'.
- The provider had identified the need to improve supervision and action had been taken to increase supervision meetings. Although supervisions had recently taken place, documentation was not specific to individual staff.

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

- People's care plans contained information about their dietary needs. Records of food and fluid intake were in place in people's rooms, and people received meals suitable for their dietary needs.
- People commented on their respect for the Home's Head Chef and the meals and the meal choices they were offered. One person told us; "The cook cooks a nice dinner- I had lasagne last night- it is lovely, I could have eaten two!"
- On the day of the inspection people appeared to enjoy their meals and the dining experience we observed did not highlight any concerns. People had access to hot and cold drinks throughout the day provided by the hostess.

Staff working with other agencies to provide consistent, effective, timely care

- People's health, care and support needs were monitored through daily clinical and handover meeting. However, updates and outcomes from professionals were not always recorded within records consistently, which could impact on people's health outcomes.
- Staff worked with external professionals such as general practitioners, pharmacists, and the hospital HUB team to ensure best outcomes for people. Verbal handovers indicated staff were continuing the care prescribed by the HUB team. However, records did not make it clear if this was being carried out.
- The HUB beds meant that people moved in and out of The Albany on a regular basis for short term reablement care. These regular admissions and discharges created a lot of work for the management team and nursing staff. Where the service had long standing nursing vacancies this put a lot of pressure on the few permanent staff.
- There was information regarding other agencies available to staff including advice from the local authority and information for referrals. A daily diary was kept detailing any clinical interventions such as blood tests, prescription requests or health professional referrals required.

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

- The Albany had a dining room, conservatory and seating area for people. This space was located on the ground floor and was used for all people.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful gardens with several sitting areas.
- We observed some areas of the home and décor were in need of refurbishment. The service did not currently have a maintenance man and the provider actively recruiting for this role. In the absence of a maintenance man the provider had implemented other measures to ensure urgent and essential work was completed.

Supporting people to live healthier lives, access healthcare services and support

- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.
- People told us that they didn't always receive the right communication or access to healthcare services and support required to do so.
- Care plans reviewed contained records of visits from health care professionals such as GP's, occupational therapists and speech and language therapists.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal

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

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We give residents time to make their own decisions, give people options and where necessary make decisions in their best interest'.

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.

This is the first inspection of this key question for this newly registered service. This key question has been rated as 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

- Overall people felt staff were caring, but sometimes had to remind staff of things they had asked for or required. They and their relatives told us, "It is good for me living here- I'm settled, I get on well with staff and I have all I need" and "She has been very uncomfortable recently- but one or two of the carers shine when looking after her".
- Staff knew permanent residents well and were passionate about ensuring people felt valued and cared for. One staff member told us 'If people don't have capacity, I would still ask them questions and try and make sure they are getting something that they like'. Staff were able to discuss residents likes and needs in great detail.
- There was information on people files about whether they had a preference for a male or female member of staff to provide their care.

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

- Staff told us and we observed people were provided with choices and options around their care.
- We saw people being involved in decision making around their care for example, what did they want to eat and what they wanted to wear.
- Care plans contained detailed information about how people would like to be supported, positive risk taking and respecting individuals choices.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people to be independent and promote choice. There were references to promoting independence and choice in people's care plans.
- Staff were not always consistent with respecting people's privacy and dignity. We observed that not all staff knocked before entering rooms and people's rooms were often left open throughout the day.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in a room and only accessible to authorised persons.

Is the service responsive?

Our findings

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

This is the first inspection of this key question for this newly registered service. This key question has been rated 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

- People and relatives were involved in developing their care, support and treatment plans. Care planning was focused on the person's whole life, including their goals, skills and abilities.
- We saw evidence of people's involvement when they moved into the home. However, we found people's records were not always up to date and were not signed to say that people were involved in reading or updating of their care plans. The provider had already identified these shortfalls in their last audit but we could not see what action had been taken to address this.
- Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff on how someone's condition affected their ability to communicate from day to day and how they wanted to be supported.

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

- We found people had access to a variety of activities in house. Staff involved people in activities they enjoyed in-house and a weekly activity planner was handed out, so residents are aware of the weekly activities.
- Activities at The Albany were organised and run by the activities co-ordinators. A full programme was advertised and showed a good range of activities on offer. These included, film matinees, choir, bingo, armchair exercises, round up of the weekly news, singing sessions, play your cards right and Sunday service and hymns music session. We observed people actively engaged in activities.
- People's activity records were updated weekly and some people chose not to attend activities and staff respected their wishes.

Improving care quality in response to complaints or concerns

- People and relatives knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. The provider had received non-formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One person told us "We got a nice vibe about The Albany when we were first looking for a Home- in general all has gone well and we are quite happy, there have not been any major problems and any issues I have raised have always been dealt with swiftly".

End of life care and support

- We reviewed support for people receiving end of life care. Although positive care was being provided, records had not been updated to reflect individuals' current needs and the support they were receiving.
- People receiving end of life care did not have specific plans in place detailing their wishes. Although staff were able to confirm that people has been eating and drinking well, this wasn't recorded within their notes.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- People were given opportunities to contribute feedback and ideas regarding the running of the service at team meetings and felt that they were listened to and taken seriously.
- We received mixed feedback about the management of the service. One staff member said that management 'Are excellent, always approachable and reliable'. However, we also heard from people that the registered manager was not always as visible as people would like.
- We observed that not all staff knocked before entering rooms this was something that had previously been picked up through the providers quality system and addressed with staff.
- The manager had identified long standing staff vacancies in the nursing, domestic and maintenance team as the main factor in areas of shortfalls. An attempt to mitigate some of this was to use regular agency nursing staff, however this couldn't always be achieved. Plans had been put in place to support new starters with the aim of having a more consistent staffing team, to continue supporting people to achieve good outcomes.

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

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their obligations and responsibilities.

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

- The manager was supported by the provider. There was a clear management and staffing structure and staff were aware of their roles and responsibilities. However, it was not always clear who carried out what. It was not always clear how important information was communicated effectively due to not having permanent staff and incomplete client records. The registered manager regularly submitted statutory notifications.
- The provider had quality assurance systems in place, these included regular audits of a range of areas to be carried out by the registered manager and on-site staff. However, these systems were not always effectively operated, we observed regular audits had been completed, but these had not always identified areas for improvement and where actions had been identified these had not been recorded in the provider's

overarching action plan for the service or completed.

- The registered manager did not always promote continuous learning, supervisions with staff did not always discuss work practices, training or development needs. However, we did hear that clinical training had recently been implemented and that some staff were carrying out their NVQ qualification.
- The provider had an overarching improvement plan and they were working through it at the time of the inspection. Some of the shortfalls we found had been already been identified through the provider's quality assurance systems and remained within the target action dates, however other issues we found had not been identified. As reported in the other domains of this report we found issues in relation to people's care records not being kept up to date with the support they required.

Records were not always accurate, complete and contemporaneous in respect of each person. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff told us that they were involved in the development of the service, through discussions at staff meetings and individual meetings with the registered manager.
- People and their relatives had opportunities to provide feedback through surveys and raise any comments via an open door policy.
- From observations of staff and speaking with the registered manager we noted that the registered manager and staff demonstrated a commitment to providing consideration to people's protected characteristics.

Continuous learning and improving care

- Some people's care plans clearly stated advice from other professionals. Staff were aware of this information and knew how they should support people in line with it.
- Staff recorded accidents and incidents which were reviewed by the provider. This ensured the registered manager and the provider fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe by reducing the risk of repeated incidents.
- Incidents were discussed within team meetings as well as positive feedback from visitors.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the registered manager worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care. However we were told that this information was not documented in a way that could be shared with the wider team.
- The service was managed in a transparent way by a registered manager who had a positive approach to partnership working.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Regulation 17: Good Governance of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>17.(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part.</p> <p>(c) maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p>