

Topcare Limited

# Albany Nursing Home

## Inspection report

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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 

### Overall summary

We carried out this unannounced inspection on 6 and 10 March 2015.

We last inspected the home on 15 and 16 April 2014. During this inspection we found breaches to seven regulations. People were not protected against unsafe medicines management because the provider did not have appropriate arrangements in place for handling, using, dispensing and disposal of medicines. The provider had also not ensured premises and equipment were safe and fit for purpose due to inadequate maintenance. We found that standards of cleanliness and hygiene were not maintained to ensure people were

protected from the risk of acquiring an infection and effective systems were not in place to assess and monitor the quality of the service and to identify, assess and manage risks. In addition, people were not protected from unsafe or inappropriate care arising from the lack of proper information about them. The provider sent us an action plan stating the steps they would take to address these issues. At this inspection, we found that the provider has taken appropriate action to meet these legal requirements.

Albany Nursing Home is registered to care for up to 61 people with nursing needs and at the time of the

# Summary of findings

inspection there were 57 people using the service. This included younger people with disabilities and older people with varied conditions such as dementia and complex nursing needs. The home is laid out on three floors and accommodation for people is in single rooms, except for one double room.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During this inspection, we found the home provided a safe environment to everybody on the premises. Building maintenance and equipment checks were up to date. Staff were knowledgeable about safeguarding and how to report concerns. Medicines were managed safely. Risk assessments had been carried out and where risks were identified appropriate risk management plans were in place. There were enough staff to meet people's needs.

Staff received regular training and were knowledgeable about people's care needs. The manager was aware of their responsibilities around legislation regarding people's mental capacity. Staff had recently received training in the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. MCA is legislation protecting people who are unable to make decisions for themselves and DoLS apply to people where the state has decided their liberty could be deprived in their own best interests

to ensure their safety and welfare. Although most staff were able to tell us what this was, two staff members were unable to tell us what the basic principles were. We were told there were plans to help staff to increase their knowledge and understanding in this area through further training and discussions in supervision and staff meetings.

People had access to healthcare professionals as required to meet their day-to-day health needs. Staff knew the people they were supporting including their preferences to ensure a personalised service was provided. People and their family members were involved in care planning so they could take part in the decision-making about the care they received. There was a range of interactive activities on offer for people to take part in on an individual or group basis to ensure people had their social and emotional needs met. Staff respected people's privacy and dignity.

The provider had systems to check the quality of the service provided. People and their family members were able to give feedback through satisfaction surveys, the results of which were acted upon to improve the service. People knew how to make a complaint and these were dealt with appropriately. Staff, people, and family members felt comfortable with raising concerns with the manager. Regular meetings were held with staff and for people and their family members so that concerns could be raised and dealt with and updates on the service could be given.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. The premises and equipment were maintained to an adequate standard to ensure that people using them were kept safe and there were enough staff to meet people's needs.

The service had systems to manage the storage, administration and recording of medicines to ensure people received their medicines safely. Staff were knowledgeable about safeguarding and how to report concerns.

People had risk assessments and plans to manage the risks. The service had an emergency plan and staff were aware of how to respond to foreseeable emergencies.

Good



### Is the service effective?

The service was effective. People were given choices of suitable and nutritious food and drink to protect them from the risks of inadequate nutrition and dehydration.

The manager was knowledgeable about mental capacity and deprivation of liberty. Although staff had received training in this subject recently there were plans for further training around this area to increase their understanding.

People received care from staff who were skilled and trained to deliver care.

The home worked together with other health professionals to ensure people received care appropriate to their needs.

Staff received regular supervision and appraisals to ensure any concerns were dealt with and to monitor their performance.

Good



### Is the service caring?

The service was caring. Staff had developed good positive relationships with people and had a good understanding of their needs.

Each person had a named nurse and a named care worker who were responsible for overseeing the care the person received.

The home had a calm, relaxed and pleasant atmosphere.

People were treated with respect and their privacy and dignity were promoted.

Good



### Is the service responsive?

The service was responsive. Staff were knowledgeable about giving person-centred care. People and their family members were involved in decision-making and developing their care plan.

There was a variety of activities on offer which people could take part in.

The manager responded to any concerns, issues or complaints that were raised by staff, people using the service or their representatives.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. There was a registered manager who had the legal responsibility to meet the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had the information required about people to ensure they received safe care and treatment. The provider had systems to monitor the quality of the service provided and to take action to make improvement where required.

The provider had regular meetings for people and family members to update them on events, plans for the service and to enable them to raise concerns.

Staff were able to attend staff meetings where they could raise issues or concerns.

Good



# Albany Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was unannounced and took place on 6 and 10 March 2015. The inspection was carried out by two inspectors. Before the inspection we reviewed the information we held about the home, including the Provider Information Return (PIR). This is a form in which

we ask the provider some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications that the provider had sent us since the last inspection.

During the inspection we spoke with five members of staff, four people who lived in the home, four family members, a social worker, a healthcare assessor and the manager. We observed care and support in communal areas and looked at care records for six people, and medicines records. We 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 to us.

We also looked at records related to how the home was managed. This included five staff records, training records, quality monitoring records, complaints and health and safety records relating to the premises and equipment.

# Is the service safe?

## Our findings

People told us they felt safe. One person said “I feel safe, carers are nice.” We asked staff, people and their relatives if there were enough staff and generally they thought there was enough staff. However one family member said “Sometimes they are short, on the weekends” and explained staff from the other floors helped out when this happened. The manager told us the service was now fully staffed and did not use agency staff to enable people living there to have continuity of care. The manager and staff also told us the service used bank staff to cover staff absence.

People’s care records showed their support needs were assessed and reviewed every month to identify the level of support they needed from staff. We saw from the rotas that there was a nurse on duty on each floor throughout the day and night shifts. The rotas showed there were four care workers on duty in the morning, three care workers in the afternoon and one care worker at night on each floor. There was an extra care worker at night who assisted on each floor as needed.

At the last inspection we found breaches of the regulations relating to the management of medicines, cleanliness and infection control and safety and suitability of premises and equipment. The provider sent us an action plan stating the steps they would take to address these issues. At this inspection, we found that the provider has taken appropriate action to meet these legal requirements.

We reviewed the storage, management and administration of medicines on each of the three floors. The rooms where medicines were stored had been re-decorated, and were clean. We checked the daily recording of temperatures in these rooms and of the medicines fridges and found these to be up to date and correct. Opening dates had been recorded on eye medicines and other liquid medicines. Controlled drugs were stored appropriately and were signed by two staff when administered. We saw there were appropriate arrangements for the receipt and disposal of medicines.

We reviewed the monthly medicines audits carried out by nurses and the manager during January and February 2015. We noted that missing signatures on the medicine administration records (MAR) sheets were identified during these audits and the action identified was to ask the responsible staff to sign. We saw from the MAR sheets that this had been actioned.

We found the home was clean and free of odours on both days of our visit. The bedrooms and en suite toilets on the three floors of the home that were inspected at the last inspection had now been completely refurbished. The service had employed an additional cleaner so that there was a cleaner allocated to each floor. We reviewed the cleaning schedule and found this gave detailed information about the cleaning tasks to be completed each day and showed when they were completed. Staff we spoke with were knowledgeable about the procedure for dealing with infections and we saw the home provided staff with gloves and aprons.

At this inspection, we found the provider had effective procedures in place to ensure the safety of the environment for people using the service. The building safety checks had been carried out to ensure these were safe for people who used the service, visitors and staff. For example, we saw from records the building’s lifts and fire fighting equipment were serviced recently, and the weekly fire alarm testing was up to date. . Records showed the building’s electrical five year inspection was carried out and the gas installation system had been serviced. We also saw records that the boiler had been serviced and portable electrical appliances had been tested. There was a day to day repairs log completed by staff when they identified work that needed to be done. We reviewed the repairs log and saw it was signed and dated when the repair had been carried out.

We looked at 17 records of accidents and incidents and saw the service had taken appropriate steps to respond and manage the relevant risks. For example, the service had asked the GP to review a person’s medicines after they had several falls. We saw that one person had many incidents in 2014 which had now reduced. The person’s relative confirmed the number of incidents had significantly reduced due to the actions taken by the service. Records showed the manager audited the accidents and incidents to identify trends and to ensure the service had responded appropriately and in a timely manner.

The service had risk assessments for people who lived at the service. We saw risk assessments were carried out and included management plans to minimise identified risks.

## Is the service safe?

For example, with challenging behaviour, moving and handling, falls, malnutrition, diabetes, and pressure damage to skin. Staff were knowledgeable about the risks to individuals and how to manage these risks.

We found the safeguarding and whistleblowing policies were detailed, clear and up to date. For example the safeguarding policy described each type of abuse and gave guidance to staff on the procedure for reporting safeguarding. Staff we spoke with showed an understanding about safeguarding and whistleblowing procedures. Staff told us they had received safeguarding training and this was confirmed when we checked the

training matrix. The manager told us the provider offered safeguarding training and they also took part in training offered by the local authority. We saw evidence that lessons learned from safeguarding incidents were discussed at staff meetings.

Staff demonstrated their ability to deal with foreseeable emergencies. For example, one staff member told us what they would do if there was a fire. The manager told us there was an on-call system which they shared with the deputy manager. Staff confirmed they had access to the on-call telephone number.

# Is the service effective?

## Our findings

We looked at people's records and found that daily notes were up to date and included how the person's health was monitored. Observation charts were completed and showed people's pulse, body temperature, respiration and blood oxygen levels were monitored on a monthly basis. Records showed people were supported to receive medical check-ups and the service worked together with other health professionals involved in people's care. We saw people were referred to specialists including the dietician and speech and language therapist and the input from these specialists was recorded in people's files. We saw evidence care plans were reviewed monthly by nurses, and the deputy manager audited them every three months.

Records showed staff had received recent training in MCA and DoLS. We spoke with staff who confirmed they had this training and were able to demonstrate they understood this subject. However, two members of staff were not able to tell us the basic principles and one of these staff members thought the next of kin could make decisions on behalf of a person who did not have capacity. The manager told us following a training session the topic would be discussed in staff meetings and supervisions to assess the level of understanding and further training would be arranged for staff who needed it. The manager said this was the case for MCA and DoLS training and advice would be requested from the local authority to assist with increasing staff knowledge on this topic.

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the manager. At the time of this inspection, 42 people using the service had Deprivation of Liberty Safeguards (DoLS) applications in process because they needed a level of supervision that may amount to deprivation of their liberty. DoLS assessments were being completed in partnership with the local authority and the home was awaiting the outcome.

The service had a four weekly rotating menu with different choices each day. We saw the menu was varied, nutritionally balanced and included fruits and vegetables. People chose from the menu the day before and their choices were passed to the kitchen staff. We saw the menu choice list included people's dietary or cultural requirements. The chef showed records of health and safety checks they carried out which included daily fridge and freezer temperature checks and these were correct and up to date. We saw food was stored appropriately and opened food items in the fridge were covered and labelled with the opening date.

Care records contained details of people's dietary needs, food preferences, likes, dislikes and their nutrition support needs. We observed lunchtime on each floor over the two day inspection. People who needed assistance with eating were given time to eat at their own pace. One staff member told us "If [person is] not hungry we will offer food again one or two hours later." We saw people were offered second helpings of food. One person said "They offer a lot of food." Staff told us people were offered three meals a day and we saw people were offered snacks in between meals.

We reviewed staff training records and found these were up to date. We saw staff had received mandatory training in the core areas of care as identified by the provider, including infection control, fire safety, dementia awareness, food hygiene and moving and handling. Staff we spoke with confirmed they had received training and regular refresher courses.

Staff confirmed they received supervision regularly every two to three months depending on their job role. Records confirmed this and were up to date and covered performance issues and training needs. We also saw from staff records that annual appraisals were carried out and identified areas where improvements in the individual staff member's performance were needed as well as goals for them to work towards during the following twelve months.

# Is the service caring?

## Our findings

One family member told us “I think it’s great, I think they look after [relative] well.” Another family member said the home was “Wonderful...is like five star.” This family member said staff worked hard to get her relative settled. The person told us “Carers are nice.” We saw that more than twenty cards and emails had been received since the last inspection where people and their relatives expressed their gratitude for the care provided.

A visiting social worker told us they had “The highest opinion of this care home and see huge improvements in people moving here from hospital.” A visiting health care assessor told us they had no concerns and “The home is quick to assess and give a response and at the six week assessment, actions have been completed.” The health care assessor gave an example of how well the service worked with a person admitted to the home with challenging behaviour and with pressure wounds and their “Pressure sores have healed and challenging behaviour decreased.”

We saw from care records that people and their families had been involved in planning their care signed to consent to their care plans. Family members told us the provider kept them informed of any issues. We spent time observing care practices in the communal areas of the home. During both days of the inspection we saw that people were treated with respect and in a caring and kind way. We saw that staff took the time to speak with people as they supported them and people were given time to respond. People responded to staff positively and there was a calm and relaxed atmosphere.

Staff were able to tell us how they developed positive caring relationships with people using the service. One staff member told us “The needs of new residents are discussed when they move in and also during handovers.” Another staff member told us they got to know people when they began to use the service by talking to the person and involving them in planning their care. We saw that people had their preferences and choices of their end of life care recorded and their representatives had been consulted where appropriate.

The home had a dignity in care policy which was comprehensive and staff confirmed they had read this. We observed that staff placed a “do not disturb” sign on the outside of the bedroom door when they were supporting a person with personal care. Staff were knowledgeable about providing dignity in care and were observed knocking on people’s doors before entering their room.

The manager told us staff were able to develop positive caring relationships with people because there were the same staff on each floor and the service had a “keyworker” system. A keyworker is a staff member who is responsible for overseeing the care a person receives. The manager told us each nurse was a keyworker to five people and was responsible for their medicines, health and well-being, updating their care plan every month and liaising with other professionals involved in the person’s life. Each care worker was a keyworker to two or three people and were responsible for making sure the person had toiletries, their room was tidy and liaising with family members.

# Is the service responsive?

## Our findings

At the last inspection we found the provider was in breach of the regulation relating to people receiving care that is appropriate or safe due to not ensuring people had access to activities suitable for their needs. The provider sent us an action plan stating the steps they would take to address this issue. At this inspection, we found that the provider has taken appropriate action to meet these legal requirements.

During this inspection, we found activities on offer to people had increased. We spoke with the activities co-ordinator and saw group activities were offered to people. The activities co-ordinator told us one to one activities were offered in the morning to people who stayed in their room and we saw this during our visit. The activities for people included trips out, manicures, hairdressing, reminiscence and visiting entertainers. The provider also arranged for newspapers, magazines and flowers for people if they wished. The registered manager told us staff organised cultural activities which included belly dancing and Spanish dancers. We also saw evidence that people from different places of worship visited every month. During our visit we saw a reminiscence session taking place and there was lots of chatter and laughter between staff and people taking part. We also saw other people had appointments with the visiting hairdresser.

Staff had an understanding about person-centred care. One staff member told us person-centred care was when “You put the person in the centre, you always involve the person when decisions are made, asking what clothes they want to wear, what to eat or where they want to be.”

Another staff member told us “There are different care plans for everyone” because they have their individual needs. We observed an example of person-centred care where a lunchtime meal was put aside for one person who gets up late and chooses to eat their lunch later in the afternoon.

We reviewed people’s care files and saw care plans were comprehensive and were written in a person-centred way. People’s needs were assessed prior to admission to the home and an interim care plan was written to enable staff to meet their needs. Care files included people’s details, personal care needs, health needs, communication, care plans, medical assessments and appointments, monitoring charts and daily notes. We saw that each section in the file was colour coded so that the relevant section could be easily found.

People and their relatives told us they had been involved in developing their care plan and decision-making. We saw people had a personalised care plan which included what was important to the person, for example, making sure the person had their glasses, hearing aid and dentures. Care files also included a communication sheet where staff recorded all contact with family members or professionals.

The home’s complaints policy was on display at the reception area and was visible. The manager showed us the record of complaints. There had been four complaints since the last inspection. We found the complaints were investigated appropriately and the service provided a resolution for each complaint in a timely manner. For example, in response to one complaint an individual action plan was created to reduce the chance of the same issues happening again.

# Is the service well-led?

## Our findings

At the last inspection we found a breach of the regulation relating to protecting people against the risk of unsafe or inappropriate care arising from the lack of proper information about them. We also found a breach of the regulation relating to assessing and monitoring the quality of service provision. This was because the provider had not obtained people's views since 2012 and the manager had not completed an action plan arising from comments people made in the 2012 feedback survey. The provider sent us an action plan stating the steps they would take to address these issues. At this inspection, we found that the provider has taken appropriate action to meet these legal requirements.

During this inspection we reviewed people's care files and found they were comprehensive. People had a pre-admission assessment and there were details about their social and leisure interests. Malnutrition Universal Screening Tools (MUST) were seen to be completed on a monthly basis to identify if people were at risk of malnutrition and ensure their weights were within healthy limits. We saw that Do Not Attempt Resuscitation (DNAR) forms had been completed to show that either the person or their relatives had been involved in the decision.

We found the provider had obtained views from people and their family members in May 2014. We reviewed the analysis that was carried out for the feedback received from this survey. Surveys were anonymous. We saw 78 questionnaires had been given to people and family members and 38 responses had been received. The results showed that 74% of family members said their overall impression of the home was good and 26% said it was satisfactory. Most people indicated they were very satisfied with the care provided and one person had indicated they were not satisfied. We noted four people had commented that standards had improved during their time at the home.

One family member said they "Would like to thank all the staff. ...do a wonderful job." Another family member said "We are very pleased, [relative] is looked after very well." However one family member said they thought there should be more activities.

The manager showed us the actions planned to improve the service as a result of feedback received from these

surveys which included increasing activities and plans to update bathrooms and communal rooms. We saw activities were discussed during staff meetings and "resident and relatives" meetings and the activities co-ordinator had increased the activities on offer. We were told this work was on-going. During the inspection work was being carried out on the communal areas of the home. We saw work on the bathrooms had been completed.

There was a registered manager in post at the time of inspection. The manager told us they met with the company director every month to discuss concerns. They also told us they received support and suggestions from the area manager and from attending provider forums for ideas about improving quality of service delivery.

Family members and staff told us they felt able to raise concerns or issues with the manager. One staff member told us the manager "Is a nurse and wherever we need clinical advice [they] give us." Another staff member said the manager "Is very supportive and very approachable. One family member told us the registered manager was "lovely" and another family member told us the registered manager was "always accessible."

Staff meetings were held every month and records showed these were up to date. We saw that staff who were unable to attend the nurses and staff meetings were required to sign the minutes to show they had read them. There was a copy of staff meeting minutes held on each floor. Topics covered in the meeting held on 27 February 2012 included reminding staff about health and safety, cleanliness of equipment and general tidiness.

The service also held regular meetings for people and family members to attend and raise issues. We saw the notes from the most recent meeting held on 5 December 2014 and topics included activities, care plans and change of menu. One family member had said their relative had been living at the home for more than two years and they had no complaint. Another family member had said they were very happy with everything and there was "a very good feel factor about the home."

The provider had various monthly audit systems to ensure a good quality service was delivered which included checking care plans, cleanliness, maintenance, infection control and catering. We saw the audit record sheets stated the date of auditing, who completed the check, identified

## Is the service well-led?

actions and was signed and dated when action completed.  
For example an audit on cleanliness completed on 6  
January 2015 identified gaps in the record. We saw this had  
been rectified on 12 January 2015.