

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Albany is a care home providing nursing and personal care to older people, some of whom are living with dementia. The service also supports people who are discharged from hospital and require support with rehabilitation prior to returning to their own homes. These are referred to as 'HUB beds'. The Albany is registered to accommodate up to 38 people with 14 of these being used as HUB beds. At the time of our inspection there were 36 people living at the service.

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

There had been some improvements made to improve people's outcomes. However, the providers' quality assurance processes were still not being used to drive improvement. We found some records were not completed correctly and the provider's audits had not identified these shortfalls. Where shortfalls had been identified, there were either no clear timelines for the actions to be completed or the timelines were not met.

People told us they felt safe living at the Albany. Staff knew how to identify and report any concerns. Whilst the home was no longer using agency staff, we still received mixed feedback from people, relatives and staff regarding staffing levels against the demands of the HUB beds. On the day of the inspection, we saw staff were continuously busy and ensured call bells were attended to in a timely manner, even if it was just to let the person know they would be with them as soon as they finished what they were doing. Following the inspection, the provider sent us an update that the staffing levels would be increased following a discussion with the senior management team. The provider had safe recruitment and selection processes in place.

The home environment could be improved. The provider had already identified this and were working through an environmental refurbishment action plan to improve the home décor.

Risks to people's safety and well-being were managed through a risk management process. Medicines were managed safely, and people received their medicines as prescribed.

Staff access to supervisions and appraisals had improved and staff told us they felt supported. New staff went through an induction programme which included the provider's own mandatory training as well as shadowing opportunities of experienced members of staff.

People had a pleasant dining experience which offered a variety of appetising homemade food choices available at times that suited people's preferences. The menu was overseen, and food prepared by an enthusiastic catering team who knew people's needs very well. Staff supported people to maintain food and fluid intakes.

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 supported

this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

The home was well-led by a long-standing registered manager who was committed to improving people's quality of life. The registered manager knew the service well and had support from a deputy manager. There was a clear management structure and an established group of staff who worked well as a team. Staff worked well with external social and health care professionals.

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 August 2022). The service remains rated requires improvement. This service has been rated requires improvement for the second consecutive inspection.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

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.

We carried out an unannounced comprehensive inspection of this service on 24 and 31 May 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Albany Care Home on our website at www.cqc.org.uk.

Enforcement

We have identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 2 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 is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Albany 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 reviewed the provider's last inspection report and action plan. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 4 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 2 relatives. We looked at 7 people's care records and medicine administration records (MAR). We spoke with 12 members of staff including the registered manager, development and regulations director, nurses, carers, kitchen staff, domestic staff and maintenance personnel.

We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 5 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

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 has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- We found risks to people's well-being were not always identified. For example, one person who had been admitted 2 days before the inspection had a pre-admission assessment which cited 'Problem list includes fall. Last fall 02/07/23'. Their continence care plan cited 'mobilise with Zimmer frame and prone to falls'. However, there was no falls risk assessment in place. The person's personal emergency evacuation plan (PEEP) and dependency assessment had not factored in the risk of falls.
- A dehydration screening tool had been used to assess this risk for a person. The person had repeated urine infections, however the risk factors section of the tool had not been completed. This would have highlighted that the person was a medium risk of dehydration.
- The provider responded immediately during and after the inspection. They confirmed all the actions from the concerns we raised were completed and suitable checks of people's records especially on the HUB beds were in place.
- Other risks were well managed such as skin integrity and choking risk.

Staffing and recruitment

- At our last inspection we received mixed feedback regarding staffing levels. At this inspection we continued to receive mixed feedback. Some people told us there were enough staff, whilst others felt staffing levels could be improved. People said, "Definitely not always enough staff, don't know how they cope", "Always somebody here when you need them. Had bad falls before I came here, know that and nothing at the moment. They keep me safe", "I think that sometimes there aren't enough staff, but they all work so hard" and "There are enough people to support me. Generally, not rushing me or my care."
- Whilst staff recognised some improvements since the last inspection, they told us staffing levels could be improved. They said, "Staffing can be hit and miss. When people are on planned holidays, we often work short. Our numbers do not take into account the demands HUB beds", "We have enough staff during the day but we need one more carer at night due to the layout of the accommodation and the fact that there is a steady change of residents due to the HUB admissions, many of whom needed the support of 2 staff when first admitted" and "We do not have enough staff due to demands of the residents. Staff on leave are not covered."
- On the day of the inspection we saw whilst the planned staffing levels were met, staff were continuously busy.
- We raised these concerns with the registered manager and after the inspection we received an update that the staffing levels would be increased following discussion with the senior management team. We will follow this up on our next inspection to assess the impact of the changes.
- Records showed the provider followed safe staff recruitment processes which included disclosure and barring service checks (DBS). Disclosure and Barring Service (DBS) checks provide information including

details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at The Albany. Comments included, "Very safe alright, secure, looked after well, that's reassuring", "I do feel safe, I might not be pleased or happy sometimes, but I feel safe" and "I feel safe because there is a nice safe atmosphere in here. I know if anything was wrong, I could approach a carer—a lovely place."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "If I witnessed any abuse I would intervene first then report to the manager, safeguarding and police if it's necessary." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Using medicines safely

- People received their medicines as prescribed, and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. One person commented, "Medication, very thorough. They keep it in a cabinet and bring it round. Good with their timing and staff make sure I get what I need."
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. During the inspection, the home had malodours on the first floor. One person's room had stained carpet despite several deep cleanings. The provider had already identified these concerns and were working through an environmental action plan.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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 a system to manage shortfalls and aid lessons learnt. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, a fall analysis had resulted in

management introducing hourly night checks where falls were taking place at night when people attempted to use the toilet.

- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing opportunities of experienced members of staff.
- We found staff now had access to supervisions and appraisals which were used to develop and review their practices. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was home cooked and well-presented by a dedicated and knowledgeable catering team.
- The service provided good quality food with a choice of options to choose from each day. People told us their feedback was sought and used to improve their dining experience. Staff were aware of people's individual preferences and patterns of eating and drinking.
- People told us they enjoyed the food and said, "The food is brilliant. The food is good here, cooked here, and we get a list of food. You can also get what you want", "The chef is very good and the food is very good, I get the food I like to eat. I eat moderately" and "The food is very nice, definitely enough to eat. The chef is very good. He will make special things for you if you ask, and he chats to you. Always a cup of tea, biscuits, or cake if you want it."
- On the day of the inspection we observed a positive dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. One healthcare professional commented, "The care team make prompt and appropriate referrals to our service. We work together with ease for the benefits of the patients."
- 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.

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

- The Albany was an adapted building which was spread across 2 floors. The ground floor had a lounge, dining room and a conservatory which had access to the garden. People's rooms were personalised and decorated with personal effects.
- The home environment was not always dementia friendly, and some areas of the home were not always well lit. We observed some areas of the home and décor were in need of refurbishment. The provider had already identified this and were working through an action plan.
- 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. There were different sitting areas around the home where people could spend their time.

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 capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- 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 choices and respect their choices. Support them in their best interest."

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 requires improvement. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found people's records were not always accurate, complete and contemporaneous in respect of each person and the provider's quality assurance systems were not always effective and not used to drive improvement. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found some people's records were still not always completed and some documents had been left blank whilst others were completed incorrectly as reported in the safe domain.
- The provider had a variety of quality assurance processes which included a review of a 'resident of the day', audits and registered manager daily walk arounds. However, these were not always used to drive improvement. For example, care record audits had not identified any of the shortfalls reported under the safe domain.
- Where shortfalls had been identified, there were either no clear timelines for the actions to be completed or the timelines were not met. For example, an environmental audit action plan timeline for replacing heavily stained and odorous carpet had passed and there was no update as to what would be done next. Other action plan timelines were marked as 'ongoing' for several months which meant these audits were not used to drive any clear improvements.

People's records were not always accurate or complete. The provider's quality assurance systems were not always effective and not used to drive improvement. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a long-standing registered manager who had been at the service for a long time and with the current provider for 3 years. They were supported by a knowledgeable deputy manager and a visible and available provider. There was a clear management and staffing structure, and staff were aware of their roles and responsibilities and had confidence in the management team.

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

- People told us they knew the management team and that the home was well-led. They said, "I have seen the manager and had a general chat, very pleasant. I feel the communication from management is very good", "I think it is well managed from what I have seen so far, staff are good, activities, good food" and "It is very good here, well run because things run well."
- Relatives were equally complimentary of how the service was run. Comments included, "It seems managed very well. There's a warm welcoming feeling when you visit. It feels like a home, not just a care home", "I think the key functions are managed well, but I think the Albany looks shabby in a few areas. A thorough clean and re-decoration is required including the communal areas" and "It seems a happy environment, lots of happy friendly banter."
- Staff were appreciative of the support they received from the management team. They told us, "Manager is good, supportive and listens to us", "Manager is approachable and supportive but gets caught up between us and head office" and "The management team are supportive and proactive with regard to any problems reported to them. Good communication with the management team and there is determination to improve things following the previous inspection."

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 registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- People and relatives had had opportunities to raise any comments via an open-door policy at any time as well as meetings.
- Feedback through meetings were used to improve people's care. Meeting minutes showed discussions of all aspects of people's life including communication, recruitment, food provision, activities as well as improvement plans. People, relatives and healthcare professionals were complimentary of the communication process. One healthcare professional said, "Any communication I have had with the nursing/management team has been excellent. The staff seem well supported and are able to provide relevant information for our assessments indicating they have received handover/sharing of information."
- Staff had opportunities to provide feedback through team meetings as well as a dedicated provider's live feedback app platform. This allowed the provider access to real time concerns and enabled them to address them in a timely manner. Staff told us they were still getting used to the system and they valued the platform.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care. We received positive feedback from healthcare professionals on the improvements made in the home in the last year.
- Records showed the provider also 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 allowed continuity of care.

- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

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	People's records were not always completed correctly. The provider's quality assurance systems were not always effective and not used to drive improvement.