

Avery Homes (Nelson) Limited

# Albion Court Care Centre

## Inspection report

Clinton Street  
Winston Green  
Birmingham  
West Midlands  
B18 4BJ

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07 February 2019  
12 February 2019

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Website: [www.averyhealthcare.co.uk/care-homes/birmingham/birmingham/albion-court](http://www.averyhealthcare.co.uk/care-homes/birmingham/birmingham/albion-court)

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Albion Court is a 'care home' that is registered to provide nursing or personal care to up to 89 people. There were 65 people living at the home on the days of the inspection.

Two days prior to the inspection the registered manager had left the service. An interim manager was in place and was working with the support of the provider's regional manager and project manager. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

People's experience of using this service:

- Some improvements had been made following our previous inspection in November 2017 to address the areas we identified as requiring improvement. However, we found that some areas had not been addressed. For example, at the last inspection we reported that menus did not fully reflect the cultural heritage of people and people's individual needs were not met by the design and decoration of the home. At this inspection we found these improvements were still required.
- People were supported by staff to stay safe and who understood the need to ensure they consented to the care they received.
- People were cared for by staff who treated them with respect and dignity and encouraged them to maintain their independence.
- Staff received training that was appropriate to them in their role and supported them in providing care in the way people wanted.
- People's consent was sought before providing support. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and what this means for people.
- Staff liaised with other health care professionals to meet people's health needs and support their wellbeing.
- The provider had quality assurance systems in place, however they were not fully effective as they had failed to ensure action had been taken in a timely way in some areas requiring improvements.
- Staff felt supported and said they could talk to management at any time, feeling confident any concerns would be acted on promptly.
- People spoke positively of service and staff said improvements had been made since the last inspection.
- The provider had a home improvement plan in place to develop the service further and they worked in

partnership and collaboration with other key organisations to support care provision.

Rating at last inspection:

At the last inspection we rated Albion Court as 'Requires Improvement' (report published 21 February 2018).

At this inspection the overall rating has remained as 'Requires Improvement.'

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Enforcement:

Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service improved to safe.

Details are in our Safe findings below.

Good 

### Is the service effective?

The service is not consistently effective.

Details are in our Effective findings below.

Requires Improvement 

### Is the service caring?

The service improved to caring.

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service is not consistently responsive.

Details are in our Responsive findings below.

Requires Improvement 

### Is the service well-led?

The service is not consistently well-led.

Details are in our Well-Led findings below.

Requires Improvement 

# Albion Court Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team consisted of one inspector, a specialist professional advisor. The specialist professional advisor on this inspection was someone who had nursing expertise; and two experts by experience, an expert by experience is someone who has had experience of working with this type of service.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced and took place on 07 February 2019. We agreed with the interim manager to return and complete the inspection on 12 February 2019, when the inspection team consisted of one inspector.

#### What we did:

We used information the provider sent to us in the Provider Information return (PIR). This is information we require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders, for example, the local authority and members of the public.

During the inspection, we spoke with 17 people using the service and eight relatives to ask about their experience of care. We spoke with the regional manager, the interim manager and a project manager who

were working at the home at the time of the inspection. We also spoke to two nurses (including one agency nurse), one senior carer, five care staff, the head chef and two housekeeping staff. As part of the inspection we also contacted one healthcare professional.

We looked at the care records for nine people, two staff employment related records and records relating to the quality and management of the service. Details are in the Key Questions below.

# Is the service safe?

## Our findings

At our last inspection in November 2017 in the key question of "Safe" we rated it as "Requires Improvement." Following this inspection and the improvements we found, we have changed the rating to "Good."

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

People were safe and protected from avoidable harm. Legal requirements were met

Staffing and recruitment:

- People and staff, we spoke with felt there was enough staff employed at the home to keep people safe. We saw staff responded to people's requests for support in a timely way during the inspection.
- Improvements had been made since the last inspection and we found the provider ensured consistency of care staff for people; however, the provider was currently using agency nursing staff following the departure of permanent nurses. The provider had sought to use the same agency staff and was actively recruiting replacement nursing staff.
- Staff had been recruited safely to ensure they were suitable to work with people.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and all the staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse.
- Staff confirmed the provider had a whistleblowing policy in place.

Assessing risk, safety monitoring and management:

- People were supported by staff who were aware of the risks to them on a daily basis. One relative told us of the safety measures in place for their family member. They said, "[Person's name] anxiety has now gone, and we are surprised at how quickly they have settled in."
- Care plans recorded people's risks and were reviewed on a regular basis. A daily handover was held to share and record any changes in people's wellbeing.

Using medicines safely:

- People who received help with their medicines told us they received their medicines on time and as prescribed.
- Medicine records were checked by the management team and action taken when any errors, for example, missed signatures, were found.

Preventing and controlling infection:

- Overall the home was clean, and we saw staff used protective equipment such as gloves and aprons. Staff told us protective equipment was always available to them.
- The interim manager completed a daily walk around and took action on any areas noted for improvement.

Learning lessons when things go wrong:

- We saw the provider had systems in place to ensure the service learnt from any incidents that occurred. For example, we saw a new process was being introduced to monitor when people had falls and take appropriate actions. One relative told us this had been successful in reducing the number of falls experienced by their family member.
- The provider also had systems in place to share learning across all homes within the provider group.

# Is the service effective?

## Our findings

At our last inspection in November 2017 in the key question of "Effective" we rated it as "Requires Improvement." Following this inspection, we found improvements were still required and the rating remains "Requires Improvement."

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.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may, or may not, have been met.

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

- We looked at how people's individual needs were met by the design and decoration of the home. At the last inspection we noted a lack of pictures on the corridor walls and there was limited orientation and visual prompts or stimulation for people. At this inspection we found only limited improvements been made. For example, individualised door signs were now in place in the unit for people living with dementia. However, no changes had been made in the residential unit or to signage across the home. The provider submitted evidence immediately following the inspection, showing the provider's estates team had visited the home to arrange new signage and pictures.

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

- People's needs were assessed by the management team before they moved into the home to ensure staff had the necessary skills to support people and their needs could be met. Their needs were subsequently reviewed to ensure they continued to be addressed.
- People and their families were involved in discussions about people's needs.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training and guidance to provide effective care for people. Staff were able to give examples of how training had impacted on the care they provided.
- Staff praised the teamwork of staff across the home and said they were well supported in their roles. They said they were able to discuss any concerns, progress or changing needs with the nurse, senior carers or management team.
- The provider's regional manager shared organisational learning with staff and made checks to ensure consistent standards of care were in place across the provider group.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The interim manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty. The provider had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed.

People were supported by staff who had received training in the MCA and recognised the importance of people consenting to their care.

- We observed staff sought people's consent before providing care and people told us that staff respected their choices.

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking.

- Where assessed people were supported by staff to maintain good nutrition and hydration.

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

- Staff were able to tell us of the healthcare needs of the people they supported, and they knew when to contact outside assistance. We saw records that showed when healthcare professionals had been contacted in support of people's health. For example, we saw when staff communicated with tissue viability nurses in support of people's skin care and there were regular visits by the local GP practice. One person said, "They [staff] give support with specialist checks I need. Dentist, chiropodist and optician."

# Is the service caring?

## Our findings

At our last inspection in November 2017 in the key question of "Caring" we rated it as "Requires Improvement." Following this inspection and the improvements found we have changed the rating to "Good."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness. People gave positive feedback about the caring approach of staff. One person told us, "Yes [they are caring] and they are friendly. Whatever you ask them it's never too much trouble they always do it."
- At the last inspection a number of agency care staff had been used. At this inspection we found all the care staff were permanent staff. This enabled consistency of care for people and allowed staff to get to know people well. One person commented, "You don't see many new one's; they seem to hang on to them."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "I enjoy working here with people, staff are more settled, it's better for the people living here."

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

- People said they felt listened to and made choices about their day-to-day care. For example, people could choose how they spent their day and choose where they ate their meals.
- A key worker system was in place, so people had a named member of staff to support people to express their views.
- Where people were not able to verbally communicate their needs and choices staff used their knowledge about the person to understand their way of communicating.
- To assist people living with dementia they were shown the meal options at the point at which meals were served to help them make their choice.
- The home had a calm atmosphere and staff were welcoming. We heard care staff engaging with visitors and relatives in a pleasant and informative manner.

Respecting and promoting people's privacy, dignity and independence:

- We found a number of care folders containing personal information, were being stored outside people's rooms, in the communal corridor. This compromised people's confidentiality. We spoke to the management team who advised, all files should be kept in people's rooms and this would be addressed immediately following the inspection.
- People told us they were treated with dignity and respect. One person said, "They [staff] treat us with dignity & respect; never enter [my room] before I invite them in."
- Staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed. We also saw that privacy notices

were on each person's door so it was clear when not to enter.

- People told us that staff promoted their independence. One relative told us staff assisted their family member to walk but assessed this day-to-day and commented, "If [person's name] is a bit unsteady they [staff] use the wheelchair. "

## Is the service responsive?

### Our findings

At our last inspection in November 2017 in the key question of "Responsive" we rated it as "Requires Improvement." Following this inspection, we found improvements were still required and the rating remains "Requires Improvement."

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Menus did not fully reflect the cultural heritage of people; at the time of the inspection 38% of people living at Albion Court were of Afro Caribbean heritage, however only one Afro Caribbean meal option was scheduled on the weekly menu. One relative told us, "It's food that [person's name] not used to. I brought something in that they can give them. ....they [the provider] should consider Caribbean food." Staff we spoke with also told us the choice of Afro Caribbean meals could be improved. The regional manager acknowledged this improvement was required and immediate action was taken. On the second day of our inspection additional options had been added to the menu.

- Staff that we spoke felt the personalised support to people could be improved. We made observations that supported this at certain times of the day. For example, staff appeared more task focussed at breakfast time although we saw some very positive interactions later in the day.

- People told us they enjoyed a range of activities and we saw the provider employed two wellbeing advisors who lead on activities within the home. However, we observed there could be more activity support for people living with dementia. We noted that the provider was due to introduce its dementia programme at the home. We saw that Life story boards were in place and contained information on the person's life history and images of things that were important to them. However, at the time of our inspection the full programme was not in place.

- Care plans were updated and reviewed as required but could be improved to be more person centred to fully reflect people's choices and support being provided in their preferred way. We spoke to the providers project manager; they advised this had been previously identified by and part of their role whilst working at the home was to work alongside people's key workers to develop the care plans to fully reflect people's individualised care needs and preferences.

- Staff spoken with were able to describe people's preferences and how they liked to be supported.

Improving care quality in response to complaints or concerns:

- People told us they knew how they would complain about the care if they needed to. One person said, "If I had a problem, I would speak to the manager or the senior." People told us they had not made any complaints, but if they had a concern they were happy to speak to staff; and they felt these would be listened to and acted upon.

- We saw that where complaints had been received these had been investigated and the outcome recorded. The provider had a complaints policy in place and said the regional manager looked at any complaints received to assess if action could be taken to prevent further occurrences.

End of life care and support.

- At the time of the inspection there was no one being supported with end of life care. Within people's care plans there was information in relation to people's wishes regarding end of life care. The interim manager said when this care was needed they would work closely with people's family and their GP to support people get the care they wanted.

# Is the service well-led?

## Our findings

At our last inspection in October 2017 in the key question of "Well led" we rated it as "Requires Improvement." Following this inspection, we found improvements were still required and the rating remains "Requires Improvement."

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care:

- The provider had quality assurance systems in place, however they were not fully effective as they had failed to ensure action had been taken in a timely way in some areas requiring improvements. For example, at the last inspection we reported that menus did not fully reflect the cultural heritage of people and people's individual needs were not met by the design and decoration of the home. At this inspection we found these improvements were still required.

The providers systems had not been effective at improving the quality of the service. This is a breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager reported key events to the provider, such as accidents and incidents, so the provider could be assured people were receiving good care.
- Throughout the inspection the management team were open to the findings of the inspection and actions were taken to make some changes, for example, menus were changed by the second day of the inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff told us they felt listened to and that the interim and regional manager were approachable and supportive. One member of staff said improvements had been made and, "Morale amongst staff has improved, its better now."
- On the day of our visit the interim manager interacted in a relaxed and caring way with people living in the home and took time to re-assure people when they raised any queries.
- The provider and interim manager held meetings to review the running of the home.

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

- People's views were regularly sought through meetings and surveys. The provider also had a 'Resident of the Day' system in place to review people's care and also provided opportunity for people to feedback about the service.

- People and relatives had regular meetings and there was an open-door session each week to give relatives the opportunity to meet with the manager to raise concerns and give feedback.
- Staff told us and we saw records of staff meetings held to share information and provide an opportunity for staff to feedback their views and suggestions.
- We looked at information made available by the provider to support people and signpost them to other services to see if this information was accessible to the people that use the service. We saw some information such as the activities schedule could be improved by being provided in larger print and whilst we welcomed the fact that the provider had a Lesbian, Gay, Bisexual or Transgender, (LGBT) information pack in the reception area of the home. However, the information was located in amongst other files and would not be accessible to the majority of people living at the home.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision meetings.
- There was a clear staffing structure and staff were clear on their role and who to report any comments or concerns to.
- The latest CQC inspection report rating was on display in the reception area of the home and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Working in partnership with others

- The service worked in partnership and collaboration with other key organisations to support care provision. The service also looked to develop community links, for example, we saw several local churches held monthly services within the home and a community group attended the home to provide entertainment.
- The interim manager said a recent meeting had been held with the GP practice that supported people living in the home, to discuss and agree improved ways of working. One healthcare professional confirmed that improvements had been made.

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	The providers systems had not been effective at improving the quality of the service.