Avery Homes (Nelson) Limited

Albion Court Care Centre

Inspection report

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20 November 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was unannounced and took place on 14 and 20 November 2017.

The home is registered to provide accommodation and nursing care for a maximum of 89 people. There were 76 people living at the home on the day of the inspection. Since the last inspection of Albion Court the provider has changed and the home was under new ownership. As a result of this change this will be their first ratings inspection of this location. Prior to the inspection the registered manager left the service and a new manager had been appointed and has submitted an application to register with CQC. 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.

People told us they felt safe with staff supporting them. People needs were met promptly. Both relatives and staff said that there were sufficient staff numbers to meet people's needs and we saw staff responding to people in a timely way.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People were supported by staff to have their medicines and records were maintained of medicines administered. Improvements were required to ensure medicines were stored at the correct temperature and to ensure GP instructions for administration were understood and followed.

The principles of the MCA (Mental Capacity Act) had been applied. Deprivation of liberty safeguarding (DoLS) applications had been made and reviewed appropriately. Staff spoken to understood the importance of gaining people's consent to care but would benefit from additional training to increase their knowledge on their responsibilities under the MCA and DoLS.

Staff had received training so they would be able to care for people living in the home. There were good links with health and social care professionals and staff sought and acted upon advice received so people's needs were met.

People and relatives also complimented the cleanliness of the home. Staff maintained good hygiene and used protective clothing when appropriate.

People's nutritional needs were met. People were given a choice of meals, however people felt the menu of culturally appropriate food could be improved. People were supported with a choice of drinks throughout the day. The manager was working to improve people's dining experience.

People liked the regular carers but people and relatives both raised concerns about agency staff and staff changes which meant the staff supporting people did not know them well. Relatives told us people were treated with dignity and respect and said they were made welcome by staff.

People told us they were involved in planning their care when they first went into the home but gave us mixed responses about whether they were involved in the continued planning and reviews their care. Care plans we viewed did not show us how people were involved in reviewing their care. People and relatives told us they could raise any issues should the need arise and they felt assured action would be taken.

People told us they enjoyed the activities on offer but would like more activities and exercise. Staff and relatives told us that activities could be improved to support people living with dementia. This was acknowledged by the manager who had arranged additional dementia training for staff.

The management team had systems in place to check the quality of the service provided. These systems had identified improvements needed to be made in some areas and an improvement plan was in place.

People, relatives and staff said that the service had been through a period of change. They acknowledged recent improvements had been made but said further improvements were needed. People, relatives and staff spoke positively of the new management team.

Recent changes had been positive but more time will be needed to embed the changes and ensure improvements are sustained and that changes made result in consistent improvement in the care and support given to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were supported by staff to take their medicines when they needed them; however some medicines were not always stored as required to ensure they remained effective to meet people's health needs.

Care files identified activities which may present a risk to people, however some risks such as the additional risks and assistance needed associated with sensory loss were not consistently reflected in people's care plans.

People told us that they felt safe living at the home and they were supported by staff who knew how to keep people safe from harm.

People and relatives also complimented the cleanliness of the home. Staff maintained good hygiene and used protective clothing when appropriate.

Is the service effective?

Requires Improvement

The service was not consistently effective.

The environment of the home, whilst clean and well-presented did not support the individual needs of people living at the home.

People's food and drinks needs were met but people told us the menu of culturally appropriate food could be improved.

Staff had received training so they would be able to care for people living in the home; they sought consent before providing care and the principles of the MCA had been applied.

There were good links with health and social care professionals and staff sought and acted upon advice received so people's needs were met.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People and relatives raised concerns about agency staff and staff changes which meant the staff supporting people did not always know them well.

People received care and support from staff who respected their privacy and dignity.

Relatives were free to visit whenever they wanted and felt welcomed by staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Care plans had not been consistently updated to reflect people's current care needs and ensure they were provided with the right level of assistance to keep them safe.

People and their relatives both raised concerns that a decision had been made to move staff across units without their input. This was now subject to review by the manager

People enjoyed the activities available; however the activities for people living with dementia could be improved.

People's views and involvement had not been recorded in their care plans.

People and their relatives were supported by staff to raise any comments or complaints about the service and were confident that action would be taken.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had systems in place to check and improve the quality of the service provided. These systems had identified improvements needed to be made in some areas and an improvement plan was in place.

Staff that felt supported by the management team and said the new management team had a clear vision of improvements for the service.

People, relatives and staff spoke positively about the new manager and about improvements made. Recent changes had

been positive but more time will be needed to embed the changes and ensure improvements are sustained and that changes made result in consistent improvement in the care and support given to people.

Albion Court Care Centre

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.

This inspection took place on the 14 and 20 November 2017 and was unannounced. On the 14 November 2017 the inspection team consisted of two inspectors, an occupational therapist advisor looking at equipment and manual handling practice and assessments and two experts by experience; an expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service. The inspection also had a pharmacist inspector to specifically look at medicines management within the home. Two inspectors returned on the 20 November 2017 to complete the inspection.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also spoke with the local authority and the clinical commissioning group (CCG) about information they held about the provider. This helped us to plan the inspection

During our inspection we spoke to 12 people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and 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 with us. We also spoke with 18 relatives of people living at the home during the inspection.

We spoke to the manager and the manager's mentor (a registered manager from one of the providers other homes) who was supporting the manager. We spoke to three nurses, three senior carers, six care staff, the lead chef, two wellbeing coordinators and a member of the housekeeping staff. We looked at records

relating to the management of the service such as, elements of the care plans for 11 people, the incident and accident records, medicine management, complaints and compliments and three staff recruitment files and residents meeting minutes.

Requires Improvement

Is the service safe?

Our findings

We looked at how medicines were managed by checking the Medicine Administration Record (MAR) charts for 20 people, speaking to staff and observing how medicines were administered to people. We found the administration records were completed and recorded when people were receiving their medicines. We observed a member of staff supporting people to take their medicines. We saw it was done with care and followed safe administration procedures.

We looked at two refrigerators that were being used to store medicines that required cold storage conditions. We compared the temperature records against the temperatures taken on the day of the inspection and we spoke to staff. We found staff were incorrectly monitoring the refrigerator's temperatures. The temperatures on the day of the inspection showed that the refrigerators were being maintained below the minimum temperature. Both refrigerators were storing temperature sensitive medicines called insulin and the low temperature maintenance meant these medicines needed to be destroyed. This was because when medicines such as insulin, is exposed to low temperatures, it affects the effectiveness of the insulin and may affect the management of people's diabetes.

The provider had identified one person who needed on occasion to have their medicines administered by disguising them in either food or drink; this is known as covert administration. We saw that all the measures required for the safe administration of this person's medicines were in place. However, we found two people had been given authorisation by their GP to have their medicines administered covertly, if required. The staff member we spoke with was not aware of this change. The staff member said that the expected measures to ensure medicines were covertly administered safely were not in place. We spoke to the manager about this and they agreed to review the situation with the GP and take the appropriate course of action to ensure any medicines administered covertly were administered safely.

We found that some medicines that had been prescribed on a when required basis did not have any written information to support staff on when and how these medicines should be administered. Where information was available to the staff in the form of a protocol we found the information was not detailed enough to ensure that the medicines were given in a timely and consistent way by the staff. We spoke with a member of staff who said "They [when required protocols] all need reviewing because they don't mean a lot to me."

People we spoke to told us they got their medicines when they needed them. One person said, "If I am in pain, I ask and they (staff) get me pain relief." The manager agreed to review the information available for the administration of when required medicines and take the appropriate course of action.

We saw care files had identified activities which may present a risk to people. Staff were given instructions how to minimise the risk to people, however we found not all risks were considered. For example, we saw the additional risks and assistance needed associated with sensory loss were not reflected in the care files potentially placing people at risk. For example, during the inspection we were made aware that some people with limited sight believed the call bells in their room had been removed. The manager confirmed call bells were available in the rooms but acknowledged consideration had not been given to their

accessibility for people with limited sight. The manager gave assurances this would be reviewed.

People told us they enjoyed living at the home and they felt safe. One person said, "Staff keep me safe, they put a mat in place to keep me safe after I had a fall." One relative told us, "I know [person's name] is safe, safety is the most important thing to me". Another relative told us staff knew the support their family member needed, they said, "They [staff] keep [family member] safe, they know what to do." Regular staff we spoke with knew the type and level of assistance each person required. For example, where people required the aid of hoists or assistance with food and drinks. We observed staff supporting people to transfer from their wheelchairs into armchairs; this was done safely with people fully supported and comfortable.

Staff told us they had received training in safeguarding and knew the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the manager or nurse, so plans would be put in place to keep people safe. Staff were aware of the providers whistleblowing policy.

People told us staff were available when they needed them. One person commented, "I like it here, the staff are good and come quickly if I need them." Another person said, "Staff always come when I buzz." People commented that a number of agency staff had been used to cover staff but following recent recruitment more permanent staff were now starting. One person told us, "It's getting better, there's new staff now." A relative also commented, "Compared to a few months ago, they have new staff now and it's much better." Staff also told us agency staff had been used but things were improving with the appointment of new staff. One member of staff said, "We have a lot more permanent staff, it is more settled."

All staff we spoke with were assured that people were safe. They told us they felt there was enough staff to support people living in the home. One member of staff told us, "People are safe because we (staff) are available to them, to help and support them."

The manager stated the provider had appointed several new staff and this was confirmed by relatives, one of whom commented, "They have new staff now and it's much better." The manager advised they were continuing to advertise and recruit to staff vacancies and in the meantime, agency staff would continue to be used to cover the vacancies. They advised that where possible the same agency staff were requested to ensure consistency. They told us staffing levels were set by the provider at the start of the year but if the needs of people increased the provider would support additional staff. The manager advised that based on their observations they had made a change to staffing levels on the unit for people living with dementia. This was to provide extra support at busier times.

Staff recruitment was managed centrally by the provider's human resources team. One new member of staff we spoke to confirmed they had not started work until all appropriate checks had been completed. We checked three staff files and saw records of employment checks completed, which showed the steps the provider had taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

People told us their home was kept clean and tidy. One person said, "The cleaning staff are great and deserve a mention." Relatives also complimented the cleanliness of the home. We saw staff maintain good hygiene and use protective clothing when appropriate. All equipment seen to support people's mobility was observed to be fit for purpose and clean.

The manager completed records to monitor any accidents and incidents and to look for any trends which

may indicate a change or deterioration in people's abilities or actions needed to be taken to reduce the likelihood of events happening again. A copy of the record was also sent to the provider's regional manager for information and to assess the actions taken by the home and any lessons learnt. There was also shared learning across the providers homes at manager meetings and via the home's computer system.

Requires Improvement

Is the service effective?

Our findings

People told us they chose how to spend their day and where they like to be. One person told us, they chose to spend time in their individual bedroom. They told us, "They [staff] ask me to go down to the lounge but it's my choice to stay here where I prefer. They do respect it's my choice." However, people had little knowledge of their care plans and could not recall being involved in any reviews of their care. We spoke to the manager about this, they advised that the provider checks and audits had identified this issue and plans were in place to make improvements. For example, a resident of the day programme had been started where all aspects of a person's care would be reviewed with them, including their care, activities and food choices.

We looked at how people's individual needs were met by the design and decoration of the home. We saw that the home had recently been redecorated and was well presented. People also told us about their bedrooms and how these had been decorated and furnished with their choices and preferences. One person told us they were happy with their room. They said, "I like it here, its modern and everything in my room matches [bedcover and curtains]." However, we noted a lack of pictures on the corridor walls and all corridors and doors on each individual unit were painted in one colour. This meant there were limited orientation and visual prompts for people and during the inspection we were approached by people across all three units asking for help to find their way.

We discussed this with the manager. They told us the decoration was completed by the previous provider and did not currently match the corporate style of the current provider. They referred to another home within the provider group where a whole unit had fittings and fixtures reflective of people's background and advised that longer term they would look to bring similar changes into Albion Court. This was confirmed when we spoke to two members of staff who told us pictures were on order.

People's view of food was mixed particularly regarding culturally appropriate food. One person told us, "I don't like the food here. I like West Indian food. They don't know how to cook it properly." We found that one person from Asian heritage was not given the option of halal meat but could have vegetarian food. One member of staff said, "I spoke to the manager to get appropriate cultural food for one person [halal]. I even offered to buy the food so they could eat appropriately. Their family sometimes bring in food for them. People have also complained about not having proper Caribbean food." Another person told us, "The food doesn't seem quite as good recently but there is plenty of it and I can have seconds."

We spoke to the manager about this and they advised the provider had recently employed an additional chef from an African-Caribbean background. One relative we spoke with acknowledged the change and told us things were getting better. They commented, "They could do more African-Caribbean food. With the new chef it is better but they don't work all of the time."

People were involved in choosing the food menu. The menu was regularly reviewed and people's satisfaction with the food was monitored on a daily basis. If people didn't like options on the menu they were able to choose something else. We spoke to the chef who told us, "People can choose something on

the day it is not a problem, people see people eating other food and say they want it and we will do it for them." The chef was aware of specialised diets for example, the need for pureed or fortified foods to boost people's nutritional intake. The chef confirmed they met with the nurse of each unit every day to confirm if there were any changes to people's diet.

People were supported to access healthcare professionals and attend a range of medical appointments including GP and hospital appointments. We also saw where people had been referred for specialist advice, for example, speech and language therapist. One person told us, "The GP comes in every week; you just ask if you want to see them and staff sort it." However at the residents meeting we attended there were complaints about access to the GP over the previous few weeks. The manager was aware of this issue and was working with the GP surgery to resolve this. Relatives told us they were happy with the actions taken by the staff in monitoring their family member's healthcare needs. One relative told us, "Staff are responsive and recognise if they are unwell and take action." Care records we viewed showed referrals to support people's wellbeing had been made to other agencies. For example, referrals to falls prevention teams and Speech and language therapy team (SALT).

We saw people experienced care and support from staff that understood how to meet their needs. Staff told us about the training they had completed and how it supported the needs of people living at home, for example, manual handling training. Staff said their training was up to date and observations were made of the care they provided. One member of staff said, "It is all online training now. It is a lot better, the voice over and screen images make it clear what you need to do." Another care worker said, "The training and observation of practice is better for me because you learn and refresh knowledge."

We spoke to two new members of staff. They all confirmed induction training had been good. One member of staff said, "There was a week's training before I started shadowing other care workers." They confirmed she was happy with the way the induction period was progressing.

Staff spoke positively about team work within the home and said that information was shared at the beginning of each shift to update them on people's care needs. An allocation sheet was also used so that staff knew which people they were supporting.

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

Relatives said people's choices were respected. One relative said, "If [person's name] doesn't feel like a shave one day then they leave it," the relative said this made their family member happy as they still had the capacity to make some decisions. All staff we spoke with understood the need for consent. We saw staff sought people's consent before providing care and talked to people to explain what they were doing. Staff members we spoke with told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate their choices.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. Authorisations were in place and applications had been made to the local authorities where the management team had identified their care and support potentially restricted their liberty on the person. Staff told us that they had received MCA and DoLS training, however, some staff we spoke with
were not clear about their role and responsibilities with regards to DoLS. We discussed this with the manager they advised a review of all staff training would identify areas to be addressed and additional training would be arranged. We saw the manager had also introduced a new system to monitor DoLS applications so the management team were aware of where applications were in the assessment and authorisation process and timely reviews could be arranged to assess if new applications needed to be made.

Requires Improvement

Is the service caring?

Our findings

People we spoke with told us about how they enjoyed living at the home. People told us they liked their regular carers and enjoyed good relationships with them. One person told us, "I'm happy here. I like the staff." However, people and relatives raised concerns about agency staff and staff changes which meant the staff supporting people did not always know them well. People and their relatives both raised concerns that a decision had been made to move staff across units without their input. We saw this had been the subject of two written complaints to the provider. One person said, "The regular staff are good but you have to tell the agency staff what to do." One relative also advised us their family member needed encouragement to do things for themselves to maintain their independence. They felt some agency staff did not know this and as a result had not encouraged their family member.

We spoke to the manager who advised the movement of staff had been made prior to them managing the home. Since they had been in post they had moved some staff back to their original unit and they were also looking to review all staff to ensure the right skill mix and knowledge on each unit. The provider was introducing a life story board for each resident to capture things that are important to each person and provide a visual prompt to all staff.

Two staff we spoke with told us that the changes in staffing did mean that staff were still learning about the people they were now supporting. They acknowledged this would take time but felt the changes had led to an improvement of mixing staff skills and experience across the home and felt that long term this would improve the support to people.

In the residents meeting we observed some people raised concerns about the uncaring approach of some agency workers. The manager assured the people that raised this that they would speak to the agency concerned so this could be addressed with the agency staff.

Relatives told us they felt the regular staff were caring. One relative told us, "Everyone is so friendly and treated with respect." They gave an example that had observed one of the domestic staff helping one person to put a cardigan on when they felt cold and then made them a hot drink. They added the best part of the Albion Court was, "Staff go out of their way to smile and hug [person's name]."

We saw the provider had received compliments from relatives about the care provided. For example, one relative had written in to say 'Thank you for all the care and kindness given to [relative's name]. We could not have asked for more, you are a credit to Albion Court. [Person's name] took a shine to the staff who cared for them."

Another relative told us, "When [person's name] was 90 the home [staff] organised a big party for her and made her a cake". The person agreed and told us they were very happy and enjoyed their time with her friends; they commented, "It's my home here".

People received care and support from staff who respected their privacy and people we spoke with felt the

level of privacy was good. People were able to spend time on their own in their bedrooms and staff were seen to knock or ask before entering a room. One person told us the, "Staff always knock and call out before they come in to check me." One person told us how staff respected them and their belongings. They said, "Staff keep my room nice and I have my things the way I like them."

Relatives also said they felt their family members were respected by the staff and they said staff treated them with dignity. One relative said, "Staff have the ability to deal with people. They deal with people in a dignified way." We saw staff knock on bedroom doors and wait for a response before they entered and speak discreetly when offering people personal care.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I make sure people are comfortable and happy, I treat people like I would my own mum." Another member of staff told us, "I love coming into work and looking after people. They appreciate what we do for them. We can have a proper conversation and have a laugh with people."

People were able to discuss and direct staff in their day to day needs or choices, for example, one person told us, "I tell staff what I want to do and they help me. They respect what I say." Relatives we spoke to also felt staff respected people's choices. One relative commented, "[Person's name] prefers to stay in their room. Staff respect their choices." We observed that people's day-to-day choices were respected. For example, at lunchtime we saw people were asked if they would like an apron to protect their clothes and were given a choice of where they would like to sit.

We saw staff were discreet when discussing people's personal care needs. When staff were speaking with people they respected people's personal conversations and views. People's personal information and personal files were stored securely. Staff and the manager were aware of the need to maintain confidentiality and store information securely.

Requires Improvement

Is the service responsive?

Our findings

We looked at how staff responded to people's individual needs. Staff we spoke with told us that whilst they kept people safe and responded to their care needs, they did not have time to sit and talk to people. One member of staff said, "People are responded to but it's busy, there's not much time to just sit and talk to people." We made observations that supported this. For example, throughout the inspection we saw times where people were sat in the communal lounges without staff. Staff would pass through the lounges to provide care and support to people but they did not sit and talk to people.

Within people's care records we saw an assessment of people's needs and care plans. The care plans provided guidance for staff to support the person in their daily routine. Records reflecting people's current care needs are particularly important when agency staff are being used, to ensure they provide the right level of assistance to keep people safe. However, we found that in some instances care plans did not reflect people's current needs. We looked at three care plans about the support they required to help them move around the home. We found the assessment for one person said staff needed to use specialist equipment to support the person when moving to and from a chair. However, we observed the person was able to transfer with verbal and some physical assistance and staff told us they didn't use the specialist equipment with the person. We also saw that the care plan for one person did not include the weight of the person. The person needed the full assistance of staff when mobilising and knowing the weight of the person was important to ensure the correct equipment was used.

People told us they were involved in planning their care when they first went into the home but gave us mixed responses about whether they were involved in the continued planning and reviews their care. Care plans we viewed did not show us how people were involved in reviewing their care.

We spoke to the manager about this. They advised all care plans were currently being reviewed. The registered manager mentoring the new manager said that the provider acknowledged that care plans needed reviewing and had allocated additional resources for the re-writing of the care plans. Currently they were leading staff in showing examples of well written care plans so that staff were aware of the expected standard. The manager also advised they were introducing a system of key workers. A key worker is a named point of contact for the person and their relatives on a daily basis who is aware of the person's particular care needs and works with the person to ensure they are involved in directing their care.

We spoke with people and observed how staff supported them with their hobbies and interests. People told us they enjoyed activities that were in place, for example, two people told us how much they had enjoyed the armistice day event held on the previous week. One person told us every resident was given a poppy bracelet and had the opportunity to enjoy lots of cakes. One relative praised the activities the home organised. They showed us pictures of the recent trips their family member had been on including a trip to the Black Country museum where they told us their family member, "Enjoyed fish and chips" and a pub meal. During the inspection we saw people enjoy a sing along when an external singer came to home. We saw some people dance safely with staff and saw other staff encouraging everyone to join in or were holding the hands of people sitting down and moving them in time to the music.

However, some people told us they would like more activities to keep them busy and would like to go out more. One person told us, "It's a bit dull; people are sitting around doing nothing or watching TV." On the second day of our inspection the new manager held a residents meeting with people living at the home and asked them what activities they would like to do. People said they would like to do a quiz night and sensory music activities. The wellbeing co-ordinator who also attended the meeting confirmed that action would be taken. Staff we spoke with also said activities had improved since the appointment of new wellbeing co-ordinators, but advised they could be still be improved for people. One member of staff said, "People have activities…..they could do with going out more but they seem happy."

We saw the manager had requested funds from the provider to undertake some work in the garden to make it a more accessible place for people to enjoy. The manager planned a sensory garden and was hoping to involve people in the design of the garden.

Staff told us activities for people living with dementia could be improved. One member of staff said, "There's not many activities for people on the dementia floor." One member of staff also told us they would like more dementia training to give them more confidence in providing the right support to people living with dementia. The manager advised that they had already identified this and had requested training from the providers in-house dementia lead.

People told us they were supported to maintain their faith. One relative said, "The staff leave their radio on quietly playing gospel music which they enjoy." Two other relative's told us their family members were visited by the people from their churches.

We saw staff respond when people became anxious. For example, when one person become anxious and started to call out, we saw staff go and give them a hug and served them a hot drink to settle them. One relative also told us their family member became more anxious if they did not have sight of an item that was important to them. The relative told us, there were now three identical items kept by staff in case one went missing and this helped, "[Person's name] remain content." We saw staff shared information as people's needs changed, so that people would continue to receive the right care. Staff told us the handover gave the right information to ensure any changes in person's care needs were known.

People said they felt able to complain or raise issues should the situation arise. One person told us, "If I don't like something I am more than happy to say. I can tell any of the staff." A relative also confirmed if their family member had any concerns, "They would certainly let staff know." Complaints information also formed part of a monthly provider return so the provider could assess the number of complaints that had been raised and resolved.

We saw that plans were in place to support people at the end of their life to receive the care they wanted. Staff we spoke with were aware of those people receiving end of life care and what this meant for them. We saw that a recent provider audit recorded that advanced care planning had not been fully developed and this was the manager's improvement plan as an area requiring action. We were advised that end of life good practice had been shared across homes within the provider group.

Requires Improvement

Is the service well-led?

Our findings

Prior to our inspection the registered manager had left and a new manager had been appointed and was in process of registering with CQC. 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.'

The new manager had been appointed four weeks prior to our inspection and had a clear plan of action of areas that needed improving within the home. People, relatives and staff all told us in the time the new manager had been at the home some changes had already been made and things were beginning to improve. One person said, "It's good here but it could be better." Five relatives also commented that improvements were being made. One relative said, "I've noticed a difference already. It's good." Relatives also said they respected that the manager had been open and acknowledged that some things needed to be improved at their first resident's and relatives meeting.

Staff also told us the new manager had made improvements. For example, the introduction of a quiet dining room on the unit for people living with dementia. The manager also approached one person living at the home to be part of staff interview panels. We saw the questions the person had put forward that they would like to ask potential staff. One member of staff said, "Things are improving under [manager's name]." Another member of staff said, "The new manager is approachable, I can and have approached them for advice." A third member of staff said, "[Manager's name] is very supportive and a most welcoming manager and [is] happy to listen [to staff]." Staff acknowledged some improvements still needed to be made but were confident the new manager would get these done. One member of staff said, "Things are getting better, we are not quite there but I do believe we will get there with the new manager."

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as equipment, medicine management. We saw the manager also completed a daily walk around of the home to see the care provided. We saw action had been taken following these observations including, a change of dining areas in one unit to support people's different needs., the ordering of furniture to improve one dining area and an increase in staffing to support the unit for people living with dementia during busier times.

Since starting at the home the manager had worked to produce an action plan of areas requiring changes and improvements. The action plan was split across the four units of the home and a 'Take Ten' meeting for all heads of departments to discuss actions on their unit had also been introduced.

Prior to the new manager starting at the home, the manager's post had been covered with the support from registered managers from the provider's other homes. Staff told us the lack of consistent management had meant they had not had supervisions for some time. One member of staff said they would have welcomed supervision as a time to discuss their practice and any concerns. We saw that the new manager had put a

programme of supervisions in place for all staff.

The manager told us they felt well supported by the provider, they especially praised the mentor support they had received. A manager from another home had been provided as support under a mentoring programme and was visiting the home on the days of our inspection. The manager could approach their mentor for advice and guidance at any time. They advised they were making weekly visits to help their transition into the role and supporting the manager to learn the provider's systems and reporting processes. We spoke to the supporting manager, they advised they had visited the new manager each week and spent time inducting them in the company's processes. They had helped the manager draw up the action plan of improvements required and advised they were also available to the manager by telephone to offer advice and support.

The provider had sent a survey to all people living at the home in January 2017, asking for their feedback and opinions on the care provided. A response was made by 14 people and the overall results were published in a report. The results showed that people were happy living at the home and with the care provided. The new manager acknowledged the involvement of people needed to improve and said this would be discussed at future residents meetings.

Records we saw showed the management team worked with other agencies to support the well-being of the people living at Albion Court. For example, we saw referrals to falls prevention team and speech, language therapy team (SALT) and GP surgeries.

We saw that recent changes had been positive but more time will be needed to embed the changes and ensure improvements are sustained and that changes made result in consistent improvement in the care and support given to people. The manager told us they welcomed our inspection and was open and positive about the areas we identified and the actions that needed to be taken.