Albemarle Hall Limited

Albemarle Hall Nursing Home

Inspection report

4 Albemarle Road
Woodthorpe
Nottingham
Nottinghamshire
NG5 4FE

Tel: 01159607339

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16 May 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 16 May 2017. The inspection was unannounced so the provider did not know we were coming. Albemarle Hall Nursing Home is owned and managed by Albemarle Hall Limited. It is situated in the Woodthorpe area of Nottingham and offers accommodation for to up to 25 people who require nursing and personal care. On the day of our inspection there were 20 people who lived at the home. We previously inspected the home in November 2015 and it was rated as 'Requires Improvement'. We found at this inspection that improvements had been made.

The home had a registered manager in place at the time of our inspection. 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 were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in relation to people's daily life were assessed and planned for to protect them from harm and staff followed instructions in people's risk assessments.

People were supported by enough staff to ensure they received care and support when they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported by staff who had the knowledge and skills to provide safe and appropriate care and support. People were supported to make decisions and staff knew how to act if people did not have the capacity to make decisions.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions. We saw that involvement of external healthcare professionals was sought when needed.

People lived in a home where staff listened to them. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. People were supported to enjoy a social life.

People were involved in giving their views on how the home was run and there were systems in place to monitor and improve the quality of the service provided.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were kept safe and the risk of abuse was minimised because the provider had systems in place to recognise and respond to allegations or incidents. People received their medicines as prescribed and medicines were managed safely. There were enough staff to provide care and support to people when they needed it.

Is the service effective?

Good

The service was effective.

People were supported by staff who received appropriate training and supervision. People made decisions in relation to their care and support and where they needed support to make decisions they were protected under the Mental Capacity Act 2005. People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

People lived in at the home where staff listened to them and cared for them in a way they preferred. People's emotional needs were recognised and responded to by a staff team who cared about the individual they were supporting. Staff respected people's rights to privacy and treated them with dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and support. People were supported to have a social life and to follow their interests. People were encouraged to raise issues and staff knew what to do if issues arose.

Is the service well-led?

Good

The service was well led.

People were involved in giving their views on how the service was run. The management team were approachable and there were systems in place to monitor and improve the quality of the service.

Albemarle Hall Nursing Home

Detailed findings

Background to this inspection

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

The home was last inspected in November 2015 and was rated 'Requires Improvement' overall. We undertook this inspection to check if the necessary improvements had been made.

We inspected Albemarle Hall Nursing Home on 16 May 2017. The inspection was unannounced. The inspection team consisted of an inspector, a specialist professional advisor who was a nurse with an interest in dementia care 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. The expert-by-experience had personal experience of caring for someone living with dementia.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information we received from relatives and the local authority and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sought feedback from health and social care professionals who have been involved in the home and commissioners who fund the care for some people who lived at the home.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned to us.

During the visit we spoke with seven people who lived at the home and eight visiting relatives to understand their views of the service.

We also spoke with three members of staff and the registered manager. We looked at the care records of four people, medicines records, staff training records, as well as a range of records relating to the running of the home including audits carried out by the registered manager and registered provider.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our last inspection we identified that staffing levels were not sufficient to keep people safe and we observed that people had to wait for assistance from staff. The registered manager told us that they have reviewed the number of staff and how they are deployed in the home. At this inspection we found improvements had been made.

People received the care and support they needed in a timely way. People told us there was always a member of staff available if they needed support. The relatives also felt there were enough staff working in the service to give their relation the care and support they needed. On the day of our visit we observed were staff were readily available to support people when they needed or requested it and were mindful not to leave communal areas unattended. Staff told us they felt there were enough staff to meet the needs of people.

People were protected from abuse and avoidable harm. Two people we spoke with told us they felt safe and the relative we spoke with also felt their relation was safe in the home. A relative told us, "I am happy that [person's name] is safe here."

People were supported by staff who recognised the signs of potential abuse and how to protect people from harm. Staff had completed training in safeguarding adults and understood their responsibilities for keeping people safe. Staff demonstrated their awareness of what constituted abuse and knew what they should do if they had concerns about people's safety or if they suspected abuse. Our discussions with staff confirmed they understood the importance of reporting concerns the registered manager. One member of staff told us, "I have no problems raising concern if I thought someone was being abused." The provider also had a whistleblowing procedure in place which provided instruction to staff on how to raise concerns without fear of repercussion.

The registered manager had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the registered manager carried out checks to determine if staff were of good character and requested police checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in maker safer recruitment decisions.

Risks to individuals were assessed and staff had access to information about how to manage the risks. For example, one person had diabetes and relied on insulin to maintain their blood sugar levels. Their care plan and risk assessment provided information to staff as to what their blood sugars should be and how to recognise if their levels became too high or too low and what action they needed to take to keep the person safe. We saw that some people would be at risk should there be an emergency in the service, such as a fire and there was information in the people's care plan guiding staff in what to do to protect them if there was a fire.

People were living in a safe, well maintained environment and were protected from the risk of fire]. We saw there were systems in place to assess the safety of the home such as fire risk and the risks of legionella which

is known to cause respiratory diseases. Staff had been trained in relation to health and safety and how to respond if there was a fire in the service.

People had been assessed as not being safe to administer their own medicines and so relied on staff to do this for them. People we spoke with told us that staff gave them their medicines when they were supposed to. One person told us, "I know what my medicines are for and staff give them to me." A relative told us they were happy with the way staff managed their relation's medicines and said, "[Person's name] gets his medicine in little pots and staff watch him take it."

We found the storage and management of medicines were organised and that people received their medicines when they should. Staff were following safe protocols for example completing stock checks of medicines to ensure they had been given when they should. Staff had received training in the safe handling and administration of medicines and had their competency assessed prior to being authorised to administer medicines.

We saw that temperatures of the medicine storage room and fridge were regularly recorded, this was to ensure the medicine did not become too hot or too cold as this could affect the effectiveness of the medicine.

Good

Is the service effective?

Our findings

At our last inspection we identified people were supported to maintain a balanced diet; however drinks were not available to people who spent time in their room. At this inspection we found that improvements had been made and drinks were available to people.

People we spoke with about the food and they told us they had enough to eat and we observed people had access to food when they wanted to eat. We saw drinks were offered at regular intervals throughout the day and drinks were available in people's bedrooms.

People's nutritional needs were assessed regularly and there was information in support plans detailing people's nutritional needs. Where people were at risk of not eating or drinking enough, their food and fluid intake was recorded and any changes were reported to external health professionals so that the people received the correct diet to maintain their health and wellbeing. For example, we saw that one person was at risk of not eating enough and it was recommended that the person's food should be fortified to provide additional nutrients to ensure their weight is maintained.

People were supported by staff who were trained to support them safely. People and relatives we spoke with told us they felt the staff knew what they were doing. We observed staff supporting people and saw they were confident in what they were doing and had the skills needed to care for people appropriately.

Staff we spoke with told us they had been given the training they needed to ensure they knew how to do their job safely. They told us they felt the training was appropriate in giving them the skills and knowledge they needed to support people. We saw records which showed that staff had been given training in various aspects of care delivery and these were renewed when required to ensure their skills remained effective when providing care to people.

People were supported by staff who were who had the skills and knowledge they needed when they first started working in the home. Staff were given an induction when they first started working in the service. One member of staff told us, "I had three day induction shadowing other carers." The staff said they felt this was enough time to understand the needs of people who lived at the home.

The registered manager told us new staff were completing the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. Staff we spoke with were knowledgeable about the systems and processes in the home and about aspects of safe care delivery.

People were cared for by staff who received feedback from the management team on how well they were performing and to discuss their development needs. Staff told us they had regular supervision (one to one meetings) from the registered manager and were given feedback on their performance. Records which confirmed this. Staff told they found this useful and that they could discuss any issues or training needs.

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.

People were supported to make decisions on a day to day basis. We observed people decided how and where they spent their time and made decisions about their care and support. We saw people choose what they wanted to eat and what activities they wanted to do. A member of staff said, "Even when people cannot tell me what they want to wear, I show them two different options and encourage them to choose."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had made applications for DoLS where appropriate. For example, one person had been assessed as requiring support from staff with their personal care. There was an up to date DoLS authorisation in place for this person. The registered manager had also made further DoLS applications for other people to ensure that they were not being deprived of their liberty unlawfully.

People were supported by staff who had a good knowledge and understanding of the MCA. The registered manager and staff with had a good level of knowledge about their duties under the MCA and how to support people with decision making.

People's support plans contained clear information about whether people had the capacity to make their own decisions. We saw that assessments of people's capacity in relation to specific decisions had been carried out when people's ability to make their own decisions was in doubt. If the person had been assessed as not having the capacity to make a decision, a best interests decision had been made which ensured the principles of the MCA were followed.

People were protected from the use of avoidable restraint. A relative we spoke with said, "My relative can sometimes be aggressive but the staff just deal with it quietly and efficiently." The registered manager told us the staff do not use or practice physical restraint'. People who sometimes communicated through their behaviour were supported by staff who recognised how to avoid this and to respond in a positive way. There were extensive plans in place informing staff of how people's behaviour should be responded to. The plans gave details of what may trigger the behaviour, how it would manifest and how staff should respond. Staff were given training in relation to responding to behaviour using least restrictive methods and this training was tailored around specific individual people who lived at the home. Staff we spoke with had a very good understanding of people's behaviour and how best to support them.

People were supported with their day to day healthcare. We saw people were supported to attend regular appointments to get their health checked. Where people were unable to attend appointments, we saw arrangements for home visits had been made. One relative we spoke with said, "[Person's name] gets to see the chiropodist and the optician."

Staff sought advice from external professionals when people's health and support needs changed. For example, staff had involved a physiotherapist for one person when their mobility changed. Records showed there was a range of external health professionals involved in people's care, such as occupational therapists, the Speech and Language Team (SALT) and orthotics.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. Two relatives we spoke with were complimentary about the care their relation received. One commented, "They (the staff) are a nice bunch here and my relative seems really happy." Another said, "Mum seems happy to let them look after her and she always looks well turned-out."

We observed staff interactions with people and we saw staff were kind and caring to people when they were supporting them. We saw that staff lowered themselves to the person's eye level when communicating and spoke to people in polite and gentle manner. People looked relaxed and comfortable with staff and one person said, "I couldn't have it any better." Staff we spoke with told us they enjoyed working in the home. Observations and discussions with staff showed that staff clearly knew people's needs and preferences. We saw in people's care plans that their preferences for how they were supported were recorded, along with their likes, dislikes and what was important to them.

People we spoke with told us they got to make choices, for example about when and where they ate, how they spent their time and what activities they did. A relative told us staff supported their relation to make choices. We observed people's choices were respected on the day of our visit. We saw one person wanted their lunch and they went on to pick what they wanted from the fridge and prepared it for them self. We saw that people chose where and how they spent their time. One relative said, "Mum is perfectly happy in her room, in her own space. Staff come up to her room to bring some music and they have a little sing song."

We saw that people had bedrooms which were personalised to their tastes. We saw in care records that information was recorded to ensure staff knew what choices people were able to make themselves and what they would need support with.

We saw that people and their significant others had been supported to develop a plan for when they reached the end of their life. These were written in a clear format which people could understand and we saw the plans took into account all aspects of the support people wished to have.

People had opportunities to follow their religious beliefs. Some people had visits from members of their faith and arrangements were available if people chose to visit their place of worship. We spoke to the registered manager about the use of advocacy services for people, an advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager told us no one in the home was using this service but information was available for them should this be required.

People were supported to be independent. We saw people's levels of independence and what they could do for themselves, and what they would need support with, was detailed in their care plans. For example, a member of staff told us, "[Person's name] likes to walk but they are unsteady at times. So we walk behind to make sure they don't fall and help them if needed." We saw people could move about the home freely and observed people going into the lounge, conservatory and garden.

People were encouraged and supported to develop and maintain relationships that were important to them. One person told us, "My daughter visits often and I go to the shops or for a walk down the road, and staff would be interested to know what I have been up to." Relatives we spoke with told us that they were made to feel welcomed by the staff. One relative said, "I visit three or four times a week and the staff make me welcome. They understand people's needs and speak kindly to them." Relatives were offered to eat with their relation. During our visit we saw a dining place was set in a private area of the home so that a person and their loved one could enjoy their meal together." The registered manager told us that there were no restrictions on visiting.

People were supported to have their privacy and were treated with dignity. One person we spoke with told us they felt staff were 'respectful. Another person told us, "They knock on my door before they come in, even though I tell them they don't have to knock." We observed people were treated as individuals and staff were respectful of people's preferred needs. We saw staff asking people's permission before proceeding with a task. Staff were mindful not to have discussions about people in front of other people and they spoke to people with respect.

Staff told us they were given training in privacy and dignity values. Staff we spoke with showed they understood the values in relation to respecting privacy and dignity especially when they provided personal care to people.

Good

Is the service responsive?

Our findings

At our last inspection we identified that staff were not consistently responsive to people's needs when they required assistance. We also saw missed opportunities for staff to engage with people when providing assistance and activities. At this inspection we found improvements had been made and staff were available to meet people's requests.

People were supported to follow their interests and take part in social activities. One person told us about the activities they enjoyed and said that staff supported them with this. During our inspection visit we observed the activities coordinator hosted a variety of games such a bingo and arm chair exercises. We saw people were supported to access the community and one person told us staff supported them to go to the shops. A relative told us that their relation was looked after in bed and when they first moved into the home; their bed was facing away from the window which meant the person was unable to see the TV. They said, "I asked them to move the furniture around so she could see out of the window as she enjoyed people watching and seeing the TV and they did it quite quickly."

People and their relatives were involved in planning and making choices about their care and support. The registered manager told us that people were invited to attend meetings to review their care and support. We saw that where people were able, they had been involved in writing some aspects of their care plan and had signed these. The registered manager kept people's care under review on a regular basis and when people's needs changed. A relative we spoke with told us that they felt they were involved in their relation's care and support and that staff kept them updated about any changes. We saw in people's care plans that staff had recorded people's preferences and how they would like to spend their day.

People were supported by staff who were given information about their support needs. We saw people were assessed prior to admission to check that their needs could be met with the staffing and facilities at the home. Care plans were then written to give staff the information they needed to meet the needs of the individual. We saw that people's care plans contained information about people's physical and mental health needs and guided staff in how to support them. For example, one person had epilepsy and we saw there was a clear instruction for staff to follow if the person had a seizure. This informed staff how to respond to any eventuality of the seizure such as what to do if the seizure lasted for more than what was considered normal for that person.

We saw the management team and nurses completed a full review of each person's care and support every month and care plans were adjusted to meet people's changing support needs. The reviews included all aspects of the person's care and support and what had happened in relation to the person's physical and mental health during the previous month and where necessary referrals had been made to the relevant healthcare professional.

People knew what to do if they had any concerns. People and relatives told us they would speak to the registered manager if they had a problem or concern. They said they felt they would be listened to. One relative told us, "I would not have a problem complaining or raising concerns with staff. They go out of their

way to help here."

We saw when complaints were received, these were responded to and the registered manager had systems in place to resolve them. The provider's complaint procedure was available on display within the home which people could easily access and it provided information on how to escalate their complaint if they needed to.

Good

Is the service well-led?

Our findings

There was a registered manager in post and people we spoke with knew who the registered manager was and we saw they responded positively to her when she was speaking with them. We found the registered manager was clear about their responsibilities and they had notified us of significant events in the home.

We saw that the registered manager spoke to people and she gave them time to answer any questions they had.

People and their relatives told us they were happy living in the home. People who lived at the home, their relations and other visitors were given the opportunity to have a say about the quality of the service. There were meetings held for people who lived at the home so the provider could capture their views and get their suggestions and choices. The registered manager told us the meetings had not taken place for some time as people did not attend however the registered manager would actively go seek the views of people and visitors and record these. There was also a suggestion box in the corridor which people could use to leave comments.

We saw feedback forms were sent to people, their relatives and health professionals annually. The results of these were analysed and shared with people and an action plan was put into place for any areas which needed addressing. However the results from the last survey in July 2016 did not identify any concerns. We saw on the whole the feedback was positive and people who completed the surveys were happy with the service.

People lived in an open and inclusive service. Staff we spoke with told us they felt the home was well run and said that the registered manager worked with staff as a team and were approachable. We observed staff working well as a team. They were efficient and communicated well with each other. Staff told us they would speak up if they had any concerns or suggestions and felt they would be listened to. Staff were also given the opportunity to have a say about the home during regular staff meetings and the opportunity to complete a survey every year.

People could be confident that the quality of the service would be monitored. There were systems in place to monitor the quality and safety of the service. We saw that the registered manager audited accidents and incidents in the home to assess if any action was needed. There were also audits carried out on care records to ensure these were up to date. Other audits completed covered other aspects of the home such medicines and fire safety. The management team conducted daily walk round of the premises to check a variety of areas such as whether people's beds were made, cleanliness of the environment and lighting. If issues were identified, these were recorded and responded to. For example, they had identified that the floor in one the bathrooms required repair to the flooring and this had been escalated to the maintenance team who planned to refurbish the room.