

Rodenvine (Nottingham) Limited

Rodenvine Nottingham Ltd - T/As Albemarle Court Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 17 June 2015 and was unannounced. Albemarle Court nursing Home provides accommodation for up to 31 people who have nursing or dementia care needs. There were 26 people living in the home at the time of our inspection.

There was a registered manager in post who was present on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

At our previous inspection in April 2014 the provider was not meeting all expectations. We asked the provider to take action to make improvements to the areas of recording information in care plans to ensure they were updated to reflect people needs. We also asked them to improve their systems to identify, assess and manage risk to people's health and welfare. The provider sent us an action plan in which the provider told us the actions they had taken to meet the relevant legal requirements. At this inspection we found improvements had been made in all of these areas.

People living in the home told us they felt safe. Staff had received training to help support them to keep people safe from abuse. They managed incidents, accidents and safeguarding as per their policies and procedures. Staff used appropriate moving and handling techniques to ensure people were kept safe. We found sufficient number of staff on duty. People received their medicines as prescribed and in a safe way.

People received effective care from staff who had acquired relevant skills to ensure their knowledge and understanding was relevant to their role. They asked people's permission before providing care and if relevant put best practice in place to ensure people who lacked capacity were fully supported.

People received support to eat and drink and maintain a balanced diet. They were referred to relevant health care professionals if and when their needs changed.

People received care from kind and compassionate staff that treated them with dignity and respect. Staff supported people to form positive relationships with their family and friends. Arrangements were in place to make sure people were involved with making decisions and planning their care.

People needs were assessed to ensure staff responded to their needs. People were encouraged to participate in meaningful activities that were relevant to their hobbies and interests. People were confident they could raise any concerns or complaints and the provider would take action if and when required.

People were encouraged to be involved with the running of the home and give their views on how the home was run. There was an open, transparent culture that involved people and provided information on how the home was run. Although people were unsure who was in charge they felt confident to report to the office if they had any concerns. Staff gave positive comments of the leadership of the home and felt supported by management.

Systems were in place to monitor, measure the quality of the service and delivery of care.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People living in the home felt safe. Staff had attended training and had a good understanding how to monitor and prevent abuse from happening.

Staff used appropriate moving and handling procedures when people required assistance to move areas.

Appropriate risk assessments were undertaken and recorded accordingly.

There was a robust recruitment process in place and sufficient staff on duty.

Medicines were stored safely and people received their medicines in a safe way.

Good



Is the service effective?

The service was effective.

People received care from staff who acquired the appropriate skills to ensure people received effective care. Staff were supported to develop their skills to help support people needs.

Staff received training and supervision to ensure they were effective in their role. They had a good understanding of what the Mental Capacity Act (2005) meant for people living in the home.

People received a nutritional diet which provided them with sufficient to eat and drink.

Appropriate referrals were made to healthcare professionals when people's needs changed.

Good



Is the service caring?

The service was caring.

People received care from staff who were kind and compassionate.

Staff were knowledgeable about people they cared for and promoted their independence.

Arrangements were in place to make sure people were involved in making decisions and planning their care.

People were treated with dignity and respect at all times.

Good



Is the service responsive?

The service was responsive.

People were cared for by staff who responded to their needs.

People were supported to follow their hobbies and interests and staff supported people to participate in meaningful activities.

People were confident concerns and complaints would be dealt with in a timely manner.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

People were complimentary about the manager and staff felt supported at all times. Information was available to ensure staff were able to raise concerns if and when required.

People and their families were given the opportunity to be involved with the service and give their views.

There was a registered manager in post to ensure the home ran smoothly. Systems were in place to monitor the quality of the service, measure and review the delivery of care.

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Detailed findings

Background to this inspection

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

The inspection took place on 17 June 2015 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor, who was a nurse 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 service.

Before our inspection, we reviewed the information we held about the home, which included notifications they

had sent us. A notification is information about important events which the provider is required to send us by law. We looked at the Provider Information Return (PIR). The PIR 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. We also contacted the commissioners of the service to obtain their views about the care provided in the home.

We spoke with seven people who used the service and one visitor. We also spoke with three care workers, the manager and the provider's representative. We looked at some information in documents, which included ten care files, three staff files and relevant management files.

Some people were not able to express their views due to their specific needs, so we used a 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.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel safe living here, the building's nice and secure and staff are supportive." Another person said, "I feel safe here, the staff are very supportive and I feel I am able to speak with them if I have any concerns."

We observed that staff interacted with people safely. They used non-verbal and verbal actions when they communicated and supported people safely. They demonstrated safe positive practice when dealing with people's difficult behaviour patterns and dealt with difficult situations appropriately. We saw an outburst between two people during our visit. Staff dealt with the issue and made sure both people were safe.

Staff assisted people to move from their wheelchair to an easy chair or when they wanted to go back their bedroom. We observed these procedures taking place and they were completed safely.

Staff told us and records confirmed they had received safeguarding training. Staff were fully aware of how to recognise and protect people from abuse. One staff member said, "If I saw anyone being abused or abusing someone I would not hesitate to report it." Staff were aware of the protocols in place to keep people safe and the levels of concern they needed to report. This showed people could be confident appropriate action would be taken to ensure people were kept safe.

The provider dealt with safeguarding issues and worked with the local authority. They obtained advice from them when dealing with areas of concern. The provider reported safeguarding issues accordingly. We saw relevant information that demonstrated they managed incidents, accidents and safeguarding as per the provider's policy and procedures. If and when required they completed investigations and made changes if any actions were identified. We saw guidance was available for people, their relatives and staff to ensure they had access to information about how to raise safeguarding concerns.

The manager told us that risks were assessed during the initial assessment and again if people's needs changed. We saw risk assessments had been carried out and recorded in the care plans we looked at. Some people had behaviours

that put themselves and other at risk. We found plans of care and risk assessment, which advised staff of behaviours that people may present and how they should manage this.

We looked at the records of accidents and incidents and found information was recorded appropriately. We saw examples of body maps that showed if a person had a mark such as a bruise.

We found appropriate safety checks for the building and equipment had taken place and were all up to date.

Seven people and one relative told us they felt there were sufficient staff to care for people living in the home. We observed enough staff on duty on the day of our visit. Staff we spoke with confirmed the staffing levels were adequate. One staff member said, "Staffing levels are good at the moment, but if we increase the number of people we care for we will need more staff, to make sure we meet people needs." The manager told us they were in the process of recruiting another nurse and had the use of bank staff to cover shifts if required.

We saw the provider had robust recruitment processes in place, which they followed to ensure they had the right staff employed. We found the service followed clear disciplinary procedures when required to do so.

People told us they received their medicines at regular times and were content with staff to manage their medicines and we found people received their medicines safely. Staff we spoke with were knowledgeable about the provider's medication policy and procedure. They were able to demonstrate the process and had a clear understanding of how to administer medicines safely.

Staff followed professional guidance and medicines were stored securely and disposed of correctly. We observed staff giving people their medicines and saw that they stayed with people whilst they took all their medicines. Staff were assisting in an unhurried manner and talked with people during this process. Medicine care plans we looked at described the medicines people were prescribed and Medication Administration Records (MARs) had a picture of the person attached to each record, so staff were able to make sure they were giving people the correct medicine. We also saw guidance recorded on their MAR on how

Is the service safe?

people preferred to take their medicines. For example, “Put medicine on a spoon and [name] will open their mouth.”
“[Name] needs a lot of encouragement and prompting before they will take their medicine.”

Is the service effective?

Our findings

People told us they felt staff were skilled enough to support them. One person said, “I firmly believe staff have the correct skills to care for me.” Another person said, “Staff have the correct skills to care for me and they explain what they want to do.”

We found staff received an induction when they first started work at the home and staff confirmed they received supervision and yearly appraisals. All staff we spoke with said they had received relevant training and read the policies and procedures to ensure they fully understood what was expected of them. Documents we looked at also confirmed staff had completed relevant training. There was an opportunity for staff to gain further qualifications relevant to their role. This included specialist training in areas such as, dementia, falls and end of life care.

Clinical supervision for the nurses working at the home was undertaken by the clinical lead at another location also owned by the provider. This was to check and maintain their professional skills and knowledge to ensure people at the service were cared for by staff who were using up to date nursing practices. We saw records that demonstrated discussions had taken place between clinical leads. Appropriate assessments for competencies had been undertaken for example, we saw information relating to Percutaneous Endoscopic Gastronomy (PEG) management. The record identified the clinical lead at the service was competent in managing the peg feed. Percutaneous endoscopic gastrostomy (PEG) is a method that allows nutrition, fluids and/or medications to be put directly into the stomach.

All people told us staff asked their permission before providing any care and support. One person said, “Staff explain what they are going to do and ask my permission before they do it.” Another person said, “They [staff] always explain and ask permission before giving care.” We observed staff asking for people’s consent before providing care or support. Two staff were assisting one person to move from their wheelchair to an easy chair. We heard staff ask the person if that is what they wanted to do.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The MCA is legislation to protect people

who lack capacity to make certain decisions because of illness or disability. DoLS provide legal protection for people who are, or may become, deprived of their liberty. The service was following the MCA and DoLS. They were making sure that people who may lack mental capacity in some areas were protected and enabled to make decisions for themselves where possible. Appropriate assessments were contained in the care plans.

We found staff were following relevant guidance relating to DoLS referrals, which had been put in place with the local authority to support people, whose liberty maybe restricted and their behaviour became challenging. Staff described training they had attended for MCA and DoLS and demonstrated they had a good understanding of these. The manager had processes in place to make sure staff understood the MCA and DoLS to ensure they could implement decisions identified on people’s care plans and act in a person’s best interest.

People told us staff asked them each day what they would like to eat. People told us the food was, “very good.” One person said, “I like the food, the food is very good and there is enough choice on the menu and I get plenty to drink throughout the day.” One person commented saying, “The food is tasty and I get enough choice.” They went on to say, “I get plenty to drink both hot and cold drinks throughout the day.” We observed people receiving their meal at lunch time. We found the portions of food were plenty and people were offered more if they wanted. There was a choice of main course and alternatives were available if people had changed their mind and did not want what was on offer. We saw drinks were offered throughout the day and people could have a drink whenever they wanted one.

We spoke with the cook and they were knowledgeable about people’s dietary requirements. They had systems to identify if food was suitable for all, such as, people who were vegetarians or people with diabetes. We saw people received a food assessment, which was reviewed on a monthly basis. People’s weights were recorded and monitored to ensure they maintained a healthy weight. Staff told us each person had a nutrition and hydration diet sheet and they were knowledgeable of what people liked to eat.

People experienced positive outcomes regarding their day to day health needs. People we spoke with could not remember when the GP visited or the last time they had seen a dentist or optician. However, we saw documented

Is the service effective?

on people's care files when professional visits had taken place. For example, we saw one person had a visit from a diabetic nurse on the day of our inspection. This showed the provider involved relevant professionals when required to ensure people received effective care relevant to their needs.

We saw appropriate referrals were made when people's needs changed. We saw on one care plan that the dementia outreach team had been involved when a person's behaviour pattern had changed. Staff we spoke with had a good understanding of people and the care they required. Care plans demonstrated the service took preventive action to ensure people were in good health.

Is the service caring?

Our findings

People told us staff were very caring. One person said, “They are very good to me, they never rush me.” We observed staff being kind and respectful to people. We heard conversations and observed interaction between staff and the people who used the service. Staff spent time with people. We saw one staff member holding a person’s hand while they spoke with them. We saw other staff gently touch people on the arms or shoulders to raise awareness that they were there and wanted to interact with them. This showed staff were compassionate and caring towards people.

Staff were knowledgeable about the people they cared for, and knew what they liked and disliked. They supported people in a caring way. The general atmosphere of the home was relaxed and calm. The manager told us each person had a keyworker. Who provided care and support to people on a one to one basis. Key workers were particularly knowledgeable about the person’s needs. This showed good continuity and the care and support people received was very individual to them.

People had access to an advocacy service should they wish to use one (an advocate is someone from an independent organisation who helps people to voice their views and ensures people are listened to). The manager gave an example of one person and their family who had been involved with an advocate who supported them to make choices. However, we did not see any leaflets or information regarding advocacy services on display. Staff described the importance of giving people choices about their care and support. One staff member told us they listened to what people said and wanted.

Arrangements were in place to make sure people were involved in making decisions and planning their care. Care plans we looked at indicated care had been discussed with people on a regular basis.

People told us staff treated them with respect and dignity at all times. One person told us staff treated them with respect and observed their dignity. They described how the staff knocked on their bedroom door before entering and always used their first name when they spoke to them. People talked about their personalised bedrooms and how this made them feel at home. We observed staff speaking to people in a calm and respectful manner. When they supported people with moving from the lounge to the dining area. They were explained to people what was happening and asked them if they wanted to sit at the table for lunch. They also ask people where they wanted to sit. This showed staff respected people choices.

We found privacy, dignity, rights and choices were recognized in each individual’s care plan. When we spoke with staff they were able to tell us what this meant for people and how it made them feel. One staff member told us there were three dignity champions at the home. This means they promote good practice and share techniques to make sure all staff are fully aware how to treat people with dignity and respect. We observed staff treating people with dignity and respect during throughout the day of the inspection.

We saw relatives visiting the home without restrictions. People were encouraged to form caring relationships by sitting together and talking in small groups. One person told us their family member was always welcome at the home. A relative told us they felt unrestricted and could visit at any time.

Is the service responsive?

Our findings

People were able to make informed choices and felt in control of any decisions they made about their care. One person told us they made the choice to stay in bed throughout the day. This was also recorded in their care plan. One person told us they had only been at the home a short time, but staff were aware of their likes, dislikes and personal preferences.

We saw people's care records contained information about the things which were important for them and the best way to provide them with support and care. People were involved in identifying their needs and choices and had discussed their personal likes and dislikes when they first came to live at the home. People were given choices in what they wanted to do on a day to day basis.

All people we spoke with gave positive feedback on how responsive the staff were to meet their needs. The care plans we looked at identified how people would like to receive their care and support. The plans also included people's personal history and individual preferences to ensure they were in control of how staff responded to their needs. For example one person's first language was not English. The provider's representative told us they had a member of staff who also spoke the person's home language, which had helped to overcome this issue if the need arose.

People told us they had been involved in the first assessment of their care needs before coming to live at the home. The manager told us they completed assessments and documents called a map of life before a person arrived at the home. These assessments were then used to create a personalised care plan for that person.

The manager talked about how they supported people to follow their interests. They said through one person's assessment of their needs they found the person used to be a boxer, so staff brought some magazines on the subject for the person to look at and encourage them to talk about their interests. Another person liked rabbits and the residents had decided to get a pet rabbit. We observed staff speaking to people about what they liked and disliked.

Staff we spoke with described people they cared for and how they responded to their individual needs. They discussed how they ensured people participated in meaningful activities appropriate to their needs. The manager told us one person had an interest in gardening and other people enjoyed this too. Staff encouraged people to participate in daily activities such as planting seeds. This was to stimulate the mind and keep people active. We saw people participating in individual and group activities during our visit. One person was being supported to sound words and understand the meaning of the word. We observed another person completing a word search. They looked happy and content.

People were confident they could raise any concerns or complaints. One person said, "I feel able to speak about any concerns and I am confident they [staff] will help me." Another person said, "Staff make themselves available to listen to any concerns I may have and they are always asking if I am happy with my care." A policy and procedure was in place to monitor concerns and complaints. The provider's representative told us they had received two complaints within the last 12 months. We saw the manager had responded to the complaints and appropriate action had been taken.

Is the service well-led?

Our findings

When we inspected the home in April 2014 we found areas of recording information in care plans were not updated to reflect people needs. We also their systems to identify, assess and manage risk to people's health and welfare were no sufficient or robust. This represented a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

During this inspection we found improvements had been made. We checked care plans reviews were taking place and care plans were updated to ensure they reflected people's needs. We saw a range of audits were taking place which included care plans, infection control, and catering. Medicines were also checked and monitored. We found the audit involved checking Medication Administration Records (MAR) and that people were receiving their medicines accordingly. The audit also identified whether medicines were kept at the correct temperatures to ensure they were effective at all times. The audits identified actions which had been implemented to address any areas of concern.

The manager completed regular complaints audits to address areas of concern and lessons they could learn were discussed in team meetings. We looked at the processes in place for responding to incidents, accidents and complaints. We found that incident and accident forms were completed and actions were identified and taken.

During our inspection we saw some records were not stored in a safe way. When we arrived at the service a number of people's personal files containing monitoring charts were left in a box in the lounge area unattended. There was no staff member in the lounge at the time of our arrival. We spoke to the manager and they moved the files into a more suitable place. They said they would address this with staff to ensure the files were stored safely and not left unattended.

People and their families were given the opportunity to be involved with the service. We were told by the manager they had an open door policy. They told us they had implemented suggestions that had been discussed with people who used the service on a one to one basis. These changes were in the areas of the garden and activities.

People were able to voice their views through completing a quality questionnaire. We saw positive comments regarding the care people received. For example one

comment, "[name] is happy, so they must be ok." Another comment, "very happy with the care provided to [name]. People had made a suggestion they would like more fresh fruit. We saw an improvement plan identifying actions for the kitchen staff to purchase more fresh fruit. We saw fresh fruit was served during the mid-morning break. This showed the service acted on suggestions that were put forward by people.

A whistleblowing policy contained appropriate details. Clear information on whistleblowing was given to staff in a leaflet when starting at the service. Staff told us they would be comfortable raising issues. We saw staff had signed to say they had read and understood this policy.

People commented on the leadership and management of the home. They told us they were not sure who the manager was, but all felt the home was well managed, as staff knew what they were doing. One person said, "I am not sure who the manageress is." One person said, "I do not know who the manager is, but if I want to see them I would go to the office." We saw recorded in the June newsletter that information about the management of the home had been discussed. We observed the manager actively engaging with people and staff around the home. We spoke with the provider's representative who told us they were awaiting name badges, so people could identify staff's names and roles. There was a staff structure on the wall in the lounge area, which identified who staff were and what their role was in the home.

Staff gave positive comments when asked if they felt supported. One staff member told us they were encouraged to speak up and voice their views and any concerns. A staff member said, "We have regular staff meetings and handovers of care." Staff also commented on how well they worked together as a team. We found staff interacted with each other and supported one another with everyday tasks to ensure people were cared for in a timely manner.

A registered manager was in post and explained to us her responsibilities and how senior management supported her to deliver good care in the home. The provider's representative told us the vision and values of the home were to provide good care and maintain a good standard of care. They told us they worked with the local authority to improve the standard of care.

Is the service well-led?

We found the provider meeting their conditions of registration. They reported incidents and notified CQC and

the local authority with relevant notifications. We consulted commissioners of the service who shared their views about the care provided and the way the home was run. The comments they shared were positive.