

Albemarle Hall Limited

# Albemarle Hall Nursing Home

## Inspection report

4 Albemarle Road  
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Nottingham  
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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

### About the service

Albemarle Hall Nursing Home was providing personal and nursing care to 27 people at the time of the inspection. The service operates within an adapted building and can support up to 28 people.

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

Staff kept people safe from avoidable harm and risks associated with people's care and support had been identified, assessed and managed. People were supported with their medicines safely and in line with the prescriber's instructions. There were sufficient numbers of suitable staff to keep people safe and meet their care and support needs in a timely manner. Staff followed the providers infection control policy and the registered manager made sure lessons were learned when things went wrong.

People's care and support needs had been assessed prior to the moving into the service and comprehensive plans of care had been developed. The staff team had the experience, skills and knowledge to meet people's needs and they supported people to access relevant healthcare professionals and live healthier lives. People were supported to eat and drink enough to maintain a balanced diet and staff knew people's preferences well.

People were provided with a comfortable place to live though some areas were rather stark and sterile looking. We received evidence following our visit to confirm this had been addressed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff treated people with kindness and their privacy and dignity were respected. People were involved in making decisions about their care and support, and their consent to care was always obtained. Concerns were taken seriously and handled in line with the providers complaints procedure. People's wishes at the end of their life had been explored and followed.

Systems were in place to regularly monitor the service provided. Staff felt supported by the registered manager and their thoughts on the service were sought. People, their relatives and staff were involved in how the service was run through meetings, the use of surveys and day to day conversations with the registered manager and the staff team. The registered manager worked in partnership with others to make sure people received safe care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 21 June 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our responsive findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our responsive findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our responsive findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Albemarle Hall Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector, an inspection manager and a specialist nurse advisor.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we held about the service such as notifications. These are events which happened in the service that the provider is required to tell us about. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority who monitor the care and support people received and

Healthwatch Nottinghamshire. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with two people living there and three visitors/family members. We spoke with the registered manager, clinical lead, one registered nurse and six members of the staff team. We also spoke with a healthcare professional visiting at the time of our inspection. 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. We reviewed a range of records about people's care and how the service was managed. This included four people's care records and associated documents including risk assessments and a sample of medicines records. We looked at records of meetings, both for the staff team and the people using the service, staff training records and the recruitment checks carried out for a new staff member employed since our last visit. We also looked at a sample of the providers quality assurance audits the management team had completed.

#### After the inspection

The manager provided us with further evidence to demonstrate compliance with the regulations.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at Albemarle Hall Nursing Home and safe with the staff who supported them.
- The staff team had received training in the safeguarding of vulnerable adults and were aware of their responsibilities for keeping people safe from avoidable harm and abuse. One told us, "I would report it to the manager and if nothing was done, I would report it higher to CQC."
- The management team understood their responsibilities for keeping people safe including reporting any safeguarding issues to the local safeguarding team and the CQC.

Assessing risk, safety monitoring and management

- People were provided with a safe place to live.
- Regular safety checks had been carried out on the environment and on the equipment used. Emergency plans were in place to ensure people were supported appropriately in the event of a fire or untoward event and these were up to date.
- Risks to people had been identified, assessed and managed. Risks assessed included those associated with the moving and handling of people, the risk of falls and people's nutrition and hydration. These had been reviewed monthly and where concerns had been identified, appropriate actions had been taken to reduce the risks and keep people safe.

Staffing and recruitment

- Appropriate numbers of suitably qualified staff were on duty to meet people's needs in a timely manner.
- Staff felt there were appropriate numbers of staff to meet people's needs. One told us, "There are always plenty of staff around and we always make sure there is one of us in the lounge." This was seen during our visit.
- Appropriate checks continued to be made when new staff were recruited. This made sure they were safe and suitable to work at the service. This included checks on nursing staff being registered with the Nursing and Midwifery Council, to ensure they were safe to practice.

Using medicines safely

- People were supported to have their medicines at the right times and in a safe way.
- Staff had received training in medicine management and their competency was regularly checked.
- Protocols were in place for people prescribed medicines 'as and when required' such as for pain relief, and these gave clear instructions about when, why and how the medicines were to be given.
- We saw the nurse allocated to administer medicines, did so consistently and methodically.

Preventing and controlling infection

- The staff team had received training on the prevention and control of infection and we observed good hand washing techniques throughout our visit.
- Personal protective equipment (PPE) such as gloves and aprons were readily available and used by staff.
- The premises were clean, tidy and odour free.
- We did note when staff supported four people to move using a hoist, the same sling was used. This posed an infection control risk. We shared this with the registered manager for their attention and action. We were informed following our visit that additional slings had been purchased and staff reminded to ensure appropriate cleaning after each use.

#### Learning lessons when things go wrong

- We saw when things had gone wrong, lessons were learned. For example, following an incident involving the use of bed rails, an audit of all bed rails used had been carried out. Actions had then been taken to address any shortfalls and regular checks had been introduced to monitor their ongoing use and safety.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual and diverse needs had been assessed prior to them moving into the service. This included the completion of a comprehensive pre-admission assessment to ensure people's needs could be met.
- Care and support was provided in line with national guidance and best practice guidelines. For example, for a person who lived with a specific health condition, the signs and symptoms to look out for were included in their plan of care. The actions to take to support the person appropriately with their health condition were also identified and included.
- Information on topics such as recognising the symptoms of a urinary infection, and the condition sepsis were displayed for people's information, and provided staff with the knowledge they needed to support people effectively.

Staff support: induction, training, skills and experience

- Staff had received an induction into the service when they first started working there and training relevant to their roles had been provided.
- One staff member explained, "I have done all my mandatory training, moving and handling, fire, infection control and COSHH (Control of Substances Hazardous to Health) and they put me through my NVQ (National Vocational Qualification) level three."
- The registered manager supported the nurses working at the service to meet the revalidation requirements for their professional registration, to help them keep up to date with nursing practice for people's care at the service. For example, by sourcing a study day on tissue viability and verification of death for the nurses to attend.
- Staff felt supported by the registered manager. One explained, "I feel supported. They always ask if there is any further training that could help us improve our work. They ask us if we have any issues or if there is any way we can think of to improve the service."

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

- People were supported to maintain a healthy balanced diet and to eat and drink well.
- Nutritional risk assessments and plans of care had been developed for people's eating and drinking needs and people's weight was monitored regularly.
- For people at risk of not getting the food and drink they needed to keep them well, monitoring charts were used to document their food and drink intake. Charts seen were up to date and fluids totalled to show whether the person had received their recommended fluid intake.
- We did note the meal time experience for people was a little lacking. People were supported to the dining

tables, but there were no visual clues to prompt people it was lunchtime. For example, there were no tablecloths or cutlery, or condiments on the tables. We shared this with the registered manager who assured us this would be addressed. We were informed following our visit, table cloths had been sourced and the tables were now dressed for each mealtime.

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

- People had regular access to healthcare professionals such as GP's, opticians and dentists.

- Staff understood how to identify when people needed intervention from a health or social care team.

Records showed people received appropriate support and staff continued to support people in line with the recommendations and guidance provided.

- Training on supporting people with oral hygiene was in the process of being sourced. Oral health assessments had been completed and the registered manager was in the process of identifying a staff member to champion effective oral hygiene.

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

- The environment was adapted and equipped to support people's orientation and mobility needs.

- There were a variety of communal areas of differing sizes to allow people to be with a large group of people and to facilitate group activities, or quieter areas where people could be alone.

- People's rooms were well presented and personalised with their personal possessions and memorabilia.

- We did note the communal areas of the service were rather sparse and sterile and lacking homely comforts. We were informed after the inspection the registered manager had purchased picture canvases for the walls and was in the process of sourcing pictures of old Nottingham for people to enjoy and reminisce about.

- An extension had been built since our last inspection and this housed new ensuite bedrooms and bathrooms. On the day of our inspection we noted the visiting hairdresser was using a person's bedroom to attend to people's hair. Whilst consent had been obtained from the person and they were happy for this to happen, the suitability of this was questioned. We were told after the inspection that this practice had now ceased, and the hairdresser was working out of one of the new bathrooms in the new extension.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and best interest decisions had been completed for individual decisions people were unable to make for themselves. We did note there was no evidence of a best interest review for one person who had recently come out of hospital. We were informed following our visit that this had been addressed.

- The service was working within the principles of the MCA and restrictions on people's liberty had been authorised.

- The staff team had received training in the MCA and DoLS and those spoken with understood their responsibilities within this. One explained, "I ask them [people using the service] what they would like and if they aren't able to decide, we would do what was in their best interest." Another told us, "We are here to help them and make sure no one takes their rights away."
- People were encouraged and supported to make decisions about their care and support daily.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People using the service and their relatives experienced positive caring relationships with the staff team.
- The staff team spoke to people in a kind way and offered support in a relaxed and caring manner. A staff member explained, "It is all about treating people how you would want to be treated yourself. To be kind and caring."
- A relative told us, "The staff are caring, they are lovely with [person]."
- Staff understood the importance of promoting equality and diversity and respecting people's religious beliefs. They had the information they needed to provide individualised care and support. They knew people's preferred routines and what was important to them for their care.
- We saw staff engaged people in conversations throughout the day and there was laughter and good-humoured conversations between people and staff.

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

- People and/or their family members were fully involved in agreeing, reviewing and making decisions about their care and support.
- People were encouraged and supported to make decisions regarding their day to day routines and express their views about their personal preferences. A staff member explained, "I always ask them what they want to do and what they want to wear, and I make sure I reassure them that everything is ok."
- For people who were unable to make decisions regarding their care and support, either by themselves or with the help of a family member, independent advocacy services were made available. This meant people had access to someone who could support them and speak up on their behalf if they needed it.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and people were supported to be as independent as possible.
- We observed support being provided throughout our visit. We saw staff reassuring people when they were feeling anxious and when a little comfort was needed, this was given in a respectful way.
- Staff gave us examples of how they ensured people's privacy and dignity were respected. One explained, "I make sure the curtains and door are closed. You need to make sure you keep their [people using the service] dignity when you're helping them."
- A confidentiality policy was in place and staff understood the importance of keeping people's personal information confidential.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support based on their individual needs.
- A care consultant who was employed three days a week developed plans of care when people first moved into the service. They utilised information from their initial assessment, and from information supplied by the person and/or their relatives at the time of admission. This made sure people's care was provided in an individualised way.
- Plans of care seen were comprehensive and covered areas such as the person's general health and wellbeing, their sleeping patterns and how they wanted their care and support to be delivered. They provided staff with detailed information to enable them to deliver person focused care, offering choice and control.
- People's plans of care had been regularly reviewed to ensure staff had access to information that reflected people's current needs.
- Staff spoke about people in a person-centred way demonstrating they knew their individual routines and likes and dislikes such as dressing and food preferences. One explained, "[Person] only likes sweets, so we encourage them to the dining room to try to get them to eat what others eat as well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to comply with the AIS and was able to access information regarding the service in different formats to meet people's diverse needs. This included large print documents and pictorial aids.
- The registered manager explained visual aids were used to offer choices at meal times, however this did not happen on the day of our visit. We also noted whilst there was a notice board displaying the meals for the day, this was difficult to read. We shared this with the registered manager for their attention and action. We were informed following our visit that staff had been reminded of the importance of using visual aids to enhance communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities.
- The provider employed an activity coordinator for six hours a day, four days a week and they provided

people with opportunities to engage in activities on a group or one to one basis. On the days the activities coordinator wasn't there, the support staff assisted people with activities. On the day of our visit, people enjoyed one to one sessions of hand massages and reading the paper and in the afternoon, an art session was enjoyed.

- It was noted whilst there was appropriate music being played, there was little evidence of any other stimulation or visual cues for people that would help with general orientation. We shared this with the registered manager for their attention and action. We were told following our inspection that this had been addressed and visual cues had been sourced.

Improving care quality in response to complaints or concerns

- A formal complaints process was in place and a copy was displayed for people's information.
- A relative told us, "I know to go to the office and I have felt much better about [person] care after talking to them."
- When a complaint had been received, this had been handled in line with the providers complaints policy and investigated and responded to appropriately.

End of life care and support

- The staff team had received training on supporting people at the end of their life and people's wishes had been explored.
- For example, in one person's plan of care it stated, 'We will involve the end of life team to make sure their last days are as comfortable and pain free as possible'. It also included what clothes the person would like to wear.
- A staff member explained, "We always make sure someone is with them 24 hours a day. We keep them comfortable and keep their mouth and lips moist. It makes a difference."
- For people not wanting to be resuscitated, Do Not Attempt Resuscitation forms were in place within their records informing the staff team of their wishes.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood the provider's vision for the service and they told us they worked as a team to deliver good standards of care.
- One staff member explained, "It's a small company, it's like family, the staff work well together to give people a happy life."
- A registered manager was in place and people spoke positively about them and the staff team.
- The registered manager had systems in place to monitor the quality and safety of the service. Monthly audits had been carried out on the paperwork held including people's plans of care, medicine records and records of pressure ulcers, weights and falls. Records showed where issues had been identified, action had been taken.
- Regular audits to monitor the environment and the equipment used to maintain people's safety had also been carried out. We did note these audits had not picked up the issues identified during our inspection. We shared this with the registered manager for their attention and action.
- Staff felt supported by the registered manager and nursing team. One told us, "They, [management] are really helping me, if I don't know something, I just ask them, and they give me the information I need." Another explained, "I am well supported. [Person] and [person] are very good."
- Staff understood their roles and responsibilities and the registered manager was accountable for the staff and understood the importance of their roles. The staff team were held to account for their performance where required through the provider's supervision and appraisal processes.

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

- People using the service, their relatives and the staff team had been involved in how the service was run and their views and thoughts were regularly sought.
- Annual surveys had been used. Information received within surveys returned had been analysed though the results from this had yet to be made available to people for their information. The registered manager assured us this information would be shared. A comment included in one of the relative's surveys returned stated, "The team do a fantastic job to understand the very unique needs my mother has."
- Staff had been given the opportunity to offer their thoughts on the service and have a say on how the service was run. One explained, "We have meetings and we can give our thoughts and opinions."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people using the service.
- Appropriate notifications had been received from them. They were also aware of their responsibility to have on display the rating from their latest inspection. We saw the rating was clearly on display within the service and on the providers website.
- The registered manager and management team worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour.

Working in partnership with others

- The registered manager worked openly with stakeholders and other agencies to ensure people's care was consistent and effectively informed.
- They liaised with social work teams and other professionals when appropriate, to ensure people received care that was appropriate for their assessed needs.
- A visiting healthcare professional told us, "I am very positive about the care delivery at this service, the staff are very approachable, they answer the door quickly and they store medicines safely."

Continuous learning and improving care

- The registered manager was committed to improving care. Several improvements to the service had been made since our last visit. This included introducing oral risk assessments to improve people's oral health and improvements to the environment in which people lived.