

ADL Plc

# Allambie Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Allambie Court is a nursing home providing nursing care and accommodation to up to 30 people. There are 26 bedrooms across two floors. Four of these bedrooms can be shared. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 20 people living at the home.

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

Allambie Court has not achieved an overall rating of good for the last six inspections undertaken between March 2016 and January 2022. Effective governance has not been robust enough to drive forward the required improvements.

The provider had not ensured clinical staff had the skills to continuously monitor people's complex nursing conditions. Systems and processes had not identified and mitigated the risks related to people's health. Action had not always been taken to mitigate and monitor risks related to catheter care and wound management.

Some improvements were required to infection control practices such as asking visitors to wash their hands and the completion of COVID-19 screening questions before visitors entered the home. In addition, the provider was not facilitating visits for people in accordance with current government guidance. They had not consulted with people about the impact a lack of visitors would have on their well-being.

Medicines were stored and administered safely, and people received their medicines as prescribed. Staff were recruited safely and were kind and compassionate towards the people living at the home. There were enough staff to keep people safe. Further training was required to ensure some staff had the skills and competencies to provide high quality care.

The registered manager and general manager were committed to making the required improvements and we received positive feedback from staff and relatives about the leadership of the home. They were responsive to feedback from professionals and had made some improvements following external quality checks.

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 requires improvement (published 26 May 2021). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last six consecutive inspections.

### Why we inspected

We received concerns in relation to staffing and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Allambie Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to regulation 9 person centred care and regulation 17 good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Allambie Court

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Three inspectors and an Expert by Experience completed this inspection. Two inspectors visited the home and one inspector supported the inspection by making telephone calls to staff. The Expert by Experience supported the inspection by making phone calls to relatives to gain their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Allambie Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 that 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 had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with three people who used the service and 11 relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the general manager, two nurses, two senior care workers and three care workers.

We reviewed a range of records. This included three people's care records and three people's medication records. We looked at two staff files in relation to recruitment. We reviewed multiple agency staff profiles. A variety of records relating to the management of the service were also reviewed.

#### After the inspection

We continued to seek clarification from the registered and general manager to validate the evidence found during our inspection.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question was rated good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- At the time of our visit, there was a COVID-19 outbreak. With the exception visits to people at the end of their life, the provider had stopped all other visitors for a period of four weeks without consulting with relatives or people living at the home.
- Government guidance at the time stated people living in a care home should be supported to choose an 'essential caregiver' who can visit them to provide companionship and care during a COVID-19 outbreak, unless they or the person they are visiting had tested positive but this was not being facilitated at the home.
- People and their relatives were not given enough information or support to understand the visiting choices they had available to them.

This was a breach of regulation 9 Person-Centred Care, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, immediate action was taken to contact all relatives to inform them of the essential caregiver role and we received confirmation the home was now open to visitors.
- We were assured the provider was preventing visitors from catching and spreading infections. Although we were not asked to wash or sanitise our hands or asked any COVID-19 screening questions, the general manager told us this was not usual practice and all visitors washed their hands using a portable wash basin before entering the home.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. The registered manager reminded staff to take their breaks separately and of the importance of wearing a facemask when unable to socially distance in the staff break room.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured the provider was using PPE effectively and safely. The registered manager was reminded about the importance of wearing a facemask as this was removed on occasions throughout our visit.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- We found the service had effective measures in place to make sure this requirement was being met.

#### Assessing risk, safety monitoring and management

- Risks to people's health had been identified and assessed. However, action had not always been taken to mitigate and monitor some of those risks. For example, records were not always robust enough to demonstrate fluids were being monitored when this was required. The general manager told us they would introduce a new fluid monitoring system following our visit which would be reviewed daily by a competent person.
- Prior to our visit, we received concerns about wound management practices. Where people had acquired wounds, these were not always monitored in accordance with best practice guidance. For example, nursing staff did not routinely measure, describe or clearly photograph wounds which meant early signs of deterioration in the condition of one person's wound was not sufficiently monitored. External healthcare professionals had also identified this concern and were supporting the registered manager to make the required improvements.
- Some records contained inaccurate information. The registered manager had introduced night risk assessments to give important information to senior members of staff in the absence of a nurse. Some of these contained inaccurate information about people's health and wishes. The registered manager immediately updated these during our visit.
- However, other risks to people's health were managed well. One person received nutrition and medication via a percutaneous endoscopic gastrostomy (PEG). This is where a flexible feeding tube is placed through the abdominal wall into the stomach. There was a clear risk management plan to ensure the person was given their nutrition and medication as per their prescription. The plan directed clinical staff on their responsibilities to clean, inspect and manage the PEG to reduce the risk and detect any early signs of infection.
- Another person had epilepsy. Records contained clear information for staff about how the condition may affect the person's health, and when emergency assistance may be needed.

#### Staffing and recruitment

- Prior to our visit, we received concerns there was not always a suitably qualified nurse on shift at night to manage people's complex clinical needs. We discussed this with the registered and general manager who confirmed there had been occasions when they had not had a nurse on duty at night. In this instance, senior members of staff had been given additional training to manage the home with support from an on-call support nurse.
- The general manager told us this approach had been thoroughly risk assessed and senior staff were not expected to complete nursing tasks. Senior staff would only complete tasks where they had been assessed as competent by a trained professional. Where any task required completion outside the competency of senior staff members, the on-call nurse would be called to attend the site.
- There were enough staff to keep people safe. The recruitment process ensured staff were suitable for their roles by conducting relevant pre-employment checks which included an enhanced Disclosure and Barring Service [DBS] check. Additional checks were regularly completed for nursing staff to ensure there were no restrictions on their practice.

#### Learning lessons when things go wrong

- Accidents and incidents had been recorded and the provider analysed these to look for patterns and



trends. To reduce the likelihood of them happening again.

- However, there was a lack of continuous improvement and learning from previous inspections as concerns identified at this inspection, had also been found at previous inspections.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse. This was echoed by relatives who told us, "I feel [person] is safe. I wouldn't leave them there if I didn't trust the staff. To my mind [person] is 100% cared for well" and, "[Person] is definitely safe. Staff have always been very kind to [person] and very patient. [Person] is always clean and in freshly laundered clothes."
- Some staff had not received recent safeguarding training in line with the provider's expectations due to the COVID-19 pandemic. Despite this, staff knew what action to take if they were concerned about a person's welfare and were reminded of their safeguarding responsibilities in supervision meetings.
- Records showed the registered manager understood their safeguarding responsibilities and had made referrals to the local authority, and us, CQC where necessary.

Using medicines safely

- Medicines were stored and administered safely, and people received their medicines as prescribed. Staff had been trained and assessed as competent prior to administering medicines.
- Medicine records showed people's medicines had been reviewed when their health had changed.
- Medicines were checked regularly and where concerns had been identified, action had been taken to make improvements. For example, a recent audit had found the records for medicines administered through a patch were incomplete. Action had been taken in response and patch medicines were now recorded effectively.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- Allambie Court has not achieved an overall rating of good for the last six inspections which date back to March 2016. The home has continued to fall short of the expected minimum standards of care, people living in care settings should receive.
- At this inspection, systems and processes had not identified and mitigated risks related to effective wound management. There was insufficient oversight of fluid monitoring where this was required and night risk assessments to highlight important information to night carers in the absence of a nurse contained inaccurate information.
- The provider had not embedded learning from previous inspection visits. For example, at our inspection in January 2018 we identified issues around the monitoring of fluid input and output for those people with a catheter. At our inspection in April 2019 we identified records on the progress or deterioration of skin damage were not always clear. We found the same at this inspection.
- Effective governance had not been robust enough to drive forward the required improvements. Although systems and processes have been in place at each of our inspections, these had failed to identify, monitor, improve and sustain the quality of care provided.
- The provider had not ensured clinical staff had the skills to continuously monitor people's complex nursing conditions. There was no registered general nurse employed during the day and staff did not have the expertise to oversee some of the complex nursing needs such as catheter care or wound management.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered and general manager were responsive to our feedback and immediately started to take action on some of our findings. For example, night risk assessments were updated.
- The general manager had developed an action plan which included outstanding actions from all internal and external quality checks carried out at the home. Where external healthcare professionals had identified areas for improvement, the managers had been responsive and had taken some action. For example, improvements had been made to the management of controlled medicines and medication applied via a patch following an external audit by commissioners.
- Best practice tools such as the National Early Warning Score (NEWS) were not being used to detect and respond to clinical deterioration in people living at the home. Following our inspection, the general

manager confirmed a digital health care monitoring system was being introduced which would help staff detect and respond to deterioration in clinical needs and improve people's quality of life.

- The provider had started to train their senior staff to undertake additional responsibilities such as administering medication. Specialised training had also been booked to increase senior staff members skills.
- The general manager understood that the clinical responsibility and accountability for any tasks delegated to senior staff by a health professional like a registered nurse, remained with that health professional.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager was supported by a general manager for the day to day running of the home. Both managers had worked at the home for a considerable length of time. Staff spoke positively about the managers. Comments included, "They're approachable and work well as a team, they take onboard my suggestions" and, "The manager is very professional and very good at communicating."
- Despite our findings, most people and relatives told us the home was well-led. Comments included, "The manager is brilliant. Her and my relative bounce off each other and have some banter which [person] enjoys" and, "I think they are quite well led. They seem quite organised and do phone me if there are any changes."
- However, records showed, and relatives told us communication could be improved. Relatives had not been informed about the role of an essential care giver (ECG) and how this could facilitate visiting and supporting their family member. A number of relatives also reported long waits for staff to answer the phone to hear how their family member was.
- We received two separate whistleblowing concerns prior our visit about the provider's arrangements for nursing staff within the home. Whilst we were assured the new arrangements being implemented had been risk assessed, the general manager confirmed staff had not been consulted or asked for their feedback about the new arrangements. This meant some staff had raised their concerns directly with us rather than with the provider. Following our visit the general manager confirmed a staff meeting had been held and no further concerns had been raised.

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 and general manager understood their responsibilities under the duty of candour. Records showed sufficient investigations happened when things went wrong, and relatives confirmed they were kept informed.
- Records showed complaints were thoroughly investigated and responded to in line with the providers expectations.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	9 (3) (a) The provider had failed to collaboratively carry out an assessment of needs and preferences for care and treatment of the service user with regard to visiting.

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	17 (2) (a) The provider failed to assess, monitor and improve the quality and safety of the service provided in the carrying on of the regulated activity