

Albemarle Rest Home Ltd

Albemarle Rest Home

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Albemarle Rest Home is a residential care home providing personal care for up to 24 people aged 65 and over. At the time of our inspection there were 18 people using the service. People had access to a shared lounge, dining room and conservatory and gardens at the back of the home.

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

The provider's oversight of the service had improved. More robust systems and processes had been implemented. However, systems and processes needed to become further embedded and maintained. For example, some risk management plans and medicines records lacked clarity and detailed information.

Relatives spoke highly of the standards of care and told us communication within the home was good. Staff and management worked well with other healthcare professionals to provide good outcomes for people.

There were enough staff to meet people's needs and maintain their safety. Relatives told us people were supported by a consistent staff team who knew them well. Staff understood their role in maintaining people's safety and reporting any concerns to the management team. Changes in people's risks were communicated to staff during handovers between shifts.

People were supported to have maximum choice and control of their lives and staff supported them in the least way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection and update

The last rating for this service was Requires Improvement (published 17 January 2022) and there was a breach of a regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations .

Why we inspected

We carried out an unannounced inspection of this service on 2 December 2021. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their governance of the service and meet the requirements of Regulation 17.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe and Well-led which contain those requirements.

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.

For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Albemarle Rest Home on our website at www.cqc.org.uk.

Follow up

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 safe.

Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Albemarle Rest 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. 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

The inspection was carried out by one inspector 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.

Service and service type

Albemarle Rest Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Albemarle Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 October 2022 and ended on 10 October 2022.

We visited the location's service on 7 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had not been 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.

We used all this information to plan our inspection.

During the inspection

We spoke briefly with four people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager and four care workers. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with one healthcare professional who worked closely with the service.

We reviewed a range of records. This included three people's care records, one staff recruitment file and five medication records. A variety of documents relating to the management of the service, including policies, training records, maintenance records and quality assurance documents were reviewed.

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 Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Improvements had been made following our previous inspection to ensure people's risks were identified and assessed, but care plans did not always contain detailed information about managing those risks. The registered manager recognised this was an area for further improvement.
- However, staff told us thorough handovers took place between every shift, so they always had up to date information about risks to people and their needs.
- Staff demonstrated a good understanding of managing risks in areas such as catheter care and skin damage. Staff supported people safely with their mobility needs when they were assisting people to move around the home.
- During our visit staff encouraged people to move between different areas of the home for morning coffee, lunch and activities. This ensured people relieved pressure from vulnerable areas, maintained their mobility and encouraged them to eat and drink well with other people.
- Staff knew people well and recognised when they were ill or needed support from other healthcare professionals to mitigate escalating risks. One healthcare professional told us, "We always know it is a required visit because staff are very quick at picking things up because they know their residents. They are good at seeing ahead and the changes that could happen."
- At our last inspection risks posed by exposure to a hot surface had not been identified. At this inspection we found the premises and equipment were appropriately maintained and safe to meet people's individual needs.
- Following our last inspection, the registered manager had introduced an analysis of accidents and incidents to identify trends or patterns to reduce the risk of them happening again.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were enough staff to meet people's needs and maintain their safety. One relative told us, "I'm there for four hours at a time and there is always a lot of staff around, four at least." Another relative commented, "I've pressed the buzzer when I've needed staff and they are there instantly. There always seem to be enough to support the residents."
- Relatives told us people were supported by a consistent staff team who knew them well. Comments included: "I have never come across a time when communication has been a problem because of the consistency of staff" and, "It is certainly adequately staffed and we see the same staff there, the same faces, which is reassuring."
- Staff told us they were able to complete their allocated care tasks without rushing and had time to spend with people.
- Staff were recruited safely. Recruitment processes included reference and Disclosure and Barring Service (DBS) checks.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable around staff and relatives were confident their family members were safe. One relative told us, "[Name] is definitely safe; she has never said anything about any insecurities."
- Staff understood their role in challenging and reporting any abuse and discrimination or poor practice by other members of staff. One staff member told us, "I would not have any hesitation to report any safeguarding and have done in a previous job. We have to be their voice and we need to speak for them if we think they are at risk of harm."

Using medicines safely

- Overall, medicines were ordered, stored and administered safely.
- Processes were in place to ensure the safe management of any medicines given covertly or administered via a patch applied to the skin. Covert medicines are hidden or disguised in food or drink so they can be given in the person's best interests.
- Some improvements were needed within the guidance and records around the administration of 'when required' medicines. However, when one person became anxious, the member of staff was able to describe the actions they had taken to reassure the person before the medicine was given as a last resort. The reason for giving these medicines was recorded within people's daily records so any patterns could be identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The registered manager was following current government guidance in relation to visiting at the time of the

inspection. People's visitors were able to freely visit Albemarle Rest Home in accordance with government guidance.

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 has remained the same. Managers needed to make improvements to their recording systems to ensure the care provided was reflected in records.

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

At our last inspection, there was a failure to effectively monitor the quality of the service. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 but further improvements were still required.

- The nominated individual and registered manager had improved their oversight of the running of the service and made improvements following our last inspection.
- However, systems needed to become further embedded because their checks had not identified some of the concerns we found. For example, risk management plans and guidelines for the administration of 'as required' medicines needed further review and development. One person's care plan had not been updated to reflect a change in their equipment to reduce the risk of skin damage. Despite these gaps in records, staff demonstrated a good knowledge of people.
- Systems to ensure timely applications to renew approved DoLS before they expired were not always effective.
- Medicines audits has not identified staff were not always recording the date of opening on time limited medicines.
- We found no impact on the care people received as a result of these issues. The registered manager took immediate action during and after the inspection in response to our feedback.

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

- Relatives were positive about the standards of care at Albemarle Rest Home. Comments included: "Staff are very clued up and know exactly what's going on. They are confident in what they are doing, and they support each other" and, "Staff are always friendly and it's a nice atmosphere and calm. They always know the answer to any question. They must have good communication between the staff."
- Relatives told us they could discuss any aspects of their family member's care with senior staff or the management team whenever they visited the home. One relative told us, "If I ever had a concern, I would address it straightaway with [registered manager]." Another relative said, "It's very easy to talk to [nominated individual] or [registered manager], they are both very approachable."

- Staff felt supported in their role and listened to if they had any suggestions or concerns. One staff member said, "We work as a team and the manager is easy to approach. I like working with the residents and enjoy coming to work every day."
- The service had undergone refurbishment work which included redecoration and the purchase of new furniture. People's views had been considered during the refurbishment process.

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 nominated individual understood their responsibilities to be open, honest and to apologise if things went wrong. They had taken responsibility when shortfalls were found and acted to improve the service.
- A relative told us the nominated individual had been open and transparent following an incident at the service and commented, "It was dealt with straightaway and I was told exactly what had happened and what was going to happen going forward."

Working in partnership with others

- Staff and management worked well with professionals to provide good outcomes for people. A visiting healthcare professional spoke highly of how information was shared and told us staff acted on advice given.