

ADL Plc

# Allambie Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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 for up to 30 people. It provides care to older people, some of whom are living with dementia. Care is provided across two floors. At the time of our inspection visit 22 people lived at the home.

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

Systems and processes were in place to audit the quality. Most audits identified where improvements were needed and actions were taken. Medication audits had not identified a few issues we found.

Risks related to people's health and nursing needs were assessed, and actions had been taken to mitigate identified risks. Relatives felt their loved one was well cared for in a safe place by trained staff. Improvements had been made to risks associated with people's health and care needs. People identified at risk of malnutrition and / or dehydration were supported to maintain their food and fluid intake and improvement had been made to people's records so effective monitoring could take place.

Environmental risks had been assessed and, overall, actions taken to reduce risks. However, the provider had not taken all the action reasonable to mitigate risks related to legionella or fire safety. The provider had undertaken risk assessments, but we could not be assured, from the assessments that the provider had assessed night-time staffing levels as being the minimum required to safely carry out an evacuation, to a place of safety, if there was an emergency.

Relatives felt their loved ones were protected from the risks of abuse and staff were trained in safeguarding people from abuse and understood how to report concerns.

People had their prescribed medicines available to them and were supported to take these by nurses.

An 'infection prevention control' audit was carried out by CQC during the inspection. We found the provider was following government guidelines. Personal Protective Equipment (PPE) was available and used by staff. Improvements had been made to the cleanliness of the kitchen. Improvement had been made to ensure people had individually named hoist slings where they needed them, which reduced risks of cross infection.

There were enough staff on shift to meet people's agreed care needs. Staff were recruited in a way that assessed their suitability to work at the home.

Relatives felt managers were approachable and staff were positive about the day to day management of the home and felt managers listened to them.

During our inspection we found the provider was operating outside of their registered service user bands. 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. (Report published 14 May 2019).

### Why we inspected

This was a planned inspection based on the rating of the last inspection. We undertook a focused inspection on Safe and Well Led based on our methodology.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The rating continues to be Requires Improvement.

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).

### Follow up

We will continue to monitor intelligence about the service.

## 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 consistently 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 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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 and managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by four inspectors and a Specialist Nurse Advisor. Two inspectors gathered feedback from people's relatives and staff via telephone conversations and email. The other two inspectors and Specialist Nurse Advisor undertook an on-site visit to Allambie Court.

#### Service and service type

Allambie Court is a nursing home. People in care homes receive accommodation and nursing or personal care. 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. The registered manager 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

Our inspection was announced. We gave short notice of our visit prior to our arrival on 14 April 2021 to the deputy manager. Notice of our visit was given because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection and recurrent themes of any concerns. Feedback was shared with us from the Local Authority (LA) and local Clinical Commissioning Group (CCG). This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

During our on-site visit to the service, we observed staff interactions with people and spoke with the registered manager, general manager, the nurse and three care staff on shift. We reviewed five people's care plans in detail and 22 medicine records. We looked at a sample of records relating to the management of the service, policies and procedures and a sample of completed audits and checks.

During our off-site work we spoke with ten people's relatives. We had a telephone conversation with the maintenance staff member and the director.

#### After the inspection

We reviewed additional documentation we had requested from registered manager and provider. We sent a further email to staff inviting their feedback which the general manager displayed for staff information.

# 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 Requires Improvement. At this inspection this key question had improved to Good. This meant the service was safe.

### Assessing risk, safety monitoring and management

- Improvements had been made to manage the risks of people not drinking enough to maintain their health. Staff recorded what people had been offered to drink and how much they had consumed. The records were monitored to identify when people needed to be encouraged to drink more.
- Staff felt well informed and up to date with changes related to people's needs. Staff said changes in risks to people's health and wellbeing were shared during the handover between shifts.
- Some people were at risk of developing sore skin. A nurse told us care staff alerted them about any concerns so actions could be taken, for example, repositioning and purchasing of the right equipment. Pressure relieving equipment was in place for people identified at risk of skin damage. The registered manager told us equipment, such as specialist mattresses were checked daily.
- Clinical items were stored in a designated room and included a blood pressure, oximeter (to measure oxygen in the blood stream) and an ear thermometer were all clean and in working order.
- Staff took part in fire assembly point drills and the maintenance staff member told us tests were completed on the fire alarm system. However, the registered manager and provider had not assessed whether there were sufficient night staff on shift to ensure people's safety in the event of an emergency. This is further reported on in the well led domain.

### Preventing and controlling infection

- At our last inspection, kitchen cleaning had not taken place to ensure a clean environment. At this inspection we found improvements had been made.
- During our last inspection, people who required transferring with a hoist did not have their own allocated hoist sling which posed risks of cross infection. At this inspection, people had their own allocated slings which were kept in their bedrooms to reduce the risks of cross infection.
- We were assured the provider was using PPE effectively and safely. Staff had received training and guidance for effective hand-washing techniques and the correct use of personal protective equipment (PPE).
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. Premises were clean and housekeeping practices minimised infection risks.
- We were assured the provider was preventing visitors from catching and spreading infections. Visitors were restricted during the pandemic and in line with government guidance. People had individual risk assessments and visiting plans in place to minimise the risk to COVID-19. When a person was at end of life, safe visiting was supported. Upon visitors arriving, we observed staff members conducted a COVID-19 test, and visitors were asked to sign documents to show they understood the risks of COVID-19 when entering the home. Visitors were provided with PPE.
- We were assured the provider was accessing testing for people using the service and staff. Vaccinations had

been given to people, and most people and staff had already received their second vaccination dose. This meant people and staff had additional protection from COVID-19.

- We were assured the provider was meeting shielding and social distancing rules.
- Throughout periods of visitor restrictions and COVID-19 outbreaks, staff told us they worked in different team cohorts to minimise the risk of cross infection through the home.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of their responsibilities to safeguard people. Staff were clear about the action to take if they had any concerns and told us they would report any incident to the manager.
- Staff told us they would not hesitate to report poor practice by other staff members that put people at risk. One staff member told us, "I would speak to them about it and then take it to the general manager or manager." The general manager confirmed, "We have had whistleblowing supervisions, they are all aware of what it is and where to go to."
- Relatives felt their loved ones were protected from the risks of abuse and were safe living at the home. One relative told us, "I've no concerns there."

Staffing and recruitment

- There were enough staff on duty to keep people safe. Staff were not rushed and responded to people's requests for assistance in a timely manner.
- Staff told us there were enough staff on each shift to enable them to provide safe care and manage risks. One staff member told us, "With four (care staff) we manage, if any less than that we would struggle."
- At our last inspection we found there were occasions when the communal lounge was left unattended which placed people at risk. At this inspection we saw a staff member was available in the communal lounge to support people at all times.
- Staff were recruited safely. The provider had completed checks to ensure staff working at the service were of suitable character.
- There were currently three staff vacancies at the home. The provider had recruited to two of those positions and bank staff covered any gaps on the rotas.

Using medicines safely:

- People had their prescribed medicines available to them and were supported with these by a nurse. Medicine Administration Records were accurately completed.
- Some people had medicinal transdermal (skin) patches and required records showed these had been applied in line with the manufacturer's instructions so as skin sites could 'rest' between use. However, there was no record of a daily check made to ensure transdermal (skin) patches remained in place. The nurse told us visual checks were completed but acknowledged these were not recorded in line with good practice.
- Medicine records showed GPs had reviewed people's prescribed medicines when needed.

Learning lessons when things go wrong

- Accidents and incidents involving the safety of people were recorded and acted upon appropriately. Records reviewed did not reveal anything of concern.
- Staff told us actions taken following an accident or incident, were shared with the staff team to ensure future risks were minimised. One staff member described an incident when a person fell from their bed and said, "[Person] is now on a low level bed with crash mats and during the day, if she is in her room sitting in her chair, we have a sensor mat to warn us if she is up and moving about so we can go and check she is okay."

# Is the service well-led?

## Our findings

At the last inspection this key question was rated Requires Improvement. At this inspection this key question had remained the same. Improvements continued to be needed in some areas to ensure the service was well led.

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

- Improvements were required by the provider to ensure sufficient action was taken to sufficiently mitigate risks related to fire safety and the environment.
- The provider had undertaken a fire risk assessment and staff completed assembly point fire drills. Staff understood the importance of getting people to a place of safety and calling the fire service. However, the provider had not assessed the minimum staffing levels to safely carry out an evacuation of the premises or zone to a place of safety within the time period given by the fire service. For example, through the use of simulated fire drills to evacuate a specific zone in the home.
- Fire extinguishers had not been serviced when they were due during January 2021. The provider told us this because they had not been aware of this and they had made a change to their contractor. Following our inspection, it was confirmed to us the necessary work had been completed.
- The provider had fulfilled their legal duty to assess the risk of a legionella outbreak in the home. They had assessed this as 'low risk'. Legionella is a bacteria, commonly found in water. The general manager told us care staff ran water outlets, such as taps and shower heads, on a daily basis. However, the provider had not given staff any written guidance for staff to refer to informing them about the length of time taps should be left to run, for example, when bedrooms were unoccupied. Records made by staff did not record which water outlets had been run.
  - The Health and Safety Executive's (HSE) Approved Code of Practice identify those at high risk from contracting Legionnaires' disease include older people. However, the provider's risk assessment had not recorded 'older people' as a vulnerable group. Whilst professional water testing is not a legal requirement, the HSE give guidance on this for care homes and other settings. The provider told us they did not have a legionella certificate because they had assessed legionella as low. We recommend the provider checks the HSE guidance to ensure the potential risk of legionella is mitigated as far as possible.
- During our inspection, we found the provider was operating outside of their Service User Bands. The provider had the Service User Bands of Dementia and Older People (65 years and over). The general manager confirmed to us three people living at the home were in their 50's, which meant they did not fall in the provider's Service User Bands. Within a provider's Statement of Purpose, they must include details of who the service is for and have the relevant Service User Bands. The Care Quality Commission (CQC) must be informed of any changes to the provider's Statement of Purpose through a statutory notification. We advised a statutory notification should be made to us, without delay, with a copy of the provider's Statement of Purpose. This should contain full details of the additional service user band they were offering care and treatment. Following our inspection, we are requesting more information about this from the provider.

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

characteristics

- The provision of staff training had been negatively impacted during the COVID-19 pandemic. Staff told us they felt improvements in training were needed. One staff member told us, "If we have had any new starters in COVID-19 they haven't had training from someone who has been trained to provide it." The management team acknowledged the stresses of COVID-19 had impacted the availability of face to face training and told us of plans to address this as restrictions lifted. Staff had received support and guidance from experienced staff within the home during the duration of Covid-19, this had been agreed by the registered manager so as to reduce risks of infection from non-essential visitors coming into the home.
- Staff spoke positively about the registered manager and the general manager, describing them as a visible presence within the home who offered them support and leadership. One staff member told us, "The office door is always open" and, "I get on well with both of them, any concerns or problems, they are both approachable."
- The registered manager was a registered nurse and regularly worked as the nurse in the home. This meant she had a good understanding of people's health needs and the stresses on staff time. The registered manager told us this did not impact on their managerial duties.
- Staff felt able to share concerns and make suggestions knowing they would be listened to. One staff member explained how they had suggested bringing the timing of breakfast forward by an hour as they felt a later breakfast was impacting on people's appetite at lunch time. They said the registered manager had implemented the suggestion and now some people were gaining weight because they were eating more at lunch time.
- Staff spoke of other changes that had improved outcomes for people, such as the timing of staff breaks. One staff member said, "A lot of days I found it complete and utter chaos, but that has all changed now because if the floor is running smoothly, the staff are less stressed, people are less stressed."
- The registered manager told us they had recently sent a quality assurance survey to relatives for completion. They had received a few responses but had already identified that a common theme of concern was difficult contacting the home on occasions. The registered manager said they had already taken action to make improvements in response to this negative feedback.
- Relatives felt the registered manager and general manager were approachable.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a quality matrix tracker in place which provided an overview of expected quality checks and the identified intervals at which they should be carried out. These included reviews of health issues in the home such as weight loss and diabetes care.
- The pandemic had impacted on the provider's oversight of the home. In order to minimise risks of infection, the provider had not carried out any auditing visits. However, the managers told us the provider was always available to provide guidance and support.
- Audits were undertaken and had, overall, identified areas where improvements were needed, and actions were taken. However, the nurse told us medication audits should be undertaken on a monthly basis, but the medication audit made available to us was dated 4 February 2020. We queried this with the nurse who told the date may have been recorded incorrectly.
- We found no serious concerns related to medicines administration. However, improvement was needed to ensure audits were robust and identified issues where actions were needed. For example, daily checks were not documented to ensure when people had transdermal (skin) patches that their patch remained in place.

Working in partnership with others, Continuous learning and improving care

- The provider worked with other health and social care professionals. This further supported people to access relevant health and social care services and improved links with commissioners and infection control teams who provided support throughout the pandemic.

