

Albemarle Court (Nottingham) Limited

# Albemarle Court (Nottingham) LTD - T/As Albemarle Court Nursing Home

## Inspection report

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Date of inspection visit:  
06 February 2020

Date of publication:  
26 March 2020

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Court Nursing Home is residential care home which provides accommodation for up to 31 people who require nursing or personal care. At the time of the inspection 30 people were living at the home.

### People's experience of using this service:

People were kept safe from harm. However, the records used to record how risks to people's safety were monitored were not always fully completed. Fire equipment safety checks had not been completed for two months prior to the inspection. People were cared for by enough staff to keep them safe. People's medicines were, overall, safely managed. The home was clean and tidy, and staff understood how to reduce the risk of the spread of infection. Processes were in place that ensured causes of accidents and incidents were investigated and measures put in place to reduce recurrence.

People's needs were assessed, and care records formed to guide staff on how to care for people. Current best practice guidance and legislation was not always consistently used to help inform care planning. Staff were well trained and experienced and understood how to care for people safely and effectively. People were supported to maintain a healthy and balanced diet, although fluid intake charts were not always fully completed. Where people received care from other agencies as well as this service, the two worked together to provide timely and consistent care.

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

People received care from kind and caring staff. People liked the staff and felt able to make decisions about their care. Staff always acted on people's wishes. People received personal care in a dignified way. People's privacy was respected although private space in the home was limited. Staff ensured people's records were stored in a way that protected their privacy. Not all staff had completed data protection training.

People's personal choices and preferences were always considered and acted on when care was provided. Care records were thorough and informed staff of people's preferred way for care to be provided. Some of these records required archiving to ensure people continued to receive care in their preferred way. People were provided with opportunities to avoid social isolation by meeting others and to take part in activities. People felt able to make a complaint and were confident their complaint would be acted on. End of life care planning was in place.

Robust quality assurance processes helped the provider to assess any risks to people's safety. A more thorough approach to the reviewing of people's risk assessments would help to reduce this risk further. People and staff all praised the approach of the registered manager and director, who they found approachable. The registered manager and director had a good understanding and knowledge of the regulatory requirements to report concerns to the CQC. People's views were requested and acted on to aid

the development and continued improvement of the service.

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 11 August 2017).

#### 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 safe findings below.

Requires Improvement 

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.  
Details are in our caring 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 Court (Nottingham) LTD - T/As Albemarle Court 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team

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

### Service and service type

Albemarle Court Nursing Home 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 and was completed in one day.

### What we did before the inspection

We reviewed information we have received about the service since the previous provider's last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

### During the inspection

We spoke with four people who used the service and one relative and asked them about the quality of the care they or their family member received. We also spoke with two members of the care staff, domestic assistant and housekeeper, cook, activities coordinator, the registered manager and the director.

We reviewed a range of records. This included all or parts of records relating to 12 people who used the service. We also reviewed three staff files, training and supervision records and records relating to the safety and management of the service.

### After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# 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 requires improvement. At this inspection this key question has remained the same. 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.

### Assessing risk, safety monitoring and management

- The risks to people's health and safety had been assessed and systems were in place to monitor those risks and to act where needed. Staff had a good understanding of what they needed to do to reduce the risks to people's health and safety.
- Staff did not always complete people's records in enough detail to reflect the actions they had taken. For example, where people were at risk of developing a pressure sore, staff did not always record when they had moved a person. This meant people were at risk of receiving inconsistent care. Pressure relieving equipment was set to the correct level to reduce the risk of people developing a pressure sore; however, checks of this equipment to ensure they remained at the required level had not always been recorded.
- We also found examples where a person was receiving treatment for a wound. Whilst it was clear that the person's wound was being well managed and was healing, again, the person's records used to record the monitoring of the wound were inconsistently completed.
- Our observations throughout the inspection determined that people were well looked after and risks to their safety were acted on by staff; however, improvements were needed to ensure people's records accurately reflected the care they received.
- Assessments of the environment, equipment and the building were carried out. Fire risk assessments were in place. Up until November 2019 regular checks of fire safety equipment as well as fire alarms were carried out. However, we noted for a two-month period these had not been completed. We were informed that this coincided with the previous maintenance person leaving and the recruitment of a new maintenance person. The director acknowledged that this could pose a risk to people's safety and they would address this immediately.

### Using medicines safely

- People received their medicines safely. We observed staff administering people's medicines and they did so in accordance with recommended best practice guidelines.
- Medicines were stored safely and inside locked trollies or cupboards. We did note some medicines were stored in a locked trolley in the lounge. Checks of the temperature of this trolley were not carried out to ensure medicines were stored at their recommended temperature. This is important to ensure their effectiveness is not compromised due to too high or low temperatures.
- Staff competency to administer medicines safely was regularly checked. This helped to ensure safe medicine practice. Records used to record when a person had taken or not taken their medicines were well completed and regularly reviewed to help identify any themes or trends that could affect a person's health.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Effective systems and processes were in place that enabled staff to act to reduce the risk of people experiencing neglect or abuse would be acted on quickly. Relevant authorities were notified of concerns about people's safety where needed.
- People felt safe living at the home. One person said, "There's always someone around. That makes me feel safe." A relative said, "I know my relative is safe here, there's always staff around, and the place is secure."
- Staff were confident that the registered manager would act on any concerns immediately.

#### Staffing and recruitment

- There were enough suitably experienced and qualified staff in place to keep people safe.
- People told us staff came when they needed them, and this made them feel safe.
- We observed staff respond quickly to call bells and people's verbal requests for assistance.
- Robust recruitment procedures were in place to reduce the risk of people being cared for by inappropriate staff.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Staff had access to personal protective equipment such as aprons and gloves. We observed staff using these when caring for people and when serving food.
- Staff had received training to help reduce the risk of the spread of infection.
- The home was clean and tidy and free from any obvious infection control risks.

#### Learning lessons when things go wrong

- Accidents and incidents were investigated, and themes and trends analysed to help reduce the risk of recurrence.
- Where staff had made errors and lessons needed to be learned, these were discussed during supervisions and team meetings.

# 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 now 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 physical and mental health and social needs were assessed prior to them starting with the service. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Care records contained limited reference to current best practice standards and guidance when care plans were formed. The director advised they would address this and would review records to ensure current best practice guidance and standards were considered when care plans were formed. A review of all people's care records would also be completed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained, experienced and had the skills needed to provide them with effective care.
- People and relatives told us staff understood their or their family member's needs and provided the care and treatment that was needed. Staff spoken with had a good understanding of people's care needs.
- Most staff felt supported by the registered manager and director to carry out their role safely and effectively.

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

- People were supported to eat and drink enough to maintain a balanced diet and to reduce the risks to their nutritional health.
- All the people we spoke with said they liked the food that was on offer and they had plenty of choice. One person said, "If I don't fancy what's on the menu the cook will get me something else, they are very good like that."
- Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health. Where people were at risk of not eating and drinking enough, their daily intake was recorded. We did note that the amount they had drunk each day was not totalled, which would make it more difficult to quickly identify whether a person was drinking enough. However, in the records we looked at, people received enough amounts each day to reduce the risk of dehydration.

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

- People were supported to receive effective, timely care with other agencies where needed.
- During the inspection a dentist visited the home to provide a dental assessment should people require it.

Records also showed people saw their GP when needed and those at risk had regular check-ups with opticians.

- Where other agencies were involved with people's care, care records were amended to ensure any guidance given by them was implemented by the care staff. This ensured people continued to receive consistent and timely care across several different agencies.

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

- The home had been adapted to support people living with dementia and/or a physical disability.
- Signage was in place to help people orientate themselves around the home, helping people to identify communal areas. One communal lounge was available. Although this lounge was cluttered in places, we observed people enjoying using this area.
- Bathrooms had specially adapted equipment to support people with using the facilities safely.
- The home was well-maintained and had a safe and accessible garden.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and we found they applied these principles effectively.

- Where people were unable to make decisions for themselves detailed mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative and health professional.
- DoLS were implemented effectively at the home. It was clear who had a DoLS in place and whether they had conditions attached which must be adhered to by staff. This ensured people's rights were protected.
- People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.

# 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 were treated well by kind and caring staff.
- People liked the staff. One person said, "They always ask how I am feeling, they know I can feel a bit down, so they spend a few minutes with me just chatting." Relatives agreed and felt staff treated their family members well.
- People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them. People were visited from representatives from a variety of local churches, ensuring each denomination of the Christian religion was catered for where required. This included people receiving Holy Communion if they were unable to go to church.
- People were provided with a service user guide which informed people of their right to expect a high standard of care. People were advised how they could raise concerns if they felt staff did not always meet their and the provider's expectations.

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

- People were supported to contribute to decisions about their care.
- Relatives told us they were always consulted when decisions needed to be made about their family member's care. One relative said, "I discuss my relative's care with the staff. Their care needs have changed overtime and they have changed their care plan.
- People's care records contained some examples of people and relatives being involved with formal reviews of the care provided. However, this was not consistent in all the records we looked at. The registered manager told there were regular discussions held with people and relatives but agreed this needed to be reflected formally in people's care records.
- Staff had a good understanding of people's care needs. People told us staff listened to them and provided care their preferred way. This made people feel that their views mattered and were respected by staff.
- Information about how people could access an independent advocate to assist with making decisions was provided.

Respecting and promoting people's privacy, dignity and independence

- People were provided with dignified care.
- Most staff had completed 'dignity and respect' training and this was used effectively by staff. We observed caring, respectful and dignified interactions with people.
- People's privacy was respected. People said staff were very respectful, always knocked when entering rooms, making sure curtains and bathroom doors were closed. We did note there was a lack of private space

in the home. If people wished to speak with family or friends in private, or wished to spend some time alone, then they would have to use their bedrooms as no other space was available.

- People were encouraged to do as much for themselves as possible. Where staff support was needed, this was done in a way that promoted the person's independence wherever possible.
- People's care records were handled in a way that protected their confidentiality and complied with data protection legislation. However, training records showed not all staff had completed data protection training. This is a course deemed mandatory by the provider. The director told us they would address this with the staff concerned.

# 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 now 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's needs were assessed prior to them starting to use the service. This was done to ensure that people's care needs could be met by staff. Once agreed detailed care plans were agreed with people.
- People's care records contained the information required for staff to provide care in accordance with their preferences and choices.
- We did note that many of these records contained documents that needed to be removed (or archived) to ensure staff always had the most up to date information in accordance with people's current care needs and preferences. The registered manager acknowledged this and told us they would carry out a review of these records and remove documents that were no longer needed.
- People told us care was provided which considered their choices. This included the time people wished to go to bed and when they liked a bath or shower.
- Staff had a good understanding of people's daily routines. Documents such as 'This is me' were in people's records and these helped to explain what people's personal choices and preferences were. They also provided some background information about each person's life history and experiences. This helped staff to form meaningful relationships with people and helped to ensure care was preferred in people's preferred way.

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 take part in activities to meet and spend time with others to help to reduce the risk of social isolation.
- People liked the activities that were provided and the assistance they received from the activity's coordinator with their own chosen activities. One person said, "There is always something happening if you want to get involved, the activity person is very good, they help me with getting my jigsaws finished, they don't do it for me they just give me help."
- We observed activities taking place throughout the day and people and staff interacted well and people seemed to enjoy them.
- People were supported to maintain important relationships with friends and family.

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 provider was aware of the AIS. They told us they had the option to provide information for people in different formats should they require it. This will include larger fonts on documents such as company policies and care plans.

#### Improving care quality in response to complaints or concerns

- Complaints were handled in accordance with the provider's complaints policy.
- People and relatives felt able to raise a complaint and it would be acted on. A relative said, "The director is very hands on, he's always around and will make time to chat, when I have had concerns I have discussed these with him."

#### End of life care and support

- End of life care plans were in place and were reviewed. These contained information about people's family relationships, their funeral plan and in some cases the person's wishes about treatment at the end of their life. When people required specific medication at the end of their life, this was recorded.

# 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 now 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.

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

- The service was well-led by a registered manager and director who had a good understanding of their role. They worked together to ensure compliance with regulatory requirements. This included ensuring the CQC were informed of incidents that could affect people's safety and ratings from CQC inspections were displayed appropriately.
- Robust quality assurance processes were in place. These were effective in ensuring people received safe care and treatment. The registered manager acknowledged a more thorough review of people's records were required, particularly where there were risks to people's health and safety, (as described in the 'Safe' section of this report). This will ensure the provider always had a good understanding of the potential risks to people's safety.
- Our observations throughout this inspection found people were well cared for, well-presented and were cared for by knowledgeable staff.
- Staff had a good understanding of their role and how they contributed to the success of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People praised the positive culture of this service. They welcomed the input of the director and felt they and the registered manager worked well together. Staff felt able to carry out their role and were supported by the management team to ensure people received positive outcomes.
- Our observations throughout the inspection showed there was a positive, calm and friendly atmosphere within the home. People, relatives, staff and management all got on well together and this led to an open, inclusive and empowering environment to live, visit and to work in.

Continuous learning and improving care

- The performance of the staff was regularly reviewed to ensure standards of care and treatment remained high. If staff dropped below the required standard, systems were in place to address this. Where staff made mistakes, they were supported to learn from them to ensure they did not happen again. This made feel staff feel supported as well people receiving continuously improving quality of care.
- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility

to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.

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

- People, relatives and staff felt encouraged to give their views about the service and how it could improve. All were provided with regular meetings with the management team to raise any issues they may have. These were then acted on and reviewed to ensure continuous improvement.
- The most recent quality assurance survey sent to people and relatives showed they were happy with standard of care and treatment provided.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all. This included professionals based at the location who provided people with a variety of support to regain their independence.