

HICA

# Albemarle - Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Albemarle is a residential care home for up to 42 older people including those living with dementia. At the time of our inspection there were 41 people living at the home. The home is set out over two floors with communal areas and access to a large secure garden area. There is a passenger lift to assist people to get to the upper floor.

The inspection took place on 2 May 2018 and was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our previous inspection in November 2015, we made a recommendation that the registered manager followed the latest guidance on notifications that are required to be submitted to the Care Quality Commission (CQC). At this inspection we checked and found the registered manager had notified the CQC of certain important events as part of their registration.

At our previous inspection in November 2015, we made a recommendation that the registered manager sought advice in regards to their quality management systems so that appropriate and accurate records were held. At this inspection we checked and found the registered manager completed quality assurance checks to maintain standards of service and identify any areas for improvement.

Staff had received appropriate training to ensure people were protected from avoidable harm and abuse. Systems and processes were maintained to record, evaluate and action any outcomes where safeguarding concerns had been raised.

The provider maintained safe staffing levels. Staff recruitment included pre-employment checks that meant only suitable employees were recruited to work in the home.

People received appropriate care and support to meet their individual needs because staff were supported to have the skills, knowledge and supervision they needed to carry out their roles.

Assessments of risks associated with people's care and support and for their environment had been completed. Support plans provided information for staff and other health professionals to ensure people received safe care and support without undue restrictions in place.

Systems and processes ensured safe management of medicines and infection control.

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.

The registered provider was committed to providing people with a positive caring partnership with staff who were clear about the importance of paying attention to people's well-being, privacy, dignity and independence.

The provider equipped staff with the skills and knowledge to appreciate and respond to the principles of equality and diversity. The provider ensured everybody received care and support that reflected their wishes and preferences. Records were being reviewed to improve this information.

People were included in discussions about their care and support and associated information was person centred. Records were evaluated for their effectiveness and amended to ensure they were up to date and reflective of the person's current needs.

Staff supported people with everyday choices and to enjoy a variety of meaningful activities.

Systems and processes were in place to support people should they need to raise a complaint.

People, their relatives, staff and other health professionals were consulted with and their views and feedback used to help shape the service and maintain high standards of care and support.

Further information is in the detailed findings below.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good

### Is the service responsive?

Good ●

The service remains Good

### Is the service well-led?

Good ●

The service has improved to Good

# Albemarle - Care Home

## Detailed findings

### Background to this 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 is 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.

This was a comprehensive inspection. The inspection took place on and 2 May 2018 and was unannounced.

The inspection team consisted of two Adult Social Care inspectors.

Information was gathered and reviewed before the inspection. We requested feedback about the service from the local authority commissioning and safeguarding team, and Healthwatch East Riding of Yorkshire. We reviewed information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually 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 were receiving a service and six visiting relatives. We spoke with four care workers, the activities coordinator, and the cook. We spoke with the owner, the registered manager and the deputy manager. We spoke with one visiting health professional and with a local GP.

We reviewed a range of records which included care plans and daily records for four people and five staff files. We checked staff training and supervision records. We completed observations in and around the home which included; the environment, meal times, the medication round and activities people participated in. We looked at records involved with maintaining and improving the quality and safety of the service which included a range of audits and other checks.

## Is the service safe?

### Our findings

People told us they felt safe living at the home and with staff who worked there. One person said, "There are always staff on hand if I need them. I can go out in the garden without any concerns for my safety." Staff had completed safeguarding training and were able to discuss the types of abuse to look out for and how to raise any concerns for investigation. Where concerns had been referred to the local authority, investigations had been completed. Resulting actions had been implemented to help keep people safe. A staff member said, "I would raise any concerns with the manager; or safeguarding or the CQC; we are a good team of staff and are all supportive of people's safety."

People had received an assessment of their needs and this was recorded with any associated risks. Risk assessments were graded to ensure people could receive the right amount of safe care and support without unnecessary restrictions in place. Monthly evaluations were completed and where appropriate care and support was adjusted to ensure it was appropriate to meet people's individual needs to keep them safe.

The home environment, equipment and utilities had been checked to ensure everything remained safe to use. The checks included documented fire risk assessments and gas safety. In addition to shower head disinfecting and water temperature checks, the provider ensured water in the home was free from Legionella; a water borne bacteria. A log for repairs was maintained and reviewed for completion. The provider employed a maintenance team who were responsible for any maintenance or repairs.

The home was clean, fresh and free from any unpleasant odours. Prevention and control of infection was appropriately managed and staff had access to gloves and aprons. Cleaning rotas and schedules were in place and up to date.

Staff had received Fire safety training and told us they would be confident in an emergency situation. The provider had completed an assessment to ensure people had the required support to evacuate the building in the event of an emergency situation.

The provider ensured safe recruitment practices were in place. Staff files recorded pre-employment checks had been completed on prospective employees before they commenced their role. The registered manager completed an evaluation of people's needs to ensure there were sufficient staff with appropriate skills to respond to everybody's needs. One person said, "There's always staff or the manager around. If I am in my room and I need assistance I push that button and they come quickly; it's brilliant."

People were supported as assessed to take their medicines. Systems were in place for the safe management and administration of medicines and people received their medicines as prescribed. Staff had received up to date training and followed best practice. We observed the medicines round. Staff were observed to be patient and courteous offering people a drink and discussing their medication.

## Is the service effective?

### Our findings

People and their relatives spoke positively about the quality of care and support provided by staff at the home. One relative told us, "[Person's name] is in very good hands. I could never have supported them at home as they do here; they had routines in place within days."

The provider ensured each employee completed an induction to the home, the service and with the people who lived there. New employees completed 'taster days' and shadowed existing staff. Staff were supported with training; that was evidenced as being up to date and meant they had the right skills to meet people's needs. Staff told us, "I completed the care certificate which refreshed my knowledge of basic care principles; we complete other training and everything is up to date."

Records confirmed staff received regular documented observations on their competency to provide people with appropriate care and support. Feedback was provided and discussed during supervisions and annual appraisals. Staff told us, "We have formal supervisions but we can also discuss any concerns at any other time with either a senior or the manager."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the MCA. Staff had received training in the MCA and understood the importance of encouraging people to maintain their independence and make their own decisions. One staff member said, "We always offer people choice; what they want to wear, to eat, and any other day to day decisions they can make." Where the provider had concerns regarding a person's capacity to agree to informed decisions about their care and support, care plans recorded that best interest decisions had been completed. If restrictions were needed to keep people safe, applications for DoLS had been submitted to the local authority for further assessment and approval.

People were supported to eat and drink enough to maintain a balanced diet. Care records provided up to date information to ensure staff were aware of any changes in people's dietary needs. A relative told us, "[Person's name] has always been a vegetarian but they enjoy fish. The home is open and responsive to any personal food preferences." Hot and cold drinks were available, and people could eat where and when they choose. Staff provided additional support where this was required.

People told us, and records confirmed they were supported to access services that included the GP, chiropodist, public health teams and district nurses to maintain their health and wellbeing. A health professional told us, "The service is proactive; they act on our recommendations and we have a positive working relationship." A local GP told us, "The provider does a brilliant job to maintain people's health. We are approached appropriately when there is a need."

The home was designed to assist people living with dementia to move around the home independently. Areas of interest provided people with the opportunity to stop and reminisce about times gone by. Rooms

were available for people to enjoy musical interests, quiet reading and a larger communal room included a bar area that was used for social functions. People had safe access from a communal area to an enclosed outside garden with seating and patio area.



## Is the service caring?

### Our findings

Staff had built caring relationships with people. Throughout the day we observed positive interactions between everybody. Staff offered emotional support and reassurance where people showed signs of distress or anxiety. People were observed to respond positively when staff approached; often smiling and engaging in pleasant conversation. A relative told us, "Whenever I visit I am made very welcome. The manager always knows how [Person's name] has been and provides me with updates. They are all very caring."

Records included information to ensure people received personal care according to their preferences. Staff confirmed, "People can have a bath or shower and if they only want a male or female care worker to assist them; then that is what we would do." One person said, "They [Staff] are very considerate." Staff had received training in and understood the importance of respecting people's dignity. At meal times we observed staff offered people the use of clothes protectors and attended to any spillages without delay.

Staff told us they maintained people's privacy by closing doors and ensuring towels and clothes were available. Staff said, "People are encouraged to take their time, to assist in bathing where they can and to spend time on their own."

People's privacy was respected. We observed staff always knocked on people's room doors and waited for agreement before entering.

The registered manager told us there were no restrictions on visitors to the home. People were encouraged to maintain family involvement and we observed pleasant family interactions during the inspection. One relative told us, "I visit whenever I can. I am even encouraged to come during meal times when we can have a meal together; that's not always the case at other homes."

Care plans included support for people from an advocacy service. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Staff had completed training in equality and diversity awareness. A policy was in place and provided further guidance to ensure people from all backgrounds were welcome at the service and that steps were taken to ensure that all people were treated with dignity, respect and without discrimination. Where people were unable to visit a place of worship, the provider ensured people's personal beliefs were supported at the home.

The provider ensured information was stored securely with only those individuals who needed to, having access. Staff discussed the importance of maintaining people's confidentiality. Staff confirmed they would not share information people told them without their consent or unless it was in the person's interest to maintain their safety or their health and wellbeing.

## Is the service responsive?

### Our findings

People had received an assessment to ensure the service was appropriate to their needs. The assessment formed the basis of care plans that provided staff with holistic information about the person, their background, needs, and how to support them. One person confirmed, "I have been involved in my care and support; there is a care record and I am involved when staff update it." People and their relatives said they felt able to tell staff if anything needed changing or could be improved. This meant the provider could be responsive to any changes in people's support needs."

All but one record we looked at had been signed by the person where they had capacity to do so to confirm their acceptance and agreement to the content. One had been signed by the person's daughter on instructions from the individual and the provider was updating the records to record this decision. Where people did not have capacity best interest decisions had been held that included a person's legally appointed representative and advocate where this was required.

Each care plan included a 'personal profile' with details about the person's family life, interests, background and community involvement. Staff were able to discuss any routines or beliefs that were followed by a person at any given point in the day. Care plans showed these were discussed but inconsistently recorded. The registered manager told us they would review the records to ensure this information was clearly recorded as part of the person's personal profile.

Daily health records were used to monitor weights, skin condition, falls, and food and fluid intake. This information was evaluated and included oversight from the registered manager. Where concerns became apparent the registered manager ensured guidance and input from other health professionals was sought. Where the care provided to people changed staff were informed as part of a handover meeting after each shift. Care records were updated when changes became apparent and evaluated monthly to ensure information was reflective of people's current needs.

Activities coordinators were employed and were passionate about their role; to support people to engage in activities and interests which were meaningful to them. People spoke highly of this and the positive impact it had on their daily living. Where people chose to remain in their rooms, staff ensured they spent time with them chatting, completing puzzles and playing games to avoid the risks of social isolation. Observed activities included, arts and crafts, listening to music, reminiscing, and preparing for monthly themed meal times representative of cruising around countries of the world. People were supported to have a drink at the local pub, to go shopping, had meals out and fund raising events were planned to provide people with day trips out.

A complaints policy was available in people's rooms. The document included guidance on how to complain and what to expect as a result. People we spoke with confirmed they knew how to make a complaint. Records showed that complaints and compliments had been managed appropriately.

The provider discussed people's wishes and preferences for end of life care. Where people had agreed, this

and any advance decisions were documented in their care plans.

## Is the service well-led?

### Our findings

At our previous inspection in November 2015, we made a recommendation that the registered manager followed the latest guidance on notifications that are required to be submitted to the CQC. At this inspection we checked and found the registered manager had a clear understanding of their role and the regulatory requirements. Before the inspection we checked and found they had notified the CQC of certain important events as part of their registration. It was clear from our discussions and observations the registered manager was passionate about delivering high-quality care and support, and promoted a positive, person centred culture to achieve good outcomes for people.

At our previous inspection in November 2015, we made a recommendation that the registered manager sought advice in regards to their quality management systems so that appropriate and accurate records were held. At this inspection we checked and found the registered manager completed quality assurance checks to maintain standards of service and identify any areas for improvement. We saw these checks included people's records, staff records, medicines, laundry, kitchen, maintenance, safeguarding, complaints and accident and incidents. Audits were completed in line with the providers' policy and associated records were up to date. Further analysis of audits and information was completed by the provider. This was to ensure the provider remained compliant with regulatory requirements, and so that any trends, (for example, where accidents and incidents were reported) were picked up and actions implemented to reduce those events to help keep people safe.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We received positive feedback about the manager, staff and the service throughout our inspection. Staff told us, "It's a great place to work; we have a good team and we all pull together to support people." "The manager is involved with the home and always steps in to assist whenever needed." The registered manager said, "We held a scarecrow making competition for staff and the winner was given a voucher to spend. We held a staff quiz with residents having oversight to ensure no cheating; these are good inclusive staff events which include people who live here and help to build staff cohesion."

The provider maintained positive links with other health professionals and the community. Care records included a health passport providing personal details to ensure people continued to receive consistent care and support should they transfer to another health service, for example, a hospital.

Guidance was sought where required and advice on best practice and improvement was assured from attendance by the registered manager at provider forums, and from research and professional bodies.

The provider consulted with people, staff and relatives about the service. Feedback was sought using an annual questionnaire. Analysis of the feedback was planned and where required the registered manager

told us actions would be implemented to improve the service for people.