

ADL Plc

Allambie Court

Inspection report

55 Hinckley Road
Nuneaton
Warwickshire
CV11 6LG

Tel: 02476383501
Website: www.aldcare.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Allambie Court Nursing Home is a care home, providing personal and nursing care and accommodation for up to 26 people. There were 22 people with frailty due to older age and / or dementia living at the home at the time of the inspection.

What life is like for people using this service:

- People felt well cared for and described staff as kind and compassionate toward them.
- Staff knew people well and how they liked to be cared for.
- There were some risks of potential infection posed to people. Cleanliness was not consistently good and improvements in hygiene were needed in the kitchen and to soft furnishings in communal lounges.
- Food safety guidelines were not always followed and a food handling practice posed potential risks of infection to people.
- People felt care staff were kind towards them and looked after them well. Activities were planned for and took place during the afternoons which met people's needs.
- People had individual plans of care, so staff had the information they needed to care for them.
- Risks were identified, and actions taken to reduce the risks of harm and injury. However, monitoring records were not always in place to support effective monitoring of identified risks.
- Medicines were managed safely. People's prescribed medicines were available to them and records had been completed as required.
- Staff had the necessary skills to meet people's needs.
- Care staff understood the need to gain people's consent before personal care was provided. The registered manager understood, and worked within, the requirements of the Mental Capacity Act 2005.
- People were supported to eat and drink adequately.
- Staff interacted positively with people, showing a caring approach.
- People and relatives were, overall, complimentary about staff. No written complaints had been received, however, concerns about cleanliness were shared with us.
- The provider had systems and processes in place to assess the quality and safety of the service. Most actions were taken to make improvements where needed. However, we found occasions where actions for improvement identified were not always implemented.

Rating at last inspection: The last report for Allambie Court Nursing Home was published on 28 June 2018 and we gave an overall rating of Requires Improvement.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found some improvements in how effective the service was and how people were cared for. However, improvements continued to be needed in the safety, responsiveness and how well led the service was. The rating continued to be Requires Improvement.

Follow up: We will continue to monitor intelligence we receive about the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently 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 not consistently responsive.

Details are in our Responsive findings below.

Requires Improvement ●

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 checked 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.

Inspection Team: One inspector, a specialist advisor and an expert by experience carried out this inspection. The specialist advisor had a nursing specialism. The expert by experience had personal experience of caring for older people.

Service and service type: Allambie Court Nursing Home is a care home. People in care homes receive accommodation and 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 (CQC). A registered manager, as well as the provider, are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection took place on 2 April 2019 and was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us. We also sought feedback from the local authority and professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During our inspection visit we spoke with the nurse in charge of the shift, four care staff, the chef, the general manager and the registered manager. We spoke with two people living at the home eight relatives. Most people living at the home, due to living with dementia, were unable to give us their feedback about the service. We spent time with people to see how staff supported them.

We reviewed a range of records, including eight people's care records and seven medication records. We also looked at records relating to the management of the home, including audits and systems for managing any complaints. We reviewed the area manager's records of their visits to the service; when checks were made on the quality of care provided.

Following our inspection visit, we had a telephone conversation with the provider.

Is the service safe?

Our findings

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

Requires Improvement: People were not consistently safe and, at times, were at potential risk of avoidable harm. Regulations were met.

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

- Food safety was not always maintained. The chef told us spare lunchtime food that had been returned to the kitchen after being in the hot serving trolley was re-heated and used for people who required a soft consistency teatime meal. This was not safe practice and posed potential risks of avoidable illness. The general manager and registered manager told us they were unaware of this practice and would ensure it ceased immediately.
- Individual risks to people were identified and information to guide staff about how risks should be mitigated were in daily plans of care. For example, staff had information to guide them about people's dietary requirements and who required their food to be of a soft consistency to reduce the risks of choking.
- However, records were not always kept, nor sufficiently detailed. One person's care plan identified a risk of urine infections and guided staff about their desired fluid intake target. However, staff did not record the person's fluid intake and could not tell us how much the person had drunk, so this could not be monitored.
- Some people had been identified as at risk of having or developing sore skin. Special equipment, such as airflow mattresses were in place. However, records on the progress or deterioration of skin damage were not always clear.
- Staff knew how to report and record accidents and incidents. The registered manager was responsible for analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence.
- There was a fire alarm system which was maintained. The fire panel had 'zone' numbers to indicate which area of the building had triggered the alarm. However, the fire procedure and building layout plan to inform staff which zone was which, was not displayed by the fire panel. This meant potential delays could occur, in staff and emergency services identifying the zone which had triggered the fire alarm. The day following our inspection, the general manager sent us photographic evidence of action taken to display the fire procedure and zone information.
- Personal Emergency Evacuation Plans (PEEPS) were not individual and did not contain detailed information about the level of support or special evacuation equipment people may require in the event of an emergency. Following our inspection, the provider informed us action was 'in progress' to review PEEPS and add individual detail.

Staffing and recruitment:

- Overall, people had access to staff when needed. However, staff and relatives told us there were periods of time when the communal lounge was unattended by staff because they were supporting people elsewhere.
- During our inspection visit, the communal lounge was staffed most of the time. However, we saw two examples of when people required staff to support them as their behaviours caused anxiety to another person. Once alerted by us, staff quickly responded, however, people living at the home were unable to summon staff support when needed due to living with dementia. Staff assured us the communal lounge was left only for short periods of time. The general manager and registered manager explained one of them

would usually be available to support staff when needed.

- The registered provider undertook background checks of potential staff to assure themselves of the suitability of staff to work at the home. New staff worked with experienced staff to understand people's individual needs.

Preventing and controlling infection:

- Effective kitchen cleaning had not taken place. We found food debris and spillages on the kitchen floor and in the dry food storage room. Cleaning schedules had not always been completed. The general manager and registered manager told us they were aware of "kitchen cleaning not being as it should be." However, no immediate actions had been taken by the registered manager to ensure cleanliness was maintained in the kitchen.
- The first-floor hot food serving trolley which had not been used since the previous day was dirty with food debris and stains. This posed potential risks of people's food becoming contaminated due to a lack of, or ineffective, cleaning. The day following our inspection, the general manager sent us photographic evidence of both hot serving trolleys having been deep cleaned.
- Most areas of the home were clean. However, the cleanliness of some communal areas needed to be improved. For example, lounge soft furnishings had not been effectively cleaned and food debris and dirt were embedded between fitted arms and cushions on sofas. One relative told us, "That's not just today, seating here is often dirty with grime and bits of old food."
- Fifteen people who required transferring with a hoist did not have their own allocated hoist sling which posed risks of cross infection. Staff told us hoist slings were shared between people and when not in use, slings were hung together. Staff said hoist slings were 'washed when they were dirty'. The general manager told us they had identified this as a potential infection risk in their audit and made the provider aware.

Using medicines safely:

- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipts, storage, administration and disposal of medicines.

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

- Care staff had received training in how to safeguard people from the risk of abuse and demonstrated some understanding of safeguarding principles.
- Relatives felt their family members were protected from the risks of abuse by staff working at the service.

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

Good: The effectiveness of people's care, treatment and supported good outcomes for people. Regulations were met.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA applications procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care staff worked within the principles of the MCA. They explained to people what was happening and gained their consent, for example, before supporting them with personal care.
- Mental capacity assessments had been undertaken and were embedded into plans of care and support.
- The registered manager had submitted information as required when people were deprived of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People had pre-admission assessments completed before they moved to the home to ensure staff had the skills and knowledge to meet their needs. This included their medical history, mobility and nutritional needs.

Staff support: induction, training, skills and experience:

- At our last inspection we found staff had not always received the training they needed to support people living with dementia and how to manage behaviours that challenged. Improvements had been made and staff told us they had received training and felt more confident in supporting people. Staff used their knowledge to distract people and diffuse behaviours that may potentially have put people at risk of harm.
- Where staff had not yet completed training, they were either currently enrolled on distance learning courses or training was due to be arranged.
- The provider had a system to assess and record nurse's clinical competency skills. The nurse in charge demonstrated good clinical knowledge to our specialist nurse assessor.
- Care staff had opportunities to obtain nationally recognised vocational qualifications. Relatives felt staff had the skills they needed for their job role.
- Staff felt supported by the general manager and registered manager through one to one meetings and

team meeting.

Supporting people to eat and drink enough with choice in a balanced diet:

- People were given choices about what they ate and drank. One staff member told us, "We plate two meals and show people, they can point to which one they want. It's easier for people living with dementia to make a choice like that." One person responded by telling staff they would like 'half of each' and their request was met.
- Staff told us lunchtime was "very long" because most people required support to eat their meal and ate slowly. Staff and relatives felt an extra staff member over the lunchtime period was needed. One relative told us, "Staff came to support my family member with their lunch at 2pm, because they were with other people before then." Another relative said, "The care itself is excellent, but they need one more staff member on the floor as a floater to fill any gaps where needed." The general manager told us one staff member was absent from work and this may have impacted on the lunchtime service.
- Staff monitored people's weight. The registered manager analysed the records to identify when people needed extra calories because of unplanned weight loss. The chef gave us examples of how they increased calorific value in foods, such as by adding cream to mashed potato. Staff offered people snacks between meals.

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

- People had access to health care professionals and staff gave us examples of when they would telephone for professional healthcare guidance.
- The general manager told us if the GP was contacted about concerns for a person's health and wellbeing, a home visit took place the same day.

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

- The service design and décor met the needs of people living with dementia and suitable use of signage helped people find their way around the home. For example, toilet doors were painted red with a pictorial image of a toilet on the external door. People's bedroom doors were painted in bright colours with people's name and pictorial images to help them identify their rooms more easily. Visible green hand rails were used by people who liked to walk along corridor areas.

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

Good: People were well-supported, cared for or treated with dignity and respect. Regulations were met.

Ensuring people are well treated and supported:

- Positive interactions took place between people, care staff, the cook and the housekeeper. All staff, whatever their role, took opportunities to engage with people and showed a kind approach.
- People and their relatives described care staff as 'kind' and 'caring'. One relative told us, "I have no worries when I go home and leave my family member with staff, they are caring."

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

- Relatives told us staff had involved them in their family member's initial assessment to inform their plan of care. People had opportunities to share their life histories, their preferences and information about things that were important to them.
- We observed supportive warm interactions between staff and people. For example, one staff member demonstrated a caring, patient approach when they explained what was happening to one person living with dementia.
- Relatives were aware they could request individual meetings with the registered manager to discuss their family member's care. Minutes from meetings recorded positive feedback about the care provided.

Respecting and promoting people's privacy, dignity and independence:

- Staff respected people's privacy and we observed staff knocked on people's bedroom doors before entering.
- Staff showed discretion when asking people if they wished to use the toilet and maintained people's dignity.
- The nurse in charge was discreet when asking people, in communal lounges, if they required any 'when required' medicine.
- Staff promoted people's independence as far as possible. For example, at lunchtime, two people had meals on a tray and started eating their lunch. A staff member gave both people time to eat their meal as independently as they could, and then offered support when needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: Overall, people's needs were responded to. However, some improvement was required as staff were not responsive in every area of people's care needs. Regulations were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People had individual care plans and relatives told us they had been involved in discussing their family member's care.
- Information was not available to people in an accessible format. For example, care plans and the provider's complaints policy were only available in a written format. The registered manager told us they had not yet fully implemented the 'Accessible Information Standard' (AIS). The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support they need.
- Overall, care was personalised. For example, one person liked to take things apart. Objects, such as pipes, were made available for this person to distract them from other furnishings in the home.
- However, we found staff were not always responsive to people's needs for oral care. One relative told us, "My family member's teeth have gone brown and I wonder if staff are cleaning their teeth enough." Another person who received their food and drink through a Percutaneous Endoscopic Gastrostomy (PEG), had a very dry mouth. We informed the nurse about this and they assured us they would address people's oral care needs with staff. A PEG is where a tube is passed into a person's stomach through the abdominal wall, to provide a means of feeding when oral intake is not adequate.
- Activities based on people's interests were planned for and took place. During our inspection visit, ladies and gentlemen were offered a nail manicure which we saw people enjoyed. Staff told us activities took place for two hours daily during the week, with occasional extra events.

Improving care quality in response to complaints or concerns:

- The registered manager told us no written complaints, to date, had been made in 2019. However, we were made aware of some verbal concerns raised by relatives to staff, but these had not been recorded. For example, one relative told us they had raised numerous concerns to staff about cleanliness during December 2018, but they felt improvements had not yet been made. The general manager and registered manager told us they were unaware of verbal concerns having been made to staff.
- Compliments had been received in the form of 'Thank you' cards from relatives.

End of life care and support:

- People had 'ReSPECT' assessments, where decisions had been made to 'Do Not Attempt Pulmonary Cardio Resuscitation' (DNACPR). These showed people or their relatives had been involved in making end of life care decisions.
- The home offered end of life nursing care. At the time of our inspection one person was receiving end of life care. However, this person had no end of life care plan despite staff telling us they had been receiving end of

life care for 'several weeks'. The nurse in charge took immediate action and implemented a care plan during our inspection visit.

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

Requires Improvement: The service was not consistently well managed and well led. Regulations were met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- At our last inspection in April 2018, we found a continued breach in the key area of safe and improvements were required in all five key areas. The provider has a recent history of not sustaining improvements and whilst on this inspection we found some improvements had been made, these needed to be embedded in the culture of the home and further improvements made. The provider continues to need to demonstrate sustained change.
- Overall, the provider's governance systems to monitor the quality and safety of the service identified where improvements were needed. For example, improvements in the management of medicines had been made following a medicines audit in February 2019. However, the effectiveness of systems and processes to monitor the safety and quality of the service were not consistently effective. For example, health and safety checks had not identified potential risks posed when fire safety about the action to take in the event of a fire, was not displayed. The general manager told us they were aware the fire safety information was not displayed but had not taken any action about this, prior to our inspection visit.
- The 'building, environment and infection prevention audit' undertaken by the general manager and registered manager in January 2019 had identified some areas where improvements were required. However, some cleanliness and cross infection issues we found and which had been identified in the audit identified had not been acted on. For example, the risks associated with shared hoist slings. Some issues had not been identified, for example, the cupboard where personal protective aprons were stored could not be cleaned properly because it was broken and the seal was missing. This posed risks of cross infection because aprons were not stored in accordance with good infection control practice.
- There was a lack of day to day managerial oversight regarding the cleanliness of the home. Whilst the general manager told us they were aware kitchen cleanliness was not of expected standard, action had not been taken to address this. The general manager told us they were planning to discuss staffing for the kitchen and cleaning arrangements with the provider's area manager in about two weeks time.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- Staff felt supported by the general manager and registered manager. Both managers told us they felt supported by the provider's area manager, who undertook frequent visits to the home and was contactable by telephone if support was required.
- The registered manager understood their legal responsibilities and statutory notifications were sent to us as required. The rating from the provider's last inspection was displayed, as required, on the information board in the entrance of the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- Opportunities were given to relatives, healthcare professionals and staff to give feedback on the services provided. Surveys had been sent to people in March 2019 and the general manager explained these were in the process of being received and analysed. However, there was no accessible format, such as a pictorial version, for people living at the home to enable them to give feedback if they wished to.

Continuous learning and improving care:

- The general manager and registered manager promoted continuous learning to ensure best practices were followed. For example, they attended quarterly meetings on skin care, held at a local hospital to promote their learning and development.