

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Albemarle Hall Nursing Home

4 Albemarle Road, Woodthorpe, Nottingham,
NG5 4FE

Tel: 01159607339

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2014

We inspected the following standards to check that action had been taken to meet them. This is what we found:

Care and welfare of people who use services ✓ Met this standard

Safety and suitability of premises ✓ Met this standard

Details about this location

Registered Provider	Albemarle Hall Limited
Registered Manager	Mrs Hameeda Khan
Overview of the service	Albemarle Hall Nursing Home is a care home (with nursing) for people who have needs associated with ageing or dementia.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Albemarle Hall Nursing Home had taken action to meet the following essential standards:

- Care and welfare of people who use services
- Safety and suitability of premises

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 12 March 2014, observed how people were being cared for, talked with staff and reviewed information sent to us by other regulators or the Department of Health.

What people told us and what we found

We visited Albemarle Hall nursing home on 12th March 2014 following concerns that four of the bedrooms had inadequate ventilation and windows that did not open. People had been moved out of these bedrooms and we were concerned that they were not adequately accommodated. Due to the complex needs of these people they were unable to talk with us.

We saw each of the rooms had two skylight window panels. We checked to ensure all the skylight windows opened. The provider told us the people who currently occupy the four rooms are not nursed in bed and were not permanently in their rooms.

The provider told us that people who were required to be permanently nursed in bed would not be accommodated in any of the four bedrooms.

Since we visited the service we have seen the provider has written action plans and risk assessments for the four rooms.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We visited Albemarle Hall nursing home on 12th March 2014 following concerns that four of the bedrooms had inadequate ventilation and windows that did not open. People had been moved out of these bedrooms and we were concerned that they were not adequately accommodated. Due to the complex needs of these people they were unable to talk with us.

We saw risk assessments had been completed prior to the move and the provider told us that consent had been sought from the families of the people being moved. We saw that appropriate arrangements had been made to ensure these people's privacy and dignity had been respected.

On the day of our visit we saw that people who were being accommodated in the four bedrooms were not in their rooms throughout the day. Two of these people were sat in the lounge area. A further person was being cared for in an alternative bedroom and the fourth person was in hospital. This meant these people were not in their rooms in the day time.

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

We visited Albemarle Hall nursing home on 12th March 2014 following concerns that four of the bedrooms had inadequate ventilation and windows that did not open. We found the windows in question had been secondary glazed with permanently sealed units. The provider told us this was a requirement of the fire safety officer (FSO) to ensure they were fire resistant for up to 30 minutes. We were concerned that these rooms were occupied by people who were nursed in bed and permanently in their rooms. If the rooms were hot, this could put people at risk of overheating and add to their risk of dehydration.

We saw each of the rooms had two skylight window panels. We checked to ensure all the skylight windows opened. The provider told us the people who currently occupied the four rooms were not nursed in bed and were not permanently in their rooms. On the day of our visit the rooms did not feel excessively hot, but we raised concerns that they may become hot in the summer months. The provider told us that even when the sun is at its highest it does not shine directly through the skylight windows.

We asked the provider how they would monitor the temperature and suitability of the four bedrooms. They told us they would place a thermometer in each of the bedrooms and these would be monitored on a daily basis and they would undertake hourly checks on people when they were in bed and these would be documented on a chart. The provider also told us they would open the skylight windows if necessary to allow fresh air and to ensure the room did not become too hot. The provider told us that people who were required to be permanently nursed in bed would not be accommodated in any of the four bedrooms.

Since we visited the service we have seen the provider has written action plans and risk assessments for the four rooms.

This meant the provider has taken appropriate steps to ensure adequate ventilation and to prevent the rooms from overheating. It also meant the provider has taken steps to ensure people who were permanently nursed in bed are not accommodated in any of the four bedrooms.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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