

## St. Cecilia's Care Services Limited

# Alba Rose

### 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

### About the service

Alba Rose is a residential care home providing personal care to up to 22 people aged 65 and over some of whom may be living with dementia. The service was supporting 13 people at the time of the inspection.

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

People received person-centred, responsive care. Care plans and risk assessment were detailed and provided staff with information to maintain people's quality of life.

Some areas of improvement including frequency of supervisions, training and some maintenance checks had been identified by the provider, just prior to our inspection. The provider acted immediately, and an improvement plan was implemented by the new manager who had applied to register with the Care Quality Commission (CQC). We made a recommendation about the monitoring of the improvement plan.

People were supported to remain safe. Staff knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them. People's medicines were managed safely. Safe recruitment and selection processes were followed.

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

People were supported by kind and caring staff. Staff developed positive relationships with people through meaningful conversations, activities and spending time with them to find out their diverse needs.

End of life care wishes were explored and recorded. People and relatives knew who to contact with any complaints.

For more details, please see the full report which is on CQC's website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 1 October 2019 under this provider, and this was their first inspection.

### Why we inspected

This was a planned inspection as a newly registered service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### 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.

Good ●

### 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 ●

# Alba Rose

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One inspector carried out this inspection, and an Expert by Experience made telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Alba Rose 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 who was not yet registered with the Care Quality Commission. They had recently started at the service and completed the relevant application forms to be registered with us. Once registered, 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.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority

and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the manager, peripatetic manager, a senior care worker and we spoke with one care worker via telephone. We spoke with one person who used the service about their experience of the care provided. We spoke with five relatives via telephone. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse.
- Staff had received up to date appropriate training in this area.
- People and their relatives felt the service was safe. A relative told us, "It is absolutely safe. There is security in terms of anyone getting into the place. There is 24/7 care, with staff very attentive to people's needs."

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

- Risk assessments were in place and reviewed on a regular basis. Staff had knowledge of people's needs and associated risks.
- Personal emergency evacuation plans were available and detailed the level of support each person would require in the event of an emergency evacuation.
- The environment and equipment had regular checks, and these were recorded. Where some checks had not been scheduled, swift action was taken during the inspection to address this.
- Accidents and incidents were analysed by the provider to look for themes and trends. Learning had been captured within the most recent analysis and was to be shared with staff.

Staffing and recruitment

- We observed enough staff available to support people's needs. Staff and relatives told us staffing had recently been an issue, but the provider was recruiting, and staff worked together to cover shifts. A relative told us, "The service keeps us informed by email or letter, explaining staff shortage and how they are trying to address it. It does not impact on the services."
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.

Using medicines safely

- Medicines were safely received, stored, administered and returned to pharmacy when they were no longer required. People received their medicines as prescribed.
- Staff who supported people with their medicines were appropriately trained. Where regular checks of their practice had not been carried out, this was being planned by the new manager.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.

- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. We identified one isolated concern in relation to staff wearing appropriate PPE. We sought further assurance from the provider and we are satisfied they have taken appropriate steps to ensure that this is a reasonable adjustment and appropriately risk-assessed.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We have also signposted the provider to resources to develop their approach.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Systems were in place to assess people's needs and preferences, so staff knew how to support them.
- Oral hygiene assessments had been completed.

Staff support: induction, training, skills and experience

- Staff received induction, and systems were in place to monitor staff's training and competency assessments to ensure they had the skills for the job. Where gaps had been identified by the new manager, plans were in place to address this.
- Staff received some supervision and appraisals to support them in their role. This had not always been frequent, and the new manager had systems in place to address and monitor this.
- Staff told us they felt supported. One member of staff told us, "If we have any concerns we can go to the office and speak with them and they actually sit and listen."

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

- Mealtimes were a pleasant experience for people. They were offered a choice of meals
- Feedback was positive about food and nutrition. Relatives told us, "They [people using the service] get choices at mealtimes. My relative seems happy with the food" and "They like and enjoy the food, it's the big thing of the day. Breakfast is very good."
- Menu choices were discussed with people and unpopular meals were removed from the menu based on feedback.
- People were offered drinks and snacks throughout the day.

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

- People were supported to access health care services such as doctors and district nurses. One relative told us, "There is good liaison with the GP and the local hospital."

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

- The service provided a homely environment.
- People's rooms were personalised and spacious, with en-suite facilities. One person told us, "I have the best room in the house, with the best view."

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 specific 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gained consent from people before providing any care and support.
- Some mental capacity assessments had been carried out and when people were unable to make a decision, best interest meetings had taken place with appropriate people involved. However, the manager had identified not all assessments and decisions had been properly documented and was working to update these records.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 with kindness and were positive about the staff's caring attitude. One relative told us, "Staff are very attentive. If they [relative] ring the call button, there is always a quick response. Staff are all very friendly and sympathetic."
- Staff knew people and their needs well. We observed kind and positive interactions between staff and people. A relative told us, "It's a lovely place, absolutely lovely home. It's small and homely, not institutional. I am perfectly happy with [relative] being there, I would not want them anywhere else."

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

- People and their relatives had been involved in the development of their care plans and their ongoing care needs, one relative told us, "They discuss if there are any changes with [Name of person] and involve myself or [other family member]."
- Residents meetings took place between people and staff, there was evidence within the meetings that people's choices were considered.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. Staff knocked on people's doors and waited for a response before entering.
- People's independence was promoted. Relatives told us, "The staff encourage independence" and "They encourage [Name of person] to do things for themselves."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- A programme of activities was in place to meet people's interests. Relatives told us, "[Name of person] chooses whether or not to go to the entertainment" and "The activities person comes to [Name of person] and brings a picture book with them so they can have a discussion."
- People and their relatives were supported to maintain their relationships. Relatives visited the service in line with government guidance. A relative told us, "[Name of person] has a phone in their room and they phone me a lot. During the pandemic I would sit outside in the car and we had a chat through the window."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were happy with the support they received.
- People were encouraged to make their own decisions and choices. People chose when and how they wanted to spend their time.
- The provider explored different types of technology to ensure least restrictive options were used to meet people's needs. For example, when people were at risk of falls they had a sensor mat in place.

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.

- People's communication needs had been assessed and recorded in their care plan.
- Information was available in different formats should people require these.

Improving care quality in response to complaints or concerns

- The previous manager had a log of formal complaints and their responses. However, this had not been updated recently. The manager included the review of their complaints processes in their ongoing action plan.
- Relatives felt confident they could report any concerns or complaints and they knew who to report things to.

End of life care and support

- People had been offered the opportunity to discuss their end of life care wishes if they wanted to.

- The provider worked in partnership with district nurses to support people at end of life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Continuous learning and improving care

- There was a new manager in post who had applied to be the registered manager.
- Gaps in staff supervisions, training records, maintenance checks and other records had been identified by the provider shortly before our inspection. Some action had already been taken to address these gaps and further updates were provided after the inspection.
- The provider had an improvement plan in place to address the shortfalls identified and drive forward improvement. This action plan had identified lead roles and timescales for completion.

We recommend the provider continues to closely monitor the improvement plan and its progress, to ensure new systems are embedded and sustained.

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

- There was a positive culture within the service.
- Staff told us they felt listened to and the new manager was approachable.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood their responsibility in relation to duty of candour.

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

- The provider engaged with people receiving care, their relatives and staff.
- The service regularly worked in partnership with other health and social care professionals to ensure people received ongoing support to meet their needs.