Ania Limited

Aldercar Residential Care Home

Inspection report

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Date of inspection visit:
16 February 2016

Date of publication:
23 May 2016

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

.This inspection took place on 16 February 2016, and was unannounced.

Aldecar Residential Care Home provides personal care and accommodation for up to twenty eight older adults. At the time of our visit, twenty two people were using the service. Aldecar Residential Care Home has mainly ground floor facilities, with two bedrooms on the first floor. The service has some double rooms but these are all currently single occupancy with the exception of one room which was a double room.

Aldecar Residential Care Home had a registered manager in post at the time of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

People were protected by staff who had been trained to identify the signs and types of abuse and knew what actions to take.

Care plans contained detailed risk assessments and care plans which showed how potential risks to people were managed.

There were sufficient staff to ensure people were kept safe and their needs could be met. Although staff were recruited in a safe way, we saw an example of where the provider had not undertaken all relevant risk assessments in relation to recruitment.

People's medicines were stored safely and given by staff who were trained to administer them. However the stock levels of some medicines had been recorded incorrectly and staff were not following their own policy on covert medication.

People received care from staff who had the training and skills to carry out their roles and meet people's needs. Staff felt supported by the management

The registered manager had the processes in place to apply the principles of the Mental Capacity Act (2005) when people do not have the mental capacity to make decisions. Where required, Deprivation of Liberty Safeguards had been applied for. Staff understood the principles of consent.

People were provided with a balanced diet and staff were aware of people's dietary needs. Staff responded to any unexpected weight changes appropriately. People were referred for their healthcare needs promptly and as needed.

The layout and design of the service was suitable for people's needs, including people living with dementia.

Staff developed positive and caring relationships with people, and clearly demonstrated this in their interactions. People and their families were supported by staff to give their views and opinions about how their care was given.

People's privacy and dignity was supported by staff. Staff treated people with respect.

People received care and support from staff who knew them well and who understood their needs and preferences. There were sufficient staff to ensure people's needs were met quickly and in the way they preferred. Staff responded well to people who were distressed or who had behaviour that may challenge.

People, their relatives and staff spoke highly of the registered manager and there was a positive atmosphere at the service. The registered manager had an 'open door' policy and welcomed people's and staff's views on how to improve the service. The registered manager understood their responsibilities and ensured staff knew of what was required of them in their role. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People were protected from risk of abuse by staff who could recognise signs of abuse and knew what actions to take

Risks to people, including accidents and incidents were managed and recorded.

There were sufficient staff to keep people safe. There were safe recruitment procedures in place.

People received their medicines at the right time from staff that were trained to administer them. However, staff was not following the covert medication policy and some medicine stock levels were incorrectly recorded.

Is the service effective?

Good

The service was effective.

People received care by staff who had the training and knowledge to be able to meet their needs.

Staff, including the manager, were in the process of increasing their knowledge and understanding of the Mental Capacity Act 2005 and deprivation of liberty safeguards to ensure people's rights were protected.

People were supported to have a balanced diet suitable for their needs.

People had access to relevant health care services at the times when they needed it.

The environment was suitable for people's needs.

Is the service caring?

Good

The service was caring.

The service supported people and their families to express their views and be involved in their care.

People's privacy was respected and their dignity was upheld

Is the service responsive?

Good

The service was responsive.

Staff knew people's needs and preferences.

People were supported to maintain relationships.

People were encouraged and supported to take part in hobbies and interests that were important to them.

People were confident any concerns would be dealt with.

Is the service well-led?

Good

The service was well led.

Staff were managed to provide people with safe and appropriate care.

The provider had an effective quality assurance system in place.

People were invited to give their views and opinions and these were listened to.

The service sent statutory notifications to CQC as required.

Aldercar Residential 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 inspection took place on 16 February 2016 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience was a carer.

Before the inspection we gathered information about the service. We contacted the local health and social care teams and Healthwatch organisations. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition we looked at the statutory notifications the provider had sent to us. These contain details about accidents or serious events, about which the provider is legally required to tell us.

During the inspection we gathered information by talking to four people who used the service and five relatives of people. We spoke with three care staff, one senior care worker, the registered manager, the care manager, and the cook. We spoke with one visiting professional.

We looked at four people's care plans, and three staff member files. We checked policies and procedures, minutes from staff and resident meetings, and records of accidents and incidents. We checked the storage and ordering of medicines, and watched staff assisting people with medicines. We observed the lunchtime experience for people. We sat in a staff handover meeting. We observed staff interactions with people throughout the day. We reviewed the provider's policies and procedures.

Requires Improvement

Is the service safe?

Our findings

All of the people we spoke to told us they felt safe at the service. People's relatives also said they felt their family member was safe at the home. One relative told us, "I sleep at night knowing [person's name] is safe." Another relative added, "I have never had a doubt [person's name] is safe and so are all the other people here."

All staff had received training in safeguarding adults from harm. Staff we spoke with understood the different types of abuse, and knew who to report any concerns to. One staff member explained, "If ever I saw anyone being treated badly, I would report it straight away." Another staff member told us, if they had any concerns about people's safety, "I would take it to the manager or report it to CQC."

The care manager also checked that staff were familiar with safeguarding policy. We saw a copy of the safeguarding policy, signed by staff members to confirm that they had read it.

We checked staff files and saw that before staff started working at the service the relevant checks such as Disclosure and Barring Checks (DBS) had been completed. A DBS is a criminal records check. The care manager told us they ensured that all relevant checks were completed to make sure people were suitable to work at the service. Staff we spoke with confirmed this. However, we saw an example of where the registered manager had not carried out all the appropriate risk assessments relating to employment. This meant that we could not be sure that the provider had followed safe recruitment practices. We raised this with the care manager, and they agreed to rectify this immediately by carrying out full risk assessments which they did.

Personal evacuation plans were in place in people's care records that advised staff which people required support in the event of the building needing to be evacuated. This information was limited in detail and we raised this with the registered manager, who explained that all people who needed help to evacuate had been coded as red. The registered manager us this meant that the person would require a high level of support in an evacuation. They agreed to consider amending this information to provide more detailed person centred information as to support each person may have needed in the event of a fire.

Risks assessments and care plans relating to pressure care, falls, and mobility were evident in people's care plan folders. These plans had been reviewed and updated at regular intervals, as people's needs changed. For example we saw where a person's pressure care plan indicated a risk of pressure ulcers developing, a risk plan had been put in place to minimise the risks..

We spoke with a visiting health professional who confirmed that the staff followed health plans for pressure care, and that they used appropriate equipment, such as pressure relieving cushions, to keep people safe. The health professional told us, "They [staff] use the equipment people are meant to have [to keep them safe]." This demonstrated that the service was actively taking steps to reduce risks to people.

Staff we spoke with showed an understanding of encouraging people to remain as independent as possible.

One staff member told us, "We help to motivate people do as much as they can for themselves." Another staff member said, "We always give people choice."

Both people living at the home and relatives told us they sometimes thought more staff were needed. However, no one could give any examples of when this had adversely affected people's care. One of the members of staff that we spoke with told us that there was a vacancy for a care worker. Staff felt this had put extra pressure on the team. The care manager told us that another staff member had been recruited, but was waiting for the necessary pre-employment checks before they could start work.

The care manager explained that there was no formal dependency tool, but as they knew people's needs, they were confident that the staffing was sufficient. The care manager told us, and other staff confirmed, that agency staff were never used and that shifts were covered by staff employed to work at the home. We found that, people's needs for assistance were responded to promptly and there were enough staff on duty.

The home's environment was adequately maintained. We saw evidence that the provider was regularly completing the required environmental checks to minimise any risks to people. These included fire and electrical testing, and maintenance checks on relevant equipment.

People and their relatives told us that they received their medicines reliably and felt arrangements to support them with their medicines worked well. We asked two of the relatives we spoke with if they were satisfied with the arrangements for medicines. One told us, "That's all well taken care of." Another explained to us how they felt their relative's health condition was more stable than it had been prior to moving to Aldercar Residential Care Home This relative told us, "Before coming here [person] had a lot of problems with tablets. Now [person's name] medicines are given very reliably, it makes things very stable for them."

We looked at the way people's medicines were managed, which included looking at Medication Administration Records (MAR).. We also checked stock levels and storage and disposal arrangements. Overall, we found the appropriate arrangements were in place to protect people from any risks associated with medicines.

Observation of medicines being given at lunchtime showed that medicines were checked carefully against the MAR before being administered. The staff member spoke to people discretely to offer their medicines and observed they were taken.

We reviewed the MAR for five people which confirmed that people received their medicines at the right times. One person was receiving their medicines covertly, which meant the medicine was disguised in food to ensure it was given reliably. Records in the person's care plan folder confirmed this was a Best Interest decision, and a letter of agreement was also seen from the person's GP. Staff involved in the administration of medicines were aware of these arrangements. However, the provider had not fully followed their own policy on covert administration of medicines.

We checked medicines held in stock for six people and found the amounts were correct. We found there was a disparity in the amounts recorded on the MAR and records of stock for two medicines. Records showed they had been given at the correct intervals and the amount in stock was also correct. There was no record kept of stock checks of medicines, and the provider confirmed they would document these in future.

The pharmacist who supplied the home had recently completed an audit of the home's medicines arrangements. Overall this had found that the systems in place were effective, but had identified some areas to improve on. The pharmacist had supplied templates to assist these improvements, which the provider

confirmed were being implemented the following week.

Good

Is the service effective?

Our findings

People living in the home and all relatives spoken with told us that they felt that the staff were competent and able to meet people's needs. One person said, "The best thing about being here is everything. I can't think of anything they could do better. The staff help me to be independent". One relative reported, "A lot of the staff have been here years, and they are [person's] family in a way. They know [person's name] well now." Another relative told us, "They know [person] well."

Staff told us, and records confirmed that all new staff completed an induction before they started to work unsupervised in the service. One staff member told us, "I shadowed a more experienced staff member for two weeks when I first started." The staff member told us this had been useful to help them learn.

Staff we spoke with said the training had been useful and helped them to do their job well. One staff member said, "The training has helped me a lot. I knew the basics before, but not in as much depth as they go into here." We checked the staff training records and saw that staff received regular training updates in subjects such as safeguarding, moving and handling, and DoLS.

Records showed, and staff told us that many had completed NVQ (National Vocational Qualification) in care, and two staff had completed the Care Certificate. The Care Certificate is an identified set of standards set out by the Skills for Care Council that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. This showed us that people were cared for, or supported by, suitably qualified, skilled and experienced staff.

Staff received supervision although the frequency varied. Some staff had supervision approximately eight monthly but others more frequently than this. Staff told us they felt supported.

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. When they lack mental capacity to make 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. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People's care records contained mental capacity assessments, and we saw that decisions were made with the involvement of families, and other health and social care professionals. The staff we spoke with said they had received training on mental capacity and consent. Records we looked at confirmed staff had attended this training. Our discussions with the registered manager and staff showed they had a good understanding of the MCA, and issues relating to consent. This meant there were suitable arrangements in place to protect those people who may lack capacity. We saw records which showed the registered manager had applied to

the 'supervisory body' for two DoLS authorisations where they had identified concerns about restricting a person's liberty. There was information available on advocacy services but no one was using an advocate at the time of our inspection.

Some people who used the service had periods of anxiety that could result in behaviours that can challenge others. We saw one person was becoming verbally aggressive towards another person. A staff member immediately distracted the person by encouraging them to sing. This worked well and diffused the situation quickly. Staff gave us details of how they supported people at these times. One staff member said, "We keep going back if [person's name] does not accept help- when [person] is ready, we support them." This was reflected in the care plans we saw. The registered manager told us the service did not restrain anyone using the service, but in the provider's policy on restraint, this was not made clear. The policy stated that restraint should only be used 'as a last resort', but the registered manager and staff we spoke with said they did not use restraint. The provider has agreed to amend this policy to clarify their position.

People had freedom to move around the home as they wished. Although the meals were at set times, we saw one person had chosen to remain in bed until later in the morning, and staff took food once the person was ready for it. Staff explained this, "We ask permission [from people] and we return and ask them again, if they don't want us to support them at that time." This showed us that staff had a flexible approach to people who chose to eat at different times to the set meal times.

We saw that people had a choice of menu and that people had enough to eat. A person told us, "Lovely food, everything about it is nice." Someone else added, "The food is super, and I tell the cook that". We saw food at lunch time was nicely presented, and people told us they enjoyed their meal. We heard staff giving people a choice. There was a menu in the dining room on display, but the print was very small, and the menu was not easy for everyone to read.

The food was stored appropriately and was in plentiful supply. We saw a person say they were hungry mid-morning and staff responded and brought the person a snack. Staff were aware of the importance of reporting and acting when peoples weight changed unexpectedly. A staff member told us, "If someone is losing weight, we monitor their food and fluid intake, weigh them weekly, and encourage high calorie foods. We also tell the doctor." People's care plans confirmed that staff monitored their weight on a regular basis and we saw evidence that the advice of GP and relevant services had been sought when needed.

There was timely access to health care when people needed it, and everyone we spoke to told us that the optician and chiropodist visit regularly. A relative confirmed that there was good access to a GP, and felt the medical care was very supportive, better than their experience of when caring for the person at home. They said, "[Person's name] gets regular check-ups from the GP." Staff and the registered manager told us that the GP held a 'surgery' every Wednesday at the home, and we saw details of these visits recorded. We observed a handover meeting, and saw how staff discussed a person they were concerned about, and agreed to ask the GP to see the person. This assured us that the provider sought medical help in a timely way.

The environment was suitable for people's individual needs. The corridors were painted in different colours and had local street name labels to identify them. Main rooms were signposted and individual bedroom doors were painted different colours with brass knockers and locks, in the style of a front door to a house. Each door had a name label with a photograph, which reflected the individual's preference. This was helpful for people living with dementia. We saw that people had personalised their rooms with their own belongings and photographs.

Good

Is the service caring?

Our findings

People said, and we saw, that the staff were very caring towards people. One person said to a staff member after they were talking, "You are wonderful, you're so kind." All relatives said that the staff are extremely caring. One relative, who said she saw how staff interact with people, said, "It's obvious that staff really love the people here."

Staff were openly affectionate towards people and them well. For example one person talked about their previous jobs. The registered manager had established a history of the person's working life which they shared with staff. During our inspection we saw staff discussing this with the person who smiled and clearly got pleasure from discussing this. This showed us that staff knew people and their needs well. We saw many positive examples of staff interactions with people, and it was clear from people's reactions to staff that they felt cared for and supported.

We heard staff referring to people by their chosen names. We saw staff get down to eye level and make eye contact before they spoke with people who were hard of hearing. When staff were helping residents to walk along the corridors, they were engaging them constantly in meaningful conversation about their relatives. Staff referred to people's relatives by name, reminding people where they were, and when their family would be next visiting.

One relative said that when they went on holiday, they emailed photographs to the home that staff print and take to their relative. The relative told us they spoke to their family member on the office phone so they could speak privately. Another relative said staff often bought their family member small bars of chocolate which the person enjoyed, as a gift. A family spoke about how staff bought their relative a magazine each week and even though the person no longer read it, they liked to carry the magazine around. These examples all demonstrated that staff provided supportive and caring relationships to people.

A staff member said, "We care for people as though they are a family member." The manner and language in which staff spoke about people was caring and respectful. We also saw staff used respectful language in care plan records. For example, staff used appropriate words and descriptions when recording.

At lunchtime there was a happy atmosphere, with staff and people chatting together, including an impromptu singing session. What we saw and heard assured us that the home provided a caring environment for people.

Some of the care plans we saw had been signed by people, but other had not. People were not always aware what was in their care plans, but relatives we spoke with told us they could talk to staff about their relative's needs and preferences. All relatives said that they were informed if there were any problems, or if their relative was unwell. Relatives told us they were confident that their family members' care was being given in a way that met their needs and was suitable for them. There was however limited evidence in care plans that people were involved in making decisions about their care.

Staff were aware of and protected people's privacy and dignity. People told us, and we saw that staff knocked on their room doors before entering the room. People and their families told us they felt that staff were respectful and caring.

A relative confirmed that when visiting, they went to the person's room in order to have time together privately. Staff supported this by assisting the person to their room. A staff member said, "I always make sure the curtains and the door are closed, and use towels to protect the person's dignity when helping with personal care." Another staff member said "We work with people to see what's best for them. We always explain what we are trying to do." This confirmed that staff understood the importance of maintaining people's privacy and dignity.

Good

Is the service responsive?

Our findings

People told us that staff knew them well, and understood their needs and preferences. A person commented, "They're lovely. They know me." Someone else said, "It's all alight, I'm quite satisfied," and, "The atmosphere here is like you are part of a family."

A relative told us, "I don't worry about [person's name] here at all." Another relative said, "I would let staff know I wasn't happy about anything. They are pretty on the ball and on top of things." A third relative told us, "We've found it fantastic, we really have." We spoke with a visiting health professional, who described the home as, "A caring environment and a friendly home."

The staff we spoke with knew people and their needs and preferences. We saw care plans which showed showed people's preferences had been considered, and a plan put in place to reflect their preferred times of, for example, going to bed. Another person's care plan outlined most effective way to communicate with a person when they became upset. It was clear that staff knew the right approach to take to communicate effectively with the person when they were distressed. For example, they used singing to successfully distract a person who was getting angry. We saw a staff member reassure a person living with dementia by holding their hand and talking gently to the person.

People were supported to maintain relationships. One relative told us that the staff sometimes film the activities and show the relative the film to reassure them that the person is happy and joining in when the relative is unable to visit.

There were a range of activities available at the home and we saw that people had recently been involved in making Easter bonnets. The activities co-ordinator was praised by everyone. One relative said, "One carer is responsible for keeping people active and alert." Another told us, "The activity coordinator spends ages on the internet looking for different ideas to keep people occupied". One person told us they grew vegetables in the summer. We could see from talking to people that the activities and their hobbies clearly were important to them.

People told us they enjoyed activities such as singing, painting, making models, bingo; children came in at Christmas to sing carols, quizzes, gardening, various games, and reading. There was a book case full of books in the lounge which people could use if they wished, but we did not see anyone reading during our inspection.

Several people told us they attended church regularly, and were taken by their own relatives or church members. One person said that members of their own church visited the home on a weekly basis. Staff we spoke with were aware of people's faiths and respected their beliefs, and these were reflected in their care plans where relevant.

The provider had a complaints procedure which all new people were given a copy of. A person told us, "No complaints whatsoever." A relative said, "We have no complaints at all." People we spoke with felt confident

that any concerns they had would be dealt with. We checked the homes complaints file. There had been no complaints since our last inspection.

Staff we spoke with knew what actions to take if a person or their relatives wanted to complain. Staff explained that they would try to resolve the issue, that they would document the concerns, and bring these to the attention of the registered manager.

Good

Is the service well-led?

Our findings

People told us the registered manager was approachable. A person told us, "I can talk to them at any time. They are very accommodating." Another person told us they met the registered manager on regular occasions, "We see [the registered manager] all the time, they always have a word with us." Staff we spoke with were equally positive about the registered manager, and told us, "The registered manager listens. It runs really well here and I feel valued." Another staff member said, "I've never had a problem talking to the management. They listen and take action straightaway. The Manager is always looking at things to make improvements."

Although the people we spoke with could not recall receiving any satisfaction questionnaires, we saw satisfaction surveys had taken place in September 2015. We saw these had been predominantly filled in with help from people's families. The areas considered included the approach of staff, the choice and satisfaction with meals, and privacy, dignity and independence. The response rates were good, and the comments all positive. This showed us that people were given opportunities to express their views and opinions about the service, and that the provider was willing to listen to people's views.

People we spoke with could not recall any resident and relatives meetings. We asked the registered manager about these. They told us these meetings took place every three months. However, the registered manager could only find one copy of the minutes of a meeting held in September 2015. This meeting had been quite well attended and had looked at areas such as activities, satisfaction and meals. Again, minutes suggested high levels of satisfaction for people.

We saw a copy of a survey to visiting health professionals dated October 2015 asking for their views on the quality of care provided. All responses were positive. The home had recently been awarded a band five quality award by the local authority. This is the highest quality band that the local authority award to care homes and was the overall rating for the quality of the care provided. This demonstrated that the service was constantly striving to make improvements.

The values of the service were clearly apparent. There was a happy atmosphere at the home and staff were genuinely passionate about the people they were supporting A staff member told us, "We make life better for people here as best as we can." Another staff member said, "We do work well as a team here; all of us." They also said, "We are like a close family here." One staff member commented, "It's one of the best homes I've ever worked in."

The care manager told us they shared good practice with the registered manager of the provider's other home, and also used online resources such as The Skills for Care Council to keep the service updated.

The provider had an effective quality assurance system in place both formal and informal, in place that they used to assess the quality of the service that people received. These audits were carried out effectively to ensure if any areas of improvement were identified they could be addressed quickly. These included a daily 'walk around' where the registered manager assessed the environment in which people lived to identify any

areas which could pose a risk to people's safety. They also carried out other more formal, regular audits. These included the review of medicines, cleanliness of the home and people's care records. This assured us that the registered manager was making regular checks to ensure the quality of the service.

The registered manager carried out various audits. For example we saw a monthly medicines audit check. The registered manager told us these helped ensure staff who administered medication were continuing to do so safely. The completed forms showed us these checks happened regularly and that staff were found to be correct in all areas checked by the registered manager.

Staff were managed to provide people with safe and appropriate care. We saw evidence that the registered manager carried out 'spot checks' of staff practice. These helped them to ensure that staff performance continued to be at a satisfactory level. The registered manager kept a record of accidents and incidents and analysed these to learn from them. The registered manager told us, "We audit accidents and incidents every month to see if any actions are needed."

The registered manager told us that the service previously had some 'near misses' with fire doors that were very heavy, and had caused people to stumble. The provider had therefore had a new electronic system installed whereby fire doors stayed open, but only closed in the event of a fire alarm. The registered manager explained this had reduced the risks to people, as the doors previously were always kept closed, and were very heavy for people with reduced mobility to get through.

The provider carried out finance audits monthly where people's money was held, and we checked these because we had received concerns since our last inspection. We saw evidence that two staff had checked the finances each month and that the amounts documented were shown to be correct. This showed that the provider had good systems in place to ensure people's money was kept safely for them

Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the Care Quality Commission (CQC) by the service as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

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