Balcombe Care Homes Limited

Aldersmead Care Home

Inspection report

17-19 Upper Bognor Road
Bognor Regis
West Sussex
PO21 1JA

Tel: 01243827619
Website: www.balcombecarehomes.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Aldersmead Care Home is situated in Bognor Regis, West Sussex. The service provides personal and nursing care for up to 38 older people living with physical health care needs such as stroke or diabetes and people who are living with dementia. There were 33 people using the service at the time of inspection.

People's experience of using this service and what we found
Management and staff worked to make improvements to the service. Further improvements were needed to systems and processes in regard to medicines to ensure consistency. Analyses of quality audits were not always undertaken and there was a lack of information to ensure audits were accurate. For example, whilst falls were recorded, they were not all entered onto the auditing system, this meant the provider was unable to analyse trends of accidents. This was fed back to the provider who took steps to ensure improvements were made.

People said they felt safe and happy in the service and were encouraged to give feedback which was listened to. The manager sought advice from professionals and other agencies to enable continual improvements to the health and well-being of people.

People said there were enough staff to meet their needs. A relative told us, "The whole staff team are very visible, approachable and responsive, including the owner which is reassuring to an anxious relative. The change of matron/manager was handled very smoothly from an outside perspective".

Risks were managed well; the manager described the bite-sized learning sessions which had been introduced. For example, there were learning sessions on how to support people who were living with diabetes. People were supported to live in a well-maintained environment and had access to equipment, we observed a person had been involved in the decision to have equipment to keep them safe when in bed.

People were safe living at the home. The management team ensured government guidance, including the management of COVID-19, was followed. A variety of visiting opportunities enabled people to stay in touch with their loved ones, where people were being cared for in bed, video and in room visits were facilitated.

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

We have made a recommendation about the auditing and quality assurance systems.

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

Rating at last inspection

The last rating for this service was good (published 13 February 2018)

Why we inspected
We received concerns in relation to management of medicines, staffing levels and management of risks. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Aldersmead Care Home on our website at www.cqc.org.uk.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Aldersmead Care Home

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
The inspection team consisted of two inspectors.

Service and service type
Aldersmead Care Home 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 in the process of applying to be registered with the Care Quality Commission. When the manager is registered, they and the provider will be legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last 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
During the inspection we observed the support people received throughout the day. We spoke with six people, one relative, three staff, the nominated individual and the manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a healthcare professional who regularly visits the service. We reviewed a range of records, including five people's care records and multiple medication records. We looked at two staff files in relation to recruitment. We reviewed records relating to the management of the service, including audits, minutes of meetings, surveys, and the provider's policies and procedures.

After the inspection
We continued to seek clarification from the provider and manager to validate evidence found.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely
From our last inspection, we found people who were prescribed 'as required' (PRN) medicines did not always have individual protocols and guidelines in place to guide staff on the safe and consistent administration of these medicines. This was identified as an area for improvement.

- This inspection was prompted in part with concerns we had received about medicines.
- People were administered their medicines safely by trained staff.
- 'As required' (PRN) medicines were administered and recorded appropriately. Staff were equipped with protocols to enable them to identify when people required their medicines.
- We observed medicines being administered to people during the morning. This was completed safely by the nurse on duty. One person confirmed that the nurse explained to them what each of their medicines were for.
- Some people had their medicines administered covertly, that is without their knowledge. The decision to do this had been taken in their best interests and in line with legislative requirements.

Systems and processes to safeguard people from the risk of abuse
- People were protected from the risk of abuse.

People told us they felt safe living at the home. One person said, "I feel safe. Staff pop in and ask me if I need anything. There's always someone popping in and they're very kind."
- Staff completed safeguarding training and knew what action to take if they suspected people had come to harm as a result of any abuse or alleged abuse.
- Policies and procedures were available for staff to recognise and respond to potential abuse. The manager understood the importance of working in line with the local safeguarding policy and could demonstrate what constituted abuse and when it was reportable.

Assessing risk, safety monitoring and management

- This inspection was prompted in part with concerns we had received about risk management.
- Risks were managed safely.
- We reviewed risk assessments for people. These included people's risks relating to nutrition, skin integrity, epilepsy, and diabetes. For example, one person had lost weight following a stay in hospital; a referral was made to a dietician and food supplements were recommended. One staff member said the kitchen staff also provided high calorie snacks of the right consistency for this person. Fluids were freely available for people to mitigate the risk of dehydration.

● People's risk of developing pressure areas had been assessed and wound management plans monitored any breakdown of skin or ulcers that had developed. One person could become distressed and present with behaviours that challenged when nursing staff attended to their leg wound. Staff told us the care plan guided them on how to support this person, to give them time, reassurance and space to calm down. The person's care plan reflected these practices and described additional triggers and responses to behaviours that challenged.
● People who lived with diabetes were monitored by staff, and their blood glucose levels were checked regularly. For one person, their risk assessment had identified concerns relating to their vision, and with skin integrity. Detailed information guided staff on how to support this person to minimise the risks associated with diabetes. This included locked boxes kept in people's rooms, which contained a glucometer, a portable blood glucose monitoring device, and sugary sweets and drinks. These boxes were personalised to people's preferences and could be quickly accessed if people's blood sugar levels became seriously low.
● Environmental risks assessments had been completed, including personal emergency evacuation plans for people. On the day of the inspection, the fire alarm system was tested as part of the weekly testing schedule and worked effectively.

Staffing and recruitment
● This inspection was prompted in part with concerns we had received about staffing levels.
● There were sufficient staff to meet people's needs. We reviewed the rota and staffing levels and found people were supported by skilled staff who knew them well. We observed staff caring for people in a dignified and unhurried manner, staff spent time talking with people as well as undertaking their caring duties.
● People told us there were enough staff on duty to meet their needs. One person said, "Mostly. I don't have to wait when I ring my bell". Another person told us, "I don't have to wait long at all" and showed us their call bell which was within easy reach.
● The manager explained staff could work additional hours to cover any gaps in shifts. A reward and retention scheme had been established for staff.
● When needed, the same agency and consistent staff were used to ensure continuity of care.
● Staff were recruited safely. Staff files included completed application forms, employment histories and qualifications, and checks on people's suitability to work in a care setting, such as with the Disclosure and Barring Service.

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 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.

Learning lessons when things go wrong
● The service responded to incidents and learned lessons to prevent reoccurrence. For example, following a

choking incident, a referral was made to a speech and language therapist (SaLT) for the person. Recommendations and guidance provided by the SaLT was updated in the person's care records and followed by staff.

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance system was not always effective in identifying shortfalls. For example, the provider's policy stated any medicine, once opened, should have the date it was opened recorded on the container or outside packaging. In some instances, this had not been done.
- There were some gaps in the daily tallying of stocks of some medicines. This could potentially lead to stock levels running low of some medicines, which could result in people not receiving their medicines on time.
- We discussed the areas of concern during feedback. The manager spoke of the immediate action taken to address daily checks and tallies of medicines in future and more frequent audits to improve oversight of the management of medicines.
- There was a lack of information to enable accuracy of audits. For example, falls audits were unable to be fully analysed as falls were recorded but not all were entered into the auditing system. This hindered the provider's oversight of trends and patterns where accidents may have occurred.

We recommend the provider reviews their governance arrangements to improve oversight of quality assurance systems and processes.

- The service had been without a registered manager since February 2021. The provider had appointed a new manager in March 2021 who had submitted their registration application to CQC. The new manager recognised the shortfalls of the quality systems and had started to establish systems at the service which were in the process of being embedded.
- The systems the manager had established were focussed on people's experiences. Feedback and our observations corroborated this. The manager told us, "This is our residents' home and we support them. This will probably be their last home. I love the residents but I also support the staff".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service promoted a positive and inclusive culture for people. People were given opportunity to express their views through surveys, meetings and discussions; changes were made as a result of these. One person told us they had a conversation with the chef who came to ask them whether they were happy with

the food on offer. This person asked for a particular food, their favourite, and this had been organised for them.

● Inventive ways of engaging people were thought of. For example, people were given individual invitations to events which encouraged their attendance. Events included a Mad Hatter's tea party and a May Day party. The service had linked with other services around England and participated in a postcard exchange.

● The manager and nominated individual were visible in the service and knew people well. People and their relatives spoke highly of the management team, and one person said, "She comes in to see me on a regular basis and her name is [named manager]. If this is what care homes do then I'm quite happy". A healthcare professional described the support they had observed, and described the person, as "beautifully cared for".

● The manager demonstrated clear vision and values, they drove improvements to the service, and told us, "I am proud of the changes made so far, I know it's working as feedback from a lot of staff is good. I look forward to coming to work, I like being here. I love it, it's a lovely home."

● Regular staff meetings took place; a variety of subjects were discussed, feedback and suggestions were welcomed from staff and acted upon.

● Staff felt supported by the management team, for example a staff member had difficulties with shift timings, the manager had made adjustments to accommodate this.

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 provider and manager understood their responsibilities in being open and transparent when things went wrong. There were instances of when the duty of candour was used and recorded appropriately. For example, the service contacted a family member to explain and apologise for an injury sustained to a person using the service.

Continuous learning and improving care

● The service undertook continual learning to improve care. The provider identified any trends with complaints and took action to address them. For example, video calls arranged with relatives had been missed. The provider took these concerns seriously and identified staff members to take responsibility for the booking system and the charging of electronic devices.

● The provider had appointed an external consultant to undertake some quality assurance work, and a plan had been developed that identified and addressed areas in need of improvement.

Working in partnership with others

● The service worked in partnership with other agencies and internally within the organisation. The manager confirmed they felt very supported by the nominated individual who had day to day oversight of the service. The manager and nominated individual worked alongside a clinical lead, care lead and compliance manager all of whom shared the same vision for the service.

● The service collaborated with external agencies such as the Community Matron (who was a specialist in dementia care), the local GP surgery and other professionals. One healthcare professional commented on the recent improvements at the home and said, "it's very different now, they are so pro-active and professional and [named manager] has a very person-centred approach. [Named clinical lead] has always ensured there has been good communication and will make referrals to me when needed. The changes have been fabulous".

● The manager had proactively contacted professionals to improve the quality of care for people. They advised us, "There is a big multi-disciplinary team out there, I want to engage their services to ensure the well-being of everyone".