Care Quality Commission

Colten Care (2003) Limited

The Aldbury

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?	Requires Improvement

Overall summary

This was an unannounced comprehensive inspection carried out on 12 and 13 November 2014. At the last inspection in August 2014 we found a breach of the regulations relating to the care and welfare of people who use services, assessing and monitoring the quality of service provision and records.

An action plan was received from the provider which stated they would meet the legal requirements by 9 September 2014. At this inspection we found they had met the requirements relating to the care and welfare of people and monitoring the quality of the service, but that further work was needed to ensure that accurate records were maintained.

The Aldbury is registered to provide personal and nursing care for up to 55 people. There were 51 people living in the home at the time of the inspection. The home provides care for people with dementia. The home is

Summary of findings

purpose built incorporating design features created specifically to take into account the needs of people living with dementia such as the use of easily recognised signage and safe outdoor areas.

There was a registered manager in place at the time of our inspection. 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 a legal responsibility for meeting the requirements of the Health and Social Care Act and associated regulations about how the service is run.

People received care and support in a kind and personalised way. People were kept safe and protected from risks wherever possible. There were appropriate numbers of staff on duty to meet people's needs.

Staff received regular training and supervision and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience to help people with their care and support needs.

Peoples needs were assessed and plans were in place to ensure that their care needs were met. We saw that people's privacy and dignity was promoted and that people were encouraged to recognise their strengths and abilities and feel a valued member of the community.

There were suitable systems in place to ensure that people received their medicines correctly.

We found that the home had made a number of improvements since our last inspection in August 2014. However, there was still a breach with one of the regulations because the systems that were in place to ensure that records did not contain inaccuracies, inconsistencies and contradictions was not effective.

Observations and feedback from the staff, relatives and professionals showed us that the home had an open and positive culture.

There were systems in place to monitor the safety and quality of the service. Systems were also in place to ensure the satisfactory monitoring of the quality of service through the use of audits and observations.

Summary of findings

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.

There were systems in place to help make sure that people were protected from the risk of abuse and staff were aware of safeguarding adults procedures.

People's needs were assessed and risk assessments were in place to ensure that hazards were identified and acted upon. There were suitable systems in place for the management and administration of medication.

Staff were recruited safely and there were enough staff to make sure people received the care and support they needed.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to effectively carry out their roles.

People's rights were protected because staff were aware of the requirements of the Mental Capacity Act 2005.

People's day to day health needs were met because staff supported people to attend appointments and liaised with other healthcare professionals if required.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind, helpful and caring. Staff knew people well and encouraged them to be involved in their care and the day to day life of the home.

Staff were aware of people's preferences and interests and respected and promoted their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff understood people and were able to recognise and understand both verbal communications and the meanings of certain behaviours.

People were supported to pursue activities and interests that were important to them.

People and their relatives knew how to complain or raise concerns at the home.

Summary of findings

Is the service well-led?

Requires Improvement

Overall, the home was well led. However, action had not been taken to address the shortfalls in record keeping that had been identified at our last inspection.

Some records that were required to be kept by the home contained inaccuracies, inconsistencies and contradictions. This showed that the systems to monitor the quality of record keeping were not effective.

Observations and feedback from the staff, relatives and professionals showed us that the home had an open and positive culture.

There were systems in place to monitor the quality of the care that was provided.

Care Quality Commission

The Aldbury

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 12 and 13 November and was unannounced.

On the first day of the inspection, there were 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.

We did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they planned to make. This was because we had previously inspected the service and issued a warning notice relating to the care and welfare of people. This meant we needed to return to the service within a short timescale to ensure that the required action had been taken.

We spoke with and met 11 people living at The Aldbury. Because all of the people were living with dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with six visiting relatives during the inspection. We also spoke with the manager, two heads of care (senior nurses), one nurse and 10 care workers.

We looked at five people's care and support records, medication administration records and documents about how the service was managed. This included staffing records, audits, meeting minutes, maintenance records and quality assurance records.

Before our inspection, we reviewed the information we held about the service. This included the information about incidents the provider had notified us of.

Good

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe. The visiting relatives told us that they felt comfortable leaving their relatives in the care of the staff who worked at The Aldbury. One relative told us, 'I was worried about a year ago because I felt my Mum was handled roughly but I raised my concerns and now I feel the staff are very caring'. We observed that people were relaxed around the staff and when they needed support, responded well to the ways that staff approached them.

There were safeguarding adults policies and procedures in place. Training records showed that all of the staff had received training to enable them to recognise the signs of abuse and take action to stop it or prevent it. All of the staff we spoke with were confident about the types of abuse that could occur and how they would report any allegations. We saw that there was information on notice boards around the home about how people and staff could report any allegations of abuse. Records showed that safeguarding alerts had been made to the local authority when any concerns were raised.

We found that, within people's care records, there were risk assessments in place for pressure areas, nutrition, falls, moving and handling and other specific conditions such as diabetes, urinary tract infections and behaviour that challenges other people. The assessments identified the risk and any actions that could be taken to reduce the risk and were regularly reviewed and updated. We found that staff understood the assessments and put plans in place in order to promote people's safety and dignity. For example, one person became unsettled and developed some behaviours that were becoming challenging for others in the area. A care worker quickly responded to the person with the initiation of a conversation and offer of a drink and the person became calm again very quickly.

There were environmental risk assessments in place for each area of the home and for the heating, water, electricity and gas supplies as well as fire prevention. There were also maintenance records for the servicing of equipment and fire prevention systems. The records were up to date and risk assessments had been regularly reviewed. Records showed that other health and safety checks such as the testing of the water sytem for legionella, hot water temperatures and portable electrical appliance testing were all undertaken in accordance with good practice guidelines. Audits were undertaken regularly in accordance with the company policies, this included an audit of accidents to check for any environmental factors that may have caused or contributed to any accidents.

The registered manager explained that the home was divided into four self-contained units with their own communal space, kitchenette, bathrooms and bedrooms. Staff were divided into teams which were dedicated to each unit. Each unit had a team leader and care workers as well as people to help with activities. Additionally there was one nurse overseeing two units. The number of staff on each unit was dependent on the number of people living in the unit and the level of support that they required. Staff told us that there were regular reviews of people's needs and how any changes impacted on the number of staff needed to provide care on each unit. They also said that staffing levels were discussed in the daily management meetings and at staff meetings. Through our observations and discussions with people, their relatives and staff, we found that there were sufficient numbers of staff on duty to keep people safe and meet their needs.

Throughout our inspection we found that there was always at least one member of staff in each of the communal areas to ensure that people had support available to them. In addition to the care workers, there were also social carers whose role was to provide social stimulation and meaningful occupation for people. One of the senior staff explained how the social carers and activities staff were required to record the amount of time they spent with people and what they did so that they could ensure that everyone received attention. We noticed that whenever ancillary staff such as cleaners, catering staff, laundry or administration staff were on any of the units, they knew each of the people by name and took time to greet them or have a brief conversation.

We looked at two staff recruitment records and spoke to two other staff about their recruitment. We found that recruitment practices were safe and that the relevant checks were completed before staff worked in the home. A minimum of two references had been requested and checked, Disclosure and Barring Service checks had been completed and evidence of people's identity and medical fitness had also been obtained.

There were appropriate systems in place for the management and administration of medicines. Training

Good

Is the service safe?

records showed that staff received regular refresher training and competency checks as well as additional training and support if the supervision of staff indicated the need for this.

We observed medication being given to people on the first day of our visit. The nurse took care to check records and instructions before giving medicines to people. Medicines, including controlled medicines, were stored safely.

Medication Administration Records showed that medicines were given in accordance with prescriptions. We saw that staff were vigilant and quick to report concerns such as missed medications or other errors. There were also regular audits to check that stocks of medicines tallied with records of medicines held. This showed that there were systems in place to ensure that the administration of medicines was safe.

Good

Is the service effective?

Our findings

We spoke to a number of staff about people's needs and how they met them. They were all knowledgeable about people's needs and told us that they had training available to them to ensure that they understood how to provide good care. Staff also told us that they had received comprehensive induction training when they first started their employment at The Aldbury and that this had given them the necessary basic skills they required. Staff had received training in dementia care, pressure area care, continence management and diabetes.

Staff told us that they had one to one support meetings from team leaders or nurses and that the management team were also available to them. They had annual appraisals and staff meetings. We saw records of the meetings were kept in staff files and where additional support or training had been requested or noted by senior staff as required, this had taken place.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one and was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. Applications had been submitted to the local authority for a number of people and the home were waiting for assessments to be carried out.

We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests. We found mental capacity assessments and best interests decision making records in people's individual care records to support this as well as discussing the processes involved with some of the staff.

The registered manager told us that, wherever possible, they discussed people's wishes for end of life care and whether they may wish to be resuscitated. We saw "Do not attempt resuscitation" orders had been signed for some of the people living in the home. Most people were unable to make this decision due to their dementia. We checked these and found that these decisions had been made with the appropriate people and using the best interests' decision making process.

People's nutritional needs were assessed, monitored and planned for. People were weighed regularly and action was taken if people had unplanned weight changes. For example, people were referred to dieticians if they lost weight or had a low Body Mass Index. People who were identified as nutritionally at risk received fortified shakes and puddings that were specially made by the chef. People also received additional nutritional supplements that were prescribed for them following the staff seeking support from relevant health professionals.

The registered manager told us that the home provided a cooked breakfast and choice of cereals, toast and other items for breakfast, a three course lunch with choices for each course and an evening meal that also had a number of choices. We were told that drinks and snacks were available at all times. There was also a small café with a drinks machine which provided tea, coffee and hot chocolate. A number of people come to the café to get hot drinks either with staff or with visitors. We observed staff discussing menu options with people and trying to help them make a decision. Staff had lists of people's likes and dislikes to help them make a choice on people's behalf if necessary.

We spent time observing lunch in two of the units during our inspection. Food was delivered to the units in hot trollies from the main kitchen. We saw staff serving people individually and adjusting portion sizes either due to people's requests or because they knew how much a person was likely to eat. The food smelled appetizing and looked attractive. People were encouraged to eat together at dining tables but were also able to choose to eat in a comfortable chair with an over chair table either in the lounge or in the privacy of their own room. There were plenty of staff available to provide assistance if required. There was lots of interaction between everyone in the lounge/dining room which was friendly and personal. We heard discussions about people's previous careers and families and plans for things to do in the afternoon.

People had access to healthcare professionals such as GP's, district nurses, speech and language therapists, occupational therapists and community mental health nurses. Staff told us that they supported people with

Good

Is the service effective?

appointments if they were needed and were also able to liaise with health professionals if necessary. We saw that whenever such people visited the home, a clear record was made of the reason for the visit and any instructions that were to be carried out as a result of the visit.

Good

Is the service caring?

Our findings

We saw good interactions between people and staff. There was a buzz of activity in the communal areas of each of the units. We often overheard laughter between people and staff as well as quiet, reassuring discussions and general chatter about activities, visitors and other day to day topics. We heard one discussion that started about books, progressed on to recipe books and then people's favourite recipes. This topic clearly interested a number of people with a number of people chatting about what they had liked to cook.

Staff were caring and told us they liked being allocated to a particular unit as this meant they got the opportunity to get to know people and develop relationships with people.

Where possible, staff tried to support people to make decisions for themselves. People were shown the activity that was going to take place and invited to join in; personal photographs or other important pictures were placed by their bedroom door to help them recognise their room and staff told us that they were encouraged people to choose their own clothes each day by looking in their wardrobes and chest of drawers.

Staff told us that, wherever possible, the person was involved in creating their own care plans so that they fully reflected how they would like to receive care and support. In the cases where people chose not to, or were unable to contribute, they said that they tried to involve families and other people that were important to the person. Two relatives confirmed that this was the case. One relative also told us that the senior staff member who had undertaken the latest review had spent a great deal of time seeking additional help with a problem that had been identified in the review.

Those who were able, spoke highly of the staff. One person told us, "I'm very comfortable, the girls are very nice. They look after me well and I'm quite happy". Relatives also told us that they felt the staff really cared for the people they looked after. Two relatives identified that this had much improved in recent months although they did not know why this was the case.

We observed that all staff in the home including cleaners, catering staff, laundry assistants and office staff knew people's names and took time to greet them and chat with them. The relatives that we spoke with told us that were always made welcome and offered refreshments. One relative told us they were relieved to find how much more settled their father was since his admission to the home.

We found that care plans were personalised and reflected people's individual needs. They also included brief life histories in order to inform the reader about who they had been and what was important to them. Staff reflected this information in their care practice by having knowledge of people's families and other things that were important to them. One person had been a nurse and loved to chat with staff about her experiences. We saw that, when they became agitated, staff gently steered the conversation to her nursing career and the person settled.

Staff promoted people's privacy and dignity. They knocked on bedroom doors and waited to be invited in. They discreetly offered personal care and made sure that their dignity was maintained. For example, one person needed to be hoisted from an armchair in the lounge. Staff ensured that they were covered with a blanket and moved with minimal fuss or disruption.

People or their representatives had been consulted about their end of life wishes. These were recorded and plans were in place where needed. The registered manager told us that they were working towards achieving accreditation with the Gold Standards Framework which is a set of standards for providing the best standard of care for people at the end of their life.

Good

Is the service responsive?

Our findings

During the inspection, our observations showed us that staff were responsive to people's needs. They responded to people's verbal and non-verbal gestures and communication. One person was very poorly and stayed in bed. Staff had found that gentle massage of their hands and the use of aromatherapy oils helped the person to visibly relax.

Staff had a good understanding of people's needs and preferences and took care to provide personalised care. Some people, who were cared for in bed, had music playing in their rooms. One relative told us that their mother had always enjoyed classical music. When we visited their room, we found that classic FM was playing quietly in the background. Each person was well known to the staff who had a knowledge of people's strengths and abilities and ensured that people had the opportunity to feel valued . For example, one person helped to lay the tables for lunch and another person helped to take orders for drinks from the machine in the café.

People's preferences for waking and getting up, where they were known to staff, were respected. We heard conversations about people having had a lie in or having had unsettled nights and been up for most of the night with staff. Some people preferred to stay in their rooms and others liked to spend some of their time in the communal areas. Whenever someone wished to walk with assistance or be supported with their mobility aids somewhere, we saw that staff responded quickly and chatted with the person whilst escorting them.

Each person had a care plan to ensure that their interests and hobbies were known and understood and that, where possible, these were provided for within the home. The care plan also identified the types of things that people had enjoyed since moving to The Aldbury and also activities that they disliked. Staff told us about one person who had always enjoyed playing football. They had obtained a football and taken the person into the garden to have a kick around. All activities that people took part in were recorded and this included the length of time of the activity. For example, staff had read to a person in the privacy of their own room for 35 minutes.

The home employed two full time activities co-ordinators and a number of social carers whose role was to provide one to one support with activities and with small groups of people. Activities staff were available for 10 hours a day, seven days a week. We found that , throughout both days of our inspection, there was always something happening somewhere in the home. We saw an exercise to music session with chair bound exercises being led by a very enthusiastic member of staff. There was also a baking session and some visiting therapy dogs.

The activities coordinators created and published a monthly calendar of activities and events to ensure that staff and families were aware of what was taking place, These were distributed to various noticeboards around the home and posted on the home's website so that families and visitors were aware of the events as well. Staff told us that visitors were always made welcome and that there were many events each month that they actively encouraged visitors to join in with. For example, during November, they had held a Children in Need event and had a special church service on Remembrance Sunday.

There was a complaints leaflet that was available at the reception desk. Details about how to make a complaint were also included in the information pack given to people and their relatives when they moved to the home. The information was clear and set out clearly what an individual could expect should they have to make a complaint. We checked the records for some of the complaints that the home had received and investigated. There was information about the investigation, outcome and any action taken to ensure that people learnt from the situation and improvements were made. For example, there had been a complaint about poor cleaning standards. This had been investigated and new vacuum cleaners were purchased for the home.

The home also held regular relatives meetings to encourage them to make suggestions or raise concerns.

Requires Improvement

Is the service well-led?

Our findings

Overall, the home was well led. However, action had not been taken to fully address the shortfalls in record keeping that were identified at our last inspection.

Record keeping in the home was poorly organised. People's personal records contained inaccuracies, inconsistencies and contradictions. Some of these had implications for people's care and welfare. Other records in the home which were required to be kept to protect people's safety and wellbeing were incomplete. We found this to be the case at our previous inspection in July 2014. However, it should be noted that the home had developed an action plan following the previous inspection and we found that, whilst there were still areas of concern, improvements had been made. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Poor record keeping means that people are not protected from the risks of unsafe or inappropriate care or treatment.

Whilst examining people's care records we found that one person's monthly weight record had been completed incorrectly and showed that the person had gained weight when they had actually lost it and the calculation for their waterlow score (a risk assessment for people's skin integrity) had been added up incorrectly. This meant that the staff could have failed to spot someone was becoming poorly or under nourished and that their skin may be at greater risk of pressure ulcers. We also found records that gave contradictory instructions to staff with regard to whether people required pureed food, restricted fluids or the application of prescribed creams. This meant that people may have been receiving care which was inconsistent and did not promote their health and well being.

We found that fluid charts were still not being completed properly. We looked at 21 daily fluid charts. Of these, 13 did not have a target amount of fluid to be taken by the person. This meant that, although each amount was totalled at the end of each day, there was no reference point for staff to identify whether this was a satisfactory amount for the individual to drink in order to prevent de-hydration. We also found that on four occasions, the amount of fluid offered to the person did not even meet the target amount that they should consume.

Observations and feedback from the people living in the home, relatives and staff showed us that the home had an open, positive and caring culture. This was because there were regular opportunities for people who lived in the home to contribute to the day to day running of the home through informal discussions, relatives meetings and surveys of people's relatives and the staff. The home manager showed us how the surveys were analysed and used to identify any areas for improvement.

There was a stable staff team at the home with many people having worked there since it opened 11 years ago. Staff told us that they liked working in teams attached to each unit in the home as it gave them the opportunity to get to know people and colleagues well and work as a team. They told us that they had regular team meetings and home meetings as well as individual supervisions.

Most of the care workers that we spoke with indicated that they preferred to take any concerns or issues to their team leaders and they had confidence that these would then be addressed. The team leaders confirmed that there was then a structure for issues to be passed up the management structure to senior team leaders, heads of care and the home manager.

All of the staff we spoke to knew how to raise concerns and whistleblow. They told us that they had regular reminders in meetings and training about the whistleblowing policy and their rights under it. They were confident that any issues they raised would be addressed.

There were satisfactory arrangements in place to monitor the quality and safety of the service provided. There were monthly audits of various areas including medication, infection prevention and control, accidents and incidents, cleaning, response to call bells, care plans, complaints and health and safety. The audits clearly documented any shortfalls, the action to be taken and the date it was completed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected from the risks of unsafe of inappropriate care and treatment because accurate and appropriate records were not being maintained.