

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?	Good ●

# Summary of findings

## Overall summary

This unannounced comprehensive inspection took place on 28 and 29 March 2017. At the last inspection completed in November 2014 we found the provider had not met the regulations regarding people's care records. People had not been protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained. An action plan was received from the provider which stated what actions would be carried out to ensure they were meeting the legal requirements. At this inspection we found the provider had met the requirements relating to accurate and appropriate records being maintained and was meeting the regulations.

The Aldbury is registered to provide personal and nursing care for up to 55 people. At the time of our inspection there were 42 people living in the home. The home provides care for people living with dementia and was purpose built to incorporate design features created specifically to take into account the needs of people living with dementia to help them orientate around the home independently, these included, clear pictorial signage, a hexagon shaped layout and safe outdoor areas.

There was an acting manager employed at the home. The acting manager had commenced the process of becoming a registered manager with the Care Quality Commission. 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. .

During our inspection visit the home had a welcoming, friendly atmosphere with interesting, fun activities being available for people to join in with if they wished. There were also quieter areas for people to sit in which meant people had the opportunity to relax in a calm and homely area.

The premises were well maintained and furnished to ensure people were able to sit down and rest throughout the home. The home was furnished and decorated to accommodate people living with dementia, with clear signage and wide uncluttered walkways and corridors.

People told us they felt safe at the home. People and their relatives gave positive views about the care and support they were given at the home and everyone we spoke with told us they enjoyed living there.

Staff spoke knowledgeably about the systems that were employed to keep people safe and free from harm. They knew how to prevent, identify and report abuse and the provider had systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

People's needs were assessed including areas of risk, and reviewed regularly to ensure people were kept safe. People were cared for with respect and dignity and their privacy was protected.

People received their prescribed medicine when they needed it and appropriate arrangements were in place

for the administration, storage and disposal of medicines.

There were sufficient levels of appropriately trained staff and people told us there were always staff available to help them when they needed support. People said they were supported promptly by staff who were friendly and caring. Relatives said they were always made to feel very welcome when visiting the home and felt the staff involved and included them where appropriate in the care of their relative.

There was a robust recruitment and selection procedure in place to ensure people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Staff spoke positively regarding the induction and training they received and commented they had felt well supported throughout their induction period.

Staff demonstrated a good understanding of how people liked to have their care needs met. They delivered safe, effective, person centred care to people in a friendly, professional and kind way.

Supervisions and appraisals were regularly completed with staff, were detailed, clearly written and gave staff the opportunity to comment on their performance and request further training and development opportunities if they wished.

Equipment such as hoists and pressure relieving mattresses and cushions were readily available, clean and well maintained.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty. These safeguards can only be used when there is no other way of supporting a person safely.

People were supported and provided with a choice of healthy food and drink ensuring their nutritional needs were met. Menus took into account people's dietary needs and people told us they enjoyed the food and could ask for different choices if they did not like what was on the menu. The provider ensured meal times were a pleasant and social experience for people and the dining areas were attractively laid out with table cloths, table decorations and staff available to ensure people received the assistance they needed.

People knew how to make a complaint if they needed to raise concerns or queries. There was a clear system in place for people to raise concerns and complaints.

There was a wide range of daily activities for people to participate in if they wished. Activities were well publicised throughout the service. People who required assistance were supported to take trips to places of interest. The provider ran a weekly mini bus service to places of interest that people had asked to visit, such as Poole Quay and local garden centres.

There were systems in place to monitor and drive continuous improvement in the quality of the service provided.

## 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.

Risks to people were assessed and reviewed and staff understood the procedures in place to safeguard people from abuse.

Medicines were administered, stored and disposed of safely.

Staff were recruited safely and the provider had robust recruitment procedures in place to ensure pre-employment checks had been conducted prior to staff starting employment.

### Is the service effective?

Good 

The service was effective.

Staff received on going support from senior staff who had the appropriate knowledge and skills.

Induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

People were offered and enjoyed a varied choice of nutritious food and drink.

### Is the service caring?

Good 

The service was caring.

Person centred care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff had developed good relationships with people and their relatives and there was a happy, relaxed atmosphere throughout the home. People valued their relationships with staff who they found friendly and caring.

Wherever possible, people and their relatives were involved in making decisions about their care and staff took account of their

individual needs and preferences.

### **Is the service responsive?**

**Good** ●

The service was responsive. People's care plans and records were kept up to date and accurately reflected people's preferences and histories.

Staff were very attentive and responded quickly and appropriately to people's individual needs.

There was a varied daily schedule of activities for people which they enjoyed and promoted their independence.

There was a clear complaints procedure. People knew how to raise a concern and felt confident that these would be addressed promptly.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff spoke of an open, supportive, positive culture that encouraged their views and input. Staff felt well supported in all areas and felt involved, listened to, and appreciated.

The provider had a range of robust audits in place to monitor and drive improvement of the quality of the service provided

# 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 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 comprehensive inspection took place on 28 and 29 March 2017, the first day of the inspection was unannounced. On the 28 March the inspection team consisted of two CQC Inspectors, with one CQC inspector completing the inspection on the 29 March.

Before the inspection we reviewed the information we held about the service. This included information about incidents the provider had notified us of. The provider had 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. We also asked a selection of health professionals and the local authority who commissions the service for their views on the care and service given by the home.

During the two day inspection we met with the majority of the people living at the home, and spoke with those that were able to. We also spoke with four visiting relatives, a visiting GP, the clinical lead, the clinical manager, the operations manager, the quality manager, the chef and housekeeping staff and a selection of five care staff which included specialised nursing staff.

We observed staff supporting people in communal areas and to eat meals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific method of observing care to help us understand the experience of people who could not talk with us.

We observed how people were supported and looked in depth at three people's care, treatment and support records, a further selection of five people's additional care records and reviewed fourteen medication administration records. We also looked at records relating to the management of the service including staffing rota's, four staff recruitment and training records, handover records, premises maintenance records, a selection of the providers audits and policies, compliments and complaint records, completed quality assurance forms and staff and a selection of meeting minutes.

## Is the service safe?

### Our findings

People told us they felt safe living at The Aldbury. One relative told us, "I think my dad is 100% safe here". They also told us there were enough staff to meet their relative's needs. One person said, "I feel very safe here, all the time, I have everything I need".

People were kept safe because staff understood their roles with regard to safeguarding people from abuse. Staff had a good understanding of what abuse meant and the correct procedures to follow should abuse be identified. All staff members had undertaken adult safeguarding training within the last year in line with the provider's policy and the local authority's procedures. One member of staff told us, "If I was concerned about anything I would report it to the manager". There was clear information on display for staff to follow in regard to safeguarding adults with up to date information and contact details for the relevant local authorities. Staff spoke knowledgeably about the provider's whistleblowing procedures.

Risks to people and the service were managed so that people were protected and their wishes supported and respected. People had their health needs assessed for areas of risk such as falls, moving and handling, nutrition, safe swallow and pressure area care.

There were maintenance staff employed to ensure the premises were maintained safely. Records showed maintenance processes were robust, orderly and detailed. Fire testing and drills had been carried out in accordance with the provider's policy. Certificates and records showed regular checks were completed for fire safety equipment, extinguishers, emergency lighting, electrical installation, beds, hoists and lifting equipment such as weigh scales and bath lifts, gas safety and confirmation that a full water system check including legionella testing was regularly completed. Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The provider had a legionella risk assessment in place with actions being completed such as flushing infrequently used taps and descaling shower heads by a trained member of staff.

People had been assessed and plans made for emergency evacuation from the building. There were systems in place to ensure people were moved safely in an emergency, these records were easily accessible at reception and were up to date and included information on how much assistance people needed and how they were to be evacuated should an emergency arise.

People were safe because accidents and incidents were reviewed to minimise the risk of reoccurrence. A record of accidents and incidents was kept and the information reviewed on a monthly basis by a senior manager to look for patterns or triggers that may suggest a person's support needs had changed. Any resulting action taken and measures put in place to help prevent reoccurrence had been recorded. For example one person who had fallen was placed on 15 minute observations and referred to the local falls team for additional support and intervention.

The provider used a staffing dependency tool to calculate the levels of staff needed to run the service safely.

People told us there were enough staff around to help them when they needed support. One person said, "They are always right here, I never have to wait for long, they get anything I need".

Staff duty rota's correctly reflected the amount of staff on shift during our inspection. Staff said there were enough staff on each shift to ensure people were cared for safely and all their health and social needs met. Staff told us staffing levels were discussed in their meetings to ensure there were always enough staff available to care for people's changing needs safely. When call bell alarms were activated, they were answered quickly and effectively by staff and were not left ringing for lengthy periods.

The staff recruitment procedure was safe. The provider carried out appropriate checks to help ensure they only employed suitable people to work at the home. Staff files included information that showed checks had been completed such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services. There were also systems in place to check qualified nurses Personal Identification Numbers (PIN). This is a legal requirement and qualified nurses must be registered with the NMC professional body before they can practice in the UK.

Medicines were stored correctly and managed effectively. There was a system in place for recording the daily temperatures of the medicine rooms and fridges. There was clear guidance for staff stating what the minimum and maximum temperatures should be and staff were knowledgeable about the correct action to take should the temperatures go outside of the required safe range.

People had their allergies clearly noted and guidance on the use of 'PRN' as required medicines was recorded. The provider had a system in place to recognise when people needed regular pain medicine, the system incorporated both verbal and non verbal versions which enabled staff to ensure all people received pain medicines when they needed them. There was a policy for homely remedies which included guidance for staff for follow when administering these medicines.

The stock of medicines were correctly recorded in the medicines book and checks were regularly conducted to ensure stocks were accurate. An independent pharmacist had recently conducted a medicine audit at the home and any recommendations had been actioned. Some people were prescribed transdermal patches for pain relief. A transdermal patch is a medicated adhesive patch that is placed on people's skin to deliver a specific dose of medicine through the skin and into the bloodstream. There was a clear system for staff to follow, which included the use of body maps to ensure people's patches were correctly placed on alternative areas of their body as prescribed. Alternating the site of the patch would help reduce the risk of skin irritation.

Records showed all staff who had responsibility for administering medication had received medication training to ensure they could administer medicines safely and had regular medicine competency assessments completed. Medicine Administration Records (MAR) were correctly completed, with no gaps in recording. There was a photograph at the front of each person's records to assist staff in correctly identifying people, and information for each person detailing what allergies they had. The provider used a system of body maps to ensure people's prescribed creams would be applied correctly. The body map clearly guided staff on how much, how often and where to apply the prescribed creams. People's creams were dated when they were opened. Some people had medicine administered 'covertly' for example in their yoghurt or puddings. Their GP and a pharmacist had been contacted and their authority obtained as required.

Throughout our inspection we saw the premises were well maintained, clean and free from odours. Personal protective equipment was available for all staff and there was a variety of cleaning schedules and rota's



adhered to which ensured cleaning standards were maintained. The main laundry was in the basement and was well organised with a clear flow of dirty to clean processes.

## Is the service effective?

### Our findings

A relative told us, "They saved my dad's life. He was really unwell when he first came here. I think the staff are well trained".

People were supported by staff who had undergone an induction programme which gave them the skills to care for people safely. In addition to completing induction training new staff had opportunities to shadow more experienced staff. This enabled them to get to know people and how they liked to be cared for. We spoke with staff about their recruitment. Staff said they had felt very well supported throughout their induction period. There was a clear system in place that showed what training staff had completed and what training courses they were due to attend in order for them to keep their knowledge up to date. We asked people if staff were well trained, one person said, "Oh yes, they know how to do everything, I've no complaints at all".

People benefitted from staff who received regular training. Staff had the appropriate knowledge to undertake their roles. Mandatory training was undertaken regularly. One staff member said, "I've completed all of my induction training. If there is anything I'm unsure of I will ask a colleague".

Records showed staff had undertaken training in a range of subjects which included, safeguarding adults, moving and handling and infection control. We spoke with two members of staff who had recently been promoted and were settling in to their new roles. They told us they were enjoying their new roles immensely and had found the training they had received to be very beneficial and interesting. One member of staff said, "It's been so rewarding, I really enjoy it and the training has been excellent".

Following the inspection the provider wrote to us telling us about the measures in place to enable nurses to maintain their skills, competencies and professional registration. They stated that nurses from The Aldbury attended Colten Care's inaugural Nursing Excellence Day, where agenda items supported revalidation. Revalidation is a process all nurses and midwives need to follow to maintain their registration with the Nursing and Midwifery Council. They also advised that nurses have access to the Nursing Times online to support evidence based practice, on going learning and reflection to support with revalidation .

Following the inspection the provider also wrote to us providing information regarding their dementia strategy that is in place for their Colten Care services. The provider, in collaboration with Dementia UK has developed a strategy for managing the challenges people living with dementia face and to provide individualised support for these people and training and support for the staff who care for them. Included within the strategy was the role of an admiral nurse who would be employed to specifically support staff and people living with dementia and apply their knowledge of best practice to develop person centred dementia care.

We spoke to the provider's admiral nurse who told us that they were responsible for visiting a number of homes owned by the provider in the area. Part of their role was to improve outcomes for people living with dementia. They were able to give us examples of how this worked in practice. For example, they explained to

us how one person was given the opportunity to brush and plait a member of staff hair and the positive effect this had on the person. They also explained how the use of empathy dolls in the home improved outcomes for some people living in the home.

Staff were able to meet with a senior member of the staff team for supervision sessions on a one to one and group basis. Supervision gives a supervisor the opportunity to check staff were transferring knowledge from their training into the way they worked. An appraisal is an opportunity for staff to discuss with their line manager their work progress, any additional training they required or concerns they had. Both of these are important to help ensure staff are working competently and appropriately and providing the best care possible for the people they support.

There were effective communication systems, with a series of handover meetings and management team meetings each day. Staff told us communication within the home was good.

The Mental Capacity Act (MCA) 2005 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 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 procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People who were living with dementia had restrictions on how they lived their lives placed on them to keep them safe. People were under constant supervision and there were coded doors and lifts to keep people safe. Applications for DoLS for people who lived in The Aldbury had been authorised or applied for. We saw documents to confirm this in people's care files. There was a system in place to ensure renewals of DoLS were applied for where necessary. Some people had conditions relating to their DoLS, such as reviewing certain medicines with their GP and obtaining specific information about their background from their families. Records showed these conditions had been upheld and a record kept by staff when completed.

We checked whether the service was working within the principles of the Mental Capacity Act. Care files contained updated care plans following an assessment of the person's capacity and detailed how the care should be provided in the least restrictive way. We saw 'best interests' decisions undertaken with the person, GP and relatives so decisions were made by people who knew the person best. Four people were receiving their medicines covertly. Although they had a general 'best interest' decision completed for medicines three of the 'best interests' decisions did not cover the area of administering people's medicines covertly. We discussed this with the acting senior nurse who ensured, all three best interest decisions were updated to correctly reflect the administration of covert medicines that day. Consent to care and treatment were signed by people where they were able; if they were unable to sign a relative or representative had signed for them.

Staff showed a good understanding of people's capacity to consent to their care and support and the choices they could make each day. Staff told us that a person with dementia might make every day choices such as what to wear, what to eat and whether they wanted to take part in activities. Staff said people were always offered choice and encouraged to be as independent as possible. During our inspection visit we observed many good examples of people being offered choice throughout their day.

Observations showed that staff had the knowledge and experience to support people who displayed behaviours that were challenging. For example, staff actively involved people in activities and pre-empted problem situations by using effective distraction techniques. Staff demonstrated they were trained in

dementia care and knew the people in the service very well which meant they were effectively able to positively support people who had behaviours that were challenging.

We were shown around the kitchen and spoke with the chef. People's dietary needs were assessed, with people having their food prepared for them in a manner which was safe for them to eat, for example a 'soft' diet or fortified meals with added cream and cheese. Care was taken to ensure all the meals looked appetising with plenty of colour and different textures for people to enjoy. People's allergies, likes and dislikes were displayed on a board in the kitchen. The chef told us, "It's all about the people, they are the most important, we are all here to make sure they enjoy their meals and are well cared for".

We observed staff encouraging people to drink regularly throughout our inspection visit to reduce the risk of people becoming dehydrated. On each of the four living units there were kitchen areas for people, visitors and staff to help themselves to drinks and snacks.

There was a small café area that was available for relatives and people to use if they wanted some where to have a snack and drink in private. We observed two lunchtime meals during our inspection visit. We observed the tables were attractively laid out with, flowers, salt and pepper, place settings and cutlery. People were asked where they would like to sit and were encouraged to eat with their friends at the dining tables or alternatively they could sit on their own in the seated area. One person preferred to sit at a table on their own to eat their meal. Regarding this person staff said, "They enjoy people's company but they have told us they like to dine alone". If people needed assistance to eat their meal, staff sat with them and assisted them to eat with patience, kindness and dignity, gently encouraging and supporting people to eat as independently as possible.

People could choose a different meal if they did not like what was on the menu. The choice of meals were shown to people on a 'show plate' this allowed people to visually see what meal they would like. Staff ensured people were offered a choice of drink to accompany their meal, red or white wine, sherry or a selection of fruit juices were offered. Staff had time to give support to people in a calm and unrushed manner, which created a relaxed and happy mealtime period. We observed staff worked well as a team during the lunchtime period which helped ensure the mealtime was an enjoyable experience for people. Soft, music was played throughout the lunchtime meal which promoted a calm and happy atmosphere.

There were systems in place to monitor people's on-going health needs. Records showed a range of professionals were involved in assessing, planning, implementing and evaluating people's care and treatment. Staff told us that the service regularly liaised with the community mental health team to assess and meet peoples' needs, records we reviewed showed this was the case.

The Aldbury had been specifically designed and furnished to support and accommodate older people and people living with dementia. Support rails and small resting and seating areas were available throughout the home and at regular intervals along corridors. These assisted people with their mobility and encouraged their independence in moving around the home. The courtyards and communal gardens had been laid out to safely accommodate people living at the home and provided an enjoyable outside area for people to spend time in during the warmer months.

Memory boxes, name plates and bedroom numbers were located outside people's bedrooms to help them orientate themselves around the home. These contained photographs or pictures of items that were important to people. Clear signage was found throughout the premises.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. We heard one person tell another person, "We are looked after aren't we!" People told us, "The staff are all lovely, I couldn't ask for more" and "Oh everyone is so kind and patient here, I do enjoy a good chat with them". Relatives said, "I'm very happy with everything here, the staff are wonderful, so friendly and nothing is too much trouble". Another relative told us, "I'm really happy with the care, it couldn't be any better, I'm very impressed the staff are brilliant". A third relative said, "I have no concerns at all, they care for my [relative] just as I like, everyone is so friendly and kind...I see them chatting and cuddling people all the time, it's so nice to see they care for people so well".

There was a cheerful and relaxed atmosphere in the home and staff communicated with people in a very kind and respectful manner. We observed many good examples of staff providing care and support in a skilled and caring manner. Staff interacted with people well, speaking with them on their level and engaging them in conversations that were interesting to them. We observed staff spent quality time with people, chatting to them about their families and pastimes they had enjoyed.

Throughout our inspection visit we saw evidence that there was a culture of promoting and maintaining people's independence. We observed people sought staff out to chat with and appeared comfortable and happy with them, often smiling and laughing along with them. Staff offered assistance promptly when required and supported people discreetly when they needed assistance. Staff interacted with people with care and compassion and anticipated their needs in a friendly and supportive way. Staff spoke fondly of people and were able to accurately describe what activities they liked to take part in. Staff supported people patiently and kindly and did not appear rushed.

When one person became distressed we saw that staff supported the person by orientating them to the table where they wished to go all the time reassuring them. This resulted in the person becoming more relaxed. Another person got anxious and upset and staff gently distracted them and checked to see if they would like their teddy bear, when this was brought for them, staff sat with them chatting and talking to them and the person immediately calmed down and started to smile.

Following the inspection the provider wrote to us providing additional information regarding a health care assistant. The health care assistant had been nominated by colleagues and relatives and had won the Care Personality of the Year at the National Dementia Care Awards. The award recognised active promotion of excellence in care, peace of mind for relatives and a happy working environment. The same health care assistant also won the Dignity in Care Award for the south west region at the Great British Care Awards. The criterion at these awards was to, demonstrate the significance of maximising client independence and choice, whilst respecting and maintaining privacy and dignity at all time.

People were treated with dignity and respect. People were supported to make choices about their day to day lives and they respected their wishes. Staff were respectful, understanding and patient when assisting people. They addressed people by name, responded promptly to requests and spoke to people at eye level, giving them time to respond to any questions.

People's privacy was respected. Each person had their own bedroom. This meant staff could support people with their personal care needs in the privacy of their own bedroom. Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home. Some people had their own key to their room which helped to promote their independence.

People's care records were kept securely and no personal information was on display. Records showed people and their relatives were involved in decisions about their care, care plans were reviewed and where possible had been signed by the person living in the home or their relative, this showed they had been involved in the process.

A record of compliments was kept by the home. We looked at some of the compliments they had received. One relative wrote, 'Dear team on Strauss. A big thank you for all of you who have helped my mother over the last five years. Your kindness and care to [person] has been greatly appreciated.'

## Is the service responsive?

### Our findings

There was a process of detailed assessments completed on people to ensure their needs had been assessed before they moved into The Aldbury. The assessments were then used to complete an individualised care plan for the person which enabled people to be cared for in a person centred way. Staff used the information to develop detailed care plans and support records that would identify people's strengths and abilities and the support they would need to maintain their independence. The assessments showed people, their relatives and health professionals had been included and involved in the process wherever possible.

Care plans were reviewed monthly, or more frequently if the person experienced health changes. They were detailed and gave clear guidance for staff to follow. For example if people were diagnosed with diabetes there was a detailed plan guiding staff on what signs to look for should the person be at risk of having a hyper or hypoglycaemic incident, guidance covered triggers to look for and what action to take. Staff spoke knowledgeably about people's specific health conditions and how they were managed to ensure people's health was maintained and improved wherever possible.

One person was prescribed hand splints which were to be worn each day. Staff told us how they ensured this person's hands were kept comfortable and their skin integrity maintained. They said, "We bathe their hands every day, we spend time with them making sure they are comfortable, we are very gentle, sometimes it can take up to 45 minutes but we always take our time". This person was not always able to verbally communicate when they were in pain and staff told us the non verbal signs this person gave if they were experiencing pain, these had been correctly reflected in the person's care plan.

Care plans were written in a person centred way and reflected people's individual preferences and health needs. Examples of care plans included, 'Staff to make sure windows are closed and curtains are drawn... make sure [person] is warm enough while in bed by providing extra blankets and adjust the radiator'. Another care plan stated, "[person] likes to sleep with the en suite light on and leave the door ajar".

The provider used recognised risk assessments tools to assess the risk of skin integrity, malnutrition, mobility, self-medication administration and falls monitoring to ensure people's health was maintained. Where care plans stated people needed specialist equipment such as pressure mattresses and pressure cushions, we saw these were in place, well maintained and clean. Where people had air mattresses in place to maintain their skin integrity, they were set at the correct setting for their weight. Air mattresses were checked on a regular basis throughout the day and clear records kept of these checks. People who needed hoisting to mobilise had their own slings which were all named and kept in their bedrooms when not in use. Where people required mobility aids these were available for them and placed within easy reach at all times.

If people were experiencing difficulties with eating, drinking or swallowing they had been referred to the Speech and Language Therapy Service (S.A.L.T). The resulting eating and drinking guidance plan was then available in people's bedrooms for clear staff guidance. People had clear, detailed moving and handling plans placed on the back of their bathroom doors, this helped ensure staff had up to date guidance

available when they were assisting people to move from their bed or chair.

During our inspection visit we saw staff were quick to answer call bells. People told us, "I know how to use this, but I don't have to use it much, they come straight away if I do". We observed staff were attentive to people's needs, anticipating and responding to people throughout their day.

There were systems in place to monitor people's food and fluid intakes. The system ensured people were monitored daily for their food and fluid intake should they be at risk of developing malnutrition or dehydration. The system ensured staff would be alerted if people became at risk and ensured preventative action could be implemented.

If people were being cared for in bed and needed re-positioning at regular intervals to maintain their skin integrity there was a system in place to ensure re-positioning was correctly completed.

People's weight was recorded on a weekly basis and records showed they were referred to health professionals such as the dietician, speech and language team or their GP when required. There were body maps in place to record any bruising or injuries sustained by a person. People's care and support records were detailed and accurately completed with signatures and dates generally recorded where required.

Leisure and social activities were provided and were tailored to people's individual needs, especially for those people living with dementia. We saw people participating in various activities throughout the day such as drawing, skittles and an interactive table top projector that enabled people to look for ladybirds under leaves. Following the inspection the provider wrote to us, explaining that this equipment had been trialled at The Aldbury. They told us this had resulted in significant improvement in the responsiveness of residents, and absolute joy on the faces of the residents when interacting with the various programmes. This interactive device was very popular with people, one member of staff told us, "This is extremely popular, you can programme the device with all different games, yesterday we had it set up with bubbles and everyone was busily seeing how many they could catch and pop". People also had access to a large garden area which was complete with a well-furnished summer house and vintage taxi cab.

A relative told us, "The entertainment is very good, the staff genuinely care and always spend time with people, I haven't any gripes at all". Two people were employed as activity staff and we spoke with one of them. They told us they really enjoyed their role and how they were moving towards a whole team approach for all staff to be involved in activities with people.

Companion Care staff were employed, their role was to spend time with people on a one to one basis either in their bedroom or with them in the communal areas, providing company and meaningful activities such as hand massage, reading to people and reminiscence sessions. There was a full and varied schedule of daily activities available for people to participate in if they wished, these included; knit and natter, skittles, garden club, flower arranging, magazine morning, cooks corner and trips to Poole Quay and local garden centres. The activity schedule was clearly displayed in the lift and communal areas of the home.

People told us they knew how to complain and felt they would be listened to if they had any concerns or complaints. One relative told us, "Oh yes I know how to complain, there is information all about it in the welcome folder, but I have no complaints at all, I'm always made to feel very welcome". 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. We reviewed the complaints received in the past twelve months. There was information about the investigation, outcome and any action taken to ensure that people learnt from the situation and improvements were



made.

People's bedrooms reflected their personality, preference and taste. For example, some bedrooms contained pictures and ornaments from their previous home. People were offered choices and options. They had choice about when to get up and go to bed, when to have breakfast, what to eat, what to wear, and what to do.

There was a system in place for when people had to transfer between services, for example if they had to go into hospital or be moved to another service. Staff showed us people had a summary of their care plan and a copy of their medicines that accompanied them with their transfer.

## Is the service well-led?

### Our findings

People, relatives and staff told us they felt the service was well managed and well led. One person said, "It's all seems very well organised". Staff and Relatives spoke positively about the manager. They said they were approachable and always available if they wanted to talk with them. One member of staff told us that there had been a lot of changes over the past few months but things were starting to settle down and improve for the benefit of people living in the home.

At our previous inspection in November 2014 we found people were not always protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained. At this inspection we found improvements had been put in place regarding people's records and the provider was meeting the regulations.

The provider had made a number of staff changes at both management and care staff levels during the previous six months. Staff told us there had been a lot of changes with staff and different processes but they felt well supported throughout and had confidence in the management team. A visiting GP commented the service had been through a period of staff change but stated they had no concerns and staff were proactive and followed their guidance and care was given in a very caring and supportive way.

Staff, relatives and people described the culture of the home as, "Friendly, open and supportive" Staff told us they were supported very well to carry out their roles and felt their views and ideas were listened to. Staff and relatives told us communication in the home was good, with all staff working closely as a team for the benefit of the people living there.

Following the inspection the provider wrote to us and gave additional information regarding the five Colten Care values of friendly, kind, individual, reassurance and honesty. They stated that the values were created during 2015 through discussions and input with staff and residents at Colten Care Homes including The Aldbury.

Quality assurance at the service was regular and completed both at organisational level by the provider and by staff who worked in the home through regular audits. Other audits included care plans, medicines, call bells, infection control and health and safety. This information was analysed and an action plan created to address any lower scoring areas. This demonstrated that quality systems were in place and information from audits was collated and used to improve and develop the service.

Following the inspection the provider wrote to us with additional information that showed the service had a process of continuous improvement in place and took steps to assess and mitigate risks to people. For example, the admiral nurse undertook a specific project in line with the National Dementia Strategy to reduce the amount of specialist medicines used in The Aldbury. The project was delivered in conjunction with the local GP's and the provider told us it resulted in a reduction of 33% usage of specialised medicines used at The Aldbury.

Staff meetings had been held across different levels of the organisation to discuss the service provided. We looked at minutes of the most recent general staff meeting in March 2017 and saw topics relevant to the running of the service had been discussed. These included general care provision, meal times, activities and accident/incident forms.

The acting registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths and had made appropriate notifications as required.

Staff told us about the various community events the home held each year. These included a monthly memory clinic, Christmas Parties and 'The Silver Event', these are four events spread over the year where the provider invites various community groups into the home to add variety to the activities and promote people's wellbeing they also encouraged people to go out and visit various different community events locally.