

Charmend Limited

Aldridge Court Nursing Home

Inspection report

Little Aston Road
Aldridge
Walsall
West Midlands
WS9 0NN

Tel: 01922455731

Website: www.aldridgecourt.co.uk

Date of inspection visit:

16 May 2019

17 May 2019

Date of publication:

23 July 2019

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 ●

Summary of findings

Overall summary

About the service:

Aldridge Court Nursing Home is a care home providing personal care and accommodation for up to 59 people who are frail or are living with dementia. On the day of the inspection, 42 people were receiving support.

People's experience of using this service:

People received safe care. People were supported safely and there were enough staff to keep them safe. The provider had recruitment systems in place to ensure only appropriate staff were appointed to support people. Where people were administered medicines, this was carried out as it was prescribed. Staff had access to appropriate equipment in line with the provider's infection control procedures. Risk assessments were in place to identify how risks were managed and where accidents and incidents took place, trends were monitored.

People received effective care. Staff had the knowledge and skills they needed to support people how they wanted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People decided what meals they had to eat and could access drinks when needed so they did not dehydrate. People could access health care professionals when needed with the support from staff.

People received support that was caring, compassionate and kind. People told us they decided how staff supported them. Staff were respectful of people's privacy, dignity and independence.

People received support that was responsive to their needs. Assessments and care plans were carried out to ensure the support people received was what they wanted. There was a complaints process in place which people used to raise concerns.

The service was not always well led. The registered manager demonstrated a good understanding of the service and had plans in place to improve the service people received. Communication between the service and people was good. Audits and spot checks were carried out, but there were concerns as to their effectiveness. The provider was unable to evidence how they ensured the service quality was maintained. Questionnaires and resident meetings were used to engage with people and the information gathered was analysed to make improvements to the service.

Rating at last inspection:

Rated Good (Report published 18/03/2016).

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Aldridge Court Nursing 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 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an inspector 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 and understands dementia care.

Service and service type:

Aldridge Court Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Prior to the inspection we reviewed information we held about the service since their last inspection. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We also contacted the local authority who commissioned services from this provider. They raised no concerns about the service.

During the inspection we spoke with five people, six relatives, four members of staff, the activities coordinator, senior carer, two nurses, the cook and registered manager. We also spoke with a health care professional who were visiting the home.

We looked at the care and review records for three people who used the service, the management records for how people were administered medicines, as well as a range of records relating to the running of the service and the activities people were involved in. Our overall observations included how people and staff communicated and interacted and how people were supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. A person said, "The home is safe".
- Staff knew how to keep people safe and told us they had completed training. A staff member said, "I did safeguarding training and I would report any abuse". We confirmed systems were in place to keep people safe from harm.
- Where incidents or accidents took place we saw that a system to log and monitor trends were in place and staff knew how to report incidents.
- Concerns were raised with us during the inspection related to the environment within the home and the blocking of fire exit doors. We were unable to see any evidence to substantiate any of the concerns raised with us.

Assessing risk, safety monitoring and management

- Risk assessments were completed to inform staff how risks to people should be managed and reduced.
- We found where equipment was needed to support people that these were in place and staff knew how to use them.
- We found where people were identified to have risks to their skin integrity that the right support was sought and a system was in place to reduce the risk. For example, where people were being supported in bed the appropriate measures were in place such as pressure relieving mattress and regular checks were carried out to make sure people did not stay in the same position for long periods of time.
- We found that risk assessments were carried out to ensure the environment and the building was safe to reduce any risk of harm to people.
- The registered manager was unable to provide copies of Personal Emergency Evacuation Plans (PEEP) where appropriate. These were provided after the site visit. A PEEP is a bespoke escape plan for people who could not ultimately reach a place of safety unaided in an emergency. Staff knew about people's support needs in the event of an emergency and the provider had a grab bag type system with information on people in the event of an emergency.

Staffing and recruitment

- There were enough staff to support people safely.
- People told us they were supported when needed. However, we identified a concern where a person told us they had to sometimes wait for staff to support them to the toilet. We discussed this with the registered manager who identified the potential cause and told us they would put measures in place to rectify the problem.
- The provider had a recruitment process which involved recruitment checks to ensure newly appointed staff were suitable to support people. We found that the process included the completion of a Disclosure

and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people. We found nursing staff registration with the Nursing Midwifery Council was checked annually to ensure these staff were appropriately qualified and registered to carry out nursing tasks.

Using medicines safely

- We looked at the systems in place to support people with their medicines and found no concerns or gaps in records. A person said, "I am able to get pain relief when needed". A relative told us they had no concerns and that their relative got their tablets as they needed them.
- Nursing staff told us they received training to administer medicines and the registered manager checked their competence regularly.
- Where people were administered medicines 'as and when' required, we saw appropriate guidance was in place to ensure this was done consistently for each person and a total was kept of the number of tablets administered to ensure people were not given more tablets than they were prescribed.

Preventing and controlling infection

- We found infection control processes were in place and staff received training to understand their responsibilities. Staff had access to Personal Protective Equipment (PPE) and told us they had completed training in infection control.
- We found there was a system in place to keep the home clean and tidy and the registered manager had processes in place to monitor the cleanliness of the home.

Learning lessons when things go wrong

- We found systems were in place, so lessons could be learnt when things go wrong. We discussed a number of recent events within the home with the registered manager and the actions they had taken where things had gone wrong and the lessons learnt to ensure they did not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the appropriate approvals were in place and the registered manager had systems in place to ensure they were reviewed on a timely basis.
- People's consent was sought. A person said, "Staff are really good and they always ask me before they do things".
- Staff told us they got people's consent before supporting them and we observed staff doing this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were carried out to identify people's assessed needs, so the provider could be sure they could meet people's needs.
- Staff had access to care records as and when needed and where people had specific support needs that were covered within the Equality Act 2010 we saw evidence of this. Care staff were aware of the principles within the act and how these would impact on the support people received.

Staff support: induction, training, skills and experience

- We found that staff could get support as needed. Staff told us they received regular supervisions, could attend staff meetings and appraisals took place so they could discuss their development needs. A staff member said, "We are able to get support when needed". A relative said, "The staff seem to be skilled, one of the girls [staff] recently did a first aid course".
- We found that staff training happened regular to ensure staff had the necessary skills and competence to support people how they wanted. Staff we spoke with confirmed this.
- The provider had an induction process which enabled newly appointed staff to shadow more experienced staff before they worked on their own and which incorporated the Care Certificate. The care certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.

A staff member said, "Yes, we do go through the certificate".

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

- People had access to regular drinks when needed and were able to decide what they had to eat. A person said, "The food is okay. There are choices. It is a set menu but if I say I want steak and chips they will do it". Another person said, "They come regularly with the tea round". Some people told us the food was not always hot, so we discussed this with the registered manager, who followed this up with staff who worked in the kitchen.
- We found that systems were in place to support people appropriately where they had specific health concerns with their nutrition or ability to eat and drink. A Speech and Language Therapist (SALT) was referred to when needed and we saw that their instructions were followed by staff.

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

- We saw health care professionals within the home supporting staff to meet people's needs and doctors' visits took place regularly to ensure people's support needs were met.
- Where concerns were identified with people's skin integrity we saw that the appropriate systems and equipment were in place to ensure people were turned regularly and consistently and this was evidenced.
- The registered manager provided us with evidence to show they worked with a range of other professionals to ensure the support people received was effective.

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

- We found the building and environment people lived in was suitable for their support needs and was decorated well. Where adaptations were needed to support people, these were in place. For example, where people needed equipment to support them to get in and out of the bath.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us the staff were nice and caring. A person said, "The girls [staff] are very, very nice indeed". Another person said, "The staff are very kind to me". A relative said, "The staff are cheery and helpful".
- We saw that staff were helpful and supportive to people when needed and consistently ensured people were ok. Staff were seen sitting and chatting with people.
- We saw that staff knew people well and knew what their gestures or body language meant. For example, we saw after someone was given a cup of tea they were raising their hands and pointing. A member of staff knew they wanted an assortment of biscuits which they were then given, and they then sat happily with their tea and biscuits.

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

- We found that people were involved in deciding how they were supported. A person said, "The girls [staff] ask what I like and dislike". Another person said, "They let me decide what I want to do".
- We saw that regular residents and relative meetings took place, so people and their relatives could be involved in decision making process in the home. We saw evidence of the minutes from April 2019 meeting, where it showed how people and their relatives could express their views and the home acted upon their requests.

Respecting and promoting people's privacy, dignity and independence

- People expressed how staff respected their privacy and dignity. A person said, "Staff always support me with the door closed". We saw people supporting themselves and staff encouraging them to do as much as they could.
- Staff could explain how they ensured people's privacy, dignity and independence was respected. For example, people being encouraged to do as much as they can with support or covering people during personal care tasks. Staff told us they received training in dignity and respect, which we confirmed. This ensured people would be supported in a respectful manner.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed and care plans were in place to show how people would be supported.
- Reviews were carried out to identify where people's support needs had changed.
- We found where people had a DNAR in place or had a specific health care need that this was clearly identified. A DNAR means Do Not Attempt to Resuscitate in the event of a cardiac arrest.
- We saw that people had access to a range of planned activities which also included the home working with nearby schools. This involved school children coming into the home and spending time with people or the school choir singing. This was all being coordinated by an activities coordinator.
- We found that people's likes, dislikes and interests were being gathered as part of a work book referred to as 'This is me'. The things people liked to do and their interests were noted and was included in the activities being made available.
- Our observations were that people were supported how they wanted in a timely manner.

Improving care quality in response to complaints or concerns

- The provider had a complaints process in place which enabled people to raise concern they had.
- People told us they were able to raise concerns and they were acted upon.

End of life care and support

- We found people were being supported on end of life care. The registered manager was able to demonstrate the support they gave people followed national recommended standards (The Gold Standard Framework). We found staff were also being trained to support people following the standard with support given from the Clinical Commissioning Group (CCG) and other agencies.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We found that reviews did not clearly identify how people were involved as the records did not allow for people to show they had agreed with the content of the review by signing the form. The registered manager told us they would improve the care plans and review process to allow for people to show they agreed with the content by signing their care records.
- While we found most people spoke positively about the support they received. A person raised concerns about having to wait to use the toilet and another told us they had not seen their care plan. We discussed this with the registered manager who explained while they had sufficient amounts of equipment to support people with personal care type tasks they would follow this up to see if anyone had raised any concerns about toileting with staff. Our observations assured us there was not a major concern around people being able to use the toilet when needed.
- Staff were able to explain people's support needs and showed they understood people's needs to be able to explain them to us.

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

- There was a registered manager in post. 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.
- We found that the registered manager carried out spot checks and audits to ensure the quality of support was maintained. However, these checks had not identified the concerns we found. We were unable to find evidence to show how frequently the provider visited the home and carried out their own quality visits to ensure the home was being managed and run appropriately. The registered manager told us the provider did visit and would ensure a record of visits were kept in future.
- Staff we spoke with told us there was a whistle blowing policy and could explain its purpose but had never had to use it. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed within the home, however there was no evidence of this on the provider's website. The registered manager acted to ensure this was done before the end of the inspection process. This meant people, relatives and visitors to the service were kept informed of

the rating we had given.

- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were able to complete questionnaire, take part in regular residents and relatives' meetings as part of the provider's engagement process.
- The outcome from all engagement processes were shared with people and their relatives.
- We found the Equality Act was embedded within the support people received and this was evidenced through our observations in how people were supported by staff and from the care records.

Continuous learning and improving care

- We found the systems used to communicate with people met with the Accessible Information Standard (AIS). The AIS sets out a specific and consistent approach as to how providers should share information with people with a disability, impairment or sensory loss.
- However, while people were communicated with appropriately the registered manager and staff did not know about the AIS. The registered manager assured us this would be discussed in the next staff meeting.

Working in partnership with others

- The provider worked closely with agencies, so the support people received would be what they wanted. This included working closely with the Clinical Commissioning Group (CCG), nearby schools, local hospital and other local health colleagues.