Health Care Homes Group Limited

Aldringham Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

Aldringham Court provides accommodation and personal and nursing care for up to 45 older people, some living with dementia.

There were 40 people living in the service when we inspected on 14 July 2015. This was an unannounced inspection.

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.

Staff understood the various types of abuse and knew who to report any concerns to. However, to safeguard people's interests, improvements were required to ensure staff followed local safeguarding guidance in reporting any concerns so they could be dealt with in an effective manner.

Summary of findings

There were procedures and processes in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely. However, improvements were required in the recording of people's blood sugar, and to ensure people's records provided an accurate account of what people had received

Staff were trained and supported to meet the needs of the people who used the service. There was enough staff, however there were occasions when people would have benefited from staff working more effectively together to ensure needs were met in a timely way. Improvements were needed to provide more social interactions to people especially those who due to their needs were more isolated or physically unable to move from their room or bed.

People, or their representatives, were involved in making decisions about their care and support. Staff needed further recorded guidance about people's specific care needs and how their care needed to be met including up to date information about people's changing needs.

The service was up to date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Staff had good relationships with people who used the service. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service had a quality assurance system and shortfalls were addressed. However, improvements were needed to in the daily management of the service to ensure staff worked as a cohesive team, working in an effective manner. As a result the quality of the service will continue to improve.

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?
The service was not consistently safe.

Improvements were needed to ensure staff followed local safeguarding guidance in reporting any concerns they have.

There were enough staff to meet people's needs but there was an inconsistent approach to meetings people's needs during busy periods.

People were provided with their medicines when they needed them and in a safe manner. However there was an inconsistent approach to how staff recorded, and supported people with their medicines.

Requires Improvement

Is the service effective?
The service was effective.

Staff were supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff.

People were supported to maintain good health and had access to appropriate services which ensured they received ongoing healthcare support.

People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Good

Is the service caring?
The service was caring.

People were treated with respect and their privacy, independence and dignity was promoted and respected.

People and their relatives were involved in making decisions about their care and these were respected.

Good

Is the service responsive?
The service was not consistently responsive.

People's wellbeing and social inclusion was not always assessed, planned and delivered to ensure their social needs were being met.

People's care was assessed and reviewed. Improvements were needed in how these changes were recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Requires Improvement

Is the service well-led?
The service was not consistently well-led.

Requires Improvement

Summary of findings

The service provided an open culture. People were asked for their views about the service and their comments were listened to and acted upon.

The service had a quality assurance system and shortfalls were addressed. However, improvements were needed to the daily management of the service to ensure staff worked as a cohesive team, working in an effective manner. As a result the quality of the service will continue to improve.

Aldringham Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 July 2015, was unannounced and was undertaken by two inspectors, a pharmacy inspector and a specialist nurse.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

We spoke with 10 people who used the service and four people's relatives. We used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who may not be able to verbally share their views of the service with us. We also observed the care and support provided to people and the interaction between staff and people throughout our inspection.

We looked at records in relation to four people's care whose care we tracked during the inspection. We spoke with the regional manager, the quality and compliance officer, registered manager and seven members of staff, including nursing, care, catering and maintenance staff. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Requires Improvement

Is the service safe?

Our findings

Staff had received training in safeguarding adults and knew how to recognise indicators of abuse. However, a staff member told us that they and their colleagues did not feel that their concerns were acted upon and may not raise safeguarding referrals in the future. This raised concerns that staff had not understood the policies and procedures relating to safeguarding and their responsibilities to ensure that people were protected from abuse. Concerns had not always been raised with the lead safeguarding agency in an effective and timely manner which ensured appropriate action is taken, if needed, without delay to protect people.

Where investigations had been carried out by the lead agency, and shortfalls in practice identified, records showed what action had been taken by the provider to minimise the risk of it happening again. However, where a safeguarding investigation identified that nurses had not been following safe procedures in the management of diabetes, the improvements made had not been consistently maintained. Where people had been prescribed insulin for the management of diabetes, we noted there were some gaps in records of blood sugar monitoring needed to ensure the appropriate administration of the insulin. The registered manager provided assurance that this would be addressed through further training and where applicable, disciplinary action would be taken.

People told us that they were safe living in the service. One person described feeling safe, because they knew that staff were around if they needed them. A person's relative told us, "It really put my mind at rest," when the person moved into the service knowing they would be safe.

Staff checked that people were safe. For example, when people moved around the service using walking aids, the staff spoke with them in an encouraging and reassuring manner and observed that they were able to mobilise safely.

A person's relative told us how staff reduced the risk of their relative falling, by ensuring that staff supervised the person walking independently with their walking aid. People's care records included risk assessments which provided staff with guidance on how the risks in their daily living, including using mobility equipment, accidents and falls, were minimised. Where people were at risk of developing pressure ulcers we saw that risk assessments were in place which showed how the risks were reduced. On two occasions people's risk assessments stated that a 'slide sheet' is to be used for moving and handling; however this was not witnessed when staff provided personal care. Although it was not seen to impact on the people's safety, it identified a potential risk associated with staff not following written guidance.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment, hoists and the lift had been serviced and checked so they were fit for purpose and safe to use. A relative told us how they arrived to find, "The bed in bits," as staff were replacing it with another as they had identified a fault, "Good they noticed, I hadn't." Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire. There was a plan in place which guided staff on actions that they should take in an emergency, such as using other service nearby if evacuation was required.

People and relatives told us that there was enough staff available to meet needs but it was inconsistent at certain times of the day. Sometimes they may need to wait when staff were busy, or carrying out an activity, such as serving lunch. One person told us that they had been informed by some staff, that they could not assist people to go to the toilet at lunch time, because they were serving meals. A relative remarked, "At times I've been a bit worried," this is when they felt staff were under pressure and a person, "Wants to go to the toilet, [staff] do try if they can." Another relative reported that sometimes there was a 30 minute wait for a person to be assisted to the toilet. The registered manager told us that asking people to wait until meal service was over was not the policy and would remind staff to ensure people were assisted promptly.

A staff member told us they felt the morning was, "Like a conveyor belt." Staff commented that there were several people who needed the assistance of two care staff and It took time to ensure they were respecting people's choices and encouraging them to be independent. As a result some people were not assisted to wash and dress until late morning. The registered manager told us that there were enough staff and there was a ratio of staff to numbers of people. People's care records held dependency

Requires Improvement

Is the service safe?

assessments but there was no clear tool used to assess people's dependency needs against the required staffing numbers. In addition we saw staff did not communicate effectively so when some had finished supporting the people they were responsible for with their morning personal care, they did not check to see if other staff had been delayed and step in to support those still waiting.

Records showed that checks were made on new staff before they were allowed to work alone in the service. These checks included if prospective staff members were of good character and suitable to work with the people who used the service.

People told us that their medicines were given to them as prescribed and that they were satisfied with the way that their medicines were provided. One person told us, "Always gets my tablets, no problem getting them."

Audits were in place to enable staff to monitor and account for medicines. These showed people living at the service received their medicines as prescribed. We noted a small number of gaps in records of medicine administration where medicines prescribed for regular administration may not have been given as intended by prescribers. The registered manager told us that action would be taken by the clinical lead to ensure nurses were following the provider's guidance in the completion of records. During the inspection, we observed that staff followed safe procedures for administering medicines.

Supporting information was available to assist staff when administering medicines to individual people. There was information about known allergies/medicine sensitivities and information about how medicines should be administered to people taking into account their personal preferences. There were body chart records in place showing where on the body skin patches were to be applied, however, some records had not been completed in line with best practice. When people were prescribed medicines on an as required basis, we found that there was written guidance in place for staff to refer to about these medicines. However, for people prescribed them to manage their psychological agitation, the information was not always specific to the individual person so people may not have had these medicines given appropriately and in a consistent way to meet their needs.

Good

Is the service effective?

Our findings

People told us that staff had the skills to meet their needs. One person's relative said, "They are all trained, they have to be." Another told us that they had no concerns when they couldn't visit, as they knew their relative, "Was being well looked after," by competent staff.

Care staff told us that they were provided with the training that they needed to meet people's requirements and preferences effectively. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

There was information to support nurses in maintaining, and evidencing their fitness to practice with their regulatory board. The outcome of safeguarding concerns had identified shortfalls and areas for development in nurse's clinical skills. The provider's quality and compliance officer told us that this would be addressed through additional training.

Staff communicated well with people, such as using reassuring touch and maintaining eye contact with people. They supported people to mobilise whilst maintaining their independence effectively and appropriately. Staff supported people to mobilise using equipment safely. Staff were knowledgeable about their work role, people's individual needs, including those living with dementia, and how they were met. They could talk to us about their training and how they put it into practice effectively.

Care staff told us that they had supervision meetings. Records confirmed what we had been told. These meetings provided staff with a forum to discuss the ways that they worked, receive feedback on their work practice and used to identify ways to improve the service provided to people. However a nurse reported not having supervision since last year and could not remember when their last appraisal had taken place. The registered manager was aware that nurse's supervisions had fallen behind, and it was being addressed.

People told us that the staff sought their consent and the staff acted in accordance with their wishes. This was confirmed in our observations. We saw that staff sought people's consent before they provided any support or care, such as if they needed assistance with their meal and with their personal care needs.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. DoLS referrals had been made to the local authority and further assessments were being undertaken to ensure that any restriction on people were lawful and safe.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent, this was identified in their records. However, improvements were required in the completion of the forms to ensure they provided accurate information. For example a person, who had been identified as lacking capacity to retain information sufficiently to make decisions regarding their care, was able to articulate their views and choices clearly. Reassurance was given by the senior management team that this would be addressed through further training and review of people's records.

All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. One person commented on their breakfast which was, "Cornflakes and toast, it was very nice." Another person said, "The food is usually nice and plenty of it." A person's relative remarked how their relative really enjoyed the, "Homemade cakes in the afternoon," and the, "Very varied menu."

We saw that the meal time was a positive social occasion. Where people needed assistance with their meals this was done by staff in a caring manner. A relative told us if people were out and returned late for lunch, that staff would have saved a meal, or would cook something fresh on their return.

People were supported to eat and drink sufficient amounts and maintain a balanced diet. One person showed us the cold drink they had in their bedroom and told us twice a day staff, "Always bring fresh jugs of juice." A member of the catering team told us if a person requested something to eat at night, that staff had access to snacks, such as sandwiches. Records showed that people's dietary needs

Good

Is the service effective?

were being assessed and met. Where issues had been identified, such as weight loss, guidance and support had been sought from health professionals, including a dietician and their advice was acted upon.

Relatives told us about the improvements they had seen in the menu choices following feedback they had given during a meeting. One relative said they had seen further improvements which they attributed to the new chef, “Really smashing, now have homemade soup.” We saw the minutes from meetings which were attended by the people who used the service. These showed that people were provided with the opportunity to discuss their satisfaction with the food provided and offer suggestions to what they would like added to the menu.

People said that their health needs were met and where they required the support of healthcare professionals, this was provided. One person told us about how they received treatment from a local health service and that the staff took them there every week. Records showed that people were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said that the staff were, “All very nice. I’m happy with care. They’re kind. They’re usually quick to respond to the call bell.” Another person commented, “They are very kind.” Another told us that they knew most of the staff working in the service as they had also lived locally, which they thought was good. A relative described staff as, “Very friendly.” When a person needed to be admitted to hospital, a relative commented that, “A carer went with the [person], which I thought was really good. “

Staff talked about people in an affectionate and compassionate manner. We saw that the staff treated people in a caring and respectful way. For example staff made eye contact and listened to what people were saying, and responded accordingly. This ensured people felt comfortable and reassured so they responded in a positive manner, with lots of smiling and chatting. People were clearly comfortable with the staff. We saw that one person was worried when they were being assisted to sit in an armchair using the hoist. The staff reassured them and chatted to the person throughout. The person smiled and said to us, “They are very good.”

People told us that they felt staff listened to what they said. People and their relatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. The minutes from meetings which had been attended by people who used the service showed how their choices were sought, listened to and acted upon.

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. Three people provided examples of how staff involved them in making choices during the day. This included if they would like talcum powder on, cream applied, snacks, drinks, snacks, menu choices, and music preferences.

Staff respected people’s privacy and dignity. For example, whilst delivering personal care, we saw staff provided it in a gentle and considerate way, ensuring they remained covered, so the person’s dignity was maintain throughout.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids. One person told us how it was important for them to continue doing as much as they could for themselves. They told us staff supported them in doing this, by not taking over, or doing a task that they could do themselves.

Requires Improvement

Is the service responsive?

Our findings

People told us that they received personalised care which was responsive to their needs and that their views were listened to and acted on. One person said that their relative had lived in the service and, "They looked after [relative] well so I moved here." A relative said that they felt that their relative was well cared for and said, "I thank the manager and staff every time I come. This is the best home in the area." Another relative said that they were happy with the care that their relative was provided with, "It is a lovely place, I would not have [person] anywhere else, and you can quote me on that."

Staff knew about people and their individual likes and dislikes. Records provided staff with information about how to meet people's needs. However, there was limited information, if any on people's life history and hobbies and interests. Improvements were needed in the way that the service reported on how people's specific needs were met and how their condition may affect their wellbeing, for example, those living with dementia or other mental health needs.

People told us that there were social events that they could participate in. A relative told us, "There is quite often entertainment going on including chair exercises which I join in with as well."

We saw people participating in a range of activities throughout the day of our visit. This included a drive out in the mini bus and reading their newspapers. During the morning people in the lounge participated in a quiz. This was also used as a reminiscence activity. This led to the people involved sharing and discussing their memories. One person was overheard joking with another after they got another answer right, "Did you spend all your time sitting in the cinema?" the atmosphere was comfortable and there was a real interest in people's past experiences.

The minutes of meetings which were attended by people who used the service showed that they were provided with the opportunity to make suggestions for activities provided.

To ensure equality, improvements were required to ensure that all people had access to / supported to prevent isolation, loneliness and/or boredom . For example, for people living with dementia who remained in their bedroom, daily records did not provide information on how staff were supporting people's wellbeing; linked to their stage of dementia and other health care needs which kept them in bed.

The television in the lounge had a large mark across the screen, which could be confusing for people living with dementia. The registered manage told us that a new one was on order.

People told us that they could have visitors when they wanted them; this was confirmed by people's relatives and our observations. One person's relative said, "I am made welcome every time I come." This meant that people were supported to maintain relationships with the people who were important to them and to minimise isolation.

People told us that they knew who to speak with if they needed to make a complaint. They said that they felt confident that their comments would be listened to. One person's relative told us that when they reported concerns to the registered manager they always, "Sort it out, then it is done and dealt with."

There was a complaints procedure in place which was displayed in the service, and explained how people could raise a complaint. Records showed that complaints were well documented, acted upon and were used to improve the service. For example, bringing up issues to staff at meetings and they were reminded to make sure that actions were completed.

We recommend that the service seek advice and guidance from a reputable source to look at opportunities for people who have limited ability to be stimulated through their senses, including touch, smell and hearing.

Requires Improvement

Is the service well-led?

Our findings

People told us that they could speak with the registered manager and staff whenever they wanted to and they felt that their comments were listened to and acted upon. Two people's relatives felt a management presence at weekends would be beneficial, especially in monitoring staffing levels.

Some staff told us that they did not feel listened to by the registered manager and when they had reported concerns no actions had been taken to address them. We spoke with the registered manager who told us that they always acted on concerns raised by staff but these were not always documented to evidence how they had addressed them. They told us they would ensure this was done and would use staff meetings as an opportunity to feedback. In some cases they were unable to feedback due to confidentiality but they recognised the importance of ensuring people felt that their concerns were being acted on and listened to.

Staff understood their roles and responsibilities in providing good quality and safe care to people. This included nurses monitoring people's clinical needs and care staff supporting people with their personal care. We saw the minutes from staff meetings where staff were kept updated with any changes and were advised on how they should be working to improve the service when shortfalls had been identified. For example, staff were advised to ensure that all call bells were answered in a timely manner and if they had told people that they would return after switching it off, they did within a reasonable time frame?.

The registered manager understood their role and responsibilities in providing a good quality service and how to drive continuous improvement. A person's relative told us, "I find him very fair … never asked for anything that hasn't been done." We saw the minutes from 'cluster meetings', which were attended by managers of the provider's services in the local area, where changes and best practice were shared and discussed.

We found inconsistency in how well the service was being managed and led to ensure the service runs smoothly on a daily basis. For example communication needed to improve so that staff worked together more effectively so the needs of people were met in a more timely way. Two people commented on how staff seemed disorganised, because they had not planned for what they needed before going to support them with their care. The impact of this was that they had to keep leaving and returning with the equipment they needed and the care took longer.

The provider's quality assurance systems were used to identify shortfalls and to drive continuous improvement. Audits and checks were made in areas such as medicines, activities and falls. Where shortfalls were identified actions were taken to address them. However, we found the quality assurance systems in place were not supportive of developing a proactive culture where staff identified and acted on shortfalls as they occurred. For example where cupboards in the dining rooms, where food and utensils were stored, accessed by staff and visitors, required cleaning. Senior management said it had been picked up during a recent audit. That the reason it had not been cleaned was because it had been left off the catering staff's cleaning list it. Reassurances were given that it was being addressed. However a relative told us that the cupboards had been in need of a clean for a while.

A person's relative told us how the registered manager had contacted them after a medicines error had been picked, and advised them what action had been taken. They felt reassured by the honest approach, as it had not impacted on the person's health, they would have never known about it. Records and discussions with the registered manager showed that incidents, such as falls, were analysed and monitored. These were used to improve the service and reduce the risks of incidents re-occurring.

People were involved in developing the service and were provided with the opportunity to share their views. Meetings which were attended by people using the service and their relatives were held. The minutes from these meetings showed that people were kept updated with the changes in the service and provided a forum to raise concerns or suggestions.

Regular satisfaction questionnaires were provided to people and their representatives to complete. We looked at the summary of the last questionnaires received from June 2014. These identified the outcomes of the questionnaires and action plan of how the service planned to address the comments of concern received. For example to involve people and their relatives more when planning care.