

Ania Limited

Aldercar Residential Care Home

Inspection report

36 Wood Lane
Hucknall
Nottingham
Nottinghamshire
NG15 6LR

Tel: 01159637797

Website: www.aldercarcarehome.com

Date of inspection visit:
29 November 2018

Date of publication:
17 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People were supported with their nutritional needs however, we made a recommendation about improving people's meal time experience.

People told us they enjoyed their food. Their comments included, "meals are very good," "I like some [meals] but don't like others," "the meals are quite nice but I could do with more to eat" and "the food is lovely."

People continued to receive safe care. Staff had a good understanding of safeguarding procedures that should be followed to report incidents of harm or concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Safe staffing levels were in place to meet people's needs. A staff member told us, "There are always cover arrangements in place and staffing is not an issue here."

There were procedures in place for evacuating people with limited mobility who were in the event of an emergency, such as a fire.

Infection control procedures were in place that were based on a Code of Practice on the prevention and control of infections. The premises, including communal areas and people rooms, were clean and fresh.

Staff members had training that provided them with knowledge they needed to perform their roles. The management team supported staff to put their training into practice. A staff member told us, "The training has really helped me to understand each person's needs and to treat everybody differently. I know about their history and their needs and then use the knowledge [from training] to provide better care."

Staff obtained people's consent before they provided care and support. People gave consent for the use of bed rails to prevent them falling from their beds. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People participated in a wide range of meaningful and stimulating activities.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. People told us that staff were polite and that they had a good relationship with them. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner,

addressing them by their preferred name. We saw positive and friendly interactions between staff and people, though at times when staff were at their most busy in one dining room they were more task orientated.

Staff supported people's independence. A person told us, "Since I have got here I have a lot more independence." For most people this meant that they were encouraged to do more for themselves, though support was available if it was needed. A person told us, "I know help is nearby if I need it."

People, or if needed their relatives, were involved in the planning of care and could contribute to the way in which they were supported. People and their relatives were involved in reviewing their care and making any necessary changes if they wanted.

Care plans were detailed and included information about the support people required.

People knew how to raise any complaints or concerns. These were acted upon promptly.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection: Good (report published 24 May 2016).

About the service: Aldercar Residential Care Home is a care home that was providing personal care to 21 older people at the time of the inspection.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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 not always effective.

Details are in our Effective findings below

Requires Improvement 

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 well-led.

Details are in our Well-led findings below.

Good 

Aldercar Residential Care Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by two inspectors, an assistant inspector and an expert by experience who had experience of caring for someone who uses this type of care service.

Service and service type:

Aldercar Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager 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 and took place on 29 November 2018.

What we did:

Before the inspection, the provider 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 reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered

the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

During the inspection, we spoke with seven people who used the service, one relative and a friend of two other people who used the service. The registered manager was away on the day of the inspection, but we spoke with a care manager, a senior care worker and three care workers. We also spoke with a visiting health professional.

We looked at the care records of seven people who used the service. We saw how staff supported people throughout the day. We looked at records in relation to the management of the service and how the premises were maintained, including fire safety.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: people were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels

- At our last inspection we rated the service as requiring improvement in Safe, because recruitment procedures were not always followed. We found at this inspection that improvements had been made and that recruitment procedures were safe.
- People and their relatives told us that they felt enough staff were always on duty. The management team decided how many staff were required on each shift based on people's assessed needs. Our observations and review of staff rotas showed that there were enough staff to meet people's needs daily.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe and reduce the risk of injury or harm.
- The environment and equipment was safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.

Safeguarding systems and processes

- The provider had effective safeguarding systems in place. Staff understood how to make sure that people were protected from abuse or avoidable harm. They had received appropriate and effective training in this topic area.
- People told us they felt safe living at the home. Comments included; "I feel safe here, I don't feel frightened", "It is the surroundings and the staff" and "I feel safe walking around the house and the staff know my needs and are able to keep me safe."
- We saw a person trying to enter the kitchen when it was unoccupied and the door unlocked. We discussed this with the care manager who had a sign put on the door that instructed staff to ensure the door was kept locked when not in use to prevent anyone injuring themselves in the kitchen.

Using medicines safely

- All medicines were safely received, stored and administered. There were arrangements for a pharmacist to collect medicines that were no longer required.
- Staff supported people to have the right medicines at the right times. Staff followed guidance about how to support people with medicines they took on a 'as and when required' basis, for example for pain relief.

- The management team carried out audits of medications and these showed that no medication errors had been made in the last 12 months.

Preventing and controlling infection

- The provider told us that in their PIR that infection prevention and control procedures (IPCP) was an area they wanted to improve. They had a plan they were following which included observing how staff followed IPCP. We saw a staff member cleaning a spillage without wearing personal protective equipment (PPE). The care manager told us they would circulate a memo about wearing PPE to staff.

- A relative and a visitor told us that the home was always clean when they visited. We saw that communal areas and people's rooms were fresh and clean.

Learning lessons when things go wrong

- The registered manager or a member of the management team responded appropriately when incidents occurred. They used any incidents as an opportunity to make people safer. Risk assessments were reviewed and equipment, such as sensor and falls mats, were supplied to reduce the risk of future injuries from falls.

Is the service effective?

Our findings

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

Requires improvement - The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Eating, drinking, balanced diet

- We observed how people were supported during their lunch in each of the two dining areas. People's experience in one dining area was better than in the other. In one, staff support was calm and patient and people ate their meals in a relaxed atmosphere. In the other people reacted as if they were rushed. We brought this to the attention of the care manager who said they would make sure that all people had the same positive experience of meal times.

- Staff did not support people to make an informed choice about what they wanted to eat at lunchtime. They either showed people with dementia a written menu or told them what was available. However, our observation was not people did not fully understand what the choice was.

We recommend that the provider seek advice and guidance from a reputable source, about supporting people to make informed choices about their meals and how to improve their dining experience.

- People had sufficient food and drink throughout the day; food was well presented and people told us they enjoyed it.

- Where people required their food to be prepared differently, because of medical need or problems with swallowing, this was catered for.

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

- Changes to the extent of support people required was not always updated. A person no longer required a walking frame but the care plan still showed they did. Another person's care plan recorded that they could wash their hands, but we saw them with stained hands after they visited a bathroom. The care manager was in the process of reviewing all care plans to make sure they contained the latest information about people's needs.

Staff skills, knowledge and experience

- Staff provided care that led to good outcomes for people and supported a good quality of life. A relative told us, "[Person doesn't have any pressure sores because [they] are being [repositioned] at night. This tells me that they are doing their job."

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively. We saw staff assist people safely and effectively when they supported them to stand or return to their seats.

- Staff used their knowledge and training to support a person to become less reliant on their wheelchair and to walk using a walking frame.

- The staff team was experienced and included many long serving staff. All staff had training to keep them up to date with changes in legislation and the essential standards of care. For example, staff knew about our five key questions and the standards we expected to see in care homes.

- New staff had a comprehensive induction and training programme. They were supported to complete the care certificate within 12 weeks of joining the service. All staff had additional learning, for example to understand more about dementia. The registered manager and care manager provided staff with support through regular supervision and an annual appraisal.

Healthcare support.

- Staff were attentive to people's health needs. They supported people to see health professionals such as GPs, nurses, opticians, dentists and chiropodists when they needed to. Staff followed guidance professionals provided. Staff shared relevant information with healthcare professionals.

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

- The premises were purpose built and well maintained. People had four communal areas to choose from and we saw all of them being used. People were involved in decisions about the premises and environment; for example, the colour of their room and support to make their room homely with their own belongings.

- The doors to people's rooms were decorated in styles that were used in the former mining areas where most people came from. Corridors had names of streets where people lived in Hucknall and surrounding areas. This made Aldecar feel homely for people. Signage was used to make it easy for people to find their way around the home.

- Technology was used to support people to have daily contact with family relatives that lived a long way away and abroad. Staff showed people how to use social media to keep in touch with people that mattered to them.

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 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were being met.

- Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Records were not always clear where decisions had been made in people's best interests. The care manager was aware of this and was reviewing and improving the records.

Is the service caring?

Our findings

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

Good - The service involved and treated people with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported

- People told us that staff treated them with kindness and respect. We saw many caring interactions between staff and people, such as engaging in stimulating conversation.

- Staff respected people's dignity and privacy when they supported them with personal care.

- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.

- Staff knew about people's preferences and what they liked. They used this knowledge to care for people in the way they preferred. A person told us, "The staff understand my needs."

- A local authority recognised the service's work in supporting people with dignity by awarding their gold standard 'quality dementia mark' which meant that all 25 of the local authority standards for dementia care were met.

- A visiting professional told us that the home was "Really welcoming, warm and friendly."

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

- Staff supported people to make decisions about their care, such as what clothes they wanted to wear and how they wanted to spend their time. A person told us, "When they help me dress the staff always ask me what I would like to wear."

- People were involved in decisions that affected all of them. For example, people were asked if they preferred staff to wear uniforms or dress less formally. People wanted staff to wear uniforms.

Respecting and promoting people's privacy, dignity and independence.

- Staff supported people to enjoy privacy. People could spend time in private areas whenever they chose.

- People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives and friends could visit people at any time, though they were requested to respect people's meals times which were protected.

- We saw compliments from relatives which described the home as friendly and family like. Comments included, 'It's not a care home, it's a home' and '[Person] felt part of a family.' We saw that people engaged

with each other in conversation, watching television together and discussing the programme. A sign in the entrance foyer read, 'Our residents do not live in our workplace, we work in their home.'

- People were supported to develop and maintain their independence. For most people this meant that they were encouraged to do more for themselves, though support was available if it was needed. Some people had jobs around the home, for example a person liked to set tables for mealtimes and another folded serviettes. This helped people feel they mattered and that they had a role at the home.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good - People received personalised care that responded to their needs.

Personalised care

- Staff knew people's likes, dislikes and preferences. They used this information to care for people in the way they wanted, such as how a person preferred to spend their time.

- People were involved in reviews of their care plans if they wanted to be.

- People's needs were identified, including those related to protected equality characteristics, and their choices and preferences were regularly met and reviewed. For example, people with different faiths needs were supported to follow their faith.

- Staff supported people to access and participate in wide a range of activities, some of which people had suggested. These included quizzes, karaoke, physical exercise, games, films and painting. Pictures that people had painted were displayed. One activity involved children from a local school visiting the home which people found rewarding. People were supported to visit places in Hucknall that they recalled from earlier years. The care worker told us they took people out to help increase their confidence.

- People who had experienced falls were supported to rebuild their confidence and independence. People who experienced falls told us that staff had been very supportive, sometimes going out into Hucknall which restored their confidence to walk.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint or raise a concern.

- The provider's complaints procedure acknowledged that complaints were an opportunity to improve the service. Only two complaints had been received and both had been managed in accordance with the complaints procedure.

- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw that information, for example about the complaints procedure, was available in an easy-read format on notices around the home.

End of life care and support

- People were supported to make decisions about their preferences for their end of life care.

- We saw thank-you cards from relatives of people who had died in the last 12 months. All of them complimented the staff for providing peaceful and dignified support.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Good - The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Manager's and staff roles, understanding of quality performance, risks and regulatory requirements.

- The service was well-run. The registered manager had overall responsibility for running the service. They were supported by a care manager who was responsible for care planning and supporting staff to meet people's needs.
- The registered manager understood their responsibilities, such as ensuring that they notified CQC of incidents at the service.
- Staff at all levels understood their roles and responsibilities. They told us they felt involved in developing the service and that they were confident about making suggestions because they felt they would be listened to.

Continuous improvements and improving care.

- The registered manager, care manager and seniors all carried out scheduled checks that provided them with information about the quality and safety of the service. This included obtaining people and relatives views about the quality of the care and support provided. People's feedback was consistently positive.

Promotion of person-centred, high-quality care and good outcomes for people

- Staff told us they felt listened to and that the registered manager and management team were approachable and supportive. Staff understood the provider's vision for the service which was to provide a caring family like support to people.
- The management team demonstrated a commitment to provide person-centred care by engaging with people and health and social care professionals.
- Leaders and managers positively encouraged feedback and acted on it to continuously improve the service, for example by asking people about meals and activities they preferred and acting upon what they said.
- A health professional provided feedback that 'staff know the residents well and they are able to identify their resident's needs and meet them.'

Engaging and involving people using the service, the public and staff. Working in partnership with others

- The service involved people and their relatives in decisions about their care in a meaningful way.

- People, relatives and visiting professionals had completed a survey of their views and the feedback had been used to continuously improve the service.
- The provider had forged good links with the local community so that people could maintain a connection with where they had lived and worked.